



# Breaking the Cycle of Gender-based Violence

TRANSLATING EVIDENCE INTO ACTION  
FOR VICTIM/SURVIVOR-CENTRED GOVERNANCE





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# Foreword

Gender-based violence (GBV)<sup>1</sup> is pervasive and complex problem, afflicting people regardless of age, gender, race, and socioeconomic background across countries and in the majority of cases women and girls. Globally, nearly one in three women experiences physical and/or sexual violence in her lifetime – most often at the hands of her intimate partner. While this number is alarming, it does not reflect the full extent of the problem, as most cases of physical and/or sexual violence are not reported. Extensive research has shown that women and girls are the overwhelming majority of victims/survivors of GBV and can suffer long-term – even lifelong – physical, psychological, emotional, mental and economic consequences. GBV is also a threat to victims'/survivors' rights and freedom, jeopardising their full, meaningful and equal participation in society. Victims/survivors can be exposed to multiple forms of GBV, including intimate partner violence; sexual abuse; sexual harassment; physical, economic and psychological abuse; technology-facilitated violence; human trafficking; female genital mutilation; and forced child marriage.

GBV is the manifestation of a combination of unequal power structures and deeply rooted harmful cultural norms that legitimise violence against victims/survivors. Several factors of gender inequality can expose victims/survivors to violence, including a lack of economic resources, representation of women in politics and leadership positions, and uneven access to justice. Furthermore, intersectional experiences of victims/survivors due to age, race, ethnicity, disability, sexual orientation and socioeconomic class can make them more vulnerable to the effects of GBV.

Since 2017, governments in OECD countries have consistently reported GBV as the most challenging gender equality issue they face. These concerns have only been exacerbated by the worrying increase in reported instances of GBV during the COVID-19 pandemic, as highlighted in the 2022 Report on the Implementation of the OECD Gender Recommendations.

International collaboration and high-level diplomatic steps have been taken to combat gender-based violence by OECD Members, such as the 2019 adoption of the Development Assistance Committee (DAC) Recommendation on Ending Sexual Exploitation Abuse, and Harassment in Development Co-operation and Humanitarian Assistance (SEAH). In addition, the current global context poses further challenges to the fight against GBV. Russia's war of aggression against Ukraine has resulted in a humanitarian crisis, causing large losses of life and massive displacement of populations, particularly of women and children. Historically, GBV, including sexual violence, trafficking and forced marriage, has increased in conflict settings. The economic fallout from the war in Ukraine has put further pressure on state budgets in many OECD countries, making it even more urgent to ensure that public spending is not diverted from fighting GBV.

This report is the latest output of the OECD's workstream dedicated to preventing, addressing and ending GBV. Building on long-standing cross-national data collection on GBV, including the Social Institutions and Gender Index (SIGI) and the OECD Family Database, the OECD's horizontal initiative against GBV started with the 2020 high-level conference on intimate partner violence (IPV), entitled "Taking Public Action to End Violence at Home" ([oe.cd/vaw2020](https://oe.cd/vaw2020)). This event resulted in a "Call to Action" by OECD Ambassadors to continue OECD work in this area. In response to this call, the OECD has produced several reports

exploring how governments can better address this crisis of violence. This work includes the 2021 report on Eliminating Gender-based Violence: Governance and Survivor/Victim-centred Approaches; the 2023 report on Supporting lives free from violence: Towards better integration of services for victims/survivors, the new edition of the Social Institutions and Gender Index (SIGI) 2023 as well as the podcast series “Truth Hurts”.

This report promotes a comprehensive approach to eliminating GBV by combining insights from the recent OECD work with a robust database from surveys/questionnaires conducted with OECD member countries in 2022. The data collection included the long-standing SIGI Gender-Based Violence Legal Survey, the 2021 Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End GBV, the 2021 Questionnaire on Integrating Service Delivery for Survivors of Gender-Based Violence and the 2021 Consultation with Non-Governmental Service Providers Serving Victims/Survivors.

The report builds on and supports the implementation of the 2013 OECD Gender Recommendation on Education, Employment and Entrepreneurship, the 2015 OECD Recommendation on Gender Equality in Public Life and the OECD DAC Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance, which is the first international standard on preventing and responding to violence against women in development co-operation and humanitarian assistance.

The OECD supports countries in providing an integrated, cross-ministerial and state-wide response to end GBV. To that end, this report is the result of a horizontal OECD “Central Priority Fund” project, co-ordinated by the OECD Public Governance Committee and its Working Party on Gender Mainstreaming and Governance. Its preparation involved collaboration across several OECD teams: the OECD Public Governance Directorate (GOV), the OECD Directorate for Employment, Labour and Social Affairs (ELS) and the OECD Development Centre (DEV). The report was approved by the Public Governance Committee on 12 September 2023.

<sup>1</sup> In this report, “gender” and “gender-based violence” are interpreted by countries taking into account international obligations, as well as national legislation.

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This report is produced as part of the OECD work programme on Gender Equality in Public Life led by Tatyana Teplova, Head of Division, Policy Coherence for SDGs, and Senior Counsellor for Gender, Justice and Inclusiveness, GOV; and as part of DEV's Gender Programme, led by Bathylle Missika, Head of Division, Networks, Partnerships and Gender. This report falls within the broader OECD Horizontal Gender Initiative, led by Monika Queisser, Senior Counsellor and Head of Social Policy in the OECD Directorate for Employment, Labour and Social Affairs (ELS). The report was co-ordinated by Pinar Güven, Policy Analyst and Capucine Kerboas, Junior Policy Analyst in GOV. Strategic guidance on the preparation of this report was provided by Tatyana Teplova. The main authors of this report are Alejandra Saffon, Ashley Major and Réka Mihácsi (Chapters 1, 3, 4 and 6), Hyeshin Park and Carolin Beck (Chapter 2) and Valerie Frey and Maja Gustafsson (Chapter 5). The authors are grateful to Meeta Tarani, Giulia Morando, Sebla Ayşe Kazancı, Marycarmen Rubalcava Oliveros, Dorothy Adams, Nancy Napolitano, Hannah Brüggmann, Sanya Chandra and Alejandra Maria Meneses for their valuable comments on various versions of the report.

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# Abbreviations and acronyms

ADR	Alternative dispute resolution
Belém do Pará Convention	Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women
CEDAW	United Nations Convention on the Elimination of all Forms of Discrimination against Women
DAC	Development Assistance Committee
EIGE	European Institute for Gender Equality
EU	European Union
FGM	Female Genital Mutilation
GBA+	Gender-based Analysis Plus
GBV	Gender-based violence
GIA	Gender Impact Assessments
GMG	OECD Working Party on Gender Mainstreaming and Governance
GREVIO	Group of Experts on Action against Violence and Domestic Violence
IPV	Intimate Partner Violence
ISD	Integrated Service Delivery
MARAC	Multi-Agency Risk Assessment Conference
MESECVI	Follow-up Mechanism to the Belém do Pará Convention
NGO	Non-Governmental Organisations
ODA	Official Development Assistance
OECD	Organisation for Economic Development and Co-operation
OECD QISD-GBV	2022 OECD Questionnaire on Integrated Service Delivery to Address Gender-Based Violence
PGC	Public Governance Committee
SDG	Sustainable Development Goal
SEAH	Sexual Exploitation Abuse and Harassment
SIGI	Social Institutions and Gender Index
UN	United Nations
USD	United States dollar
VAW	Violence against women
WHO	World Health Organisation

# Executive summary

Gender-based violence (GBV)<sup>1</sup> is a pervasive and destructive problem affecting people regardless of age, gender, race, and socioeconomic background and in the majority of cases women and girls. Women and girls are exposed to the threat of GBV as early as the pre-natal period and throughout their lifecycle, and in all spheres of their lives, including economic, social, political, and psychological. An alarming percentage of women and girls become victims/survivors at least once during their lifetime.

GBV has gained the attention of policymakers in recent years and has been repeatedly reported by OECD Members as the top gender equality issue they face. Many OECD countries have shown commitment to ending GBV through the ratification of international, legally binding instruments, including the Council of Europe Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention).

Ending GBV is everyone's responsibility. Governments need to provide holistic legal frameworks and policies for preventing, identifying and prosecuting GBV and to build services that understand and respond to victims/survivors' needs and interests. This report offers evidence and recommendations for an OECD GBV Governance Framework around the following three pillars: Systems, Culture, and Access to Justice. In the Systems Pillar, the report explores OECD countries' legal and policy frameworks, institutional set-up, and efforts to design victims/survivor-centric approaches based on horizontal and vertical co-ordination, funding, data collection, risk assessment and management. In the Culture Pillar, the report collects OECD country practices that put victims/survivors' experiences at the centre of policy design through integrated service delivery, consultation of victims/survivors and other relevant stakeholders and the engagement of men and boys. In the Access to Justice Pillar, the report provides a stocktaking of OECD country efforts to combat victims/survivors' barriers to justice, develop resolution practices that include restorative justice initiatives, problem-solving justice and therapeutic justice that may build on integrated justice solutions, and practices that enforce accountability.

The report reveals that stronger legal and regulatory frameworks, as well as whole-of-government policies and strategies, have been adopted to address GBV across all of the Member countries. In addition, the majority of OECD countries have reported strengthening co-ordination mechanisms, improving stakeholder engagement, and enhancing data collection efforts on GBV. Many OECD countries have also reported developing integrated approaches to service delivery for more efficient and co-ordinated responses to GBV. Finally, there is a growing commitment to develop victims/survivor-centred pathways to access to justice, including through a greater emphasis on understanding the legal needs of victims/survivors and a commitment to holding perpetrators accountable.

Despite these efforts, the report identified significant challenges across all OECD countries that slow progress towards freeing lives from violence and implementing responses that save women's and girls' lives.

Key among these challenges is the fact that not all forms of GBV are recognised and prosecuted in OECD countries, despite comprehensive and legally binding international conventions, extensive campaigns and pressure from civil society. For example, domestic violence is only criminalised in 32 OECD countries, and not all acts of physical, sexual, psychological, and economic abuse within the family or domestic unit are included in national legal frameworks. Similarly, legislation against rape, sexual harassment, female genital mutilation (FGM) and child marriage are far from comprehensive. There is a strong need to develop legal frameworks that address all forms of GBV and protect women and girls in all spheres of their lives.

In addition, challenges persist in implementing whole-of-government systems: co-ordination mechanisms remain uneven and information-sharing among agencies and central and subnational governments is inadequate. Of OECD countries, 38% do not dedicate specific budgets to national GBV policies, and limited resources remain a major barrier to creating effective institutional responses. All GBV responses need to be underpinned by robust data, disaggregated by forms of violence and the intersectional experiences of victims/survivors, as well as information on perpetrators. The lack of data is a major roadblock since most data collection efforts are not disaggregated by all necessary variables. For example, only 13% of OECD countries surveyed collect data on economic violence and only 30% collect data on psychological and technology-facilitated violence. In addition, OECD countries continue to struggle in combating domestic violence and GBV, given social, justice, and health support systems that are already under severe strain, as well as limited capacity in broader national systems of emergency crisis management. However, only 36% of OECD countries surveyed have introduced stand-alone crisis management plans to combat GBV.

As for consultation of stakeholders during policy design, victims/survivors are reported to be the least common stakeholders engaged. In addition, less than half (43%) of respondent countries report adopting practices to account for victims/survivors' intersectional experiences in the design of GBV policies, programmes or services. Much scope remains to strengthen prevention interventions and early detection efforts of instances of GBV, which include working with perpetrators, who are often men.

While integrated service delivery (ISD) has high potential to address GBV, including intimate partner violence (IPV), less than half (48%) of respondent OECD countries reported promoting and implementing this approach to service delivery. In addition, the lack of systematic evaluation of the effects of ISD on victims/survivors' outcomes has limited its expansion and improvement. Finally, ensuring effective access to justice for victims/survivors is a vital element in the fight to end GBV. It should include finding ways to identify legal and related needs of victims/survivors and efforts to refocus justice services to respond to those needs. Yet only 16% of the OECD countries surveyed reported using legal needs surveys to assess the legal needs of victims/survivors. In addition, there is a strong need to develop measures that reach all types of GBV victims/survivors, including immigrant and ethnic populations and especially those without access to communication technologies. Accessible information is especially crucial, as justice systems and processes are complex, and victims/survivors of all backgrounds need this support to be aware of their rights.

<sup>1</sup> In this report, “gender” and “gender-based violence” are interpreted by countries taking into account international obligations, as well as national legislation.

# 1 Why preventing and addressing gender-based violence matters

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This chapter explores the prevalence and costs of gender-based violence (GBV), including the impact of the COVID-19 pandemic. It introduces a comprehensive approach for tackling GBV through legal and a whole-of-government framework, developing a victim/survivor-centred culture and establishing robust accountability mechanisms.

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In this report, “gender” and “gender-based violence” are interpreted by countries taking into account international obligations, as well as national legislation.

## 1.1. Gender-based violence (GBV) is a widespread problem and a high priority for governments

Gender-based violence (GBV) is a complex, multifaceted phenomenon that manifests in multiple forms, including intimate partner violence (IPV), domestic violence, sexual abuse, exploitation and harassment, stalking, technology-facilitated violence, “honour”-based violence, female genital mutilation, forced marriages (including child and underage marriages), forced abortion and forced sterilisation (Box 1.1). IPV, a form of violence that happens between current or former intimate partners, is the most common type of GBV, and also manifests in several forms (see also Box 5.1). GBV is a form of violence committed against individuals because of their gender. Yet, while men can also become victims/survivors of gender-based violence, this report focuses on the experiences of women and girls, because they constitute the majority of victims/survivors. Women’s and girls’ experiences with GBV can vary due to the intersections of race, ethnicity, indigeneity, class, age, religion, migrant or refugee status, sexual orientation, disability, location and other identity factors. GBV occurs in all countries in the world and across all socioeconomic groups. Emergency and crisis situations may increase certain forms of GBV, as became evident during the COVID-19 pandemic and recent conflict situations (OECD, 2021<sup>[1]</sup>).

GBV is rarely an isolated, one-time occurrence. It is often part of an ongoing pattern of abuse that has been sustained by long-standing social norms and harmful gender stereotypes. GBV is a serious form of discrimination that constrains individuals’ ability to enjoy their rights and freedoms equally and to fully participate in society. GBV is not merely an interpersonal issue; it is a broader societal problem that has an impact on the economies, development and overall health of countries. Worldwide, nearly one in three women experience physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (WHO, 2021<sup>[2]</sup>) (Sardinha et al., 2022<sup>[3]</sup>). However, this figure is probably much higher in reality, since many GBV cases go unreported, for a variety of reasons (OECD, 2023<sup>[4]</sup>).

### Box 1.1. Forms of gender-based violence

**Women and girls are exposed to GBV in both public and private spheres of their lives and can suffer physical, sexual, psychological, mental, emotional and economic harm. The complexity and pervasiveness of GBV make it difficult to provide a fully comprehensive list of the different forms it takes.**

The most common type of GBV is intimate partner violence (IPV), the violence that occurs between current or former intimate partners, which can cause physical, psychological, sexual and/or economic harm. IPV can also manifest in many forms and includes acts of physical violence and/or sexual violence and/or emotional and psychological abuse and/or controlling behaviour.

As a far-reaching, legally binding human rights treaty covering all forms of violence against women, the Istanbul Convention is a valuable source for identifying different forms of GBV:

- Psychological violence, which implies seriously impairing a person’s psychological integrity through coercion or threats.
- Stalking, which involves repeatedly engaging in threatening conduct directed at another person, causing her or him to fear for her or his safety.
- Physical violence, which includes committing acts of physical violence against another person.
- Sexual violence (including rape), which implies the intentional conducts of i) engaging in non-consensual vaginal, anal or oral penetration of a sexual nature of the body of another person with any bodily part or object; ii) engaging in other non-consensual acts of a sexual nature with



another person; and iii) causing another person to engage in non-consensual acts of a sexual nature with a third person.

- Forced marriage, which involves forcing an adult or a child to enter into marriage.
- Female genital mutilation, which includes the intentional conducts of i) excising, infibulating or performing any other mutilation to the whole or any part of a woman's labia majora, labia minora or clitoris; ii) coercing or procuring a woman to undergo any of the acts listed in point i; and iii) inciting, coercing or procuring a girl to undergo any of the acts listed in point i.
- Forced abortion, which implies performing an abortion on a woman without her prior and informed consent.
- Forced sterilisation, which includes performing a surgery with the purpose or effect of terminating a person's capacity to naturally reproduce without her prior and informed consent.
- Sexual harassment, which includes any acts of unwanted verbal, non-verbal or physical conduct of a sexual nature with the purpose or effect of violating the dignity of a person.
- Crimes committed in the name of "honour", which includes acts of violence justified by culture, custom, religion, tradition or so-called "honour".

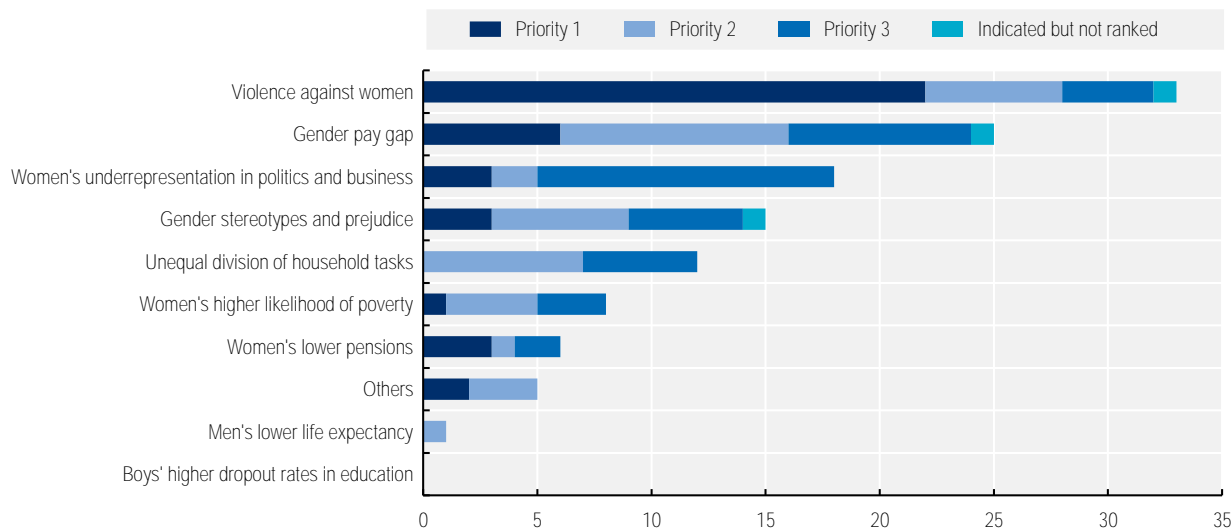
While the Istanbul Convention does not directly refer to technology-facilitated violence, it has been added to its Explanatory Report and to the Group of Experts on Action against Violence and Domestic Violence's (GREVIO) General Recommendation No. 1 on the digital dimension of violence against women. In this context, digital violence includes the use of computer systems to cause, facilitate, or threaten violence against individuals that results in, or is likely to result in, physical, sexual, psychological or economic harm or suffering.

Source: (WHO, 2012<sup>[5]</sup>; Council of Europe, 2011<sup>[6]</sup>).

Addressing violence against women<sup>1</sup> (VAW) remains the top priority area of action to advance gender equality, according to 33 out of 41 government responses to the OECD 2021 Gender Equality Questionnaire (OECD, 2022<sup>[7]</sup>) (Figure 1.1). In recent years, many OECD member countries have made international commitments and domestic efforts to combat GBV (Box 1.2).

Figure 1.1. Violence against women is identified as a top priority area in gender equality

Country count of the number of government respondents identifying each issue as a top issue area, 2021



Note: The 2021 Gender Equality Questionnaire (2021 GEO) asked Adherents to select the priority issues in gender equality in their country from a list of topics. This is different from policy priorities that countries may have on work to be undertaken by OECD, OECD committees and their subsidiary bodies (e.g. the Working Party on Gender Mainstreaming and Governance). The horizontal axis indicates the number of Respondents that ranked the issues among their top three priorities. Respondents also had the option of suggesting additional priorities. These are reported in the category 'others', and include 'unequal labour force participation', 'health difference between genders', 'undervaluation of female-dominated jobs' and 'women's safety'. This figure presents 41 responses (of which one indicated only priority 1 and 2, and one indicated 2 items for priority 3) from 42 countries (38 OECD member countries plus four non-member Adherents).

Source: OECD (2022<sup>[7]</sup>), 2021 OECD Gender Equality Questionnaire, as reported in the Report to the Council at Ministerial Level on the Implementation of the OECD Gender Recommendations), C/MIN(2022)7/en.

### Box 1.2. OECD member countries' commitment to addressing GBV

The OECD Working Party on Gender Mainstreaming and Governance (GMG), made up of gender equality officials and experts from member and partner governments, has identified addressing GBV as a top priority in multiple surveys (OECD, 2021<sup>[11]</sup>), (OECD, 2022<sup>[7]</sup>). Over the past 10 years, many OECD member countries have ratified international treaties and supported agreements to combat VAW (e.g. the Istanbul Convention; the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women; and the DAC Recommendation on Ending Sexual Exploitation, Abuse and Harassment in Development Co-operation and Humanitarian Assistance (SEAH)). Member countries have also increasingly prioritised sexual harassment and violence against women as a domestic policy issue (OECD, 2022<sup>[7]</sup>).

As documented in this report and elsewhere, OECD member countries have also begun to address GBV in national action plans (strategic planning) over the past few years, and have created more robust legislation to combat GBV (OECD, 2021<sup>[11]</sup>); (OECD, 2017<sup>[8]</sup>). Certain countries have also begun centring victims/survivors at the core of their GBV policies and programming; improving institutional arrangements and interinstitutional co-ordination; introducing new support programmes (e.g. leave from work for victims/survivors); and implementing stronger data and information collection methods (OECD, 2022<sup>[7]</sup>).

The DAC Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance

The 2019 OECD Development Assistance Committee (DAC) is the first international instrument on sexual exploitation and abuse, and sexual harassment (SEAH) that applies to development co-operation and humanitarian assistance. Its adoption was an important signal of support by the bilateral donor community (and other partners) of their individual and collective responsibility to better respond to and prevent SEAH.

The Recommendation supports more effective policies and practices of OECD DAC governments: both within their own government systems (usually centred in development agencies and ministries of foreign affairs), as well as how they collaborate with implementing partners and other actors, and in the delivery of development co-operation and humanitarian assistance, in countries across the globe. Since the adoption of the DAC Recommendation, OECD DAC governments have adopted policies and strategies to address SEAH; put in place reporting systems and complaint mechanisms (both within their own governments and in co-ordination with implementing partners in development/humanitarian contexts); and increased efforts to provide more comprehensive support to victim/survivors (both within their own institutions, or in development/humanitarian contexts).

The Recommendation was adopted by the 31 Members of the OECD DAC, and has since been adhered to by several UN organisations: UNICEF, UNHCR, UNOPS and UNFPA.

The 2013 OECD Recommendation of the Council on Gender Equality in Education, Employment and Entrepreneurship

The 2013 Recommendation provides a set of measures through legislation, policies, monitoring and public awareness campaigns to promote gender equality in education, employment and entrepreneurship. Under the Recommendation, all OECD countries committed to promoting all appropriate measures to end sexual harassment in the workplace, including awareness and prevention campaigns and actions by employers and unions.

Source: (OECD, 2021<sup>[11]</sup>; OECD, 2017<sup>[8]</sup>; OECD, 2019<sup>[9]</sup>; OECD, 2017<sup>[10]</sup>; OECD, 2022<sup>[7]</sup>).

## 1.2. The high costs of gender-based violence

GBV is a worldwide crisis of discrimination and human rights violations. The costs, both for victims/survivors and for society more broadly, are high. Victims/survivors suffer both short- and long-term repercussions on their physical, mental, sexual and reproductive health, including physical injuries and long-term health conditions. GBV also affects victims/survivors' children's health and well-being and also leads to high economic and social costs for victims/survivors, their families, as well as societies.

In 2021, 45 000 women and girls worldwide were killed by intimate partners or other family members (UNODC/UN Women, 2022<sup>[11]</sup>). The loss of human life is incalculable and has extreme ramifications on the victims' children, family, friends and community. Several forms of GBV, including IPV and sexual abuse, also lead to an increased risk of sexually transmitted diseases (STI), such as HIV (Geller et al., 2020<sup>[12]</sup>). While physical injuries are immediate, both physical and sexual violence are linked to lasting mental health issues, like depression, post-traumatic stress and panic disorders (Garcia-Moreno, Guedes and Knerr, 2012<sup>[13]</sup>). Victims/survivors of IPV, the most common form of GBV, are at a sevenfold risk of experiencing post-traumatic stress disorder (PTSD) (EIGE, 2021<sup>[14]</sup>), and at a threefold risk of experiencing depression and anxiety (EIGE, 2021<sup>[14]</sup>). Children of victims/survivors are also directly exposed to the physical, psychological, emotional and financial costs of GBV that can have a lasting effect on their well-being. The

community of the victims/survivors, including their family, friends and colleagues, also bear these costs indirectly.

Perpetrators often isolate and control victims/survivors, who risk losing their social and economic independence and are at increased risk of experiences of poverty and inequality (CARE International, 2018<sup>[15]</sup>). This can result in extensive social and economic impacts for victims/survivors, such as social isolation, loss of wages and/or legal costs (Villagomez, 2021<sup>[16]</sup>). Furthermore, victims/survivors also face shame and stigma that can affect their participation in education, employment, civic life and politics (CARE International, 2018<sup>[15]</sup>). These consequences can become even more challenging with children in the home.

GBV also has economic ramifications on society as a whole. Studies show that GBV has significant economic costs in terms of expenditures on service provision (such as shelters, emergency rooms, counselling services and increased healthcare costs), lost income for women and their families, decreased productivity in the workforce, and negative impact on future human capital formation. Studies focused primarily on IPV, for example, estimate that such violence typically costs countries between 1%-2% of their annual gross domestic product (OECD, 2021<sup>[11]</sup>). The annual costs of GBV across the European Union are estimated to be EUR 366 billion (with IPV making up 48% of this cost), calculated based on lost economic output, costs of public services and an estimation of the physical and emotional impact on the victims'/survivors' lives (EIGE, 2021<sup>[17]</sup>). One study in the United States has estimated that the total annual cost of IPV in the United States could be as high as USD 3.6 trillion (Peterson et al., 2018<sup>[18]</sup>), including costs related to criminal justice, healthcare, lost productivity and so on. Another study in Canada showed that GBV can reduce economic participation and reduce earnings for women over their lifetime, resulting in a total lifetime cost of USD 334 billion due to lost income (Zhang et al., 2012<sup>[19]</sup>). Further examples are highlighted in Box 1.3. In this sense, the costs of GBV are also negatively linked to economic growth (Duvvury et al., 2013<sup>[20]</sup>).

GBV must be addressed by all countries, primarily because of its impact on human lives and human rights. However, calculating the overall cost of GBV can serve as an additional justification for governments to prioritise prevention initiatives and responses to GBV (OECD, 2021<sup>[11]</sup>).

### Box 1.3. Examples of cost analyses of gender-based violence

#### Latin America and Caribbean

In 2013, the Inter-American Development plan conducted a study estimating the costs of violence against women in terms of intangible outcomes, such as impacts on women's reproductive health, labour supply, and the welfare of their children. The study involved a sample of 83 000 women in seven countries from all income groups and all sub-regions in Latin America and the Caribbean. The study revealed the following findings: i) domestic violence is highly prevalent in Latin American and Caribbean countries; ii) domestic violence is negatively linked to women's health; and iii) the effect of domestic violence is not limited to the direct recipients of the abuse. For example, children whose mothers suffered from physical violence have worse health outcomes than those whose mothers did not (IDB, 2013<sup>[21]</sup>).

#### New Zealand

In New Zealand, the Accident Compensation Corporation (ACC) provided an estimate of the total economic costs of sexual violence in New Zealand, disaggregated by costs attributable to the Crown (e.g. the cost of services such as healthcare, income support, criminal justice costs to prosecute and rehabilitate offenders, etc.) and costs for individuals and society. The estimate of the total economic costs of sexual violence in New Zealand in 2020 was NZD 6.9 billion. This included NZD 600 million in

costs to the Crown, NZD 5.2 billion in costs to individuals, and NZD 1.1 billion in costs to wider society (Schulze and Hurren, 2021<sup>[22]</sup>). The costs of sexual violence included both tangible and intangible costs. Tangible costs are those that can be fully tracked, such as medical treatment and prosecutions. Intangible costs are costs that represent something lost that cannot necessarily be fully accounted for, such as the long-term costs associated with pain and trauma. Such costs may include the treatment of symptoms and coping mechanisms used by survivors for unresolved trauma; the unreported toll on family and friends; and the ongoing long-term effects of PTSD and other mental illnesses.

#### Switzerland

Switzerland conducted a study identifying the direct and indirect costs of IPV. Specifically, the study measured costs relating to police services, social and health services, and costs resulting from unproductivity due to sickness, disability or death. The total tangible costs of intimate partner violence in Switzerland were estimated to be CHF 164 million each year. This corresponds to the expenditure incurred by a medium-sized Swiss city in a year (Government of Switzerland, 2013<sup>[23]</sup>).

Source: (Government of Switzerland, 2013<sup>[23]</sup>; Schulze and Hurren, 2021<sup>[22]</sup>; IDB, 2013<sup>[21]</sup>).

### 1.3. COVID-19 presented unique challenges and opportunities in the context of GBV

The COVID-19 pandemic likely exacerbated the prevalence of GBV worldwide. During periods of confinement and social distancing, women experienced higher risks of gender-based and domestic violence (OECD, 2022<sup>[7]</sup>). The social and economic stressors as a result of COVID-19 – e.g. inability to leave the home, loss of social interactions, all-day presence of children after school closures, and job loss and health stress – increased the incidence of violence. Furthermore, the restrictions on individuals' freedom of movement increased abusers' control over women and girls during mandatory lockdowns. Women who experienced IPV faced more difficulty attempting to leave their households or to call emergency hotlines with their abusers present. Those already in shelters or temporary housing found it difficult to move, given the risks of infection and lack of options for relocation (OECD, 2020<sup>[24]</sup>).

Meanwhile, rapidly increasing reliance on digital technology during confinement also had implications for GBV. While some were able to increase their connections to the outside world through technology, others experienced further control and alienation because their live-in partners limited their access to mobile phones and computers (OECD, 2020<sup>[24]</sup>). Systemically, the COVID-19 pandemic increased physical barriers to key government services, including shelters, medical services, child protection, police and legal aid mechanisms (Pfitzner, Fitz-Gibbon and True, 2020<sup>[25]</sup>). Despite these challenges, the COVID-19 crisis created an opportunity for governments to better prevent, plan for and respond to GBV in emergency contexts in the future. Many countries reported increased attention to GBV issues as a result of the pandemic. This has translated into the adoption of regulatory and policy instruments to prevent and combat GBV. This report explores innovative responses that emerged during the COVID-19 pandemic to address GBV, including: i) designing crisis management plans or contingency plans for addressing GBV at the time of such crises as pandemics, natural disasters and/or economic recessions, and guaranteeing funding to implement them; ii) making changes to GBV approaches in engagement with stakeholders by instituting, implementing and monitoring rapid-response interventions during crises; iii) developing strategies to improve intersectionality, with a special focus on vulnerable populations; iv) establishing multiple channels through which victims/survivors can report their abuse; v) implementing integrated-services responses and strengthening collaboration among service providers; vi) disseminating information more widely on services, justice pathways and rights; and vii) reducing barriers to access justice services (e.g. through the use of technology).

## 1.4. The OECD GBV Governance Framework

Governments have a responsibility to protect their citizens. An important element of this responsibility involves preventing and responding to GBV. Several elements can ensure a holistic, comprehensive and coherent response to the problem of GBV across various government bodies, sectors and society at large.

These are completed by the three-pillar approach of the OECD whole-of-government framework for addressing GBV, building on the 2021 OECD Report on Eliminating Gender-based Violence. This framework outlines the creation of holistic legal frameworks, policies and strategies (the Systems Pillar), the development of a victim/survivor-centric service culture (the Culture Pillar) and enforcing victims'/survivors' access to justice and accountability (Access to Justice and Accountability Pillar). This report enriches the framework with data from across OECD countries to highlight good practices and to analyse existing gaps and challenges.

The Systems Pillar relies on holistic and comprehensive laws, policies and strategies that account for all forms of GBV and the experiences of all victims/survivors. Legal frameworks should offer protection to victims/survivors comprehensively and without legal loopholes. Their implementation should be supported by vertical and horizontal co-ordination mechanisms, sufficient funding, and by clearly identifying roles and responsibilities of state actors and relevant stakeholders, as well as establishing review mechanisms.

The Pillar on Governance and Service Culture emphasises that systems and services must be victim/survivor-centric, so that their intersectional needs and experiences are understood and accounted for in service delivery. This can be achieved by ensuring the integration and victim-centricity of service delivery in health, justice, and social sectors, capacity building of service providers, committing to GBV detection and prevention and engaging men and boys to challenge harmful gender attitudes and behaviour.

Finally, the framework is completed by ensuring the enforcement of legal frameworks through creating pathways for access to justice for victims/survivors of all backgrounds and holding perpetrators accountable for GBV. Key elements include designing justice-related services and proceedings that are responsive to the needs and experiences of victims/survivors; sanctioning and rehabilitating perpetrators; and tracking femicides/feminicides to address preventable failings and inadequate responses by the justice system.

The OECD framework builds upon and is complementary to existing international and regional standards and instruments, which all recognise the importance of state-wide policies to address GBV that are comprehensive, effective and co-ordinated across relevant public institutions. The OECD framework, drawn from country practices and policies around the world, and which emphasises implementation aspects, is complementary to the four-pillared Prevention, Protection, Prosecution and Co-ordinated Policies strategy of the Istanbul Convention.

Figure 1.2. Three-Pillar Approach to the OECD GBV Governance Framework



Source: OECD (2021<sup>[11]</sup>), *Eliminating Gender-based Violence: Governance and Survivor/Victim-centred Approaches*, OECD Publishing, Paris, <https://doi.org/10.1787/42121347-en>.

## 1.5. Methodology and structure of the report

In 2022, the OECD surveyed member countries on their approach to GBV (Box 1.4). This report, grounded in the new evidence that emerged from the three surveys/questionnaires, is completed with data from secondary research, country work and international conferences, including the 2020 OECD High-level Conference on Ending Violence Against Women. Lessons learned from the COVID-19 pandemic are also incorporated.

### Box 1.4. OECD Surveys and questionnaires informing this report

In 2022, the OECD conducted several surveys and collected responses to questionnaires from member countries **on their practices to tackle GBV, which provide the basis for this report:**

- **2022 OECD Survey on Strengthening Governance and Survivor/Victim<sup>1</sup>-centric Approaches to End GBV (2022 OECD GBV Survey)** - The survey, conducted with OECD member countries, consisted of the Systems & Culture survey, which collected data key elements in a whole-of-government system for GBV, and the Access to Justice & Accountability survey, which examined different approaches countries are taking to enhance access to justice for victims/survivors. The survey was sent to Delegates to the Working Party on Gender Mainstreaming and Governance, under the Public Governance Committee. The report includes data from 26 OECD countries that responded to the survey.
- **2022 OECD Questionnaire on Integrating Service Delivery for Survivors of Gender-Based Violence (OECD-QISD-GBV) and the OECD Consultation with Non-Governmental Service Providers serving GBV Victims/Survivors (the OECD Consultation)** - The Questionnaire gathered data about service-delivery arrangements designed to support women experiencing GBV across OECD countries. OECD-QISD-GBV asked countries about service provision and delivery in a range of sectors, as well as how integration is prioritised at the national level. The Questionnaire was sent to delegates to the Working Party on Social Policy (WPSP) under the OECD Employment, Labour and Social Affairs Committee (ELSAC) and 35 out of 38 member countries responded to QISD-GBV.
- Additionally, an online, survey-based consultation was made available to non-governmental service providers working in the GBV space, under the guidance of the OECD WPSP, to gain

insight from non-governmental service providers at the delivery level. The survey was also distributed informally through the European Family Justice Centre Alliance (<https://www.efjca.eu/>). In total, 27 responses were received from non-governmental service providers working in 12 OECD countries.

- **The Social Institutions and Gender Index (SIGI) and the SIGI Gender-Based Violence Legal Survey (SIGI GBV Legal Survey)** - Since 2009, the OECD Development Centre has measured discrimination in social institutions globally. The SIGI assesses the level of discrimination girls and women face in formal and informal laws, social norms and practices. Its fourth edition was published in 2019, and the fifth edition is to be released in 2023. To assess the current status of legal frameworks on GBV, identify legal loopholes and showcase good practices, the OECD Development Centre conducted a dedicated “SIGI Gender-Based Violence Legal Survey” in 2022. The questionnaire covered laws and national policies or action plans on GBV against girls and women, with specific sections on domestic violence, rape, sexual harassment, female genital mutilation and child marriage. The survey was sent to the Development Centre member countries through its Governing Board. Among the 53 member countries of the Development Centre, 24 responded to the online survey. It comprises 16 OECD and 9 non-OECD countries. In addition, data from the fifth edition of the SIGI (2023) provides information for all OECD countries.

1. This report uses the terminology victim/survivor, aligning itself with other OECD products. The chosen terminology places “victim” first as a way to acknowledge that not all victims of GBV are survivors, making it more inclusive than “survivor”.

Source: OECD (2023<sup>[26]</sup>), “Social Institutions and Gender Index (Edition 2023)”, OECD International Development Statistics (database), <https://doi.org/10.1787/33beb96e-en> (accessed on 31 May 2023).

The report is structured as follows:

- Chapter 2 includes insights on the global legal landscape regarding GBV, including from the OECD Social Institutions and Gender Index (SIGI).
- Chapter 3 presents efforts introduced by OECD countries to implement a whole-of-government approach for tackling GBV, as well as remaining challenges limiting its effectiveness.
- Chapter 4 explores how victim/survivor-centred governance and service culture can be achieved by incorporating them into policy design and implementation and focusing on prevention efforts.
- Chapter 5 discusses how governments are integrating service delivery across social, health, housing, justice and other sectors to support victims/survivors better, with a focus on intimate partner violence (based on (OECD, 2023<sup>[4]</sup>)).
- Chapter 6 examines access to justice for victims/survivors and accountability related to efforts to eradicate GBV.



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## Note

<sup>1</sup> The term “violence against women” was used in the 2017 and 2022 OECD Reports on the Implementation of the OECD Gender Recommendations. This report uses the term “gender-based violence” to expand the scope to all victims/survivors, regardless of age, gender, race, and socioeconomic background. In addition, this term also acknowledges the gendered imbalances of power as a root cause of the phenomenon. However, the report focuses on women and girls, as they constitute the majority of victims/survivors.



## 2 Strong legal frameworks: a necessity to end and prevent gender-based violence

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This chapter presents an overview of the global legal landscape regarding gender-based violence (GBV): it begins with a description of existing international and regional legal instruments designed to promote gender equality and women’s empowerment. The chapter highlights similarities and differences among different national legal frameworks that govern various forms of GBV, including domestic violence, rape, and sexual harassment as well as female genital mutilation (FGM) and child marriage. It concludes with good practices and recommendations for more comprehensive legal systems. The findings are based on the Social Institutions and Gender Index (SIGI) and on 24 countries’ responses to the SIGI Gender-Based Violence Legal Survey (SIGI GBV Legal Survey).

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In this report, “gender” and “gender-based violence” are interpreted by countries taking into account international obligations, as well as national legislation.

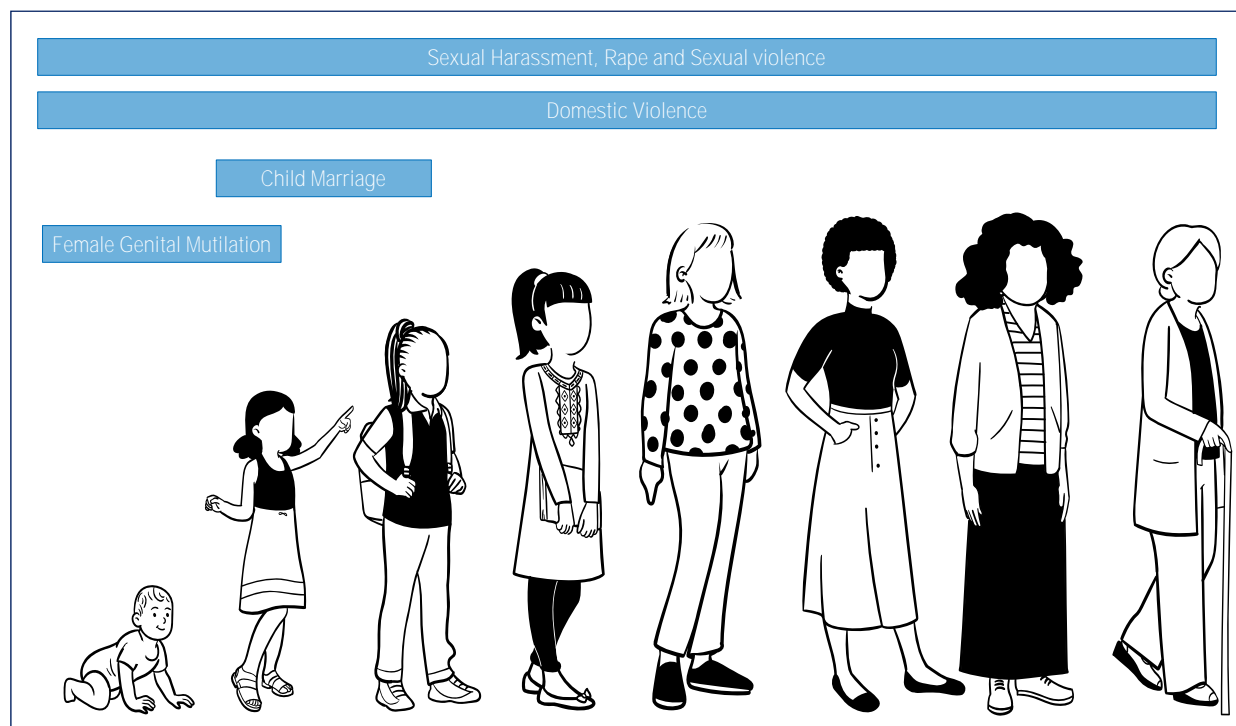
## Key findings

- Many women and girls experience diverse forms of gender-based violence (GBV) that may begin in the post-natal period and can persist and overlap through adulthood and through to the end of their lives. Women and girls are exposed to the threat of GBV in all spheres of their lives.
- While most countries have acknowledged the importance of legal frameworks and have introduced significant legal reforms to combat GBV, only a limited number of countries included in the fifth edition of the Social Institutions and Gender Index (SIGI) provide for a comprehensive legal framework – i.e. one that protects victims/survivors from all forms of violence.
- The persistence of informal laws (traditional, customary or religious laws) can undermine the enforcement of the codified formal law. Preventing and ending GBV thus requires transforming discriminatory informal laws and underlying social norms, along with legal reforms.
- In almost all OECD countries and SIGI GBV survey participants, the legal provision on domestic violence comprises physical, sexual and psychological abuse. However, 11 OECD countries do not account for economic violence.
- Cyber harassment, a specific form of sexual harassment is an increasing threat to women and girls' well-being and participation in the online space, yet this form is least covered by countries, in comparison to legislation covering the workplace, educational establishments or public places.
- While all OECD countries criminalise rape under their legal frameworks, only 22 countries base their legal definition of rape on the lack of consent. Coercion-based definitions of rape are still used in 16 OECD countries, which can constitute a high legal threshold and a barrier to justice.
- Evidence shows that FGM is practiced in OECD countries. Countries have taken action to protect girls from the harmful practice and more than half of OECD countries have laws that explicitly prohibit FGM. This, however, still leaves many young girls at risk, as FGM does not stop at national borders.
- While most countries have set 18 as the minimum age of marriage for girls and boys, 25 OECD countries allow legal exceptions for child marriage.

### 2.1. The international community has established important normative frameworks and benchmarks on GBV

GBV manifests in various forms and can occur throughout a woman's lifecycle (see Figure 2.1). There is not a single sphere (economic, social, political, psychological, etc.) in women's lives where they are not exposed to the threat or reality of GBV. Domestic violence in the family and home is ubiquitous. In their lifetime, women and girls may also experience some form of sexual harassment in educational institutions, the workplace and in public spaces. Legal provisions to protect women and girls from every form of GBV are indispensable at every level – whether international, regional, national or local. Such legislation not only sends a strong signal that GBV is a serious crime but can also contribute significantly to changing harmful social norms so that victims'/survivors' human rights are effectively protected. Adopting and implementing holistic laws that take into account and respond to the experiences of all victims/survivors is a vital component of the Systems Pillar (see Figure 1.2 and discussed in Chapter 3).

Figure 2.1. Gender-based violence is a lifelong continuum that mainly affects women and girls



Source: OECD (2023<sup>[1]</sup>), Social Institutions and Gender Index, [www.genderindex.org/](http://www.genderindex.org/).

In recent decades, the international community has developed global and regional minimum standards for GBV. The latest General Recommendation No. 35: Violence against women of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) requires States Parties to “have an effective and accessible legal and services framework in place to address all forms of gender-based violence” (United Nations, 2017<sup>[2]</sup>). Furthermore, parties must provide “appropriate protective and support services” to victims/survivors (United Nations, 1992<sup>[3]</sup>). The CEDAW describes GBV as an “obstacle to the participation of women, on equal terms with men, in political, social, economic and cultural life” (United Nations, 1979<sup>[4]</sup>). This Convention, intended to eliminate all forms of discrimination against women, was ratified by all but seven countries,<sup>1</sup> making it almost universal. The CEDAW provides for a mandatory reporting mechanism, as “States parties are required to submit a periodic report on the progress made every four years”, allowing for monitoring of legislative and regulatory changes in combating GBV globally (United Nations, 1992<sup>[3]</sup>). More recently, the Sustainable Development Goal (SDG) Target 5.2 called on countries to “eliminate all forms of violence against women and girls” by 2030 (United Nations, 2016<sup>[5]</sup>).

While legislation alone will not eradicate GBV, comprehensive legal frameworks that protect women and girls from all forms of GBV constitute a vital step in putting an end to impunity and societal acceptance of GBV. Progressive legal frameworks need to be complemented by a change in social attitudes towards women’s rights and gender equality. This is necessary to empower women and girls to claim their rights by addressing the lack of information, limited legal literacy and restricted access to the justice system (see Chapter 6). Comprehensive legal frameworks should ensure that girls and women are protected from all forms of GBV including domestic violence and intimate partner violence, rape and marital rape, honour crimes and sexual harassment – without any exceptions or legal loopholes. It also requires legally codified provisions for the investigation, prosecution and punishment of these crimes, as well as protection and support services for victims/survivors (OECD, 2019<sup>[6]</sup>). Laws and policies should also embed an intersectional approach that considers various factors and forms of discrimination and oppression. For instance, victims/survivors are exposed to individual experiences of oppression, as gender discrimination

interacts with other factors such as race, ethnicity, class, income, caste, education level, or health. Therefore, an intersectional and comprehensive approach that includes all actors in society is needed to ensure that women and girls enjoy their human rights.

### **2.1.1. Despite some progress, no countries have developed legal frameworks that address GBV holistically**

Worldwide, only 12 countries have a legal framework that comprehensively protects girls and women from GBV. Five OECD countries and seven non-member countries legally protect girls and women from the following forms of violence: intimate partner violence; rape, including marital rape; honour crimes; and sexual harassment – without any exceptions or legal loopholes. For instance, this requires that domestic violence laws define and criminalise all types of abuse (physical, sexual, psychological and economic violence) and that laws on sexual harassment apply in all places (including educational establishments, online violence or public places) and are not limited to the workplace only. While the majority of countries still have a long way to go, these 12 countries represent major progress at the global level as there was no country with a comprehensive legal framework in the fourth edition of the Social Institutions and Gender Index (SIGI) in 2019 (see Box 2.1) (OECD, 2019<sup>[6]</sup>; OECD Development Centre/OECD, 2023<sup>[7]</sup>).

#### Box 2.1. The Social Institutions and Gender Index (SIGI) and the SIGI GBV Legal Survey 2022

Since 2009, the OECD Development Centre has measured discrimination in social institutions globally. The SIGI assesses the level of discrimination that girls and women face in formal and informal laws, social norms and practices. This captures the underlying, often “hidden” drivers of gender inequality and makes it possible to collect the data necessary for transformative policy and norm change. The SIGI is also one of the official data sources, together with UN Women and the World Bank Group’s Women Business and the Law for monitoring the SDG 5.1.1 indicator “*Whether or not legal frameworks are in place to promote, enforce and monitor gender equality and women’s empowerment*”.

The SIGI framework adopts the life cycle approach to better understand GBV against women and girls (see Figure 2.1). The SIGI framework (Ferrant, Furet and Zambrano, 2020<sup>[8]</sup>) measures legal frameworks on three primary counts. First, national legal frameworks; second, enforcement and monitoring of national action plans, programmes and policies aimed at eradicating all forms of GBV; and third, informal (customary, traditional, religious) laws/rules that restrict women’s control over their own lives. While this chapter places a special focus on legal progress and shortcomings, it is also well-documented that there is no single cause of GBV. Some of the strongest and most persistent drivers of GBV are embedded in harmful social norms and the perpetuation of social practice. The SIGI is the only tool that systematically captures the existence and prevalence of informal laws.

To assess the status of the legal frameworks on GBV, identify legal loopholes and showcase good practices, in 2022, the “SIGI GBV Legal Survey” was conducted among 24 member countries of the OECD Development Centre. The fifth edition of the SIGI Global Report will be published in 2023 and will be dedicated to discriminatory social institutions. The forthcoming report will also provide information on the areas where further action is needed to eradicate GBV in 178 countries.

Note: This survey was part of the OECD Horizontal Initiative “*Taking Public Action to End Violence at Home*”, carried out by the Development Centre, the Directorate for Employment, Labour and Social Affairs (ELS) and the Directorate for Public Governance (GOV). The countries that participated in the SIGI Gender-Based Violence Legal Survey are Brazil, Colombia, Costa Rica, the Czech Republic, Denmark, the Dominican Republic, Ecuador, Finland, Guatemala, Ireland, Italy, Japan, Kazakhstan, Korea, Mexico, the Netherlands, Panama, Peru, Portugal, Romania, the Slovak Republic, Slovenia, Spain and the Republic of Türkiye.

Source: Ferrant, Furet and Zambrano (2020<sup>[8]</sup>), “The Social Institutions and Gender Index (SIGI) 2019: A revised framework for better advocacy”, *OECD Development Centre Working Papers*, No. 342, OECD Publishing, Paris, <https://doi.org/10.1787/022d5e7b-en>.



Nevertheless, countries have made efforts to strengthen their institutional responses to GBV, as discussed throughout the report. Some countries provide a more comprehensive and supportive response to victims/survivors of GBV and recognise the intersectional dimension of GBV. Within Canada's National Action Plan to End Gender-Based Violence, particular attention is paid to being “gender-informed/sensitive and inclusive, intersectional, trauma- and violence-informed, and culturally appropriate” in preventing GBV. The collection and management of data on concerns of Lesbians, Gay, Bisexual, Trans, Intersex, Queer (LGBTIQ+), non-binary and Indigenous persons is particularly promoted. The government has aimed to strengthen the implementation of family and criminal laws by providing training for judges on gender and diversity (Government of Canada, 2021<sup>[9]</sup>). This approach aims to enable awareness-raising at all levels to remove the obstacles to women and gender-diverse individuals' equal participation in society. See some promising steps towards reforming legal frameworks for more comprehensive responses to GBV in Box 2.2.

### Box 2.2. Comprehensive legal reforms to strengthen responses to GBV

#### Mexico

Mexico is a signatory and ratifying party to the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (better known as the Belém do Pará Convention), a legally binding international treaty criminalising all forms of violence against women. In accordance with the convention, Mexico has introduced important legal reforms, including a “General Law on Women's Access to a Life Free of Violence” in 2020.

The law recognises several types of GBV, including psychological violence, physical violence, patrimonial violence, economic violence and sexual violence, and “any other analogous acts that harm or may harm the dignity, integrity or freedom of women” and femicide. The law aims to eradicate violence in all spheres of women's lives, and dedicates several articles to violence at the workplace, educational institutions and unions.

Besides the expanded recognition of types of violence against women and girls, the law provides an extensive overview of the roles and responsibilities of governmental agencies and ministries, as well as public service providers in the fight against GBV, in the areas of implementation, co-ordination of policy, capacity building and data collection. The law is also victim/survivor-centred, and introduces specific actions to improve their treatment, protection and their access to justice.

#### Spain

Following the recommendations of GREVIO in 2020, Spain has introduced several legal reforms to expand its protection of victims/survivors of violence, under the new Organic Law 10/2022 of comprehensive guarantee of sexual freedom. The law strengthens existing protection mechanisms for victims/survivors of IPV and extends it to victims/survivors of other forms of GBV, including sexual violence, forced marriages and female genital mutilation. Moreover, legal provisions on psychological violence, stalking, sexual violence, sexual harassment and against the exploitation of prostitution are strengthened.

For example, certain provisions expand protection to victims of online violence and violence in the digital environment, especially for victims under the age of 16. In Spain, Article 172 of the Criminal Code criminalises a wide range of stalking, which it defines as repeated and insistent behaviour to physically approach the victim, communicating with the victim using any available means, stealing personal information or engaging in any other similar activity. The Spanish Criminal Code recognises several areas and means of stalking and Spain has become one of the first European countries to criminalise

stalking through digital means of communication or “cyberstalking”. If perpetrators are the partners, ex-partners or close relatives of the victim/survivor, this constitutes an aggravating factor.

The legal reform included several measures to expand protection. It adopted the inclusion of an intersectional approach, as well as a gender perspective. It also introduced the right to reparation. The new law introduced provisions for strengthening the capacity of professionals in the teaching, educational field, health and social services, security forces, in judicial career and in the forensic and prison system, through training and professional specialisations. Finally, the reform adopted an obligation to strengthen institutional responses, by developing a State Prevention Strategy and evaluating and monitoring the new law.

Source: (MESECVI, 2020<sup>[10]</sup>; EELN, 2022<sup>[11]</sup>).

Despite the progress individual countries have made in strengthening their laws against GBV, further efforts are needed to ensure that legal frameworks capture the multiple dimensions of GBV. Some do now allow legal loopholes. Furthermore, “plural” legal systems and informal laws can increase women’s and girls’ vulnerability to GBV. Plural legal systems refer to co-existing legal systems, such as the co-existence of state judicial courts bound by a country’s national law and traditional courts that make decisions based on customary law and practices. In some non-OECD countries, such systems can create challenges to effectively enforcing laws against GBV for all groups of women and girls. Informal laws<sup>2</sup> undermine the reach and enforcement of legal provisions. Such traditional, customary or religious rules and laws are often undocumented and deeply rooted in society and, combined with discriminatory social norms, weaken the implementation of codified gender-sensitive laws and policies and justify harmful practices.

## 2.2. Gaps in national legal frameworks on domestic violence put women at risk

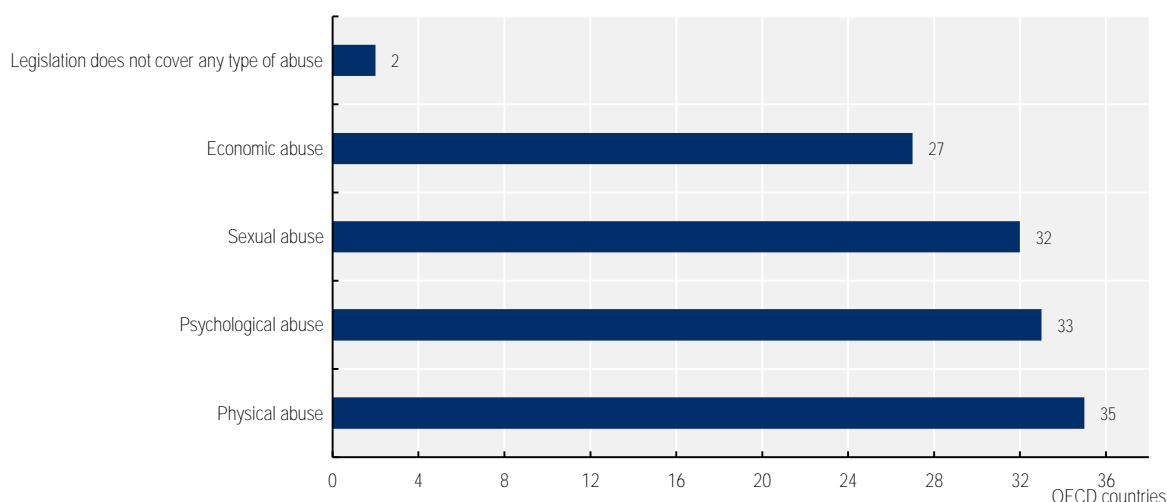
As with broader forms of GBV, OECD countries have made some progress in adopting comprehensive laws on specifically tackling domestic violence. Yet a range of legal loopholes persist.

### 2.2.1. Laws on domestic violence do not adequately protect women from all forms of abuse

Despite widespread recognition of domestic violence as a criminal offence, legal loopholes persist. While 32 OECD countries reported criminalising domestic violence, six countries either do not have legislation on domestic violence at all, or existing legislation does not extend to the entire territory or domestic violence is only covered in civil legislation (OECD Development Centre/OECD, 2023<sup>[7]</sup>). Moreover, some countries with criminal or civil provisions on domestic violence fall short of addressing all of its forms. Nonetheless, progress is underway as countries update their legislation (see Box 2.3). Most OECD countries reported having adequate provisions for physical, sexual and psychological abuse. However, economic abuse is only covered in 27 countries. This is a recognised form of domestic violence that involves limiting a partner’s access to economic resources or preventing them from getting a job. Accounting for this type of domestic abuse is essential, because it is harder to escape an abusive relationship for victims/survivors who are economically dependent on the perpetrator and cannot support themselves. While 32 countries reported covering sexual abuse in a domestic relationship as an offence, the law in 10 OECD countries does not explicitly prohibit marital rape.

Figure 2.2. Economic abuse is the form of domestic violence least covered in legal frameworks

Number of OECD countries with legal provisions on different forms of domestic violence



Source: OECD Development Centre/OECD (2023<sup>[7]</sup>), “Gender, Institutions and Development (Edition 2023)”, *OECD International Development Statistics* (database), <https://doi.org/10.1787/7b0af638-en> (accessed on 01 June 2023).

To address domestic violence through legislation comprehensively, countries should review legal loopholes and mechanisms to protect victims/survivors. For instance, they can ensure that mediation is permitted fairly and consensually. In cases that involve intimate partners, such as marital disputes and even domestic violence, alternative dispute resolution (ADR) is often encouraged by society. Among OECD countries, only ten OECD countries<sup>3</sup> reported prohibiting mediation and/or conciliation in domestic violence cases. Arguments supporting ADR note that it is a faster, more flexible and affordable process for the resolution of interpersonal disputes. Yet for successful mediation processes, the Committee on the Elimination of Violence Against Women provides “the free and informed consent of victims/survivors and that there are no indicators of further risks to the victims/survivors or their family members” (United Nations, 2017<sup>[2]</sup>).

### Box 2.3. Legal reforms on domestic violence towards covering all forms of abuse

#### United Kingdom

The United Kingdom has taken several significant steps to align its definition of domestic violence with the Istanbul Convention, before its ratification in 2022. The Domestic Abuse Act 2021 has introduced for the first time a statutory definition on domestic violence, covering several forms of domestic violence, including i) physical or sexual abuse; ii) controlling or coercive behaviour; iii) economic abuse; iv) psychological, emotional or other abuse. The Act also stipulates that there is no requirement of repetition of domestic violence for prosecution. Economic violence is also defined under the Act, as any behaviour that has a substantial adverse effect on another person’s ability to i) acquire, use or maintain money or other property, or ii) obtain goods or services.

Source: (Government of the United Kingdom, 2021<sup>[12]</sup>; Government of the United Kingdom, 2003<sup>[13]</sup>).

### **2.2.2. Social norms lead to under-reporting and failure to prosecute domestic violence**

Social norms such as victim blaming or the acceptance of domestic violence by women themselves, and the insensitivity/ineffectiveness of law enforcement agencies, can lead to under-reporting of crimes of domestic violence. Victim-blaming attitudes generally contribute to forging a climate of tolerance that reduces action against domestic violence, makes it more challenging for women to come forward, and promotes social indifference. Awareness-raising is needed to break the silence of victims/ survivors, decrease the levels of social acceptance and increase social responsibility, by promoting individual and collective actions and measures concerning domestic violence against women. Moreover, encouraging reporting of crimes by concerned actors such as caretakers or NGOs can increase support for victims/survivors of domestic violence, and over time, address this tolerance and acceptance in society.

In addition, restrictive norms of masculinity, such as that “real” men should be the breadwinner, or that they should dominate financial, sexual or reproductive choices, can lead to intimate partner violence, especially when these norms are challenged. Evidence shows that men who report feeling stressed about insufficient or lack of work, or feeling ashamed about their financial or economic situation, are almost 50% more likely to commit violence against their female partner (OECD, 2021<sup>[14]</sup>). This may create a sense that the violence is justified in the minds of both victims/survivors and perpetrators and discourage reporting of these crimes.

Domestic violence must be tackled at every level, whether legal, societal or individual. There is a strong need to explicitly define and criminalise all types of domestic violence, including marital rape. International guarantees such as the Istanbul Convention<sup>4</sup> can provide guidance for countries seeking to enact new legislation or revise current law. It is also important to ensure that the provisions of the law can be implemented and to provide guidelines to bridge the gap between policy and practice. For example, in Finland, the Ministry of Social Affairs and Health aims to comprehensively address domestic and intimate partner violence, by providing recommendations (“soft laws”) to self-governing authorities of cities, municipalities and regions. To highlight the complementary nature of these “soft laws”, the Finnish Institute of Health and Welfare is updating the country’s national structure of social and healthcare services. Moreover, strengthening co-operation between different stakeholders, including governments, Official Development Assistance (ODA) donors, foundations, civil society organisations, private companies and schools, can increase awareness about domestic violence and help create bridges between various efforts at the legal, societal and individual levels.

## **2.3. Consent-based legal frameworks on rape are a good sign of countries’ intent to deal with misconceptions about sexual violence**

Rape is understood as the unwanted penetration of the body. Distinctions in the definition emerge, concerning such topics as whether the fundamental issue is the absence of consent or the use or threat of force; the orifice of the body being penetrated; and the object doing the penetration. In circumstances where rape is committed as a part of a “widespread or systematic attack directed against any civilian population”, Article 7 of the Rome Statute of the International Criminal Court recognises rape as a crime against humanity (International Criminal Court, 2011<sup>[15]</sup>).<sup>5</sup>

### **2.3.1. Progressive rape legislation can address societal stigma and acknowledge the victims’/survivors’ physical integrity**

All OECD countries have passed laws that classify rape as a criminal offence (OECD, 2019<sup>[6]</sup>). Moreover, many have progressively adopted more affirmative conceptions of sexual consent. More than half of OECD countries reported having adopted legislation defining rape based on the lack of free consent.<sup>6</sup> This understanding of rape emphasises the importance of the voluntary nature of sexual acts, where involuntary

sexual acts include intimate-partner rape, rape perpetrated by an acquaintance of the victim/survivor or committed by a perpetrator of the same gender as the victim/survivor. Moreover, a definition based on a lack of freely given consent can address the issues both of bodily integrity and of sexual autonomy. It can also recognise a set of circumstances where the consent may be coercive or where the victim/survivor may be unable to give free consent (for instance, under the statutory age). While a progressive definition of rape is a necessary step in addressing the long-standing issue of sexual violence, countries should make sure to avoid legal loopholes in legislative reforms.

### **2.3.2. High legal thresholds of proof of rape can create hurdles to punishment**

Even with legal recognition of rape and criminal penalties, governments do not effectively address the consequences of this crime, which are felt both at the personal and the societal level. Victims/survivors experience physical and mental trauma and stigma in many societies. This is evident where laws allow for mitigating conditions around sexual violence that require proof of rape by physical force or penetration. In Japan, for instance, evidence of physical force (such as assault) is required to prove rape. Similarly, in Romania, the legal definition of rape involves coercion that makes it impossible for the victim/survivor to defend themselves or express their will (OECD Development Centre, 2022<sup>[16]</sup>). Defining rape based on the lack of free consent rather than on coercive circumstances, such as physical force, threat or violence, would make these requirements void.

High legal thresholds such as penetration tests can also create obstacles for the victim, especially if police and medical staff are not sensitive to and/or trained to deal with cases of sexual violence. Moreover, they may also result in the belief that other forms of sexual violence are less important. In Colombia, for instance, Article 212 of the Penal Code addresses carnal access. A penetration test, whether with a virile member or with an object, is required to prove the commission of the criminally violent carnal access or of carnal access to a person who is unable to resist (Government of Colombia, 1992<sup>[17]</sup>).

Quite apart from legal reforms, a myriad of policy actions can be adopted to address rape, prevent it and support victims/ survivors. This removes the previous requirement that to prove rape, victims must prove violence, force or intimidation. Several OECD countries have made progress towards this, by including a lack of consent in the definition of rape and by reducing the legal thresholds for proof of rape (see Box 2.4).

#### Box 2.4. Legal reforms towards more progressive rape legislation

##### Iceland

Chapter XXII of Iceland's General Penal Code was amended in 2018 to include the concept of consent in the definition of rape, which is now described as “sexual intercourse or other sexual relations with a person without her or his consent, which is considered to have been given if it is freely stated”. If forms of unlawful coercion have been used, such as violence or threats of violence, consent cannot be considered to have been given. The amendment was intended to encourage a cultural shift for professionals dealing with cases and to reach a broader consensus within society on the definition of rape.

##### Sweden

In 2018, an amendment to the Criminal Code criminalises all sexual acts with a person “who is not participating voluntarily”. This introduced a definition of rape based on a lack of consent, departing from the previous definition, under which the offence required the use of force, threats or taking advantage of a vulnerable victim. The amendment also introduced two new offences: “negligent rape” and

“negligent sexual abuse”. These cover cases where no reasonable measures were taken to establish the victims’/survivors’ consent.

The Swedish National Council for Crime Prevention published an evaluation of the new consent-based law in 2020 and found a 75% increase in prosecutions and convictions of rape since the law was passed. The evaluation also noted that while the reported instances of rape had increased, this was in line with the trend in the years before the new law was passed.

Source: (GREVIO, 2018<sup>[18]</sup>; The Swedish National Council for Crime Prevention, 2020<sup>[19]</sup>; GREVIO, 2022<sup>[20]</sup>).

All OECD countries have a long way to go to systematically criminalise different forms of rape, such as marital rape and rape committed by partners of the same gender, but these progressive steps can address misconceptions about rape and signal a political will to combat GBV. As the UN Special Rapporteur on violence against women has noted, governments must bring their legal frameworks in line with international standards to effectively prevent and combat impunity for rape and sexual violence (OHCHR, 2021<sup>[21]</sup>).

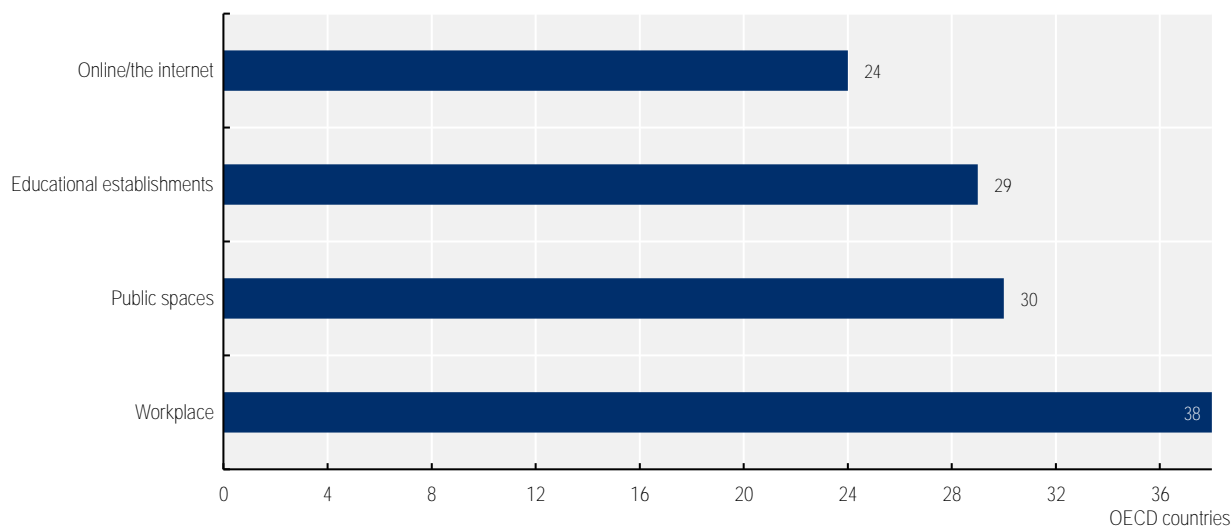
## **2.4. Sexual harassment perpetuates discrimination in public spaces, educational settings and the workplace**

### ***2.4.1. Sexual harassment is present in every aspect of the daily life of girls and women***

While all OECD countries, as well as those that participated in the SIGI Gender-Based Violence Legal Survey, increasingly take steps to prohibit sexual harassment (Box 2.5), not all areas are protected by the law (Figure 2.3). All OECD and additional surveyed countries had established explicit regulations for sexual harassment in the workplace. Yet, comprehensive prohibitions on sexual harassment in the workplace nevertheless need to acknowledge hierarchies in the workplace and offer civil and criminal protections. This is critical so that complaints of sexual harassment against managers are not unfairly silenced. Acknowledging workplace hierarchies in sexual harassment protocols can also ensure that victims/survivors do not lose jobs or promotions for filing a complaint. The #MeToo movement demonstrated that workplace harassment remains prevalent. Companies can set up internal complaint committees to review harassment claims or to include arbitration agreements in contracts. Such measures can force employees to settle complaints rather than pursue criminal liability. As part of the OECD Gender Recommendations,<sup>7</sup> OECD member countries have committed to implement all appropriate measures to end sexual harassment in the workplace.

Figure 2.3. Cyber harassment is not extensively covered by sexual harassment laws

Number of OECD countries with sexual harassment laws that specifically apply online, in public spaces, educational establishments and at work



Source: OECD Development Centre/OECD (2023<sup>[7]</sup>), “Gender, Institutions and Development (Edition 2023)”, *OECD International Development Statistics* (database), <https://doi.org/10.1787/7b0af638-en> (accessed on 14 April 2023).

Public spaces, educational establishments and cyber harassment are not sufficiently covered by the law. About one-quarter of OECD countries do not explicitly include public spaces or educational establishments in their legal framework on sexual harassment. This is an important omission, as school-related GBV can have adverse consequences on students’ lives, including on school attendance, educational outcomes, physical and mental health (UNESCO, n.d.<sup>[22]</sup>). In addition, in 14 OECD countries, the legal provisions on sexual harassment do not specifically apply to cyber harassment/cyberstalking, an emerging form of sexual harassment (Figure 2.3). Even when laws exist to address online violence, it is often difficult for law enforcement structures and the courts to take action when web-enabled technology is used to commit acts of violence against women and girls. The role of the private sector, especially of internet service providers, is still limited, and national laws often do not recognise the continuum of violence that women experience offline and online (see Box 2.5 for promising practices on legal reforms towards criminalising online sexual harassment).

#### Box 2.5. Progress towards criminalising online sexual harassment

##### Austria’s legal reform package for better response to online violence

In 2021, Austria introduced a legal reform package that made it easier to prosecute and convict perpetrators of online violence, completing existing provisions on online stalking, harassment and other forms of online violence. The government also relies on an official reporting organisation against online violence, ZARA (*Zivilcourage und Anti-Rassismus-Arbeit*), that advises and supports victims of online violence.

The legal reform is also part of the broader government efforts to regulate online platforms, to increase their responsibility in combating online hate speech.

Greece is criminalising non-consensual pornography

In 2022, Greece introduced a new article in the Penal Code criminalising non-consensual pornography as a distinct crime against sexual freedom. Non-consensual pornography is defined as online gender-based violence where perpetrators post online images, audio or audio-visual materials showing the victims'/survivors' non-public sexual life. Non-consensual pornography has also been increasing, due to new technologies that perpetrators can use to alter, corrupt and create images, audio or audio-visual materials showing the non-public sexual life of the victims/survivors.

Article 346 criminalises the act of divulging to a third person, or posting in public, a picture or visual or audio-visual material (whether real, corrupted or designed) of a non-public act of a person related to her/his sexual life. It is considered an aggravating factor if the non-consensual pornography i) is posted on the internet or social media with an unidentifiable number of receivers; ii) is posted by an adult against a minor; iii) is posted against a spouse/partner or former spouse/former partner, or against a person living in the same household as the perpetrator, or against a person who is connected to the perpetrator by employment or a service relationship; iv) is posted with the aim of material benefit.

United States' **legal reforms towards a comprehensive framework on online violence**

The United States has taken several steps to combat online violence, including creating the White House Task Force to Address Online Harassment and Abuse and by launching a Global Partnership for Action on Gender-Based Online Harassment and Abuse.

The legal framework provided by Title 18 Paragraph 2261A of the U.S. Code aims to address all forms of online violence and distinguishes between the acts of i) cyberstalking; ii) cyber harassment; iii) doxxing; and iv) non-consensual intimate imagery (or pornography). However, laws on the criminalisation of each subtype of online violence vary by state.

Cyberstalking includes the “act of prolonged and repeated use of abusive behaviours online, intended to kill, injure, harass, intimidate, or place under surveillance with intent to kill, injure, harass, or intimidate”.

The legal system also identifies cyber harassment as an online expression targeted at a specific person that causes the individual substantial emotional distress. In many states, the harassment needs to be repeated and the perpetrator must act with the intent to harass, alarm or threaten.

Some states criminalise the act of doxxing in specific professions (healthcare workers, judges, police officers), which includes the act of publishing sensitive personal information online (e.g. addresses or contact information), to harass or intimidate another person.

The District of Columbia and 48 states also criminalise non-consensual intimate imagery, and define it as the act of sharing private, sexually explicit images or videos without the consent of the person featured in them.

Source: (Government of Greece, 2019<sup>[23]</sup>; EELN, 2022<sup>[24]</sup>; EELN, 2022<sup>[25]</sup>; Government of the United States, n.d.<sup>[26]</sup>).

#### **2.4.2. Women face barriers in reporting sexual harassment and seeking judicial remedies**

Comprehensive legal frameworks on sexual harassment can include both criminal and civil sanctions, although about a quarter of OECD countries still need to make progress in these areas. Even when the law provides for penalties, some victims/survivors may have to bear the additional burden of proving the crime of sexual harassment (also see Chapter 6). Law reforms would be required to help close these gaps and better protect victims/survivors. For instance, the Brazilian Criminal Code provides for civil remedies in cases of sexual harassment that may specifically be applied to sexual harassment cases in the



workplace. This can help victims/survivors financially, since they may be provided compensation as reparations for damage (OECD Development Centre, 2022<sup>[16]</sup>).

It is vital that laws around sexual harassment be constantly updated so that they can adapt to new challenges and technologies. The legal framework should not lag behind technological developments, social relations and workplace rights. When laws on sexual harassment consider identity markers like age, race and class, they can encourage reporting of such crimes. Removing statutory limitations on reporting a crime of sexual harassment against children, for example, allows survivors to come forward years later.

## **2.5. Laws banning FGM and child marriage can protect girls from negative consequences**

### **2.5.1. FGM is a serious human rights violation with drastic health and economic consequences for women and girls**

The international community and states have committed to prioritising the fight against female genital mutilation (FGM) at the international, regional and domestic levels.<sup>8</sup> FGM is an extreme form of GBV against women and especially against young girls, who are exposed to this form of violence due to several factors, including, but not limited to: not having the means of protecting themselves, a lack of awareness or difficulties with challenging norms and traditions, and lack of support, prevention and protection systems. Legal protection is therefore particularly important in averting not only immediate health complications, such as severe pain, excessive bleeding or urinary problems, but also long-term complications such as bacterial infections, painful menstruation, pain during sexual intercourse or psychological problems (WHO, 2022<sup>[27]</sup>). In addition to health complications, mental health problems including post-traumatic disorders can be associated with FGM, sometimes emerging long after the procedure (Wulfes et al., 2022<sup>[28]</sup>).

International commitments that promote zero tolerance of FGM are of considerable importance, given that FGM does not stop at country borders. In some contexts, girls are taken across national borders to be subjected to FGM in a country where legislation against FGM is either non-existent or more lax. This is known as cross-border FGM. Despite this practice, existing international legal provisions are not fully implemented in many countries, as illustrated by the fact that about half of OECD countries and participants of the SIGI GBV Legal Survey have implemented laws that explicitly prohibit FGM (OECD Development Centre, 2022<sup>[16]</sup>; OECD Development Centre/OECD, 2023<sup>[7]</sup>). A good example is Australia, where each state or territory has legal provisions on cross-border FGM. In Germany, not only performing but assisting or persuading others to perform FGM is a criminal offence, even if it is committed abroad. Furthermore, FGM is sometimes only prohibited for citizens, or if the procedure is undertaken on the respective territory that fails to consider the practice of cross-border FGM. Girls who are not citizens but are living in the country and are taken abroad for mutilation are not always covered by the domestic FGM law. In Greece, the extraterritoriality clause applies only in cases where the perpetrator or the victim has Greek citizenship (End FGM European Network, 2021<sup>[29]</sup>). More information is needed on the global prevalence of FGM, which is often perceived as a practice restricted to certain African countries. The evidence, however, suggests that FGM is practised on every continent (EIGE, n.d.<sup>[30]</sup>). Reliable and nationally representative data is important to detect and combat FGM effectively, including by prohibiting the practice in the law.

Globally, customary and traditional practices continue to allow and encourage the harmful practice of FGM. Informal laws in many countries support the practice as a rite of passage into womanhood or preparation for marriage, and women and girls who have not undergone FGM may face stigma. In certain Indigenous communities in Colombia, deeply rooted customs and traditions continue to encourage FGM. The sexual and reproductive health of children and women is threatened, for example, because the growth of the clitoris is associated with its ability to develop into a male organ. Girls or women who resist FGM may be rejected by the community (UNFPA, 2020<sup>[31]</sup>).

Given the seriousness of the offence, laws need to go further than simply prohibiting FGM. They need to be preventative and to provide adequate protection for victims/survivors after the procedure. Most countries fall short of this standard: only 12 OECD countries<sup>9</sup> address FGM in a national action plan (OECD Development Centre, 2022<sup>[16]</sup>). The government of the Netherlands has established a wide range of measures on FGM, compared to other European countries. The legal provisions are embedded in a comprehensive system to end FGM. This includes, for instance, statistical surveys on the prevalence of FGM, local action plans with concrete steps to eliminate FGM for all sectors of society, FGM-related child protection interventions, and compulsory hospital/medical records of FGM. In addition, FGM is recognised as a reason for asylum. However, no specific criminal law provision on FGM would clarify the consequences. Only one case was brought before the criminal court in 2009, indicating that the legal provisions alone are insufficient to counteract this harmful practice.

### **2.5.2. Children are exposed because legal prohibitions on child marriage are circumvented**

Child marriage has been addressed in numerous international agreements (see Box 2.6) that recognise the need for legal protection against this human rights violation against children, disproportionately jeopardising girls' health and well-being as well as their future economic empowerment. An estimated 110 million girls are expected to marry in the next decade, which has been amplified since the COVID-19 crisis (UNICEF, 2022<sup>[32]</sup>). Young brides are exposed to dramatic consequences that negatively affect their physical and psychological well-being. Girls who are married off young are more likely to drop out of school, more likely to experience domestic violence and become pregnant as an adolescent. All this has serious consequences not only for them but also for their families and communities (Girls not Brides, 2017<sup>[33]</sup>).

#### Box 2.6. International standards condemning child marriage

Child marriage is recognised in international legal instruments as a serious violation of a child's human rights. Since the Universal Declaration of Human Rights in 1948, numerous international treaties and agreements have followed to prevent child marriage and protect the rights of children, including:

- The UN Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriages (1962) establishes that all State parties should take 'legislative action to specify a minimum age of marriage (Articles 1, 2 and 3).
- The UN Convention on the Elimination of All Forms of Discrimination against Women (1979) states that 'the betrothal and the marriage of a child shall have no legal effect' (Article 16 (2)).
- The UN Convention of the Rights of Child (1989) precluded State parties from permitting or giving validity to a marriage between persons who have not attained the age of majority.
- The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2003) (known as the Maputo Protocol) (Article 6, clauses (a), (b), (d)).
- The 2030 Agenda under the Sustainable Development Goals Target 5.3 aims to 'eliminate all harmful practices, such as child, early and forced marriage'.

Source: (United Nations, 1962<sup>[34]</sup>; United Nations, 1979<sup>[4]</sup>; UNICEF, 1989<sup>[35]</sup>; African Union, 2003<sup>[36]</sup>; United Nations, 2015<sup>[37]</sup>).

Despite the general recognition that child marriage is a serious violation of human rights, legal loopholes, ineffective implementation and inconsistencies in legal frameworks, coupled with discriminatory practices, still allow girls to marry before the age of 18 years. Most surveyed and OECD countries have set 18 as the minimum age of marriage for girls and boys. A law reform for the United Kingdom is underway and will raise the age to 18 years in 2023 (Government of the United Kingdom, 2022<sup>[38]</sup>). In the United States, the

minimum age of marriage varies across states and is as low as 15 years old for girls in the state of Mississippi. Moreover, two thirds of OECD countries allow legal exceptions for child marriage, via parental consent, the court or both (OECD Development Centre, 2022<sup>[16]</sup>; OECD Development Centre/OECD, 2023<sup>[7]</sup>). These exceptions on the minimum age of marriage mainly concern the age of girls, which is why greater attention should be given to the gender dimension of violence against children and adolescents.

Even when child marriage is prohibited, with no legal exceptions, there are often no legal sanctions against those who facilitate marriage to a person below the legal age of marriage. Seventeen countries have no provisions that render it illegal to facilitate child marriage (OECD Development Centre, 2022<sup>[16]</sup>). Measuring the numbers of child marriages and facilitators is even more difficult, as many are never registered. Nevertheless, child marriages are often arranged within social networks, which gives parents a decisive role (Girls Not Brides, 2022<sup>[39]</sup>). In some cases, it can be in the interest of parents that their daughters are married off to improve their own – often poor – financial situation (UNICEF, 2022<sup>[32]</sup>). The involvement of third parties must thus be prohibited by law.

Crucial to protecting women is applying the law to all groups of women so that no one is excluded from protection through derogations, as is the case in most OECD countries. Among OECD countries, only Colombia introduces exceptions to the application of the general law prohibiting child marriage: for women belonging to Indigenous groups, Afro-descendants, *Raizal*, Roma or Gypsies are subject to the rules of their ethnic group and/or community when marrying, under Indigenous jurisprudence and/or customs (OECD Development Centre, 2022<sup>[16]</sup>). This also indicates that legal frameworks are effective when they address intersectionality because marginalised groups face the brunt of social and economic hardship. This is important to protect the rights of all children and girls. For instance, the right to exercise their jurisdiction is enshrined in Article 246 of the Constitution of Colombia, which creates an option for other regimes that allow child marriage to be legally enforced and for children not to be protected.

Several countries have also recognised the need to raise awareness of the consequences of child marriage (Box 2.7). This means allowing it to be discussed as a societal issue that has many adverse consequences, such as dropping out of school, health complications and limiting girls' agency. Egypt has a programme to address the problem of girls who are forcibly married not completing their education (General Assembly of the United Nations, 2014<sup>[40]</sup>).

### Box 2.7. Legal frameworks towards the elimination of child marriage

#### Norway

Norway is a global advocate for eliminating child marriage and banned child marriage in 2018. Since its amendments to the Marriage Act, the age requirement for marriage has been 18, and does not allow for exceptions. The law now also bans Norwegians from marrying abroad if either party is under 18.

In 2019, the government developed Norway's International Strategy to Eliminate Harmful Practices (2019-2023). This goes beyond domestic actions and measures, making the fight against child, early and forced marriage integral to development co-operation in all areas, from education to healthcare.

Source: Girls Not Brides (2022<sup>[41]</sup>), Child Marriage Atlas, Norway, <https://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/regions-and-countries/norway/>

## 2.6. Policy Recommendations

- **Legal frameworks:** Comprehensive legal frameworks should address various forms of domestic violence and intimate partner violence (physical, sexual, psychological, and economic) and sexual harassment (at work, in educational and sporting facilities, in public spaces and online). They also require legally codified provisions for the investigation, prosecution and punishment of these crimes, as well as protection and support services for survivors.
- **Regional and international agreements:** Governments should commit to signing and ratifying any outstanding regional and international agreements relating to gender equality and GBV.
- **Definitions of rape:** A definition of rape should criminalise rape as a violation of both bodily integrity and sexual autonomy, and explicitly extend to marital rape. A definition based on the lack of freely given consent can address both physical and personal integrity.
- **Laws on sexual harassment:** Laws pertaining to sexual harassment should be constantly updated, so that they can be adapted to new challenges and technologies. This is key, because legal developments should not lag behind technological developments, social relations and workplace rights.
- **Culture/gender norms:** Progressive legal frameworks should be complemented by efforts to develop a victim/survivor-centred culture and a change in social attitudes towards women's rights and gender equality. This is necessary to empower women and girls to claim their rights by addressing a lack of information, limited legal literacy and restricted access to the justice system.
- **Laws on FGM and child marriage:** Given that FGM does not stop at country borders, countries should enact comprehensive laws that criminalise FGM based on international commitments. To eliminate child, early and forced marriage, governments should ensure that women and men have the same minimum age of marriage of over 18 years, with no legal exception.

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## Notes

<sup>1</sup> CEDAW has not been ratified by Iran, Palau, Somalia, Sudan, the Holy See, the United States and Tonga.

<sup>2</sup> According to the SIGI, informal laws are defined as customary, traditional or religious laws that create different rights or abilities between men and women.

<sup>3</sup> Chile, Costa Rica, France, Greece, Ireland, Mexico, Slovenia, Spain, Switzerland and Türkiye.

<sup>4</sup> The Convention on Preventing and Combating Violence against Women and Domestic Violence – better known as the Istanbul Convention - is a European legal instrument that was adopted in 2011. The Convention was negotiated by Council of Europe's 47 member states. To date, 34 member states of the Council of Europe have ratified the convention.

<sup>5</sup> The Rome Statute reproduced herein was originally circulated as document A/CONF.183/9 of 17 July 1998.

<sup>6</sup> Australia, Belgium, Canada, Chile, Colombia, Costa Rica, Denmark, Germany, Greece, Iceland, Ireland, Israel, Latvia, Lithuania, Luxembourg, New Zealand, Portugal, Slovenia, Spain, Sweden, United Kingdom and the United States.

<sup>7</sup> The 2013 OECD Recommendation of The Council on Gender Equality in Education, Employment and Entrepreneurship calls for promoting measures to end sexual harassment in the workplace such as prevention campaigns and actions by employers and unions (OECD, 2017<sup>[42]</sup>).

<sup>8</sup> Inhuman or Degrading Treatment or Punishment (CAT), the Convention on the Rights of the Child (CRC), the Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR) and the Charter of Fundamental Rights of the European Union (2010/C 83/02).

<sup>9</sup> Australia, Belgium, Canada, Colombia, Finland, France, Ireland, Italy, Norway, Spain, Sweden and Switzerland.



# 3

## Building holistic and effective systems to tackle gender-based violence

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This chapter examines elements of the whole-of-state approach to addressing gender-based violence (GBV). It explores how governments can build effective responses to GBV through holistic policies that engage all state actors and account for the experiences of all victims/survivors. The chapter concludes with an examination of the impact of the COVID-19 pandemic on GBV systems in OECD member countries and highlights good practices and recommendations to improve whole-of-state systems to tackle GBV. The findings are based on 26 countries' responses to the 2022 OECD Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End GBV (2022 OECD GBV Survey).

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In this report, “gender” and “gender-based violence” are interpreted by countries taking into account international obligations, as well as national legislation.

## Key findings

- Successful GBV policies are built on long-term commitment of all state actors. To this end, all surveyed countries reported having developed important commitments to ending GBV. In this respect, 77% of surveyed countries (20 out of 26) have adopted GBV strategies or policies that cover multiple forms of GBV.
- Similarly, 88% of countries (23 out of 26) reported putting in place co-ordination mechanisms, with a view towards improving the effectiveness of whole-of-government and whole-of-state systems. In addition, although recognition of the importance of vertical co-ordination mechanisms across levels of government is increasing, significant challenges were reported in implementing them in several OECD countries.
- Notably, despite the growing trend across OECD countries to adopt comprehensive GBV strategies, adequate funding remains a challenge. Of the countries surveyed, 50% (12 out of 24) reported not having a specific budget to fund their GBV plans and programmes.
- In addition, availability of data on the incidence of GBV remains a significant challenge, given the high rates of nonreporting. Understanding the real extent of GBV, as well as the strategies that are effective in its prevention and in responding to it, needs to be supported by robust data from several sources, including administrative data, population-based surveys and international surveys. International surveys are far from widespread, highlighting the need for better cross-national co-operation.
- In this context, while most OECD countries surveyed indicated that they collect administrative data on GBV, countries struggle to collect data from victims/survivors through the service providers who interact with them. Only 42% of countries (11 out of 26) obtain data from non-governmental organisations. Only a few countries reported that statistics institutions were enlisted as part of implementing national policies and strategies.
- Survey responses also indicated the lack of disaggregated and intersectional data relating to various forms of GBV, but countries have stepped up efforts to disaggregate data on victims/survivors and perpetrators. Through administrative data sources and/or population-based surveys, all respondent countries (24 out of 24) reported collecting data on victims/survivors and perpetrators. However, these efforts are not consistent, as there are several gaps within countries: 29% of respondent countries (7 out of 24) did not collect data on perpetrators through both administrative sources and population-based surveys. In addition, all respondent countries (23 out of 23) reported collecting data on different forms of GBV through administrative sources and/or population-based surveys. Most countries collected data on the most common forms of GBV and only 13% of countries collected data on economic violence (3 out of 23), 30% of countries reported gathering data on psychological and technology-facilitated violence (7 out of 23).
- A key stage in a holistic approach to GBV is primary prevention and risk management, with a view to assessing the risk of the recurrence of violence and to assessing the risk of lethal violence. Of the countries surveyed, 66% reported developing and/or certifying tools to be used for GBV screening (16 out of 24) and 70% for GBV risk assessment and management (17 out of 24), such as MARAC, B-SAFER and SARA, primarily focusing on intimate partner violence and domestic violence. At the same time, countries reported that linking risk assessment and management efficiently remains a challenge, as does information-sharing across agencies.
- There is a broad consensus on the importance of monitoring and evaluation, and most countries rely on internal review mechanisms to do so. The institutions providing oversight are usually Ombudsmen's offices and parliamentary committees dedicated to gender equality. However,

only 33% of countries (8 out of 24) reported using an Independent Human Rights Commission. The 2022 OECD GBV Survey revealed that external review mechanisms are rarely used in OECD countries.

- While it is essential that GBV responses be ensured during times of crisis, as they heighten victims'/survivors' vulnerabilities, 56% of countries surveyed (14 out of 25) had not adopted specific crisis plans. Several countries reported struggling with ensuring interinstitutional co-ordination and continued funding for GBV response in a context where social, justice and health support systems were overwhelmed or had collapsed.

### 3.1. Introduction

This chapter highlights country practices in putting in place a whole-of-government framework to address GBV, including developing holistic and intersectional policies, and dedicated responses to several forms of GBV. In particular, it notes that, as part of the OECD GBV Governance Framework (OECD, 2021<sup>[1]</sup>), systems are a crucial element of a whole-of-government framework to address GBV, which encompasses the overall structure of the GBV response, ranging from policies, laws, and programmes to accountability and monitoring elements. Robust GBV systems enable states to respond to the many contexts and needs of GBV victims/survivors and potential victims/survivors, in an effective, intersectional<sup>1</sup> and co-ordinated fashion. Box 3.1 below outlines the key elements of the Systems Pillar of the OECD GBV Governance Framework.

#### Box 3.1. Key elements of the GBV Systems Pillar

A key element of the OECD GBV Governance Framework is a robust, whole-of-government approach that relies on the following key elements: the government has developed a whole-of-government framework committed to addressing GBV across all areas of life, including during times of crisis, through holistic GBV policies.

- The framework outlines a clear vision for addressing the government's overarching goals and expectations.
- Governments establish a holistic approach to GBV by outlining differentiated actions and objectives within the framework.
- The framework identifies key state actors who will develop, implement and oversee GBV policy, and clearly outlines their roles and responsibilities.
- The framework outlines timelines for implementation and review and includes provisions for monitoring and evaluation.
- The framework contains policies, laws and dedicated responses to address several forms of GBV, including: intimate partner violence and domestic violence; physical, sexual, emotional and psychological violence; workplace violence; technology-facilitated violence; criminal harassment or stalking; human trafficking; "honour"-based violence; female genital mutilation; underage and forced marriage; and other forms of GBV relevant to the specific national context. The framework encompasses dedicated policies, programmes and services to prevent and protect against GBV and hold perpetrators accountable in different institutional settings, especially those where the risks of GBV are high. For example, depending on the country context, this may include the military, schools and universities, public- and private-sector workplaces, prisons and immigration detention centres. The framework links to the country's

broader gender equality vision and strategy. The framework considers the connection between GBV and other issues affected by gender inequality, such as access to housing, employment, affordable childcare and a minimum living wage. The framework includes crisis management plans or contingency plans for addressing GBV during crises such as pandemics, natural disasters and/or economic recessions. These plans ensure a continuation of policy implementation, service provision and other activities, and identify emergency measures that can be taken if necessary.

Source: OECD (2021<sup>[2]</sup>), *Eliminating Gender-based Violence: Governance and Survivor/Victim-centred Approaches*, OECD Publishing, Paris, <https://doi.org/10.1787/42121347-en>.

## 3.2. Towards a whole-of-state and systems approach to end GBV

### 3.2.1. Whole-of-state GBV approaches are now more common, but securing resources is still a challenge

A whole-of-state framework calls for establishing holistic policies, laws and dedicated responses to address various forms of GBV, including sexual and online violence, intimate partner violence (IPV), child marriage and FGM. In this context, 77% of the OECD countries surveyed (20 out of 26) reported putting in place national strategies or plans on GBV (see Box 3.2), while 38% reported making GBV a key pillar in broader gender equality strategies (15% of countries had both).

Some other countries have integrated GBV objectives in plans addressing other types of crimes or vulnerabilities. An example of this emerged in Greece, where the National Action Plan for the Rights of Persons with Disabilities devotes its ninth objective to “Women with disabilities” and includes actions to prevent and combat gender-based violence against women and girls with disabilities – including instances of forced abortion and sterilisation. Countries including Greece, Portugal and the United States reported including objectives relating to GBV in national action plans on human trafficking. Luxembourg also reported including objectives to combat GBV in its National Action Plan on Affective and Sexual Health.

In terms of timelines, the majority of surveyed countries reported having two- to five-year term strategies or action plans (largely linked to the strategies of the government in office). Belgium, Finland, Greece, Italy and Mexico take this approach. Only a few countries, such as Australia, Costa Rica, Portugal and Sweden, reported strategies for GBV over a time frame of 10 years. While they allow for greater flexibility, short-term strategies make them more vulnerable in most countries during changes of government.

### Box 3.2. Canada: An example of a comprehensive stand-alone GBV plan

Canada's federal strategy "It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence" is a whole-of-government approach to preventing GBV, supporting survivors and their families, and promoting responsive legal and justice systems. The strategy brings together all federal initiatives to prevent and address GBV in its multiple forms under the same structure.

The Strategy includes the creation of the Knowledge Centre, housed within Women and Gender Equality Canada (WAGE). The GBV Knowledge Centre's online platform compiles resources and research into a single platform, providing information on federal funding opportunities related to GBV and searchable databases that bring together existing data, evidence and federal initiatives on GBV.

The Strategy also includes an intersectoral approach that aims to address gaps in supports for diverse populations, including: women and girls; Indigenous women and girls; 2SLGBTQQIA+ and gender-diverse individuals; women living in northern, rural and remote communities; women and girls with disabilities; immigrant and refugee women; children and youth; and senior women. Budgets for 2017 and 2018 provided over USD 200 million starting in 2017-18 until 2022-23 and over USD 40 million per year ongoing to establish, launch, and expand the Strategy.

Note: 2SLGBTQQIA+ stands for Two-spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex and asexual. The plus sign acknowledges that there are other sexual and gender diverse people who do not see themselves represented in the umbrella acronym. Two-spirit is a term of describing Indigenous people with diverse sexual, gender identities, gender expressions and orientations. Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

To be comprehensive, whole-of-state frameworks need to address multiple forms of GBV, asserting that all forms of GBV are rooted in issues of gender inequality more broadly (OECD, 2021<sup>[2]</sup>). Of countries responding, 90% (20 out of 22) reported that their policies and strategies addressed multiple forms of GBV, including femicide/feminicide, human trafficking, technology-facilitated violence, sexual assault, and intimate partner violence. In terms of methods, robust GBV systems should also contain multiple ways to address GBV. Of the countries responding, 72% (18 out of 25) reported relatively comprehensive approaches to tackle GBV, including: i) primary prevention; ii) risk assessment and management; iii) protection/support to victims and survivors; and iv) prosecution and punishment.

Most countries also engaged with different types of ministries and agencies in implementing their active national policies and strategies (see Section 3.2.2). A network of gender focal points across the government can help communicate and mainstream the GBV strategy effectively in different policy areas (OECD, 2018<sup>[3]</sup>).

### **3.2.2. Institutional design and co-ordination for a whole-of-government approach to GBV**

The 2015 Recommendation of the Council on Gender Equality in Public Life (GEPL Recommendation) defines whole-of-government institutional frameworks and effective public governance processes as a way to drive forward gender equality objectives including GBV objectives (OECD, 2019<sup>[4]</sup>). Providing a comprehensive response to all forms of GBV, from IPV to technology-facilitated GBV, requires the involvement of a significant number of governmental and non-governmental stakeholders working in areas such as: prevention and education, service provision, statistics, etc. Effective GBV frameworks should thus have cross-governmental buy-in (OECD, 2021<sup>[2]</sup>), which in turn requires sound co-ordination and collaboration among stakeholders within governments at different levels and between different areas and sectors. Effective co-ordination can support countries to improve service delivery for victims/survivors by helping provide access to integrated care, informing strategic decision-making by generating comprehensive evidence and data and ensuring accountability for results. This in turn calls for effective horizontal and vertical co-ordination mechanisms (Box 3.3) to ensure that GBV is co-ordinated across the government and implemented at the service delivery level (see Chapter 5) (OECD, 2023<sup>[5]</sup>).

### Box 3.3. Horizontal and vertical institutional co-ordination

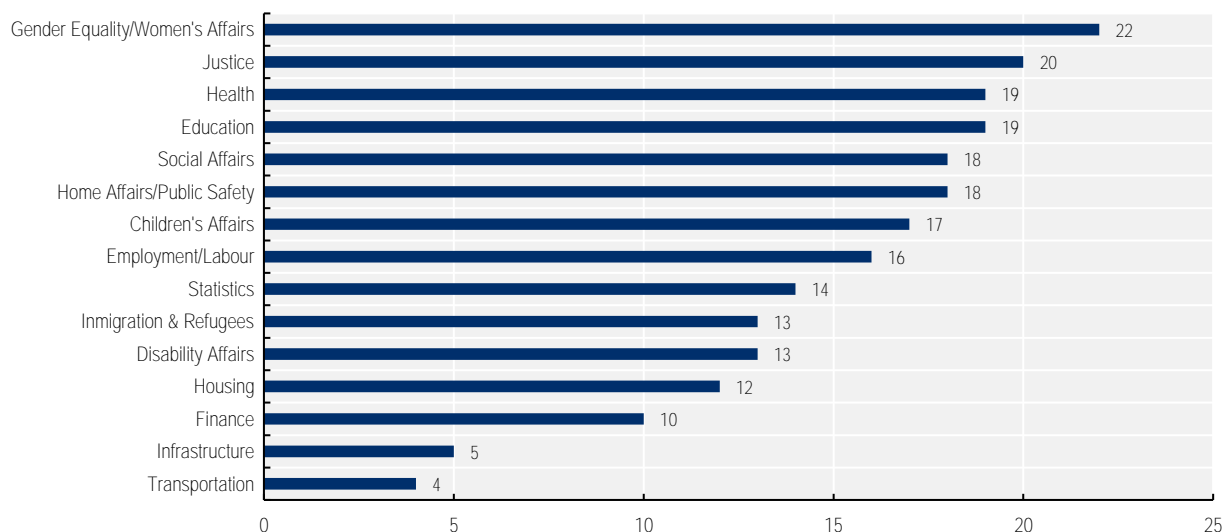
Horizontal co-ordination refers to a collaborative approach that engages all relevant actors from different sectors. Horizontal collaboration across the government by engaging with ministries, agencies and specialised bodies focused on other national policies, can help co-ordinating bodies contribute to more coherent policy making for GBV. Horizontal co-ordination mechanisms can manage the overall GBV agenda of governments, facilitate alignment of mandates and policies across the government, monitor resource allocation and address emerging funding or operational challenges.

Vertical co-ordination refers to the linkages between higher and lower levels of government. National strategies should be enacted in conjunction with bottom-up approaches from local governments, authorities and actors, as they have the most direct connection with victims/survivors. Vertical co-ordination is an important element of GBV frameworks, because implementation of national GBV strategies should be co-ordinated across the different levels of government, including in healthcare, education, child protection and other social services, as well as aspects of criminal, civil or family law that are the responsibility of subnational governments.

Source: OECD (2021<sup>[2]</sup>), *Eliminating Gender-based Violence: Governance and Survivor/Victim-centred Approaches*, OECD Publishing, Paris, <https://doi.org/10.1787/42121347-en>.

In the 2022 OECD GBV survey, the majority of respondents outlined a cross-sector and inter-ministerial approach to their GBV systems. This multifaceted approach enables countries to address the intersectional needs and issues relating to GBV, including access to education, employment, housing, healthcare and justice, and physical and mental well-being and health (OECD, 2021<sup>[2]</sup>). The most common sectors and ministries reported by the respondents were Gender Equality/Women's Affairs and Justice, followed by: Education; Health and Social Affairs; Home Affairs / Public Safety and Statistics Figure 3.1.

Figure 3.1. Ministries and agencies whose roles and responsibilities are outlined in policies, action plans and programmes on GBV



Note: Number of respondents on this question is 26.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

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Central gender equality institutions are governmental bodies that are often primarily responsible for supporting the government's agenda to advance society-wide gender equality goals. Among OECD countries, most of the gender equality institutions are part of the Ministry of Social Affairs or a unit within the centre of government (OECD, 2021<sup>[6]</sup>). Some countries, including Mexico, reported that their federal bodies or ministries responsible for Gender/Women's Affairs operate as a decentralised body responsible for implementing GBV initiatives (see Box 3.4). Gender equality institutions are often tasked with creating social change and utilising a gender lens when conducting research and drafting policies (OECD, 2021<sup>[2]</sup>). They are vital to developing and monitoring the implementation of a GBV framework and can help promote good practices and standards, advocate for needs and rights of GBV victims/survivors, and strengthen partnerships with a wide range of sectors and organisations to provide an integrated response (Raftery et al., 2022<sup>[7]</sup>). It can sometimes be difficult for these institutions to involve all relevant actors and to ensure adequate funding and resources, including for integrated GBV responses, co-ordination, monitoring and evaluation (Murphy and Bourassa, 2021<sup>[8]</sup>).

#### Box 3.4. Examples of decentralised governance for tackling gender-based violence

##### Mexico

In Mexico, the National Women's Institute (INMUJERES), an autonomous, decentralised body, plays a key role in co-ordinating and promoting the National Programme for Equality between Women and Men (PROIGUALDAD). INMUJERES partners with the National Commission to Prevent and Eradicate Violence Against Women (CONAVIM) to carry out the government's Integrated Programme to Prevent, Address, Sanction and Eradicate Violence Against Women (*Programa Integral para Prevenir, Atender, Sancionar y Erradicar la Violencia Contra las Mujeres 2019-2024*).

##### Switzerland

In Switzerland, the Federal Office for Gender Equality has the dual role of supporting measures to combat GBV at the national level by working with different federal offices and authorities, as well as at the state level by assisting co-ordination between cantons, municipalities and the federal government. The cantonal intervention and co-ordination services help, together with the federal government, link state and private institutions active in the prevention of and fight against domestic violence at the cantonal level. They are united in the Swiss Conference against Domestic Violence (CSVD).

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

Ministries of Justice, on the other hand, are largely responsible for legal, policy, and judicial reforms on GBV, as well as the review of such reforms. Justice ministries typically administer many aspects of legal justice systems and are at times involved in developing integrated responses to GBV, specialised domestic violence courts, services for victims/survivors and the children of victims/survivors in the criminal justice system, as well as civil, family and other related justice services (OECD, 2021<sup>[11]</sup>). Of countries surveyed, 36% (9 out of 25) reported engaging their Ministry of Justice to help implement their plans and programmes on GBV, which can help ensure that victims/survivors have access to legal and judicial services and protection and enforce accountability for perpetrators. As with other sectoral ministries, it can sometimes be difficult to co-ordinate with other sectors and organisations that should be involved in prevention and response to GBV (e.g. health, education, employment, social protection and police). They should thus have a clear mandate and be supported by a robust governance structure, possibly with the involvement of Centre of Government (CoG), to help ensure clear accountability and prioritisation.

While most countries reported that their GBV plans and programmes are being implemented by ministries, a few countries surveyed, such as Australia (Office for Women of the Department of the Prime Minister

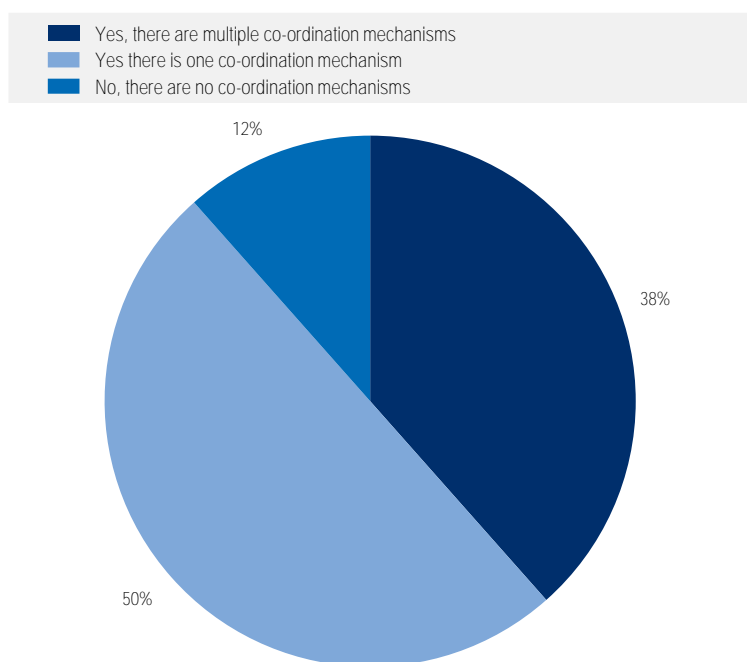
and Cabinet); Italy (Department for Equal Opportunities of the Prime Minister's Office) and Japan (Cabinet Office), reported that their GBV plans and programmes were implemented directly through the centre of government. Higher prioritisation of GBV can accelerate implementation and ensure greater accountability, and potentially greater coverage of GBV services. At the same time, it can risk reducing funding and human resources, diluting agendas and limiting capacity, putting the sustainability of GBV co-ordination and implementation at risk.

*While there is a growing recognition of the importance of co-ordination mechanisms, further institutionalisation, data and resources are needed*

The 2022 OECD GBV Survey revealed a broad consensus among OECD countries on the importance of co-ordination across governments, ministries and sectors, and of ensuring integrated service delivery centred on the needs of victims (see Chapter 5). Communication and collaboration among stakeholders are especially important in emergency contexts, where GBV is often exacerbated (see Section 3.2.7). The great majority of OECD countries (88%, 23 out of 26) reported having established at least one co-ordination body for GBV and/or designated existing institutions as co-ordinating bodies.

In particular, half of the surveyed countries reported establishing one inter-ministerial/agency co-ordination mechanism to facilitate whole-of-government co-ordination on GBV, while 38% of surveyed countries (10 out of 26) reported establishing more than one inter-ministerial/agency co-ordination mechanism, with up to 3 different mechanisms in 5 countries and 4 mechanisms in 1 country (Figure 3.2).

Figure 3.2. Countries where co-ordination between ministries/agencies facilitates whole-of-government co-ordination on GBV



Note: Number of respondents to this question is 26.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

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Most co-ordinating mechanisms included members from ministries of: Education; Employment/Labour; Gender Equality/Women's Affairs; Health; Home Affairs/Public Safety; Justice; and Social Affairs. Examples of collegiate bodies of ministries and institutions with responsibilities for GBV appear in Box 3.5.

### Box 3.5. Examples of collegiate bodies and their responsibility for GBV initiatives

#### Estonia

In Estonia, the Ministry of Interior formed a cross-sectoral steering group in 2019 to co-ordinate communication and action on GBV between the Ministry of the Interior, the Ministry of Justice, the Ministry of Social Affairs, the Ministry of Education and Research, the Social Insurance Board, Prosecutor's Office, Police and Border Guard Board, Family Doctors Association, Harju County Court and the Association of Estonian Cities and Municipalities.

#### Iceland

In Iceland, a co-ordination mechanism led by the Office of the Prime Minister focuses on preventive measures among children and young people. It is charged with implementing the Parliamentary Resolution on preventive actions among children and young people against sexual and gender-based violence and harassment and its plan of action for the years 2021–2025. The Steering Group is composed of ministries and also representatives of municipalities and NGOs. Several sectors, including gender equality and children's affairs, but also transportation, are represented in this group.

#### United Kingdom

The United Kingdom created the Violence Against Women and Girls Inter-Ministerial Group, known as the VAWG IMG, the most senior decision-making forum driving delivery of the government's work on addressing violence against women and girls. This group regularly meets at the directors' level and at the ministerial level, allowing for co-ordination of GBV work between the technical and political spheres.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

Regardless of the number of horizontal co-ordination mechanisms, the 2022 OECD GBV survey revealed that their most common areas of focus are: i) primary prevention; ii) risk assessment and management; iii) protection and support to victims/survivors; and iv) prosecution and punishment.

Vertical co-ordination is an essential element of GBV responses, to engage all levels of government and local actors. While almost all surveyed countries reported using vertical co-ordination mechanisms to encourage co-ordination on GBV between the central/federal government and sub-national governments (see Box 3.6), many reported difficulties in achieving vertical co-ordination on GBV, and applying national policies to local contexts, particularly those relating to gender, human rights, intersectionality and cultural relevance. These challenges are often due to a lack of resources, gaps in infrastructure, challenges of data-sharing and limited clarity on restructuring of roles and responsibilities across government (see Chapter 5 for a discussion on vertical co-ordination and integrated service delivery). Other challenges involve the difficulty of maintaining clear, regular communication channels across levels of government and harmonising standards and approaches for GBV prevention and response, in particular in the context of political and/or cultural sensitivities (Rafferty et al., 2022<sup>[7]</sup>).

### Box 3.6. Examples of vertical co-ordination bodies in OECD member countries

#### Estonia

In Estonia, the Police and Border Guard Board has general internal mechanisms in place to co-ordinate on GBV (amongst other initiatives) between the central government and regional/local level. Further, the Social Insurance Board (a sub-organisation of the Ministry of Social Affairs) provides victim support in co-operation with relevant NGOs, police, local government, etc. It also co-ordinates Multi-Agency Risk Assessment Conferences (MARACs) in cases of high-risk domestic violence, involving all the relevant counterparts from local and state bodies.

#### Mexico

In Mexico, the National Commission to Prevent and Eradicate Violence against Women (CONAVIM), a decentralised body of the Ministry of Interior, is responsible for co-ordinating federal, local and municipal authorities relating to the prevention, care, punishment and eradication of violence against women.

#### Switzerland

Switzerland has a mechanism in place to encourage co-ordination on GBV between central and regional governments, the Confederation-Cantons-Municipalities Committee for the Implementation of the Istanbul Convention. The committee plays a central role in evaluating and monitoring the implementation of the Convention by reporting to GREVIO (Group of Experts on Action against Violence against Women and Domestic Violence of the Council of Europe). Various inter-cantonal conferences also represent the cantons within the committee.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

At the same time, while co-ordination mechanisms indicate government commitment to the issue of GBV, a range of challenges remain. Challenges reported by countries include lack of clarity on which institutions are responsible for co-ordinating their GBV response, a lack of effective information-sharing and co-ordination amongst ministries and bodies, lack of knowledge and training sessions on GBV, a lack of gender sensitivity on the part of responsible officials and service providers, and gaps in implementing the agreed-upon plans. Scope remains to strengthen the clarity of co-ordination mechanisms (e.g. terms of reference, leadership structures, working groups and reporting systems), to enhance communication and information-sharing (e.g. regular meetings, online platforms), harmonise approaches to GBV prevention and response (e.g. through common tools and indicators) and to build trust, collaboration and accountability among different actors (UNHCR, n.d.<sup>[9]</sup>). Efficient co-ordination mechanisms need to be supported by adequate capacities and resources, but a lack of funding and dedicated budgets to address GBV makes it difficult to address when ministries and levels of government face constraints in budgets, resources and incentives (as discussed in Section 3.2.3). Funding issues are often cited as a barrier to co-ordination between governmental and non-governmental actors (OECD, 2023<sup>[5]</sup>).

Adequate capacity and resources also include the need to invest in training public officials. Countries surveyed reported public officials' lack of training and awareness as a major obstacle to the efficient implementation of the co-ordination mechanisms. Co-ordination could benefit from devoting resources to training on GBV that actively engages public officials and raises levels of awareness of the importance of the issue. Capacity-building and specialised training are particularly important for those who interact with victims/survivors (see Chapter 5).

Timely, robust data on the nature and prevalence of GBV, the support services and the perpetrator are crucial in designing targeted policies to eradicate GBV. However, a lack of data, and the need to engage

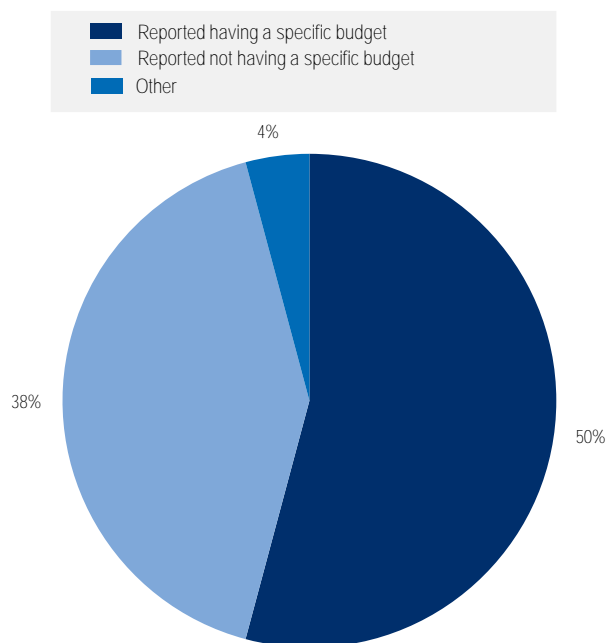
statistical institutions in active national policies, strategies and/or action plans on GBV, is another challenge reported. This is an important gap, since statistical agencies play a vital role in information-gathering for frameworks. Such agencies can help identify gaps in the data and ways to create evidence-based responses to prevent GBV, including in times of emergency, and to provide an early response for eradicating GBV (OECD, 2021<sup>[11]</sup>). Not only statistical offices, but many government entities collect relevant data, with their own indicators and measurements of programme outcomes, highlighting the need for coherency and sharing among ministries. In the longer term, monitoring data can help to combat negative trends and to adjust the measures adopted. Clear guidelines, tools and expectations are needed on adequate information-sharing across ministries and levels of governments, since intersectional, disaggregated data is a foundation for developing evidence-based GBV strategies and responses, as well as tools for screening, risk assessment and management (see Section 3.2.5).

### **3.2.3. Ensuring adequate funding to tackle GBV**

Whole-of-state GBV systems cannot be implemented without adequately resourced action plans and programmes. Given the prevalence of the problem and the large target population not only of victims/survivors but also of their children, perpetrators, at-risk population and communities, sustained funding over longer periods is essential. Dedicated resources are needed in key areas including: shelter and housing, targeted and readily available counselling, and healthcare and justice services. The cross-cutting nature of GBV requires broad co-ordination, which requires substantial resources (see Chapter 5). Ensuring continued funding flows is especially important during emergencies and crises, given the increased risk of GBV (see Section 3.2.8).

Efforts to tackle GBV continue to be underfunded. While 96% of surveyed countries (24 out of 25) reported endorsing their GBV policies or strategies at the cabinet (and in one case, the presidential) level, only 50% reported being funded by a specific developed budget, and ten countries (38%) reported having no budget allocated for current GBV plans/programmes (see Figure 3.3). Interestingly, the 2022 Survey found that more than half of OECD countries had increased funding to fight GBV in recent years (see Section 3.2.8). The need is also great in the humanitarian context, especially as compared to other sectors in global humanitarian response (IRC, 2019<sup>[10]</sup>). Analysis of bilateral official development assistance (ODA) suggests that funding by members of the OECD Development Assistance Committee (DAC) dedicated to ending violence against women and girls was USD 458 million on average per year in the period 2020-2021, a slight increase from 2019-2020, but still less than 1% of the total bilateral ODA reported on average per year in the period (OECD, 2023<sup>[11]</sup>). In the context of economic uncertainty following the COVID-19 pandemic, insufficient funding to GBV programmes became a risk, as governments focused social public social spending on health, unemployment and labour market programmes (OECD, 2023<sup>[12]</sup>). Studies have shown that this issue was overlooked in COVID response funding: globally, only 0.0002% of the USD 26.7 trillion in response funding was dedicated to fighting GBV (Oxfam, 2021<sup>[13]</sup>).

Figure 3.3. Countries with a specific budget for GBV strategies and policies



Note: Number of respondents to this question is 24.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

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Indeed, funding remains one of the biggest challenges in addressing GBV, for several reasons, including limited funding sources, short-term funding (which can jeopardise sustainability and continuity in GBV prevention and response efforts), funding restrictions (e.g. allowing to use funds mainly for direct services, rather than for advocacy or policy change) and competition for funding. Addressing these challenges calls for a collaborative effort between governments and civil society organisations.

Tracking financing towards eliminating GBV can help understand how national and international commitments are being translated into efforts to end GBV (UN Women, 2016<sub>[14]</sub>). For instance, governments can undertake the practice of gender budgeting, including through budget tagging, to earmark dedicated funding towards GBV commitments (OECD, 2021<sub>[1]</sub>). Gender budgeting is the gender-based assessment of budgets, incorporating a gender perspective at all levels of the budgetary process and restructuring revenues and expenditures to promote gender equality (OECD, 2017<sub>[15]</sub>). Gender budgeting can help governments understand how budgeting and fiscal measures impact gender equality, and how they can use budgeting to achieve their gender equality objectives, including in the eradication of GBV. Strong leadership commitment, a whole-of-government approach and an enabling environment based on gender-disaggregated data and capacity development of government officials can ensure the effective implementation of gender budgeting (Downes and Nicol, 2020<sub>[16]</sub>). This practice is increasingly being adopted across OECD countries: in 2022, 23 OECD countries had introduced gender budgeting measures (61%) (OECD, 2022<sub>[17]</sub>), compared to 17 in 2018 (50%) and 12 in 2016 (35%). In the development co-operation context, OECD/DAC's Gender Equality Marker is a tool that can help track aid in support of ending GBV against women and girls (OECD, 2021<sub>[18]</sub>).

Constrained budgets, however, are a major challenge. This, coupled with differences in cross-sectoral priorities can lead to inefficient allocations and lack of multisectoral planning on GBV (Remme and L. Lang,

2016<sup>[19]</sup>). Understanding how to optimise available resources and enhancing incentives for different actors to collaborate, through options like joint financing, for example, can help overcome such barriers.

Resources to tackle GBV can help scale up programmes; improve the quality and accessibility of services for survivors of GBV, including counselling, medical care, legal support, and other forms of assistance; invest in prevention, including education and awareness-raising campaigns, community mobilisation and changing harmful social norms and attitudes; help address root causes of GBV, including by promoting gender equality; generate data and research to develop evidence-based interventions; and respond to GBV during such emergencies as conflicts, natural disasters and pandemics. Limited resources will continue to be a reality. In particular, the pandemic and Russia's war of aggression against Ukraine have put further pressure on public expenses. Countries may consider prioritising prevention, in view of the greater cost-effectiveness of prevention than response efforts. Other potential approaches include partnerships (e.g. collaborations with government agencies, civil society organisations, and community-based groups); using technology (e.g. mobile phones to provide information and support to survivors, or using social media to raise awareness of GBV); focus on victims'/survivors' needs by ensuring that they have access to comprehensive services and support (e.g. counselling, medical care, legal support, and other forms of assistance) and advocating for policy change to address the root causes of GBV.

### **3.2.4. Capturing accurate data on GBV**

Systematic collection, monitoring and dissemination of reliable and relevant gender-disaggregated data and statistics on GBV are essential for an effective gender-sensitive policy process and informing policy choices. Capturing the data is crucial for understanding the prevalence and patterns of GBV, and developing effective prevention and response strategies. This requires using clear and consistent definitions to ensure comparability of data, collecting data from multiple sources (e.g. surveys, police records and health facilities), collecting both quantitative and qualitative data to understand both the prevalence and patterns of GBV, and an in-depth understanding of the experiences and perspectives of survivors and other stakeholders. Safeguards must be put in place to ensure respect for confidentiality and privacy of victims/survivors and other participants (e.g. through the use of anonymous surveys, data protection with encryption and secure storage, and informed consent from participants), as well as to use intersectional analysis to understand how multiple forms of oppression are compounded to create unique experiences of violence.

A wide range of data can help measure the prevalence, incidence and impact of GBV, including:

- Prevalence data on how many individuals have experienced GBV, which can be collected through surveys or other data collection methods.
- Incidence data on new cases of GBV, which can be useful for tracking changes in GBV rates.
- Risk factor data, on the factors that increase the risk of experiencing GBV (e.g. low education levels, poverty or living in a conflict-affected area). Collecting this data can inform prevention strategies.
- Impact data, including physical, psychological, social and economic impacts of GBV, which can be collected through surveys, interviews or other methods.
- Service utilisation data, including on the use of services by victims/survivors of GBV (e.g. healthcare, legal services or counselling). This can help identify gaps in service provision, inform efforts to improve access to services and understand what works.

Data sources on GBV include administrative data, survey data, case studies and qualitative research, media and social media data, expert opinions and policy documents, humanitarian and development programme data, and national and international reports. Data should be gathered not only from surveys and secondary research, but from victims/survivors and the service providers who interact with them, such as healthcare professionals and other social service providers, non-governmental organisations (NGOs)

and police. Timely, robust and comparable data across countries are also needed. Surveys that gather data internationally can help identify concrete differences between countries and inform policymakers as they design evidence-based measures (see Box 3.7).

### Box 3.7. An example of efforts to collect data on GBV across countries

The FRA Survey on Gender-based violence against women

The European Union Agency of Fundamental Rights conducted the first survey across all EU member countries on gender-based violence in 2011-2012. This survey was based on face-to-face interviews with 42 000 women across all member states and aimed to examine the extent, prevalence and severity of gender-based violence in EU countries. It also aimed to measure women's experiences with service providers and law enforcement. Characteristics, including age, origin, educational level and employment status of women were anonymously recorded.

Various stakeholders, including frontline practitioners, academia, international and non-governmental organisations were involved in the development of the survey.

Note: The survey was conducted with countries that were members of the European Union in 2011 and 2012 and Croatia.

Source: FRA (2011<sup>[20]</sup>), FRA Survey on Gender-based Violence against Women, <https://fra.europa.eu/en/project/2012/fra-survey-gender-based-violence-against-women>

### *Administrative data*

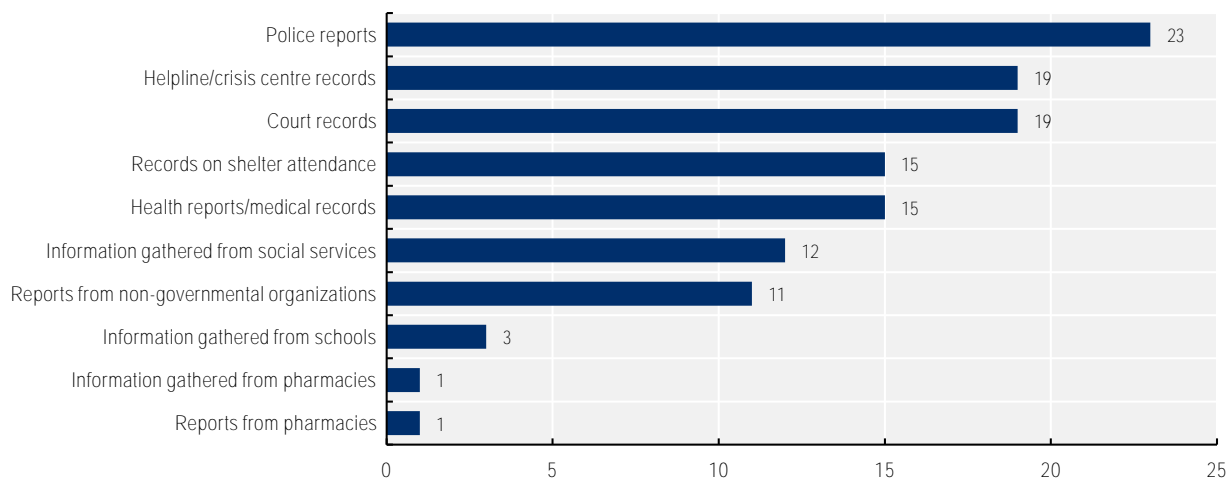
Most OECD surveyed countries indicated that they collect administrative data<sup>2</sup> on GBV and use such data to estimate the prevalence and forms of violence. The most common type of administrative data collected came from police reports, e.g. information on the number and types of GBV cases that have been reported to law enforcement, as well as the outcomes of these cases (88%, 23 out of 26 countries); followed by court records (73%, 19 out of 26 countries); helpline/crisis centre records (73%, 19 out of 26 countries); health reports/medical records, e.g. the number of individuals who seek care for injuries related to GBV, as well as the types of injuries and the outcomes of treatment (57%, 15 out of 26 countries) and records on shelter attendance (57%, 15 out of 26 countries) (Figure 3.4). Responses revealed that only 42% of countries (11 out of 26) collected data from non-governmental organisations and only 11% (3 out of 26) reported collecting data from schools, e.g. on the prevalence of sexual violence, harassment and other forms of GBV among students and staff.

The majority, 90% of respondent countries (19 out of 21) reported collecting data on different forms of GBV, which indicates a positive trend of recognising the need to disaggregate administrative data. The most common type of GBV captured by all data sources was IPV, followed by sexual assault, abuse and harassment. Police reports, court records and health reports/medical records were the sources most often used to gather data on femicide/femicide as well as female genital mutilation (FGM). Police reports and court records were also the most common source for data on human trafficking and forced marriage. Records from shelter attendance, as well as police reports and court records, were used to capture information on “honour”-based violence.

However, only three countries, Finland, Mexico and the Slovak Republic, reported capturing data on economic violence; only four countries reported gathering data on psychological violence (Costa Rica, Finland and the Slovak Republic and Sweden); and only six countries reported gathering data on technology-facilitated violence (Belgium, Canada, Italy, Spain, Switzerland and Türkiye). This suggests that there is a lack of data on some types of GBV, in part due to inadequate recognition of forms of GBV that are not linked to physical violence. Economic, psychological, and technology-facilitated violence

nevertheless all present serious consequences for victims/survivors and their emotional, mental and financial well-being and can also be accompanied by physical types of GBV. Gathering data on these types of GBV is much needed for holistic, whole-of-government policies that can address GBV comprehensively.

Figure 3.4. Types of administrative data collected by countries at the national level to estimate incidences of GBV



Note: Number of respondents to this question is 26.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

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The frequency of administrative data collection varied amongst member countries, with some collecting information on a yearly basis, and others collecting biannually, quarterly or monthly. As for the information about GBV captured, the most common responses were: i) relationship status of victim/survivor and perpetrator; ii) frequency of violence; iii) location of violence; and iv) whether violence was reported to authorities. The majority of countries included several of these responses. Collecting data on perpetrators can provide useful information for more effective prevention programming, but as a source of information, it is less frequently explored. All respondent countries reported gathering information on the victim (23 out of 23), but only 85% of respondent countries (18 out of 21) collected data on perpetrators. Furthermore, except for the United Kingdom, none of the countries reported collecting information on the ethnicity of either the victim or the perpetrator – and some did not collect basic information on either the victim or the perpetrator (age, sex, criminal record of the perpetrator, etc.). Box 3.8 shows a few examples of good practices in collecting and co-ordinating administrative data on GBV.

### Box 3.8. Examples of improving data availability by collecting detailed, disaggregated information

#### Finland

Finland records several variables on GBV that can be disaggregated by gender/sex, religion, industry, age group, mode of housing and so on.

The data also includes different forms of GBV, which can be: i) domestic violence, ii) sexual violence, including rape, iii) other physical violence, iv) psychological violence, v) economic violence, vi) stalking or vii) other.

Finland also gathers robust data on homicides, which contains information on several variables, including the relation of the victim/survivor and the perpetrator (partner, ex-partner, mother, father, child, other relative, acquaintance, stranger), demographic variables (gender, age, marital status) and the main characteristics of the homicides committed. There is also information available on the prior criminal career of the perpetrator and warning signs (restraining orders, shelter, threats, fears). The detailed information for homicide cases is the work of the Finnish Homicide Monitor, maintained by the Institute of Criminology and Legal Policy of the University of Helsinki. Part of the success of this system is attributable to the use of a standard electronic form for collecting data, and to the fact that data submission is mandatory for all investigating police officers.

#### Spain

Located in the Government Office against Gender-Based Violence, Spain's Sub-directorate General for Awareness, Prevention and Studies of Gender-Based Violence acts as the national co-ordination mechanism for administrative data related to violence against women. It compiles, analyses and reports administrative data (among other data) from VAW services (e.g. shelters, hotlines, economic support, etc.) that are funded by the Spanish central gender equality institution, the Institute of Women. It has developed provisions for co-ordination of data on VAW across multiple sectors and levels of government, and reporting of this data on the Gender Violence Portal.

Sources: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence; (EIGE, 2021<sup>[21]</sup>; UN Women, 2022<sup>[22]</sup>).

### *Population surveys*

Administrative data is important for assessing how public services respond to the needs of the GBV victims/survivors. However, administrative data is unable to capture the full prevalence of GBV, as much GBV goes unreported (EIGE, 2014<sup>[23]</sup>) for a variety of reasons (OECD, 2023<sup>[5]</sup>). Population-based surveys could be one way to understand the subjective experiences of victims/survivors and can also be a tool to build a victim/survivor-centred culture.

As with administrative data collection, OECD member countries express broad consensus on the utility of collecting GBV data in population surveys, with 88% of respondent countries (23 out of 26) conducting at least one type of population-based survey on GBV in the last 15 years. The most common type of population-based surveys in this regard are dedicated survey(s) on GBV (used by 84% of countries, 22 out of 26), followed by the inclusion of questions on GBV in crime surveys (42%, 11 out of 26) and in demographic and health surveys (38%, 10 out of 26) (Figure 3.5). Good practices on population-based surveys that disaggregate data on GBV, and that also aim to investigate causes of failure to report, emerged from Canada and Mexico (see Box 3.9). Surveys on legal needs could also be a valuable tool to give insight into the user-centred experience of legal problems of victims/survivors and to improve legal

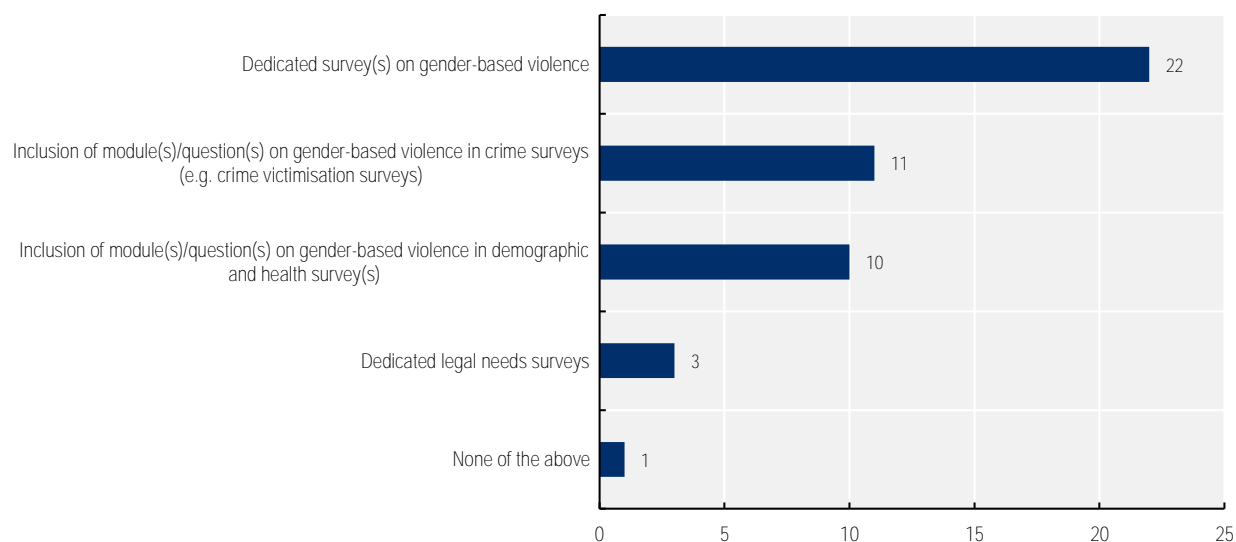


frameworks, as well as access to justice (see Chapter 6). However, only 11% of respondent countries (3 out of 26) reported using this type of population-based survey.

Population-based surveys at regular intervals could obtain the most accurate data on GBV, but only 17% of respondent countries (4 out of 23) used yearly surveys, and more countries (35%, 8 out of 23) relied on one-time surveys. Of respondent countries, 26% (6 out of 23) repeated surveys every three to four years, and 22% (5 out of 23) repeated their surveys every five years or more.

The most common institutions responsible for population-based surveys are central gender equality institutions (35%, 8 out of 23 countries) and statistics agencies/offices (35%, 8 out of 23 countries). Box 3.9 shows examples in several countries of population surveys that aim to collect GBV-related data.

Figure 3.5. Types of population-based surveys used by OECD countries to collect GBV data



Note: Number of respondents to this question is 26.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

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### Box 3.9. Population-based surveys to capture GBV data

#### Canada

The Survey of Safety in Public and Private Spaces (SSPPS), first conducted in 2018, is a national survey on GBV conducted by Statistics Canada. It collects information from respondents about whether the GBV they experienced was brought to the attention of the police; whether they themselves reported it; and if so, the nature of their interactions with police. Additionally, the SSPPS enquires into the reasons why respondents did not also seek help from people who were not authorities, for example a family member, friend, religious leader, lawyer or medical professional.

#### Mexico

In Mexico, the National Institute of Statistics and Geography (INEGI) published the National Survey on the Dynamics of Household Relations (ENDIREH) in August 2022. This comprehensive survey disaggregates data on the type of violence, where the violence occurs, intersectional vulnerabilities and also examines reasons for failure to report. The survey was the fifth instalment of a statistical series that reports on the situation of violence against women in Mexico.

The environment where the violence occurred is also examined: the survey collects data on violence that occurred within the women's community, in their couple, in school or at work. This data is disaggregated by the women's region of origin.

The survey collects data IPV and disaggregates forms of IPV not only by physical and sexual violence, but also by psychological and economic abuse. This data includes whether violence occurred throughout the relationship and/or over the last 12 months and also specifies the age group of the women experiencing violence.

The survey was conducted with women and girls over 15 years old, from 140 784 households.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence; (INEGI, 2022<sup>[24]</sup>).

A fundamental challenge in collecting accurate data on GBV is the general tendency to underreport both the prevalence and incidence of the problem. Countries' responses revealed serious challenges in capturing or estimating unreported cases of GBV. Current strategies mostly included population-based surveys and records from shelters, as noted above. Victims/survivors may be reluctant to admit abuse for a variety of reasons: stigma, cultural norms, fear of harm (towards the victim/survivor and/or their loved ones), inadequate ability to self-support, and low levels of trust in law enforcement actors. This means that many violent crimes go unreported (OECD, 2020<sup>[25]</sup>) (OECD, 2021<sup>[1]</sup>) (OECD, 2023<sup>[5]</sup>). One-off GBV questionnaires and *ad hoc* modules in larger surveys gather only limited information, which makes it difficult to understand the causes and patterns of violence in detail (OECD, 2020<sup>[25]</sup>). Some of the reasons for non-reporting, as captured by Mexico (Box 3.9), include a perception that the violence was not important enough to report; followed by fear of consequences and threats and a lack of awareness on how to report. Several women also reported that pride and the perception that nobody would believe them or that they would be blamed caused them not to report their experiences.

At the same time, while survey-based figures probably underestimate the extent of the phenomenon, administrative data such as police reports often provide even less information, since many victims/survivors may not feel comfortable reporting their cases to public authorities for fear of retaliation and because they do not believe that the criminal justice system will offer them adequate protection (OECD, 2020<sup>[25]</sup>).

Any effort to better capture the prevalence and forms of GBV must start by considering how to estimate prevalence more accurately (OECD, 2020<sup>[25]</sup>). Survey questions, for example, should be phrased to make sure that victims/survivors feel safe to answer honestly. A comprehensive data collection strategy should thus employ a variety of sources – including administrative and survey data, as well as data collected by other service providers – to try to better estimate the prevalence and forms of GBV (OECD, 2021<sup>[2]</sup>). Certain countries, however, have undertaken efforts to capture unreported cases of violence, as outlined in Box 3.10 below.

More generally, overcoming underreporting of GBV calls for increased awareness and education to reduce the stigma and encourage people to report; providing safe and confidential reporting mechanisms (such as hotlines, online reporting forms and secure reporting channels) to reduce fears of retaliation or further violence; and training service providers (such as healthcare workers and police officers) to recognise signs of GBV and how to respond appropriately to cases of violence. Other possible solutions to improve survivors' confidence in the reporting process include involving community leaders and organisations in encouraging reporting and supporting survivors (e.g. through raising awareness, providing information about reporting options, and advocating for better services for survivors); as well as addressing legal and policy barriers, such as restrictive laws or biased attitudes among law enforcement officials. In certain countries, it is mandatory for certain professions, such as school teachers or healthcare providers, to report

GBV cases. Training may help to obtain better and more rapid identification and reporting of such cases, which can help governments get a clearer picture of the incidence and extent of GBV (see Chapter 4).

### Box 3.10. Strategies to capture or estimate unreported data on GBV in OECD countries

#### Estonia

Estonia has created a website where GBV victims can give feedback on their experience in the criminal justice system and victim support services, helping authorities identify barriers to reporting. This informal tool is available in Estonian, Russian and English.

#### Italy

The National Action Plan on Male Violence against Women 2021-2023 has introduced *ex ante* and *ex post* evaluation actions for supporting women who are survivors/victims of violence and who have reached out for help. These evaluations include providing a follow-up on the caller's condition and differentiating cases from the helplines that were probably not reported to authorities from those reported to the police and those reported to anti-violence centres and shelters.

#### Spain

Underreporting to the police is estimated in Spain's Survey on Violence against Women 2019. This survey measures underreported cases of intimate-partner violence, non-partner physical or sexual violence, sexual harassment and stalking. The survey directly inquires whether the individual has reported the violence to the police or the judiciary. Results showed that 70% of GBV victims and nearly 90% of non-partner sexual violence victims do not report the violence. Yet even this may be a low estimate, as survey respondents often do not disclose violence they have experienced.

Sources: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence

Another common challenge relates to capturing information about perpetrators and the victim-perpetrator relationship, as well as what form of GBV took place. Disaggregated data is useful in advancing understanding of the needs of victims/survivors and the potential obstacles they face. Such information also provides insight into several forms of GBV within different populations and may indicate how effective prevention and response initiatives are (OECD, 2021<sup>[2]</sup>). Data collection should incorporate the principle of intersectionality to understand the experience of victims/survivors with intersectional experiences due to race, ethnicity, age, class, religion, indigeneity, national origin, migrant or refugee status, sexual orientation, disability and gender identity. However, countries continue to struggle to include all these aspects into administrative data collection efforts and population-based surveys (see Chapter 4).

Understanding the full impact of GBV on victims'/survivors' lives could be supported by extensive data-collection efforts that include questions and data points that aim to assess not only its physical, but also its psychological, mental and emotional impact. These are more difficult to capture and measure, which is why stakeholders, such as psychologists and mental health professionals, should be consulted to develop data collection efforts, especially population-based surveys. It is also hard to capture information on the long-term effects of GBV on physical and mental health through "one-time" surveys and data collection. Longitudinal population-based surveys could be a valuable source of information on long-term consequences, but they remain an underused tool (see Box 3.11 for an example of a promising practice on gathering data that can provide insights on long-term impacts of GBV).

### Box 3.11. **Australia's Longitudinal Study** for information on long-term effects of GBV

The Australian Longitudinal Study on Women's Health (ALSWH) was developed by ANROWS (Australia's National Research Organisation for Women's Safety), which collected data on violence and abuse on 57 000 women for over 25 years, and revealed valuable information on the long-term impact of GBV on women's lives through national, longitudinal, population-based surveys. The data was disaggregated by sexual identity, cultural and linguistic diversity, disability and area of residence.

The aim of the study was to determine the prevalence of sexual violence across women's lifecycles, both within and outside intimate relationships. The data was also used to analyse the impact of violence experienced in childhood on victims'/survivors' lives later in life. The longitudinal data made it possible to gain insight into the long-term health and socioeconomic impacts of sexual violence.

The findings of this study served as a strong and comprehensive evidence base to develop recommendations for prevention programming, risk reduction and promoting recovery from experiences of sexual violence.

Source: ANROWS (2022<sup>[26]</sup>), A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women's Health [https://anrowsdev.wpenginepowered.com/wp-content/uploads/2022/08/4AP\\_4-Loxton-Longitudinal-Womens-Health-Report.pdf](https://anrowsdev.wpenginepowered.com/wp-content/uploads/2022/08/4AP_4-Loxton-Longitudinal-Womens-Health-Report.pdf)

In addition, the difficulty of data collection can be amplified if victims/survivors are in vulnerable situations that inhibit them from engaging with authorities and if they face additional stigma due to their situation. These include women who either voluntarily or due to coercion and/or threats, engage in prostitution, women who have been trafficked and/or women with irregular immigration status. Victims/survivors from these backgrounds can be even more exposed and vulnerable to violence and experience further barriers in reporting to authorities. Measures that create safe environments for victims/survivors with such backgrounds to report their experiences need to be employed to understand the full scale of GBV.

However, data can only contribute to the fight to eliminate GBV if it is efficiently shared amongst governmental agencies, as well as service providers (see Section 5.4.2 in Chapter 5). Agreements and protocols on information-sharing need to be put in place to ensure that data can be used in all areas of action on GBV, including risk assessment and management (see Section 3.2.5) in the development of policies, laws and action plans, as well as prevention of femicide/feminicide (see Section 6.4.3 in Chapter 6).

Finally, as GBV policy work should be data-driven, it is key that sound data on this issue be made available to all the stakeholders involved, including NGOs. The datasets can be shared on an online platform, making it easily accessible and transparent. Leveraging published data helps NGOs to create visualisations and stories from the data that will raise awareness of GBV.

### **3.2.5. Risk assessment, detection and prevention – screening tools for central/federal governments**

A key stage in a holistic approach to GBV is at the primary prevention and risk management stage. When GBV incidents are identified early, service providers are better equipped to intervene and prevent further instances from occurring. Prevention includes engaging perpetrators (see Chapter 6 and Section 4.2.2 in Chapter 4.) to avoid any recurrence of violence and community and education-based programmes that promote gender equality, non-violence and healthy relationship behaviour – especially among men and boys, children and adolescents (see Chapter 4). Actions should also focus on public awareness, access

to information and resources, and the provision of services for individuals at risk of perpetrating or becoming victims of GBV.

Importantly, risk assessment and management can save lives. Research has shown that some datapoints, including the increase in frequency and severity of violence and instances of separation/divorce and death threats, can be used to predict lethal violence cases (Garcia-Vergara et al., 2022<sup>[27]</sup>). It is thus vital that specialised risk assessments are developed and that robust data on femicide/feminicide is available to prevent predictable deaths of women and girls (also see Section 6.4.3 in Chapter 6). As prevention requires a sound understanding of the situation of GBV in a particular country, it is important to identify the forms and prevalence of GBV, the characteristics of victims/survivors and perpetrators, and other factors associated with GBV within a country over time. States would benefit from investing in monitoring and evaluation of prevention-focused policies and programming to ensure they are achieving the desired outcomes.

Screening, risk assessment and risk management are key elements of detection and subsequent intervention. These should be crafted using evidence-based procedures on known signs and risk factors for GBV.

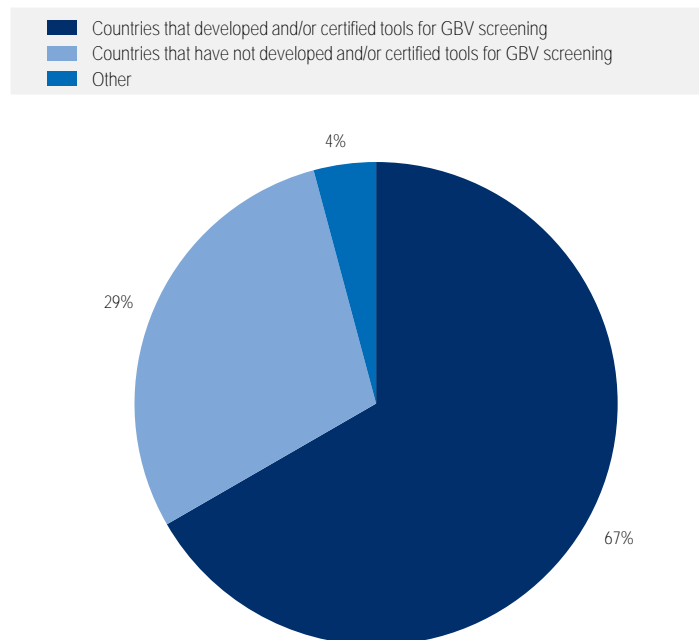
Screening tools identify victims/survivors of GBV and refer them to GBV services in an environment of confidentiality that acknowledges the reasons for non-reporting (including stigma, fear of repeated violence and other reasons). Service providers, especially healthcare providers, need to be trained to adequately apply the screening tools, which rely on gathering information on the experiences of the potential victims/survivors through questionnaires.

Similarly, risk assessment tools are based on collecting information on the case of GBV (most often used in cases of IPV), including on past incidents and on the behaviour of the perpetrator. Risk assessment tools outline the methods of data collection, including guidelines on interviewing victims/survivors and the data needed on perpetrators from other services. An evidence-based approach is underpinned by an exchange of data across services that make relevant information on perpetrators (such as treatment programmes and medical records) accessible to those using GBV screening, risk assessment and/or management tools (EIGE, 2019<sup>[28]</sup>). Based on the evidence gathered from victims/survivors and service providers, risk assessment tools can predict the likelihood of violence. These tools are increasingly relying on machine learning and algorithms, which can potentially improve the accuracy of predictions (González-Prieto et al., 2021<sup>[29]</sup>).

Once the case of GBV is identified and the level of risk assessed, a larger risk management system needs to be set up to reduce the risk of recurring violence and provide victims/survivors with support to increase their safety. Risk management can include victim safety planning, which includes a set of measures designed with the victim's/survivor's specific needs at different times in the cycle of the abusive relationship (EIGE, 2019<sup>[28]</sup>). Ensuring the accountability of perpetrators, including enforcing protection orders and establishing perpetrator programmes, are also key elements in protecting victims/survivors (see Chapter 6 for further discussion).

Early detection of GBV is a key component of preventing further or escalated instances of GBV. In the 2022 OECD GBV Survey, 67% of respondent countries (16 out of 24) reported developing and/or certifying tools to be used for GBV screening. (Figure 3.6). The majority of countries (71%, 17 out of 24) also reported developing and/or certifying<sup>3</sup> tools to be used for GBV risk assessment and management (Figure 3.7).

Figure 3.6. Countries reporting on developing and/or certifying tools to be used for GBV screening

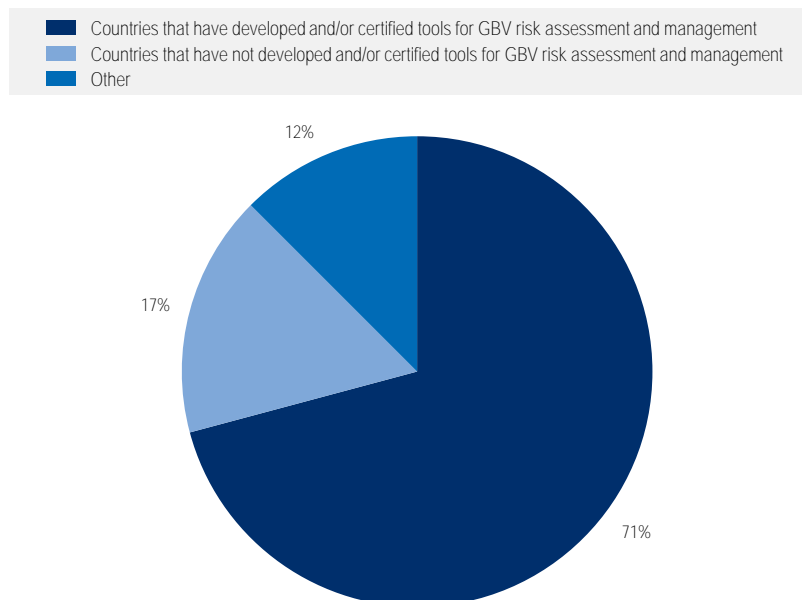


Note: Number of respondents to this question is 24. Countries that responded “other” have not developed or certified tools for GBV screening, but the governments’ funded partners (civil society and service providers) have done so, or developing such tools falls under the responsibility of subnational governments or other institutions (e.g. the police).

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

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Figure 3.7. Countries reporting on developing and/or certifying tools to be used for GBV risk assessment and management



Note: Number of respondents to this question is 24. Countries that responded “other” have not developed or certified tools for GBV risk assessment and management, but the governments’ funded partners (civil society and service providers) have done so, or developing such tools falls under the responsibility of subnational governments or other institutions (e.g. the police).

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

StatLink  <https://stat.link/anw5mg>

Some countries reported using innovative GBV screening tools that increasingly rely on technology that make their use more accessible. In addition, governments are also developing and/or certifying tools that aim to acknowledge all aspects of each GBV incident and are culturally and trauma-informed. Hungary reported, for example, that its National Crisis Management and Information Telephone Service has developed a screening questionnaire for all received emergency phone calls, tailored for victims of domestic violence, human trafficking and children. The service's website also raises awareness by sharing examples of instances that can be early signs of violence, as well as several types of violence. Secret shelters carry out a secondary screening, a more in-depth interview that helps identify and place those at risk of violence in a shelter. The United States reported that the Department of Health and Human Services has developed the Adult Human Trafficking Screening Tool and Guide, which assesses adult patients or clients for human trafficking victimisation or risk of victimisation. A survivor-centred, trauma-informed and culturally informed intervention, it is tool designed for use in healthcare, behavioural health, social services and public health settings.

Most countries reported that their main purpose in using risk assessment and management tools is to i) assess the risk of violence recurring, and ii) to assess the risk of lethal violence. The most common forms of GBV addressed by these tools are intimate partner violence and domestic violence.

Several OECD countries use stand-alone IPV risk assessment tools that have been developed and tested for predictive validity in multiple research studies. Nine OECD countries use the spousal assault risk assessment (SARA); three use the brief spousal assault form for the evaluation of risk (B-SAFER); and four use the Ontario domestic assault risk assessment (ODARA) (EIGE, 2019<sup>[28]</sup>) (Government of Canada, n.d.<sup>[30]</sup>). The 2022 OECD GBV Survey and the OECD QISD-GBV also revealed increasing use of the multi-agency risk assessment conferences (MARAC), which develop an effective model based on information-sharing between service providers (see Chapter 5 for further discussion and Box 3.12 below for a promising example of developing a risk assessment and management tool).

### Box 3.12. Australia: Example of risk assessment and management tools for GBV prevention

#### Australia

Australia's Lighthouse Project is a systematic approach to identifying and managing family safety risks of those who engage with Australia's family court system. Its components include:

- An online risk screening questionnaire completed by parties who are filing or responding to applications for parenting orders in Australia's federal family law courts.
- The assessment by a family counsellor of risks that are identified through the risk screen.
- Safety planning and referrals to support services for parties who are at higher risk.
- Triaging matters and differentiated case management pathways based on identified risks.
- Operating a specialist list (the Evatt List) to manage high-risk cases.

The Family Law "Detection of Overall Risk Screen" (DOORS) is a risk-screening tool that assists separating parents and family law professionals to detect and evaluate well-being and safety risks.

Australia's National Research Organisation for Women's Safety Limited (ANROWS) – an independent, not-for-profit research organisation – was funded in 2018 to develop the National Risk Assessment and Safety Management Principles for Family and Domestic Violence. The principles do not replace existing state and territory frameworks, but instead provide a guide for policymakers and practitioners to develop risk assessment tools and resources.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

Risk assessment and management tools can only produce accurate decisions if they are based on sufficient data on all aspects of the case of GBV, including information on perpetrators. However, this data

needs to be shared across agencies, and a lack of co-operation and information-sharing can be a major barrier to efficient, accurate implementation of the tools (see Section 5.4.2 in Chapter 5). One promising way to circumvent challenges related to information-sharing is to set up agreements and protocols between agencies. *Spain's Action Protocol for Security forces and bodies and co-ordination with judicial bodies for the protection of victims of violence against women and domestic violence* urges all actors to share data effectively and also introduces several mechanisms to facilitate communication and co-operation between agencies (Council of Europe, 2020<sup>[31]</sup>).

However, the design of risk assessment tools, which rely on data and algorithms, can have inherent limitations. Despite the technological advances, “algorithmic governance” can be fallible: a case study in Spain on the usage of a risk assessment tool, which has been used since 2010 in courtrooms and law enforcement, revealed that the algorithms that serve as a basis for the tool often make mistakes (and can also be biased against men and perpetrators from certain backgrounds). Professionals and those in the justice systems who work with these tools should always assess the result and preserve the aspect of the “human experience” in the risk assessment process (Valdivia, Hyde-Vaamonde and García Marcos, 2022<sup>[32]</sup>). The case study also revealed, however, that the tool was introduced without sufficient training of practitioners, which jeopardised transparency in the use of risk assessment. Specialised training is needed for all actors who use risk assessment and risk management tools, but several OECD countries reported difficulties in setting up the necessary training. The high rotation of public officials and the complexity of these tools can also impede their efficient implementation and complicate specialised training.

In addition, several OECD countries reported struggling with linking risk *assessment* to risk *management*. However well risk assessment tools are designed, they may fall short if they are not considered as part of a broader risk management system with individualised safety planning (Council of Europe, 2020<sup>[31]</sup>). While risk assessment and risk management have been recognised as constituting a critical element of preventing and combating GBV by stakeholders, OECD countries reported a lack of regulatory framework for multidisciplinary risk assessment. However, significant progress has been made: for example, Article 51 of the Istanbul Convention (Council of Europe, 2011<sup>[33]</sup>), requires parties to take necessary legislative or other measures to implement risk assessment and management measures. These tools have also been integrated into the EU legislative and policy framework as well, through the Victims' Rights Directive (EUR-Lex, 2012<sup>[34]</sup>).

Finally, risk assessment and management need to take into account the fact that the risk of violence is dynamic and evolves over time, and that risk assessments need to be regularly updated. The questions asked in the re-assessment also need to be adapted and be different from the first assessment. They should aim to investigate the re-incidence of violence, changes in behaviour, whether the victim has returned to the perpetrator (in cases of IPV), and whether there are new factors of vulnerability (Council of Europe, 2020<sup>[31]</sup>).

### **3.2.6. Review mechanisms to assess the efficacy of whole-of-state frameworks**

If whole-of-state frameworks are to offer a more effective approach to addressing GBV, countries should develop and implement evaluation, measurement and accountability mechanisms. These should regularly assess and report on the efficacy of their national strategies, policies and programmes, in order to assess the progress, review and strengthen them. The 2022 OECD GBV Survey revealed broad consensus on the value of monitoring and evaluating national policies, strategies and/or action plans on GBV. Two types of mechanisms are used: internal and external to State institutions. Most countries rely upon internal review mechanisms (see Box 3.13 below) within the government to assess and improve the effectiveness of GBV prevention and response measures. These can include independent audits and parliamentary oversight to identify gaps, weaknesses and areas for improvement, regulatory oversight to ensure compliance with GBV-related regulations, policies and standards, accreditation and certification to assess their measures against established standards, peer review and community feedback to ensure they are meeting their



needs, and finally, complaints mechanisms (e.g. ombudsmen, human rights commissions, or independent oversight bodies) to investigate complaints about GBV prevention and response measures.

In this context, 46% (11 out of 24) of respondent countries reported that institutions that provide oversight are Ombudsmen Offices and/or the Parliament and/or a Parliamentary Committee dedicated to gender equality/women's affairs. Of respondent countries, 41% (10 out of 24) reported that a commission in the political executive fulfilled this role, while eight countries reported using an Independent Human Rights Commission and 29% (7 out of 24) of countries reported using an Advisory Council. In addition, several countries reported putting in place internal Committees representing both governmental and non-governmental actors.

### Box 3.13. Practices to implement internal monitoring mechanisms

#### Iceland

In Iceland, a special steering group led by the Prime Minister's Office is tasked with monitoring the programme (i.e. the Action Plan 2021-2025 for the Parliamentary Resolution on preventive actions among children and young people against sexual and gender-based violence and harassment) and harmonising its work. The Department of Equality and Human Rights updates the monitoring and evaluation dashboard every six months.

#### Costa Rica

In Costa Rica, the Commission for the Evaluation and Enforcement of Policies of the National System for the Prevention of Violence against Women and Domestic Violence supervises and evaluates the efficient and effective compliance of the national policy on GBV. It is composed of representatives from private organisations, the Ombudsman's Office, and the Ministry of National Planning and Economic Policy (MIDEPLAN), which is responsible for the co-ordination and direction of the commission.

#### Finland

In Finland, the Government Action Plan for Gender Equality is monitored by a horizontal group consisting of representatives of several ministries. The work is co-ordinated by the Ministry of Social Affairs and Health. The government discusses developments once a year. Furthermore, the working group that prepared the Action Plan for Combating Violence against Women monitors implementation of the Action Plan regularly and reports on its progress to the Ministerial Working Group on Internal Security and Strengthening the Rule of Law, which is chaired by the Minister of Justice.

#### Spain

In Spain, evaluations of the implementation of the State Strategy to Fight against Sexist Violence is carried out by the State Observatory on Violence against Women, a body run by officials from state and regional public administrative bodies as well as other stakeholders, such as civil society organisations.

#### Sweden

In Sweden, the Equality Agency annually evaluates the government's efforts to prevent and combat men's violence against women. Every other year, the agency undertakes a more rigorous analysis of the efforts. In 2020-21, the Swedish Agency for Public Management (Statskontoret) conducted a special evaluation of the government's national strategy to prevent and combat men's violence against women. Aside from regular monitoring and evaluation of policies to combat GBV, the Swedish government can appoint *ad hoc* government inquiries to evaluate the effectiveness of legislative and policy frameworks on GBV.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence; (Council of Europe, 2017<sup>[35]</sup>).

While most surveyed countries reported using internal review mechanisms, it is also important to develop oversight mechanisms external to the government. External review mechanisms involve external actors in assessing and improving the effectiveness of GBV prevention and response measures. An example emerged in Greece, where the National Council of Greek Women, a federation of 48 women NGOs across Greece and Cyprus, has the mandate of assessing and evaluating existing policies on gender equality (EIGE, 2014<sup>[36]</sup>). Actions to strengthen review mechanisms have also been taken at the international level. The “Independent Expert Mechanisms on Discrimination and Violence against Women” initiative, launched in 2018, aims to promote the use of independent expertise by strengthening institutional collaboration among international and regional review mechanisms (OHCHR, 2018<sup>[37]</sup>).

In addition, monitoring and evaluation mechanisms of NGOs that provide services as part of the GBV framework are also important, to ensure their efficacy and adherence to relevant policies and standards. These can be carried out through feedback mechanisms, such as evaluations by service users assessing the work and challenges of NGOs. Such provisions can also be explicitly required by the authorities responsible for selecting and funding NGOs in the GBV space. Nevertheless, these requirements should not place unnecessary burdens on NGOs (OECD, 2021<sup>[1]</sup>).

### ***3.2.7. Making systems work in crisis – addressing GBV in emergencies (including the COVID-19 pandemic)***

GBV often increases during crises, such as pandemics, natural disasters, and economic recessions (OECD, 2021<sup>[2]</sup>). Evidence from past crises and natural disasters demonstrates that confinement measures often lead to increased or first-time GBV and violence against children (OECD, 2020<sup>[38]</sup>). Contingency plans or crisis management plans can be integrated into existing national action plans on GBV or developed as complementary policy documents. They should identify relevant policies and actions that can be taken during specific types of crises to ensure mechanisms are in place to allow for effective rapid responses to GBV.

The COVID-19 pandemic is not the only emergency that OECD member countries have faced in the past few years, but in many countries, it has acted as a catalyst to create better GBV responses in emergency contexts. Responses from the 2022 OECD GBV Survey revealed that 56% of respondent countries (14 out of 25) did not adopt stand-alone crisis management plans for GBV, and only 35% (9 out of 26) reported doing so. In addition, many countries reported that these stand-alone plans were created in the framework of the COVID-19 pandemic (Box 3.14).

### Box 3.14. Good practice examples of stand-alone crisis management plans for GBV during the pandemic

#### Mexico

In the context of the COVID-19 emergency, the government of Mexico has taken several measures to increase women's safety, including by strengthening the project "9-1-1 Emergency Call Attention Number", introduced by INMUJERES in co-ordination with the Executive Secretariat of the National Public Security System (SESNSP) through the National Information Center (CNI). This was done through increased collaboration at the subnational level, to establish more efficient communication mechanisms for the urgent care of 9-1-1 users who require psychological help. More than 1 500 civil servants also received training ("Active Listening" workshops) to strengthen the processes of attention and channel the 9-1-1 emergency call number.

#### Portugal

As a result of reported cases of GBV during the lockdowns due to the COVID-19 pandemic, Portugal adopted measures to ensure the safety and support of victims of domestic violence and increased risk of violence during periods of confinement. Measures included dissemination of information about support services/ helplines, safety advice and alerts, strengthening and diversification of channels for victims to seek help, and reinforcing of victim support structures and services.

#### Spain

Spain benefited from measures and frameworks already in place before the COVID-19 pandemic, building on them for its stand-alone plan to respond to the needs of GBV victims/survivors during the pandemic. The Spanish government launched the Contingency Plan against Gender Violence for the crisis derived from the pandemic. This had two main goals; first, to strengthen measures already in place to address GBV (both in cases where the perpetrator is or is not the partner or former partner of the victim); and second, to implement an urgent Action Plan for victims of trafficking, sexual exploitation and those working in the sex industry during the pandemic. Measures included the title of "essential services" for shelters, legal aid and those providing information and assistance to victims of GBV.

Sources: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

### **3.2.8. Increasing funding of GBV programming during COVID**

In emergency situations, it is particularly important that services be properly resourced to ensure they remain widely accessible to victims/survivors, who are often among the most affected and at-risk during crises such as pandemics and economic recessions (OECD, 2021<sup>[2]</sup>). There is a broad consensus among surveyed countries on the main GBV-related services funded during the COVID-19 pandemic: shelters, non-shelter accommodations (e.g. hotels); helplines; psychological and/or counselling services and specific economic/financial aid to victims/survivors are among the most funded services, while legal aid, perpetrator treatment and/or rehabilitation, public awareness campaigns and sexual assault crises centres were the less funded services during the pandemic. The pandemic caused several social, justice, and health support systems to collapse and several countries directed efforts to fund sectors that treated patients. Notably, none of the countries reported funding specialised police units and/or task forces during the pandemic.

Several countries reported that funding was a major challenge during the pandemic, but 16 out of 26 countries reported increasing funding for GBV-related programmes and/or services. In Estonia, the State Supplementary Budget Act of 2021 granted additional resources for the following services: i) helplines / hotlines; ii) psychological and/or counselling services iii) ICT solution for online management of tasks; and iv) expenses for Social Insurance Agency volunteers (support persons, psychological first aid advisers, mediators and crisis workers).

### **3.2.9. Institutional arrangements**

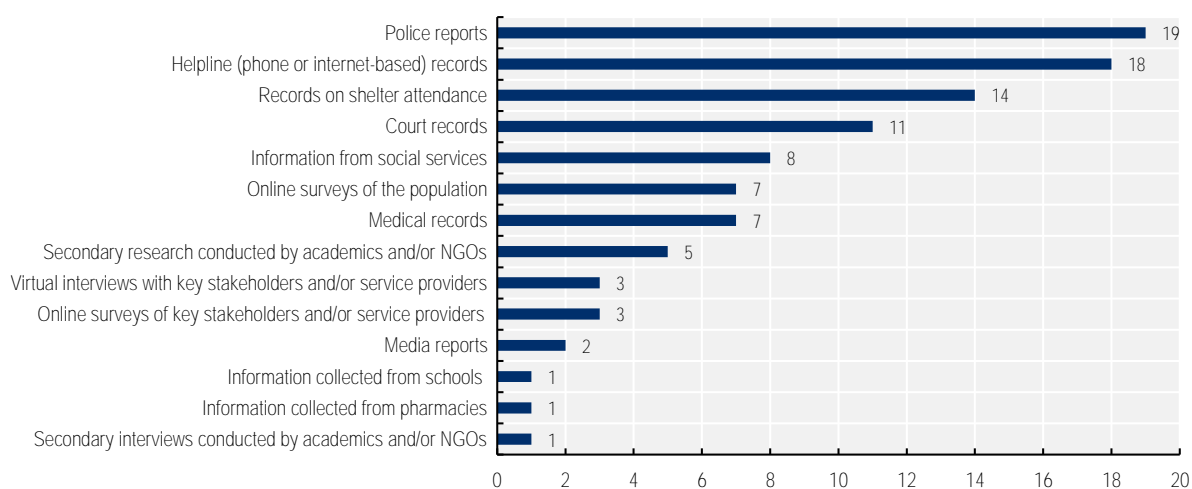
As a result of the pandemic, some countries made changes to GBV approaches on institutional arrangements, co-ordination and communication across agencies, as well as to engagement with stakeholders. While several countries reported that a lack of co-ordination was a major barrier to effective GBV responses during the pandemic, some OECD countries demonstrated that in times of crisis, existing institutional arrangements can adapt to better respond to citizens' needs, including GBV victims/survivors. Switzerland offers one example, where the Confederation-Cantons-Municipalities Committee for implementation of the Istanbul Convention proposed concrete measures (e.g. awareness campaigns) through the Task Force on Domestic Violence and COVID-19, headed by the Federal Office for Gender Equality (OECD, 2021<sup>[11]</sup>). Another example is the former National Federation Reform Council Taskforce on Women's Safety<sup>4</sup> (established by Australia's National Cabinet), which was responsible for monitoring and responding in a co-ordinated manner to issues relating to women's safety, including the impacts of COVID-19 on women's safety (OECD, 2021<sup>[21]</sup>).

### **3.2.10. Data collection**

Ensuring the continuity of data collection during crises is essential, especially since the prevalence of GBV likely increased during the pandemic. However, the nature of this crisis may have impeded data collection efforts, especially tools that required travel and face-to-face contact (UN Women/WHO, 2020<sup>[39]</sup>). It is thus important that countries rely on several types of technologies for data collection, including online platforms and mobile phones, while mitigating the risks associated with the use of non-traditional data sources. Survey respondents also reported changes to their data collection methods. The most commonly used method of data collection during the pandemic (reported by 19 countries) was police reports, which is also the most commonly used in non-emergency contexts (Figure 3.8). However, countries reported using helpline records to collect data during the pandemic (18 out of 26 countries reported collecting data from this source) and fewer countries reported collecting data from court records.

Responses also show that certain countries (7 out of 26) collected information from population surveys, while others (5 out of 26) collected data from secondary research conducted by academics and/or non-governmental organisations. A promising practice was reported by Belgium, where Ghent University conducted a national survey in May 2020 in four languages (French, Dutch, German and English) on domestic violence and sexual violence since the introduction of COVID-19 measures. Respondents throughout Belgium were asked if they wanted to participate in a monthly follow-up. Sweden also reported adding a module to its 2021 Swedish Crime Survey (SCS), posing questions on victimisation of domestic violence during the period March-December 2020 (in the context of COVID-19).

Figure 3.8. Methods used by countries to collect data during the COVID-19 emergency



Note: Number of respondents to this question is 25.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

StatLink  <https://stat.link/cqor2b>

To support changes in approaches to GBV during the COVID-19 pandemic, 16 out of 26 countries reported making changes to funding for GBV-related programmes and/or services through legislation, decree or other relevant process.

Some of the main challenges reported were: i) implementing and providing services via telephone or internet during the pandemic; ii) interinstitutional co-ordination; iii) considering intersectionality; and iv) considering a comprehensive approach to critical public health issues.

Some countries reported challenges in collecting data and implementing population-based surveys during the COVID-19 pandemic, mostly due to difficulties reaching victims/survivors during lockdowns, including geographical and technological limitations. Countries also reported scarce data collection from academia and targeted studies during the emergency.

Despite the challenges, the responses also showed how countries were able to explore new ways to reach out to those experiencing or at risk for GBV. Estonia, Japan and Greece reported increasing the availability and use of telephone helplines to reach more individuals remotely. The Netherlands used a codeword for use at pharmacies and on an online chat so that GBV victims could reach out more easily for help and advice. It also launched a national campaign to inform (potential) victims of GBV where they could get help and/or advice. In Greece, inter-institutional agreements were made to facilitate shelters for women victims of violence and their families, in hotels, and to guarantee necessary medical exams during the lockdown. Australia reported conducting studies and reports to understand the impact of COVID-19 and its aftermath on women victims of domestic, family and sexual violence.

The COVID-19 pandemic also shed light on the importance and issue of data interpretation. An example of good practice emerged in Italy, where the government analysed data from calls from 2018-2021 to its national helpline provided to support victims of GBV. The analysis revealed an increase in calls during lockdowns and a change in the patterns of GBV. However, it also showed a peak in calls (up to 350 calls daily) each year around 25 November, corresponding to the International Day for the Elimination of GBV, covered widely by television and social medias. Distinguishing between an “actual” increase in cases as opposed to an increase in reporting can be complex, in particular for short-term analyses, as was the case in COVID-19. This challenge calls for setting up effective co-ordination mechanisms among governmental and non-governmental stakeholders to ensure information-sharing is complete and timely (UNECE, 2021<sup>[40]</sup>).

### 3.3. Policy Recommendations

- **Strategy:** Addressing GBV should remain a high priority for governments, particularly given the impact of the COVID-19 pandemic upon GBV and gender equality. This should be translated into sufficient executive-level commitment and cross-governmental buy-in. GBV policies should also be linked to broader, long-term governmental gender initiatives to mitigate vulnerability during governmental changeovers.
- **Whole-of-government approaches:** Countries should adopt a whole-of-government approach by adopting holistic laws and policies and sufficient funding, and create efficient co-ordination mechanisms to assist in their implementation.
- **Disaggregated and intersectional data collection:** Up-to-date, gender-disaggregated and intersectional data should be gathered in order to create gender-sensitive policy choices and processes, to monitor gender equality advances and to hold public sector institutions and executives accountable. Data on GBV should be disaggregated by forms of GBV, and should also include information on perpetrators.
- **Data collection methods:** Disaggregated data on GBV should be gathered not only from secondary research and surveys, but also from victims/survivors and the service providers who interact with them, such as healthcare professionals and other social service providers, non-governmental organisations (NGOs) and police.
- **Raising awareness and reducing stigma:** Countries should take necessary actions to encourage people to report GBV, including providing safe and confidential reporting mechanisms; reducing fear of retaliation or further violence; training service providers; involving local actors such as community leaders and organisations, providing information about reporting options; and advocating for better services for survivors; as well as addressing legal and policy barriers.
- **Increasing reporting:** Countries should aim to develop initiatives that reduce the stigma around GBV and other factors that lead to nonreporting. They should aim to capture unreported instances of GBV and construct surveys to ensure that victims/survivors feel safe enough to answer honestly.
- **Prevention, risk assessment and management:** Prevention initiatives should be evidence- and education-based and supported by GBV screening, risk assessment and risk management tools. Countries should ensure adequate information-sharing across agencies for their effective use. Risk assessment tools should be linked to a broader risk management system, where the regular re-assessment of risks is available.
- **Monitoring and evaluation:** Countries should develop and implement evaluation, measurement and accountability mechanisms in order to regularly assess and report on the efficacy of their national strategies, initiatives, public policies and programmes.
- **Crisis management:** Countries should consider incorporating contingency plans and crisis management plans into the GBV framework, as well as integrating a gender lens into national emergency management strategies to ensure adequate communication and co-ordination across agencies. Data collection efforts should be maintained through multiple channels in times of crisis. Countries should take into account that victims'/survivors' vulnerability is magnified, should ensure continued funding for responding to GBV and consider increasing funding for GBV response.

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## Notes

<sup>1</sup> Intersectionality refers to the multiple, intersecting identities individuals possess, which can expose them to different and often overlapping forms of exclusion or disadvantages. Intersectional analysis allows for an enhanced awareness of the significant diversity between individuals that make up any given population or group in policy making. It is increasingly recognised as a strategy for addressing gender inequalities.

<sup>2</sup> Administrative data is data reported to public authorities by legal entities, including the police, courts, health institutions, shelters, pharmacies, NGOs, schools or social services.

<sup>3</sup> Governments may also decide to certify tools used for GBV screening and risk assessment and management developed by non-governmental organisations, and implement their use in public services.

<sup>4</sup> In September 2022, this group was replaced by the Women and Women's Safety Ministerial Council.

# 4

## A victim/survivor-centric governance and service culture for ending gender-based violence

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This chapter explores the elements of victim/survivor governance and service culture. It identifies practices that understand the experiences of victims/survivors and account for them in all policies, services and programming. Prevention efforts that tackle the root causes of gender-based violence (GBV) are also a key element of building a victim/survivor-centred culture, with a focus on engaging men and boys. The chapter explores good practices and challenges that emerged out of the COVID-19 pandemic and concludes with recommendations on how to strengthen victim/survivor-centric governance and service culture. The findings are based on 26 countries' responses to the 2022 OECD Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End GBV (2022 OECD GBV Survey).

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In this report, “gender” and “gender-based violence” are interpreted by countries taking into account international obligations, as well as national legislation.

## Key findings

- Building trust is key to empowering and engaging victims/survivors, removing the social barriers to their accessing services, and engaging them in GBV plans, programming design and implementation.
- There is a promising tendency for OECD member countries to engage key stakeholders during the development of their national policies, strategies and/or action plans. The most common type of stakeholder countries reported (apart from governmental institutions) are non-governmental organisations (NGOs) and women’s organisations, followed by experts and academia. However, victims/survivors themselves were the stakeholders least commonly engaged in the development of most countries’ GBV responses.
- Victim/survivor-centred approaches need to be supported by up-to-date, specialised training on early detection, as well as training in risk management and prevention of GBV of those who directly work with victims/survivors, including healthcare providers and social workers.
- Countries need to further develop their efforts to understand the intersectional experiences of victims/survivors. Only 43% of respondent countries (10 out of 23) reported that the central/federal government had formal tools or practices in place to account for the intersectional experiences of victims/survivors in GBV policies, programmes or services.
- Engaging men and boys in prevention programming is essential in efforts to end GBV, and countries have taken steps towards doing so, with 60% of respondent countries (14 of 23) reporting active GBV-related programming and/or services that the central/federal government provides to engage men and/or boys. However, only 43% of surveyed countries (10 out of 23) reported engaging perpetrators in their prevention interventions.
- The COVID-19 pandemic demonstrated that emergency and crisis situations can also serve as catalysts to leverage a victim/survivor-centred culture, improving victims’/survivors’ engagement in the design and implementation of policies and programming on GBV.

### 4.1. Introduction

This chapter focuses on the elements of a victim/survivor-centric governance and service culture – under the Culture Pillar of the OECD GBV framework (OECD, 2021<sup>[1]</sup>), which focuses on understanding and implementing victims’/survivors’ needs and interests, ensuring the accessibility of public services and building capacities of service providers who directly interact with victims/survivors. This pillar emphasises the importance of tackling the root causes of GBV through prevention initiatives that engage men and boys. It encapsulates the need for system-wide changes to initiatives, institutional attitudes and beliefs, and governmental priorities, in order to effectively respond to GBV. Systems and frameworks whose policies do not approach GBV with intersectional, trauma- and violence-informed and victim/survivor-centric policies and programming will fail to create a culture where GBV can be properly addressed.

### Box 4.1. Key elements of the Culture Pillar

The OECD GBV Governance Framework has developed an approach that understands and responds to the intersecting needs of victims/survivors and aims to tackle the root causes of GBV, including the following elements:

- The whole-of-government GBV framework is developed with a victim/survivor-centred focus, which includes finding multiple ways to engage victims/survivors in elements of its design and implementation.
- Service delivery and programming is developed and carried out using a victim/survivor-centred approach. Responses are co-ordinated and supported by training and programming. Services are tailored and implemented according to the particular needs of victims/survivors.
- The principle of intersectionality underlines the framework and all policies and programming.
- Sufficient, embedded funds are dedicated to provide services and programming.
- Governments have a strong commitment to detection and prevention of GBV. Prevention efforts include initiatives that engage perpetrators and men and boys to challenge harmful social norms and stereotypes.

Source: OECD (2021<sup>[1]</sup>), *Eliminating Gender-based Violence: Governance and Survivor/Victim-centred Approaches*, OECD Publishing, Paris, <https://doi.org/10.1787/42121347-en>.

## 4.2. Towards a victim/survivor-centred culture across the OECD

### 4.2.1. Encouraging a victim/survivor-centred governance and service culture

An important element of a victim/survivor-centred approach is to empower victims/survivors. This can be achieved in many ways; for example, by using information and communications technology (ICT) to deliver information and skills training to prevent or respond to acts of violence; making relevant information available in a range of formats and easily accessible mediums; and building legal literacy among young people in order to challenge harmful gender norms and stereotypes in support of social change towards equality and inclusion (OECD, 2021<sup>[1]</sup>). The responses to the 2022 OECD GBV survey reveal good practice examples of different approaches to empowering victims/survivors (see Box 4.2).

#### Box 4.2. Victims/survivors can be empowered: for what and how

Costa Rica

The judiciary in Costa Rica has created various information campaigns, workshops and meetings with organisations and individuals to encourage reporting crimes relating to intimate partner violence (IPV). The National Women's Institute has also conducted campaigns on social networks to guide victims and inform them of their rights.

Latvia

The Ministry of Welfare has organised short-term campaigns on social media on gender-based violence and domestic violence. The campaign champions zero tolerance for gender-based and domestic violence in society and explains how to file a report with police. Latvia measured the effect of information campaigns and communications and found that the number of people applying for and receiving social rehabilitation services for victims has risen since this campaign: service providers

reported that 704 adult victims of violence had completed a social rehabilitation course in 2021, including 661 women and 43 men (compared with 583 in 2019, including 563 women and 21 men).

Switzerland

One of the three pillars of the National Action Plan 2022-2026 for the implementation of the Istanbul Convention focuses on the development of nationwide, multilingual campaigns, so that victims/survivors of GBV know their rights and where to seek help. These campaigns target the entire population, but also specific groups such as elderly victims/survivors, as well as young people facing cyberviolence and harassment. The campaigns will take place both offline and online (on social media).

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence; (Government of Switzerland, 2022<sup>[2]</sup>).

Building trust is key to empowering victims/survivors, removing their social barriers to accessing services, and engaging them in GBV plans, programming design and implementation. A good practice is for governments to partner with non-governmental institutions that have already built bonds with victims/survivors. Estonia offers one example, introducing a two-year project from 2019-2021 for prevention of GBV to develop efficient law enforcement systems free of gender stereotypes. It was financed by the Active Citizens Fund and implemented by the NGO Estonian Institute for Open Society Research. The central objective of the project was to develop a law enforcement culture and communication standards free of gender stereotypes and intended to increase victims' trust in law enforcement agencies and to encourage engagement with them. The main target group of the project consisted of law enforcement specialists encountering IPV: prosecutors, judges, barristers, police detectives and trainers-lecturers who arranged lectures (courses) on intimate partner violence to the specialists in the fields mentioned.

Some countries have shown that trust-building can also be achieved through awareness campaigns. In Lithuania, for example, the Ministry of Social Security and Labour funded a public awareness-raising campaign, "Negaliu tylėti", in 2021, intended to deter domestic violence by introducing the public to different types of domestic violence (emotional, physical, sexual, economic). The campaign consisted of eight TV shows featuring the victims of domestic violence sharing their stories. Four short videos were shown in outdoor advertisements in cities throughout Lithuania, as well as on Facebook pages and news outlets. The latest national survey on domestic violence, conducted in 2022 with women who had experienced domestic violence, reported a slight increase in the number of people contacting the police and other legal institutions after experiencing domestic violence: in 2022, 17% of respondents indicated that they had contacted such institutions, compared to only 15% in 2020. The campaign put great emphasis on harmful gender stereotypes and gender roles in the family as one of the main causes of (intimate partner) violence. Restrictive masculinities, defined as social constructs that confine men to their traditional role as the dominant gender group, may have direct negative consequences on women in the private sphere, including sexual violence (OECD, 2021<sup>[3]</sup>).

### *Developing and implementing specific service delivery and programming with a victim/survivor-centred approach*

Enabling whole-of state GBV frameworks with a victim/survivor-centred focus includes finding multiple ways to engage survivors in elements of its design and implementation. As noted in the previous chapter, one way of engaging survivors is to involve them in surveys and research, ultimately using the lessons learned to make evidence-based changes to existing frameworks. Population-based surveys are one type. These are not only valuable sources for data on GBV, but also investigate the subjective, user-centred experience and focus on personal, organisational or shared problems and experiences (e.g. in communities or in specific vulnerable groups, such as with victims/survivors of GBV) (OECD, 2020<sup>[4]</sup>).

Respondent countries have recognised the importance of understanding the subjective experiences of victims/survivors, but some forms of population-based surveys are underutilised and insufficiently disseminated (see Section 3.2.4 in Chapter 3) (OECD, 2020<sup>[4]</sup>).

Service delivery with a victim/survivor-centred approach also needs to provide a continuum of support tailored to the needs of a particular group of victims/survivors (also see Chapter 5). Building capacity among service providers and policymakers designing and delivering such services is also essential. The relevant actors need training, guidance and timely advice for their role in the GBV framework. It is particularly important that those who work directly with victims/survivors of GBV, including healthcare providers or social workers, receive up-to-date training on early detection, risk management and prevention of GBV (OECD, 2021<sup>[11]</sup>). Police officers need training if they are to respond effectively to GBV. They are often the first responders to GBV cases, and the quality of their intervention is heavily dependent on the risk identification and assessment that have been carried out. Recognising and identifying cases of GBV and domestic violence is critical, since police reports are the most common source of administrative evidence used by governments to collect data on IPV and femicide/feminicide (see Chapter 6). Responses to the 2022 OECD GBV Survey reveal that most OECD member countries conduct capacity-building, mostly with first responders and service providers. Such activities range from one-on-one virtual and in-person training to direct engagement with the non-governmental GBV sector (see Chapter 5).

Another way to enhance capacity-building for a whole-of-state GBV framework is to build a network of stakeholders/specialists involved in GBV service delivery. This can increase the ability to provide evidence-based preventative, safe and supportive services tailored to the needs of a particular group of victims/victims Box 4.3.

#### Box 4.3. Estonia and Switzerland introduce a concerted response to GBV

##### Estonia

The Estonian government has enlisted several civil society organisations to contribute actively to GBV prevention. Project Together Aware, the NGOs Pärnu Women's Support Centre and Women's Support and Information Centre, the NGO for the protection of Non-Violent Life and an Icelandic partner organisation, Rótin, jointly worked on a project, "Trained specialists help to reduce domestic violence in Estonia" in 2022. The aim of the project was to raise awareness of specialists in contact with victims of domestic violence at the primary level, to identify the causes and consequences of domestic violence, and to highlight possibilities for assistance. To promote inter-agency co-operation, specialists were trained to work as joint regional teams.

##### Switzerland

In its new National Action Plan 2022-2026 to implement the Istanbul Convention, Switzerland has focused on capacity-building. One of the plan's priorities is to offer basic and further training courses on domestic violence and violence against women in all relevant disciplines. These courses train professionals and volunteers to recognise forms of violence and work with victims and perpetrators of violence. In particular, the action plan involves training for police officers, to enhance police response to domestic violence and to victims/survivors of GBV.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

Other innovative ways to implement capacity-building activities with a victim-centred approach is by including both GBV victims/survivors and perpetrators. Latvia outlined one promising example in its 2022 OECD GBV Survey response. In 2021, a summer school for social workers was created to engage both

with adults who had been victims of violence and with those who had committed violence. Based on the lessons learned, a social work methodology on working with both victims and perpetrators of violence was developed and has now been introduced.

While programme and service funding are important in the GBV framework, several key areas require dedicated resources, including: shelter and housing, targeted and readily available counselling, and healthcare and justice services (also see Chapter 5 on Integrated Service Delivery). Such services should be properly resourced at any time, but particularly in times of crisis, to ensure that they are accessible to victims/survivors, who are often among the most affected and at risk, for example during pandemics and economic recessions (OECD, 2021<sup>[1]</sup>). To address this, countries can utilise a gender-based analysis in all budgeting decisions, including in creating crisis and emergency plans.

#### *Engagement with stakeholders in policy design, with a focus on victims/survivors*

The 2015 OECD Recommendation of the Council on Gender Equality in Public Life (GEPL Recommendation) (OECD, 2016<sup>[5]</sup>) notes that engaging relevant governmental and non-governmental stakeholders is key to effectively implementing a whole-of-government gender equality and mainstreaming strategy (OECD, 2018<sup>[6]</sup>). Stakeholders inside and outside the government should be consulted and involved (through forum roundtables, online consultations, in-person systematic consultations, etc.) in developing policy and actions. Enlisting a wide range of stakeholders is vital to account for the intersectional experiences of women and girls and to build a service culture centred on victims/survivors.

#### Box 4.4. Practices to engage key stakeholders in developing national policies and action plans

##### Australia

The Australian government engaged stakeholders, including people with lived experience of GBV, in a series of consultations for 18 months while developing its National Plan to End Violence against Women and Children 2022-2032. This included consultation with 80 victim/survivor advocates and a National Summit on Women's Safety held in September 2021, bringing together advocates, victims/survivors, service providers and experts for a strategic discussion on priorities for the National Plan.

The consultation included dedicated forums and discussions with participants from special interest groups, including Aboriginal and Torres Strait Islander communities; migrant and refugee women; children and youth; women with disabilities; LGBTIQ+ communities; rural, regional and remote communities; services working with perpetrators; business and industry; and justice and police officials.

In June 2021, to help inform the National Plan, the government established the National Plan Advisory Group (NPAG). NPAG members represent a range of groups in the Australian community, including culturally and linguistically diverse communities, Indigenous communities, LGBTIQ+ communities, children and younger people, and people with disabilities.

The Australian government also supports and funds an Aboriginal and Torres Strait Islander Advisory Council on family, domestic and sexual violence. It includes advisers from the health, community services, legal services, children and family services and university sectors.

##### Costa Rica

Consultation workshops were held with women on measuring Costa Rica's level of compliance with the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará). More than 500 women from all over the country took part, representing intersectional groups, including Afro-descendants, Indigenous people, the LGBT+ community, people



with disabilities, women deprived of liberty, women living in rural areas, older adult women, young women and adolescents, migrant women, women living with HIV and women sex workers.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

Several countries reported engaging stakeholders at different stages of the policy cycle, for different purposes. For example, Australia, Belgium, Costa Rica, Greece, Hungary, Japan, Latvia, Republic of Türkiye and Sweden reported engaging a wide range of stakeholders in developing specific GBV plans or strategies. Belgium, Costa Rica, Estonia, Finland, Korea, Lithuania, Luxembourg and Mexico reported holding consultations to validate their overall strategic vision on GBV, particularly regarding the implementation of relevant international and regional standards and instruments (e.g. the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women and the Istanbul Convention). Certain countries, including Belgium, Italy and Portugal, engaged non-governmental stakeholders in monitoring and evaluating their national policies, strategies and/or action plans (Box 4.5).

The stakeholders most commonly engaged by respondent countries in GBV policy design are civil society organisations: 54% of respondent countries (14 out of 26) consulted NGOs specialising in gender equality, violence prevention or youth. Professionals working in either law enforcement or justice systems were consulted by 19% of respondent countries (5 out of 26) during policy design. Only a few countries engaged practitioners who interact with victims/survivors in their work: 19% (5 out of 26) of respondent countries engaged healthcare professionals and 8% (2 out of 26) engaged shelters or care centres. Healthcare practitioners and professionals working in shelters understand the everyday experience of victims/survivors, making their engagement in policy design essential for a victim/survivor centred culture.

#### Box 4.5. Engaging non-governmental stakeholders in monitoring and evaluation

##### Belgium

Under Belgium's National Action Plan to Combat Gender-Based Violence (NAP) 2021-2025 and based on recommendations made by GREVIO, the independent expert body responsible for monitoring implementation of the Istanbul Convention, and the Committee of the Parties to the Istanbul Convention, a National Civil Society Platform was created to involve grassroots associations in implementing, monitoring and evaluating the policy to combat GBV. The National Platform's chief purpose is to ensure independent monitoring of the NAP, to offer advice during the interim and final evaluations of the plan, and to provide advice to the NAP's Interdepartmental Co-ordination Group (IDG).

##### Italy

Within the framework of the National Action Plan on Male Violence against Women 2021-2023, relevant stakeholders have been involved since the initial implementation of the monitoring process. Stakeholders include representatives from civil society organisations working specifically on GBV (e.g. awareness raising, training, protection and dedicated assistance to victims/survivors), anti-violence centres and shelters.

##### Portugal

The National Strategy for Equality and Non-Discrimination 2018-2030 (ENIND) has a Monitoring Committee integrated by governmental (national and sub-national) representatives and representatives of civil society organisations. This committee is responsible for overseeing the implementation of the Action Plans derived from the National Strategy, and for promoting a final independent evaluation, including an impact assessment, of the Action Plans.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

Civil society organisations were the stakeholders most often reported to have been engaged in policy design, but scope remains for increasing their involvement. Nearly half of the countries surveyed reported that they had not consulted such stakeholders in developing GBV policies. Excluding women's rights NGOs and civil society in drafting of policies has also been identified as a worrying trend by GREVIO, the independent expert body responsible for monitoring implementation of the Istanbul Convention. Its Mid-term Horizontal Review of GREVIO baseline evaluation reports found that across parties to the Convention, several countries had unstable institutional frameworks that did not allow for NGOs to be involved effectively in the design and implementation of policies in GBV (Council of Europe, 2022<sup>[7]</sup>). Countries that regularly consult NGOs in policy making also struggle with formalising their role in carrying out policies (GREVIO, 2022<sup>[8]</sup>). The report also found that in most parties to the Convention, some public funding was allocated to NGOs, but not enough to ensure a sustainable level of funding for their work (GREVIO, 2022<sup>[8]</sup>).

Although countries reported high levels of stakeholder engagement while developing whole-of-state approaches to GBV, victims/survivors themselves were reported to be the least common stakeholder engaged. While engaging victims/survivors is a key pillar of creating a victim/survivor-centric governance and service culture, it can often be difficult to find ways to interact with them directly and involve them in policy design. Each victim/survivor has a unique experience, with various approaches to healing from trauma. While there is little research focusing on the trauma healing processes of victims/survivors of GBV, there is some growing evidence on the positive effects of post-traumatic growth (Sinko and Saint Arnault, 2019<sup>[9]</sup>). This approach includes a focus on new, positive experiences that help reconnect victims/survivors with their lives, their loved ones and society at large. Effective healing processes may include sharing experiences and engaging in the fight against GBV, which might include involvement in policy making, but not all victims/survivors wish to do so. It is thus important to find various avenues to engage with advocates for victims/survivors, including advocates for victims of femicide/feminicide, such as NGOs specialising in gender equality and gender-based violence. As for engaging stakeholders who represent victims/survivors' interests, OECD respondent countries cited some persistent barriers. These included a lack of stable and long-term funding of NGOs, and an overall lack of human resources, as well as dedicated time for stakeholder engagement. Only one country, Lithuania, reported using interviews conducted by NGOs to collect GBV data during the COVID-19 pandemic, while five countries reported using research conducted by academics and NGOs. One country reported challenges during the COVID-19 pandemic in trying to organise consultations with external stakeholders. These were mostly resolved by co-ordinating key processes via teleconference and other technologies. While co-ordination is essential for effective stakeholder engagement, several OECD respondent countries reported that the lack of ways to co-ordinate with stakeholders resulted in suboptimal interactions. In general, governments still struggle to involve stakeholders systematically. They tend only to be only consulted once proposals and laws have been drafted. Stakeholder input needs to be prioritised at the early stages of the policy cycle (OECD, 2021<sup>[10]</sup>).

### *Including the principle of intersectionality in policies and programming*

Another essential element for a culture enabling whole-of-state GBV frameworks with a victim/survivor-centred focus is the need to consider the impact of intersectionality. Critical gaps in services and policies can arise from a failure to engage in intersectional analysis. The experiences of women and girls differ given their personal characteristics and individual circumstances, including the intersection of, race, ethnicity, age, class, religion, indigeneity, national origin, migrant or refugee status, sexual orientation, disability and gender identity. Access to justice and service delivery can be difficult for migrants, especially for recent immigrants and for those whose immigration status is irregular. This may be due to a number of factors, including language barriers, a lack of understanding of the justice system, cultural differences, monetary issues, and fear of the consequences of engaging with government agencies. Planning should incorporate an intersectional lens (OECD, 2021<sup>[11]</sup>).

The OECD Survey asked the member countries whether the central government had any formal tools or practices to account for the intersectional experiences of victims/survivors in GBV policies, programmes or services. The answers revealed a significant divide, with 43% of countries (10 out of 23) answering in the affirmative, and 56% of countries (13 out of 23) responding that they did not.

The responses revealed several main ways governments account for the intersectional experiences of victims/survivors in GBV policies, programmes or services. These include:

1. including intersectional questions and awareness in population-based surveys (e.g. in Switzerland, see Box 4.6)
2. integrating GBV objectives in other specific plans dealing with other type of crimes or vulnerabilities (e.g. Greece, see Chapter 3)
3. disaggregating administrative data (e.g. Costa Rica, see Box 4.6)
4. analysing data from (multisectoral) service delivery (e.g. in Portugal and the United States; see Box 4.6., also see Chapter 3 on cross-sector and inter-ministerial approaches)
5. engaging interest groups in their policy strategies and programming implementation (examples in Box 4.3 and Box 4.4)
6. mentioning interest groups in their policy strategies and programming implementation.

#### Box 4.6. OECD member countries' practices for an intersectional lens for GBV victims/survivors

##### Costa Rica

Costa Rica reported collecting administrative data on GBV from police reports; court records, medical records, helpline/crisis centre records; records on shelter attendance; reports from NGOs; information gathered from schools, and information gathered from social services. The Ministry of Gender Equality gathers information about shelter attendance monthly and disaggregates it by i) sex; ii) gender identity; iii) age; iv) race; v) ethnicity; vi) indigeneity; vii) citizenship status; viii) sexual orientation; ix) disability; x) number of dependents; xi) number of children; and xii) occupation.

##### Portugal

Portugal intersected specialised care responses for domestic violence with other data, including psychological support for children-victims of domestic violence, information from shelters specifically for elderly women, and shelter for victims (children and adults) of human trafficking, etc.

##### Switzerland

Switzerland included questions about intersectional experiences in its ongoing Crime Victimization Survey 2022. This is led by its Conference of the Cantonal Police Commanders and the Federal Office for Gender Equality. A special evaluation of this survey relating to GBV will be published in 2023.

##### United States

The United States reported that policies, programmes and focused services often undergo interagency review before implementation/publication, to make sure intersectional experiences are incorporated.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

Responses to the OECD Survey show that the most common special interest groups that GBV policies, programmes or services account for are youth (aged 15-25) and children (people under 15), followed by migrant populations, gay/lesbian/bisexual and trans/gender diverse people and racial minority groups. Fewer countries included services for low-income populations, the elderly, and ethnic and rural groups. Only one country, Sweden, reported including measures in national policies, strategies and/or action plans either for harmful abuse (e.g. drug abuse) populations or for economically vulnerable groups.

Despite many reported good practices on introducing an intersectional victim/survivor-centric approach, the 2022 GBV survey also noted major challenges. One is a persistent lack of data and disaggregated and intersectional data in particular. Countries stressed that the data can be used to report on results or trends based on one level of disaggregation across many variables, but that it becomes increasingly difficult to combine these variables of interest to conduct meaningful intersectional analyses.

#### **4.2.2. Engaging men and boys is critical for tackling GBV**

GBV is rooted in gender inequality, and it is thus necessary to change harmful social and cultural norms and attitudes that uphold discriminatory policies and practices. Research findings from the International Men and Gender Equality Survey shows that factors contributing to GBV include children experiencing violence, economic and work stress, attitudes towards gender equality, conflict settings and alcohol abuse (ICRW, 2011<sup>[11]</sup>). Understanding the dynamics of masculinity is vital for understanding the behaviour of boys and men. GBV prevention efforts should challenge and change harmful norms and attitudes, build awareness and promote pre-emptive intervention (OECD, 2021<sup>[11]</sup>).

Prevention efforts engaging men and boys should be informed by a clear set of principles promoting women's and girls' rights and furthering gender equality. Interventions considered gender-transformative, challenging and aiming to transform gender roles, proved to be more effective than efforts that are simply gender-sensitive or gender-neutral. (WHO, 2007<sup>[12]</sup>) Prevention programming should aim to challenge behaviour influenced by harmful conceptions of masculinity. Organisations working in gender equality can provide valuable insight during strategic planning processes, to create concrete interventions. Prevention programming that promotes positive constructions of manhood and highlights the harm of violence on men's lives has the potential to tackle root causes of GBV (see example in Box 4.7). The intersectional experiences of masculinity also need to be taken into account for more effective programming that responds to the different needs of men and boys for more effective programming (Peacock and Barker, 2014<sup>[13]</sup>). These programmes might highlight the fact that men and boys can experience GBV themselves and seek to reduce the stigma that inhibits them from reporting their experiences to their community and authorities (OECD, 2021<sup>[11]</sup>).

#### **Box 4.7. A holistic example of challenging harmful masculinities**

##### **Equimundo's MenCare fatherhood campaign**

The fatherhood campaign is a global initiative, active in more than 60 countries, including several OECD countries, that promotes men as non-violent fathers and caregivers by challenging rigid social norms, through several initiatives. Its approach relies on programming, using evidence-based group education, to engage with men in discussions on adjusting their coping mechanisms and introducing healthier ways of dealing with conflict. Equimundo has also conducted campaigns in various countries.

Evaluations of the campaign confirm that changing norms around fatherhood reduced instances of Intimate Partner Violence (IPV) and punishment of children, and that men were more involved in care.

Note: The programme is launched by the organisation Equimundo, formerly known as Promundo.

Source: (UN Women et al., 2019<sup>[14]</sup>; MenCare, n.d.<sup>[15]</sup>).

Responding to the OECD GBV Survey, member countries acknowledged the importance of engaging boys and men in reducing GBV figures in the short, medium, and long term. Of countries that responded, 60% (14 out of 23) reported active GBV-related programming and/or services provided by the central/federal government to engage men and/or boys in ending and/or preventing GBV.

The type of services, activities and interventions countries have introduced to engage men and boys in preventing GBV ranged from early intervention campaigns, educational activities and training workshops to counselling services and therapeutic programmes. Some OECD countries reported engaging men and boys in at-risk populations (e.g. in violent environments and those prone to be either GBV victims and/or perpetrators), while others reported engaging men and boys more broadly (see Box 4.8).

#### Box 4.8. Examples of engaging men and boys for GBV prevention

##### Australia

Australia noted one promising practice in this area. The government has committed AUD 47.9 million for five years (2022-23 to 2026-27) for an early intervention campaign aimed at boys and men at risk of perpetrating or re-perpetrating violence. Australia has also implemented initiatives such as MensLine – Changing for Good, a multisession counselling service for men who want to develop healthy and respectful relationships. Australia’s eSafety Commissioner also offers primary prevention programmes to educate parents, teachers, and children about GBV. The No to Violence Programme provides information, advice and counselling to men who resort to violence.

##### Iceland

In Iceland, Stígamót, an Education and Counselling Centre for Survivors of Sexual Abuse and Violence, offers training workshops on GBV, with a special focus on what men can do to combat it. The goal is for participants to achieve a deeper understanding of issues and concepts relating to GBV and to provide practical tools and critical insights on how to engage men and boys in promoting gender justice and prevention of violence.

##### Netherlands

In the Netherlands, the Ministry of Education, Culture and Science has funded the “Emancipator” organisation. Its approach is to specifically target the role of men and boys in GBV and identify the ways men and boys can contribute to a GBV solution.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

#### *Preventing recidivism by working with perpetrators*

Evidence suggests that engaging perpetrators in prevention programmes – alongside intervention and protection for women – is essential in reducing intimate partner violence. However, only 43% of respondent countries (10 out of 23) reported engaging perpetrators in their prevention interventions, revealing a major gap in prevention efforts in several responding countries. Sustained, long-term engagement with perpetrators is now seen as a key element for effective service delivery. Promising examples of countries engaging with perpetrators include Greece, Iceland and Sweden (Box 4.9).

### Box 4.9. Engagement of perpetrators as a risk-reduction intervention practice

#### Greece

Greece's National Centre for Social Solidarity (EKKA) is the main public agency carrying out specialised counselling/therapeutic programmes for perpetrators of domestic violence. Its aim is to help perpetrators understand the causes of their own violent behaviour, help resolve lingering problems, and learn alternate, functional and non-violent ways of interacting with others. Programmes for sex offenders are also provided by the Forensic Psychiatry Unit at the Department of Psychiatry of the Attikon University General Hospital. These services include assessment and treatment of child sexual abuse, child pornography and/or grooming by sex offenders. Offenders are either referred to the unit by the criminal justice system after a judicial decision requiring mandatory treatment, or are voluntarily self-referred.

#### Iceland

The Ministry of Social Affairs and Labour Market supports the project Heimilisfriður: a specialised psychological service for women and men who have abused their partners. Heimilisfriður provides individual and group therapy to perpetrators of violence in intimate relationships.

#### Sweden

Sweden has implemented an IPV risk reduction intervention strategy with perpetrators known to the criminal justice system. Risk reduction intervention is a method based on conversations between perpetrators and specially trained personnel within the police's negotiation unit on crisis situations and conversation methods. The project is under evaluation at Malmö University in Sweden.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

### *Evaluating the impact of preventative interventions*

Studies and evaluations of the long-term effects of policies and programmes designed to engage men and boys on GBV are limited (OECD, 2021<sup>[1]</sup>), but some countries have started to evaluate prevention interventions. Sweden offers one example, where the government has allocated funds to violence prevention as part of the National Preventions Programme. Organisations, municipalities and regions can apply for funding from the Swedish Gender Equality Agency to develop their violence-prevention efforts, including evaluating such efforts. For example, the Swedish National Agency for Education has evaluated the organisation MÄN's version of Mentors in Violence Prevention (MVP), a school-based violence prevention programme. The evaluation acknowledges that it is difficult to draw general conclusions, due to several limitations, but that small positive effects on students' knowledge, attitudes and behaviour have been observed. MVP has also been evaluated by Stockholm University. In the quantitative part of this evaluation, it appears that to a limited extent, MVP has succeeded in making overall positive changes in students' attitudes and behaviour.

OECD member countries have taken steps towards engaging men and boys to prevent and address GBV, but an important gap remains in evaluating the impact of GBV and these measures, which has resulted in a lack of information gaps on their effectiveness. This may also limit the data available for designing effective long-term prevention policies and measures.

### **4.3. Maintaining a victim/survivor-centred culture during crisis: Lessons from the COVID-19 pandemic**

Emergency and crisis situations increase women's risks of violence, exploitation, abuse and harassment. However, emergency and crisis situations can also serve as a catalyst to leverage a victim/survivor-centred culture, improving the engagement of victims'/survivors' in designing and implementing policies and programming on GBV. Changes may include encouraging the design of services tailored to the particular needs of victims/survivors (i.e. taking into account an intersectional analysis), improving appropriate service delivery (through communication, co-operation and co-ordination) for GBV victims/survivors, and enhancing GBV prevention (e.g. by engaging boys and men).

#### ***4.3.1. Engaging victims/survivors in GBV programming during COVID***

During emergencies, the need for a rapid response often means that governments have limited time to consult stakeholders in developing preliminary policy measures (OECD, 2021<sup>[11]</sup>). Accounting for the intersectional backgrounds in the experience of women and girls, however, is particularly important at times of emergency and crisis. Of the countries responding, 78% (18 out of 23) reported consulting or engaging external stakeholders as part of their GBV-related responses to COVID-19. In the Netherlands, the government engaged directly with local shelters to ensure a two-way flow of timely information between the policymakers and the victims/survivors service providers. However, only two countries, Australia and the United Kingdom, reported engaging victims of GBV as part of their response to GBV during the pandemic. Australia's virtual consultations with victims/survivors in the development of the National Plan to End Violence against Women and Children (2022-2032) also took into account the pandemic context. These consultations brought together almost 400 delegates, including victims/survivors of GBV, to discuss a series of key issues to improve outcomes for victims/survivors of all backgrounds, including LGBTQIA+ and Aboriginal and Torres Strait Islander peoples (National Summit on Women's Safety, 2022<sup>[16]</sup>).

#### ***4.3.2. Accounting for the intersectional experience of victims/survivors in the COVID-19 pandemic***

As noted, a broad consensus has emerged in accounting for the intersectional experiences of victims/survivors in GBV policies, programmes or services.

However, this collective engagement to reflect intersectional experiences of GBV victims in policies, programmes and services is not as evident in times of crisis. Few countries reported targeted measures to prevent or respond to GBV for specific groups of women during the COVID-19 pandemic. Some reported that the targeted measures implemented during the pandemic were related mostly to the translation of policies and programming into several languages.

A promising practice in this regard emerged in Iceland, where the task force against domestic violence and violence against children during COVID-19 paid special attention to vulnerable individuals, including those with migrant backgrounds, disabilities or old age. The department of police intelligence at the National Police Commissioner published two reports on violence against people with disabilities and pensioners, with recommendations on actions to take. Stakeholder consultations were held, and the recommendations were reported to have been followed up with funding for different actions and by mounting public awareness campaigns (Government of Iceland, 2021<sup>[17]</sup>).

#### 4.4. Policy Recommendations

- Engaging victims/survivors and relevant stakeholders: Governments should encourage a victim/survivor-centred focus, involving efforts to engage with victims/survivors in policy design. Victims/survivors and relevant stakeholders both inside and outside the government should be consulted and involved, through forum roundtables, online consultations and in-person, systematic consultations, when developing and implementing policies, goals and actions.
- Engaging men and boys: Prevention efforts should find ways to engage men and boys to challenge and change harmful norms and attitudes, build awareness and promote women's and girls' rights and further gender equality.
- Working with perpetrators: When appropriate, prevention of recidivism should include working with the perpetrators, in particular in IPV situations, as it can reduce the risk of falling back into patterns of GBV.
- Including intersectionality: Countries should engage in intersectional analysis in GBV response, to avoid critical gaps in services and policies. Data collection, of administrative data and population-based surveys, should be disaggregated by such factors as race, ethnicity, age, class, religion, indigeneity, national origin, migrant or refugee status, sexual orientation, disability and gender identity.
- Capacity-building: Countries should dedicate adequate resources to build the capacity of service providers who directly interact with victims/survivors and to ensure their initial and continued training on early detection, risk management and prevention of GBV. Service delivery needs to take into account the subjective experience of victims/survivors, through data collection, and respond to their needs and interests.
- A victim/survivor-centric approach at times of crisis: Countries should maintain a victim/survivor-centric culture at times of crisis, by ensuring that relevant stakeholders and victims/survivors are engaged in GBV programming.



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# 5 Addressing intimate partner violence through integrated service delivery

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This chapter illustrates the importance of integrated policies to address the complex needs of women escaping gender-based violence (GBV), focusing specifically on intimate partner violence (IPV). It provides an overview of general organisational theories behind integrated service delivery for victims/survivors, much of which is based on evidence from health and social policy sectors. The chapter presents OECD countries' ongoing efforts to integrate service delivery to address IPV in the areas of healthcare, justice, housing, child support and income support, and concludes with a discussion of the challenges and opportunities of promoting an integrated, victim/survivor-centred response to violence. The chapter also highlights good practices in integrated service delivery and concludes with policy lessons and recommendations. The findings are based on the responses of 35 countries to the 2022 OECD Questionnaire on Integrated Service Delivery to Address Gender-Based Violence (OECD QISD-GBV) and a consultation with 27 non-governmental organisations providing services to victims/survivors.

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In this report, “gender” and “gender-based violence” are interpreted by countries taking into account international obligations, as well as national legislation.

## Key findings

- Successful integration at the service delivery level is part of a broader, whole-of-government approach to mainstreaming gender. This requires co-ordination and integration across ministries and throughout levels of government, i.e. both horizontal and vertical integration (Box 3.3 in Chapter 3). Integrated service delivery (ISD) also requires reliable, adequate and well-organised funding for co-ordinated services, as well as policy coherence across agencies and levels of government so that policies reinforce each other.
- Around half of the 35 responding OECD national governments report promoting integrated service delivery (ISD) “somewhat” or “to a great extent” in their countries. Similarly, around half report targeted investments to support service providers in expanding, improving or transitioning to integrated service delivery. Regular and adequate funding was the major challenge cited by countries and service providers who participated in the 2022 OECD Questionnaires and NGO consultation.
- ISD is most frequently introduced at entry points in healthcare, emergency housing and police services. Many of these practices rely on case management, referrals or physically co-located delivery.
- Local governance of ISD is crucially important, given that service delivery often occurs at the subnational level. Yet central governments play a key role in promoting ISD, for example by providing model administrative frameworks to help local parties understand their role in collaboration.
- Data-sharing capabilities across agencies must be strengthened. Data sharing across providers can reduce clients’ application costs (in time and energy); reduce the trauma associated with repeating accounts of violence to different providers; and improve client safety by better tracking risks across repeated incidents of violence. Ideally, such a system would also integrate perpetrator-related interventions as a way to track accountability and recidivism. Data sharing must include strong privacy protections to ensure victims/survivors’ security.
- Better and more regular programme evaluations are essential. In general, ISD approaches to addressing GBV have not been systematically or quantitatively evaluated, but some existing evaluations suggest that there is potential for ISD to improve outcomes for victims/survivors.
- A holistic perspective means treating everyone involved – including perpetrators. Governments can interact with perpetrators not only through criminalisation and the court system, but in multidimensional ways that can improve offender accountability and produce long-term behavioural change on individual and broader cultural levels.
- Most importantly, a trauma-informed, victim/survivor-centred approach is crucial. Clear lines of communication must connect local service providers with national policymakers to enable better and more victim/survivor-centred service delivery. Such approaches could include regular stakeholder engagements or surveys to promote the co-creation of good policies.

## 5.1. Intimate partner violence is a complex problem requiring an integrated response

Women continue to bear the overwhelming consequences of gender-based violence (GBV), most commonly at the hands of their current or former male intimate partners – a phenomenon known as intimate partner violence (IPV), the focus of this chapter (OECD, 2020<sup>[1]</sup>).<sup>1</sup> IPV comes in many forms (Box 5.1), and is reported by women across age groups, cultures, geographies and socioeconomic backgrounds.

IPV is the most common form of GBV worldwide: around 26% of ever-married/partnered women aged 15 and older report having experienced some form of physical and/or sexual violence at the hand of an intimate partner (WHO, 2021<sup>[2]</sup>). On average across OECD countries specifically, nearly a quarter of all women report having experienced IPV in their lifetime (OECD Family Database, 2020<sup>[3]</sup>).<sup>2</sup> Yet as dire as these numbers seem, violence is typically underreported, and these statistics underestimate the prevalence of violence<sup>3</sup> (OECD, 2023<sup>[4]</sup>) (see Chapter 3).

Many governments have made the prevention, treatment and eradication of IPV a policy priority. Yet for all OECD countries, addressing the multifaceted issues of IPV presents a serious governance and implementation challenge – a challenge where most countries have fallen short (OECD, 2023<sup>[4]</sup>).<sup>4</sup>

GBV victims/survivors have complex needs both during and after the experience of violence, with implications for the form of service delivery they need. Threats to their health include injuries, unintended pregnancies, sexually transmitted infections, complications of pregnancy, mental health problems, homicide and suicide. As a first stop, many women fleeing IPV seek support from the public authorities through entry points in emergency medical care, police interventions, and emergency housing shelters. Many women also (whether simultaneously or subsequently) need support services linked to safety planning, rehabilitative counselling, legal advocacy, children, income, housing, and immigration and asylum, as well as financial and job counselling in many cases. When violence occurs in a family home, the challenges are compounded: children and other cohabitating persons are affected by the violence and may need support.

To address their needs, victims/survivors must regularly navigate a range of social services provided by a patchwork of governmental, non-governmental or private sector providers. They are often asked to repeat accounts of traumatic experiences multiple times, as services are infrequently “joined up” and providers rarely share client data. Frequently, women seeking help encounter administrative and bureaucratic challenges at the same time as they face the direct and indirect consequences of violent acts – or remain under threat of continued violence (OECD, 2020<sup>[1]</sup>). These obstacles can be exacerbated by a lack of confidence in the help-seeking process more generally (OECD, 2023<sup>[4]</sup>).<sup>5</sup>

The burden of applying for and accessing diverse support services, often repeatedly, can compound the trauma of victimisation and explain why women stay in situations where violence continues. And these are not fleeting challenges: it often takes many attempts for a woman to extricate herself from an abusive partnership. Even after a woman has successfully escaped a violent situation, the physical, psychological, social and economic effects of IPV can persist for months or years.

This chapter presents a summary of OECD governments’ efforts to integrate service delivery to support victims/survivors of intimate partner violence, based on an extensive policy questionnaire completed by 35 OECD governments (OECD QISD-GBV 2022) and a consultation with 27 non-governmental service providers (Box 5.4). The findings in this chapter are elaborated in the full report *Supporting lives free from violence: Toward better integration of services for victims/survivors* (OECD, 2023<sup>[4]</sup>), which illustrates how governments have implemented integrated service delivery (ISD) by focusing on the most common services accessed by women.

ISD for victims/survivors of gender-based violence is often difficult to plan, fund and implement in practice, given women’s complex needs and the many sectors involved. Yet successful ISD examples abound,

particularly those rooted in health services, housing and access to justice, the sectors where ISD has been most commonly implemented. OECD governments must continue to trial, replicate and – importantly – evaluate ISD practices to improve the lives of victim/survivors of intimate partner violence. Such co-ordination is an important part of a whole-of-government approach to addressing IPV, reflecting both the Systems Pillar and Culture Pillar discussed in previous chapters.

#### Box 5.1. Intimate partner violence (IPV) can take many forms

Intimate partner violence (IPV) is a subset of gender-based violence (GBV). IPV refers to violence that occurs between current or former intimate partners, and which causes physical, psychological, sexual and/or economic harm. Like other forms of GBV, it can result in homicide or suicide. IPV is also often referred to as “domestic violence”, although domestic violence does not necessarily occur between co-habiting partners. The World Health Organization (WHO, 2012<sup>[5]</sup>) identifies common forms of IPV:

- Acts of physical violence, such as slapping, kicking, non-fatal strangulation and beating or hitting with or without a weapon.
- Sexual violence, such as forced sexual acts or sex-related coercion.
- Emotional and psychological abuse, such as intimidation, humiliation, insults, and threats of harm to the victim or victim’s loved ones.
- Controlling behaviours, such as stalking, excessive surveillance, restriction of mobility, isolation from social and family networks, or restricting access to financial resources, employment, medical care or education.

This chapter focuses specifically on IPV within the context of GBV. This reflects the prevalence of IPV and violence against women in OECD countries, as well as the service sectors in which policies to address GBV are most developed.

Source: WHO (2012<sup>[5]</sup>), Understanding and addressing violence against women, [https://apps.who.int/iris/bitstream/handle/10665/77432/WHO\\_RHR\\_12.36\\_eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1&isAllowed=y).

## 5.2. Integrated policies are key to a whole-of-state framework to end GBV

Policymakers have turned their attention to *integrated policies* as a means of co-ordinating multisectoral solutions and better preventing, addressing and responding to violence against women. This entails integration at *all* levels of government – not simply at the service delivery level.

Policy integration is a core element of government efforts to *mainstream gender equality through a systems-level approach* (see Chapter 3). Gender mainstreaming is by now well-recognised as a critical tool for governments seeking to address gender inequalities.<sup>6</sup> By embedding a “gender lens” in all aspects of government budgeting and policy design, reform and evaluation, governments can tangibly reduce gender inequality in different aspects of life.

Successful mainstreaming entails co-ordination and integration across ministries and throughout levels of government. Integration is especially important to address gender-based violence, a multifaceted problem requiring the involvement of a diverse set of government and non-governmental actors.

National and international GBV strategies recognise that integration must be applied across the entire governance of policies to end GBV.<sup>7</sup> This has been especially true in the last decade, following the pre-eminent international agreement on violence against women: the 2011 *Council of Europe Convention on preventing and combating violence against women and domestic violence*, known as the Istanbul

Convention. To date, 27 OECD countries have signed, ratified and/or implemented the convention,<sup>8</sup> which presents four pillars to address GBV: Prevention, Protection, Prosecution, and (of special relevance to this chapter) Co-ordinated Policies (Box 5.2).

### Box 5.2. Integrated policies are central to the Istanbul Convention

Chapter II of the Istanbul Convention, entitled “Integrated policies and data collection”, offers important guidance. It calls for victim-centred, comprehensive and co-ordinated policies and co-operation among all relevant agencies, institutions and organisations (Article 7); appropriate financial and human resources to implement integrated policies and programmes, including those undertaken by non-governmental organisations (Article 8); the recognition, encouragement, support of and co-ordination with NGOs and civil society (Article 9); the establishment of one or more official bodies to co-ordinate, implement, monitor and evaluate policies to prevent and combat violence (Article 10); and thorough data collection and research to support implementation of the Convention (Article 11).

Chapter IV of the Convention, “Protection and support”, calls on countries to introduce measures on a gender-based understanding of violence against women; based on an integrated approach that takes into account the relationship “between victims, perpetrators, children and their wider social environment; to avoid secondary victimisation; to empower women victims (including economically); to allow for a range of protection and support services to be located on the same premises; and to address the specific needs of vulnerable persons, including child victims.

Despite the importance of this issue, most countries – including OECD countries – have fallen short of policy integration targets. The Group of Experts on Action Against Violence Against Women and Domestic Violence (GREVIO), a monitoring mechanism of the Istanbul Convention, finds in a series of European country evaluations that countries rarely meet best practice standards on policy integration and integrated service delivery (ISD). This shows the need for better understanding of how to implement ISD in practice.

Sources: (Council of Europe, 2011<sup>[6]</sup>; Council of Europe, 2022<sup>[7]</sup>).

Policy integration can be divided into two categories: vertical and horizontal (Box 3.3 in Chapter 3). **Vertical integration** refers to co-operation across different levels of government. National and local governments are often responsible for different levers and services for addressing GBV, making collaboration useful. It may entail co-operation, information sharing and financing, from national to local levels of government. In social services, these linkages may connect from the ministerial level to the case worker level (and vice versa).

**Horizontal integration** refers to bringing together different ministries, institutions or service providers to achieve a shared objective, such as linking health and housing support for women experiencing violence. Horizontal integration can occur at federal, regional or local levels – and of course, integration can be simultaneously vertical and horizontal.

To encourage vertical and horizontal integration, many national governments in the OECD have implemented national strategies (e.g. strategic frameworks and roadmaps) and clearly defined roles for key state actors and partners (e.g. central co-ordinating bodies) as part of a systems-level approach to preventing, addressing and ending GBV (Chapter 3) (OECD, 2019<sup>[8]</sup>) (OECD, 2021<sup>[9]</sup>).

### 5.3. What is integrated service delivery?

#### 5.3.1. Defining broader concepts in integrated service delivery

Integrated service delivery (ISD) refers to linking different providers and levels of social services, for the benefit of users and to improve efficiency in service delivery (OECD, 2015<sub>[10]</sub>). ISD reimagines social, health and other human-service pathways for the mutual benefit of service users and providers.

The concept of ISD was first popularised in the health sector, in an effort to better care for patients with complex and long-term needs from a range of different health providers. A foundational definition can be drawn from the early health literature: “Integration is a coherent set of methods and models on the funding, administrative, organisational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between [different] sectors” (Kodner and Spreeuwenberg, 2002<sub>[11]</sub>).

A critical consideration for an integrated response to intimate partner violence is the client’s risk of exposure to continued violence and the heightened need for security. ISD for women experiencing IPV must thus also ensure the safety and security of the victim/survivor (and her children) from a perpetrator and ensure that the woman can access justice pathways through legal support. These conditions often require the involvement of police officers, judges and legal assistance (OECD, 2023<sub>[4]</sub>).

There is no single, universal strategy for integrating services.<sup>9</sup> Integration is a flexible approach through which services can be co-ordinated to varying degrees of intensity. In an exploration of integrated service delivery for vulnerable groups, the OECD distinguishes between three increasingly intensive ways of integrating services (OECD, 2015<sub>[10]</sub>):

- **Co-location** of services refers to having multiple service providers from different sectors – such as health, housing and legal services – represented in one location. This can help reduce complexity, travel, time and financial costs associated with service uptake. On the service provider side, co-location also makes it easier for providers and professionals to share information and collaborate.
- **Collaboration** implies a higher degree of integration across sectors than co-location, and refers to agencies working together through information-sharing and training, and through the creation of a network of agencies to improve user experience. This kind of knowledge-sharing can help service providers improve referrals and recommendations for other services.
- **Co-operation** implies a deep level of integration where service providers communicate *and* work together on individual cases, toward pre-determined, consistent goals. This helps to ensure holistic service provision and should improve outcomes for service users.

#### 5.3.2. Integration has improved outcomes and efficiency in health and social sectors

Little empirical evidence exists on the benefits of ISD for GBV victims/survivors. Evidence from other sectors, however, suggests that it offers opportunities for substantial gains in efficiency and effectiveness, while improving outcomes for service users. This is particularly true for service users with complex needs, who require a range of social services typically provided by more than one agency (NZ Productivity Commission, 2015<sub>[12]</sub>).

##### *Cost effectiveness and savings*

One potential, if not guaranteed, advantage of horizontal ISD at the service level is **cost effectiveness and cost savings**, for both service users and providers. Providing services in one place, streamlining administrative costs and potentially reducing over-use of emergency health services, makes ISD a potential tool for reducing spending on elderly populations and people with mental illness (OECD, 2015<sub>[10]</sub>). ISD at the first point of intervention has also been shown to reduce downstream service use and costs. For example, effective hospital discharge plans and linkages to co-ordinated community care have been



shown to reduce the likelihood of costly hospital readmissions or intensive care services for people with mental illness (Rosenheck, 2000<sup>[13]</sup>; Mares, Greenberg and Rosenheck, 2008<sup>[14]</sup>; Stewart et al., 2011<sup>[15]</sup>). Effective horizontal integration can also help reduce gaps and avoid duplication of services from different agencies.

Vertical integration has the potential to save costs, too, for example by helping to shift resources away from costly emergency services to more cost-effective preventative services (OECD, 2015<sup>[10]</sup>).

Cost effectiveness and cost savings are not guaranteed. A co-ordinated policy and funding approach is needed to break down silos, avoid duplication of work, share costs, train workers and share information. A review of 65 case management studies targeting high-risk, high-cost patients in the health sector, for example, showed that two-thirds of these programmes achieved specific progress and outcome goals, but were less successful than expected in cost-saving or cost-effectiveness (Swanson and Weissert, 2017<sup>[16]</sup>). The authors suggest these results could be improved if additional incentives, clear rules, guidelines and algorithms relating to resource allocation among patients were applied. Costs can also rise when service providers expand coverage and address previously unmet needs (OECD, 2022<sup>[17]</sup>).

Before long-term cost savings are realised, significant and dedicated financial investments are required to establish a sustainable foundation for integrated services.

### *Accessibility and take-up*

Accessing public services can be daunting. ISD can help improve **service accessibility and user uptake**, especially for people with complex needs, such as persons with disability, those facing mental health issues, and people responsible for dependents. Victims/survivors of IPV also have complex needs – many face physical, mental and logistical barriers to accessing social services and support systems.

Integrated service models “can help vulnerable service users navigate the system for reasons of time as well as transparency and accessibility: co-located services, for example, enable access to multiple services [in one place], which in turn enables a fuller assessment of needs and a faster delivery of appropriate services” (OECD, 2015<sup>[10]</sup>). Case managers can also reduce the burden of multiple applications and data collections across providers by connecting those offices directly and advocating for survivors.

The challenges of accessing multiple services across multiple locations are particularly daunting for “vulnerable” families, a particularly accurate characterisation of a mother and children fleeing violence. These women may be balancing programme applications against irregular work hours and income, struggling to find safe housing, and caring for children. In these and other cases, clear, direct and comprehensive information for service users, perhaps delivered by a known case worker, is conducive to full engagement with all available and appropriate services (OECD, 2015<sup>[10]</sup>).

Reducing administrative burden for clients can help improve take-up, too. Data-sharing across providers – for example, by providing digital access to personal information such as a history of social service use – can therefore be an important tool to ease service users’ entry into the system.

### *Improving the quality of services and client outcomes*

The benefits of ISD on client outcomes in other sectors has been well-studied. The integrated “Housing First” approach, for example, has reduced homelessness more effectively than emergency shelters, and children with mental health needs have benefited from the integration of mental health services with educational institutions (OECD, 2015<sup>[10]</sup>).

When ISD is done well, cost savings, improved access and higher-quality services should happen simultaneously (OECD, 2022<sup>[17]</sup>). In a review of over 120 integrated initiatives delivering children’s services, predominantly in the United Kingdom, inter-agency collaboration improved accessibility and response time for service users; enhanced knowledge and sense of fulfilment among service providers; and improved

agency efficiency by reducing duplication of work (Statham, 2011<sup>[18]</sup>). Similar results are found in a study of ISD for child services in the United States (Manno and Treskon, 2016<sup>[19]</sup>).

*Yet there are many barriers to successful integration*

Despite the seemingly obvious benefits of ISD, significant barriers stand in the way of service delivery integration, both generally and in the context of services addressing GBV.

One major barrier is **funding**. ISD implies some negotiations between ministries, levels of government, and/or local providers to determine who will pay fixed start-up costs to ensure successful co-ordination across various actors. There is also the issue of ensuring ongoing running costs – regular, sustainable funding streams are important both to ensure the continuity of specific services, but also to prevent a “domino effect” in belt-tightening of closure” by partner service providers (OECD, 2015<sup>[10]</sup>). Joint working requires a balance of financial input across agencies, and time horizons matter. It can be difficult to get agencies or providers to commit fully if they see collaboration as a short-term or temporary arrangement (*ibid*). This can be especially hard when historically providers have had to compete for resources.

Another major challenge is the **restructuring of roles and responsibilities** across levels of government, agencies, and, on the ground, governmental, NGO and for-profit service providers. This involves potentially both the structure and management of provider organisations, and potentially retraining staff, changing work conditions and adapting workplace cultures.

Finally, **data sharing** across providers can be difficult, because it presents significant legal and logistical concerns. While there are benefits to providers and clients in having efficient access to background information on clients, it can be difficult to ensure adequate client privacy across a range of different providers with different technical standards.

#### 5.4. How does integrated service delivery work in the context of intimate partner violence?

Many of the approaches to integrated care in health and social policy also apply to the multisectoral nature of IPV. Services for victims/survivors of violence can be delivered through *general* support services, which are not exclusively designed for victims/survivors but instead serve the public at large, or through dedicated, *specialist* support services, which target people experiencing violence specifically. These general and specialist services should be complementary, and general services and staff should be equipped to address the specific needs of women victims of GBV through adequate resources and training (Council of Europe, 2022<sup>[7]</sup>).

No “one-size-fits-all” approach can apply ISD to address GBV, Australia’s National Research Organisation for Women’s Safety (ANROWS) has identified universal guidelines for ISD to address GBV (ANROWS, 2016<sup>[20]</sup>):

- Service delivery must involve two or more agencies/services.
- Clear co-ordination protocols must exist for integrated service provision.
- The initiative is funded as an integrated service or partnership, with a view to responding holistically to women currently experiencing domestic and family violence or who have recently left a domestic and family violence situation, and/or who have experienced sexual assault.
- The programme operates according to a formalised partnership or joint service agreement between agencies.
- The programme abides by a formalised statement of shared principles/goals between agencies.

- ISD may include one-stop centres for women and children who have experienced domestic and family violence or sexual assault.
- ISD may include case co-ordination or case management services.

In the context of GBV, the overarching goals of integrated initiatives are to create “smoother referral pathways” between sectors, make the help-seeking process more accessible, and reduce the secondary victimisation associated with the duplication of work (ANROWS, 2016<sup>[20]</sup>). It is easier to receive a proactive call from a network-connected counsellor after police intervention, than having to call or visit several related service providers. This parallels goals identified in foundational health literature: that integrated service delivery should “enhance the quality of care and quality of life, consumer satisfaction and system efficiency for patients with complex, long-term problems cutting across multiple services, providers and settings.” (Kodner and Spreeuwenberg, 2002<sup>[11]</sup>).

Of course, the best way to end gender-based violence against women is to **prevent it from happening in the first place**, and this requires an integrated, whole-of-society approach. It implies dedicated efforts to change masculine norms, from a very early age, so that boys do not grow into men who replicate harmful masculinities (OECD, 2021<sup>[21]</sup>). Preventative measures also need to target adult perpetrators of IPV to achieve holistic and sustainable solutions to violence. Violent men are often re-offenders in multiple relationships and victims/survivors sometimes return to their abusers. Working with perpetrators is crucial to prevent re-victimisation and new victimisation. Information-sharing across differences within the justice sector as well as across different sectors can contribute to a reduction in violence.

#### **5.4.1. Case management and co-located services can support victims/survivors**

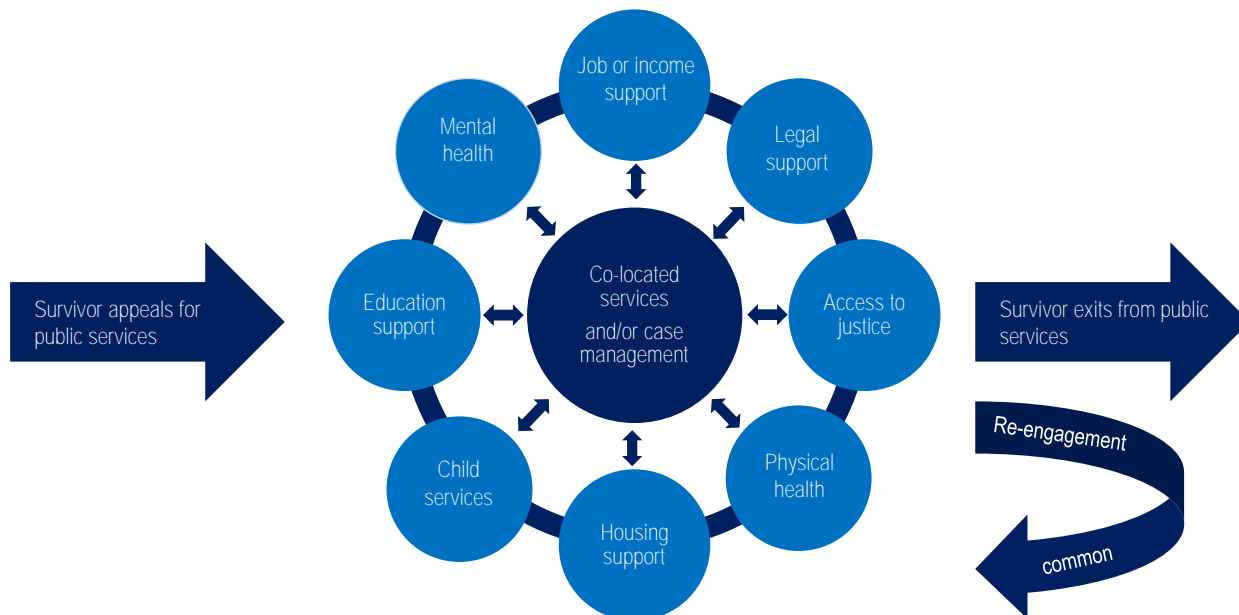
ISD for women experiencing IPV is frequently co-ordinated through case management or co-located centres in order to provide easy access to specialised mental and physical healthcare, safe and affordable housing, income and job support, support for children and access to justice.

The collocated approach is sometimes referred to as a “hub and spoke model” (Campo and Tayton, 2015<sup>[22]</sup>; Mantler and Wolfe, 2017<sup>[23]</sup>). The “hub”, a caseworker or centralised office, identifies, collaborates with, and connects clients with sectoral service providers who provide the needed support, as shown in Figure 5.1.

In many of the ISD examples in this chapter (as well as in the full report (OECD, 2023<sup>[4]</sup>)), caseworkers play a prominent role, which can improve clients’ experience.<sup>10</sup> Case management can be provided, for example, by a social worker, a “domestic violence advisor” (typical in the United Kingdom), or a public health worker, typically at the local or regional level. The co-located approach has been implemented throughout Europe and the United States, often by non-governmental service providers with public and private funding (see examples in Box 5.3).

Figure 5.1. **Rethinking ‘hub and spoke’ integrated service delivery for IPV victims/survivors**

Simplified process model of how women experiencing IPV may access horizontally integrated services



Note: This figure illustrates a stylised model of horizontally integrated service delivery at the local level for women experiencing IPV.  
 Source: Adapted from (OECD, 2020<sup>[11]</sup>), *Issues Notes: OECD High-Level Conference on Ending Violence Against Women: Taking Public Action to End Violence at Home*, <https://www.oecd.org/gender/VAW2020-Issues-Notes.pdf>.

### Box 5.3. Co-located service providers in Europe and North America

Family Justice Centres, various locations, Europe and the United States

The Family Justice Center Alliance originated in the United States as a subsidiary of Alliance for HOPE International, an organisation dedicated to domestic violence and sexual assault prevention, with a mission to establish a network of service hubs around the world. Today, the Alliance works in Europe, the United States and Canada, in close consultation with sub-national and national governments, to implement multidisciplinary service delivery models known as Family Justice Centers (FJCs). FJCs offer co-located, multi-agency services to women who have experienced domestic violence, sexual assault, elder abuse, child abuse or human trafficking. Public and private agencies can assign service providers to the FJCs on a full or part-time basis to deliver such services as: safety planning; legal advice; case management; evidence reporting, including making official statements and procuring medical evidence of violence; counselling; financial literacy and job training support; administrative support in applying for public benefits; and shelter or housing. FJCs also offer childcare and transportation assistance for women while they procure services. This also implies some data-sharing: 86% of US-based FJCs link their administrative data, and 87% report using a centralised intake procedure that facilitates information-sharing between providers.

Saskatoon Community Service Village, Saskatoon, Canada

The Saskatoon Community Village (SCSV) was a project that emerged from the Saskatoon Women's Resource Centre, which was established in 1986 and represented a coalition of 16 organisations. Over ten years of planning, discussion and fundraising, the SCSV was eventually established in 1996, to deliver women's services through co-location and collaboration. It currently brings six non-profit,

community-based agencies under one roof to provide services through joint planning, programming and advocacy. Services include youth and adult counselling; specialised services to respond to abuse, violence and sexual assault; 24-hour crisis intervention services related to child abuse, suicide prevention, substance use, gambling problems and domestic violence; housing and in-kind support; short- and medium-term shelter for women and children; parenting support services; an employment and skills centre, including computer literacy and GED training; and an accessible fitness centre. The SCSV also engages in community-based education and awareness-raising initiatives on IPV. The SCSV operations are outlined in jointly developed plans, buttressed by legal agreements that clearly describe roles and responsibilities.

Kukui Center, Hawaii, United States

The Kukui Center opened in 2009 and, today, co-locates ten non-profit agencies to serve the region's families. This is an example of an integrated programme that has tried to mainstream the treatment of IPV in its support of vulnerable groups. While not exclusively focused on IPV, the centre offers emergency, short- and medium-term shelter for children, adolescents and families; independent living programmes; legal and mediation services; specialised services for children with disabilities; maternal and infant health services; multi-age literacy and financial literacy services; specialised services for homeless families; youth foster care; multi-age counselling services, including grief support; support for children and adults experiencing abuse, violence and sexual assault, including a specialised "immigrant justice centre" focused on violence, sexual assault and human trafficking; and a social enterprise that employs at-risk youth. The centres' leadership meet regularly to make decisions about the operations of the centres and to discuss caseloads.

Sources: (ABT Associates, 2018<sup>[24]</sup>; Family Justice Center Alliance, 2022<sup>[25]</sup>; Saskatoon Community Service Village, 2022<sup>[26]</sup>; Kukui Center, 2019<sup>[27]</sup>).

As an alternative or complement to the caseworker model, the 2022 OECD QISD-GBV revealed another relatively common and noteworthy local-level case management initiative: **multi-agency risk-assessment conferences (MARACs)** (also see Section 3.2.5 in Chapter 3), or similar case conferences bearing slightly different names. These meetings bring together community police, healthcare workers, public prosecutors, social workers, child welfare providers and case managers, on a regular basis, to ensure the long-term safety and continuity of care for women who are particularly at risk of severe IPV (OECD, 2023<sup>[4]</sup>).

Such case conferences are reported to exist in Australia, Austria, Estonia, Finland, New Zealand and the United Kingdom, though service delivery arrangements vary in different national and local contexts (see Chapter 3 and (OECD, 2023<sup>[4]</sup>). The charity SafeLives estimate that if MARACs were implemented nationally across 300 sites, significant savings could be made: "for every GBP 1 spent on MARACs, at least GBP 6 of public money can be saved annually on direct costs to agencies such as the police and health services," (SafeLives UK, 2010<sup>[28]</sup>) These programmes should be evaluated further to assess the outcomes for clients and providers.

#### **5.4.2. Sharing client data among service providers, while ensuring client privacy**

The process of describing experiences of abuse, providing social and economic history, and going through (often extensive) application processes for services can be harrowing and carries high costs both for women and for service providers. Data sharing across service providers can potentially reduce some of these costs in time, effort and energy, and lead to a more efficient and timely public response when women experience violence. With a unique, secure personal identifier, information can be shared about individual clients across health, police, child services and housing providers, among others.

It is especially important for stakeholders in collaborative environments to develop jointly co-ordinated information-sharing protocols and procedures, to perform informed risk assessments and deliver effective solutions to help-seeking individuals (CACP, 2016<sup>[29]</sup>). In the OECD-QISD-GBV, countries reported that data sharing is typically governed by legal frameworks and that information can be shared in situations where women are in immediate danger, when the information is essential, and where women have consented to the information being shared (OECD, 2023<sup>[4]</sup>). In the United Kingdom, professionals in child protection can share data needed for the overriding duty of protecting children at risk (UK Home Department, 2003<sup>[30]</sup>).

Data privacy is of utmost concern for victims/survivors of GBV, not least in cases where their security depends on information being withheld from perpetrators. Personal information runs a higher risk of leaking when it is shared among many different agencies and sectors. These worries were echoed in the OECD Consultation of NGO providers. One provider reported that they “are always concerned about sharing information with other services, as we need to ensure that the client’s safety is paramount at all times. It is not uncommon for a client’s location to be compromised by other services/agencies and, once a client’s location is compromised, the client has to be moved to ensure that they remain safe” (OECD, 2023<sup>[4]</sup>). The risk of information leaks may be enough to deter some victims/survivors from reporting their perpetrators.

Processes for data collection, analysis and sharing across providers thus need to be controlled by clear protocols, policy guidelines and informed, harmonised professional judgement. Such controls have been identified as good practice in helping to facilitate co-ordinated service delivery for people who have experienced GBV. Actors in different countries also face different legal frameworks in considering opportunities to share data. For instance, victims/survivors living in the European Union are protected by the relatively stringent General Data Protection Regulation (GDPR).

Another interesting example is a World Bank-funded project to develop and implement an integrated case management database system in Chile. It aims to better track and respond to women experiencing violence. After a rigorous mapping exercise to identify critical gaps in continuity of care, the proposed integrated platform will allow for follow-up of GBV cases across institutions, improve service delivery and provide alerts in high-risk cases (World Bank, 2022<sup>[31]</sup>).

#### ***5.4.3. Local evolutions of Integrated service delivery (ISD) to address GBV are important***

Although policy integration is prioritised in national GBV strategies (OECD, 2023<sup>[4]</sup>), integrated services have often evolved naturally on the ground, to improve efficiency where resources are limited. Networking, relationship-building and community mobilisation have led to redesigning service delivery by local and regional practitioners, suggesting the merits of ISD to higher-level policymakers. “Local” knowledge and practices flowing upwards to high levels of government should be a key part of vertical integration.

A study of rural and remote women’s shelters in Canada, for example, highlights three inter-related ways service delivery has evolved, through increasingly formalised networking, to benefit service users:

- **Filling gaps:** Social services are frequently undersupplied in rural areas, because of geography or insufficient funding. Women’s shelter employees are compelled, in response, to fill social service gaps to fulfil needs that fall outside direct shelter services. Like the “no wrong door approach” to social services, the idea of filling gaps helps ensure help-seekers are not turned away or left with outstanding needs. This calls for creative problem-solving when resources are scarce.
- **Case management:** To help fill gaps, shelter employees adopt case management roles, connect help-seekers to resources directly, and eventually develop a network of resources they continue to draw on.
- **System navigation:** In performing case management duties, shelter employees facilitate system navigation for women, not only by identifying related service providers who “understand the context

of violence”, but also by preparing women to interact with related service providers who do not understand this context (Mantler and Wolfe, 2017<sup>[23]</sup>).

It is important to bring in lived experiences from those who have used services personally to make sure that victims/survivors’ needs and rights are placed at the centre of all interventions and measures. One way countries can learn from the day-to-day experience of victims/survivors is to conduct consultations (OECD, 2021<sup>[32]</sup>). The Welsh government was able to consult victims/survivors under its “National Survivor Engagement Framework,” bringing in GBV victims/survivors’ views in designing governmental policies (Welsh Government, 2018<sup>[33]</sup>). In a similar vein, the Office of the Assistant Secretary for Planning and Evaluation in the United States collaborated with victims/survivors with varied lived experiences to develop a resource on emerging strategies and practices for federal human services staff, to engage more equitably with clients in research, policymaking and programming (Office of the Assistant Secretary for Planning and Evaluation, 2021<sup>[34]</sup>). In Canada, after collaborative, whole-of-government efforts with provinces and territories and engagement with Indigenous partners, GBV experts and stakeholders, Canada launched a National Action Plan to End Gender-Based Violence (GBV NAP) in November 2022.<sup>11</sup>

Spain’s new national strategy to counter GBV (*Estrategia Estatal para combatir las violencias machistas 2022-2025*) also involved a number of participatory methods, including meetings with victims/survivors, civil society and local governments, and roundtables on education and digital violence (Ministry of Equality of Spain, 2022<sup>[35]</sup>). Spain’s new “Yes Means Yes” sexual consent law also reflects the participation of victims/survivors, feminist organisations and civil society in the design, implementation and evaluation of public policies, from an intersectional approach (Jefature del Estado, 2022<sup>[36]</sup>).

#### **5.4.4. Integrated service delivery (ISD) has been infrequently evaluated for IPV**

The advantages and disadvantages of ISD have rarely been systematically evaluated, perhaps in part because programmes are not always implemented with systematic planning for quantitative or qualitative evaluations of implementation and outcomes (for providers or clients). This suggests a need for more research in the area, but some existing evaluations suggest ISD has potential to improve outcomes for victims/survivors.

Some encouraging results emerge from analyses of the Pathfinder Project, a pilot led by Standing Together as part of a consortium of expert partners and carried out in the health sector in England from 2017 to 2020 (OECD, 2023<sup>[41]</sup>). One analysis was led by academics at DECIPHer at Cardiff University, using data from the eight Pathfinder sites and comparing it with data from across England to assess how service provision changed after the implementation of the pilot. The analysis found that the Pathfinder Project resulted in an increased number of cases being discussed at multi-agency risk-assessment conferences (MARACs) relative to non-Pathfinder sites. It also found an increased number of identified cases of domestic violence, over a wider range of risk classifications, relative to non-Pathfinder sites. Survey evidence from a separate analysis conducted by the Consortium indicates that users’ self-reported well-being improved as a result of going through the programme (SafeLives, 2020<sup>[37]</sup>; Melendez-Torres et al., 2021<sup>[38]</sup>).

In general, evaluations should strive to measure relevant outcomes of an ISD intervention against an important counterfactual: *what would have happened had the ISD intervention not been deployed?* In other social policy areas in OECD countries, this increasingly takes the form of randomised control trials. Given limited resources, where funding cannot support everyone through a new programme, this would imply that some clients are randomly assigned to a new treatment (e.g. an ISD intervention) while others receive the traditional treatment. Outcomes could then be compared across the two groups which, thanks to randomisation, ideally differ only in their access to ISD.

#### Box 5.4. OECD questionnaires and consultations informing this chapter

2022 OECD Questionnaire on Integrated Service Delivery to Address Gender-Based Violence (OECD QISD-GBV, 2022)

In January 2022, delegates to the OECD Employment, Labour and Social Affairs Committee (ELSAC) were invited to complete a questionnaire on service-delivery arrangements designed to support women experiencing GBV in their countries. The questionnaire asked about service provision and delivery in a range of sectors, as well as how integration is prioritised at the national level. More information on the questionnaire shared with countries can be found in the full report on ISD in relation to GBV (OECD, 2023<sup>[41]</sup>).

The QISD-GBV had a response rate of 92%: 35 out of 38 OECD countries responded.

2022 OECD Consultation with Non-Governmental Service Providers serving GBV Victims/Survivors

Grassroots organisations, civil society and non-governmental organisations have a rich history of delivering services in response to violence against women. To gain insight from non-governmental service providers at the delivery level, an online, survey-based consultation was made available to non-governmental service providers working in the GBV space between 1 February and 30 April 2022. A link to the survey, along with an open call for participation, was shared through OECD social media channels and various e-mail lists. The survey was also distributed informally through the European Family Justice Centre Alliance (<https://www.efjca.eu/>). Given that this sample was recruited non-randomly via social media and through “snowball” sampling, and that the survey was open to the public, the extent to which it is “representative” should be interpreted with caution. In total, 27 responses were received from service providers in 12 OECD countries. Two responses came from service providers in non-OECD countries, and were retained for the discussion that follows. All responses were anonymous.

## 5.5. Opportunities and challenges in service delivery to address IPV

OECD governments are conducting trials of integrated approaches as a way to improve service delivery for women experiencing IPV. Given the potential gains of ISD, what practices have been working well in OECD countries – and what are working less well? Can ISD be more broadly implemented to support women experiencing violence?

### 5.5.1. The state of integrated service delivery across OECD countries

Despite its potential benefits, integrated service delivery to address IPV is far from systematic. Fewer than half of the 35 responding OECD national governments (48%) reported promoting integrated service delivery (ISD) “somewhat” or “to a great extent”.<sup>12</sup> Around half (51%) report targeted investments to support service providers in expanding, improving or transitioning to integrated service delivery.

To improve policy responses to GBV, integrated service delivery has taken a variety of forms. They include co-location of specialised services; information-sharing and training co-ordination across agencies; and/or deep co-operation across agencies, working on individual cases towards pre-determined, consistent goals.

OECD governments report applying ISD practices in healthcare, justice, housing, child-related services and income support. Most of these ISD practices rely on case management. ISD is reportedly most frequently introduced at entry points in healthcare, emergency housing and police services.



### *The health sector is a common centre for ISD to address IPV*

The health sector is a typical point of entry to public services for women escaping violence, as victims/survivors face a range of threats to their health: injuries, unintended pregnancies, sexually transmitted infections, complications of pregnancy and mental health problems. IPV can also result in homicide or suicide. At the national level, governments seeking to integrate service delivery for victims/survivors have most frequently implemented targeted mental health supports and linked-up services from hospitals.

#### **Hospitals**

Within wider healthcare systems, hospitals have been shown to be an important site for ISD, since they are the destination for many victims/survivors in crisis. Countries with publicly funded healthcare systems are also well-placed to co-ordinate responses nationally to offer integrated GBV support. Co-located case management and referral models to support victims/survivors are reported throughout the OECD (OECD, 2023<sup>[41]</sup>), and play an important role over time: they help respond to crises in the immediate aftermath of violence, while providing the infrastructure for longer-term health resources.

Austria, in particular, has widely integrated related services for GBV in hospitals: all hospitals are obliged by law to establish “victim protection groups” for women experiencing domestic violence. These groups are responsible for facilitating early detection and prevention of domestic violence through awareness raising among hospital colleagues. The groups also establish networks of cross-sectoral actors, including police, shelters, social workers and helpline operators, which can be mobilised to support individuals seeking help (OECD, 2023<sup>[41]</sup>). In Korea, the approach is also intensive, with multidisciplinary centres in hospitals offering medical support, psychotherapy and legal counselling for immediate victims and their family members.

At the same time, not all health needs are best met in hospitals. Community-based care is recognised as the preferred approach for the majority of mental healthcare (OECD, 2021<sup>[39]</sup>). All OECD countries either already deliver the majority of mental health services outside hospitals, or have prioritised the transition to community-based care models – with the potential to deliver care that is less costly than in-patient care, more in line with service users’ preferences, and better integrated with other public services. This relates to the use of IPV screening tools in routine medical care (OECD, 2023<sup>[41]</sup>) and could be reflected in ISD responses to IPV in the coming years (OECD, 2023<sup>[41]</sup>).

#### **Mental health support**

The Lancet Psychiatry Commission lists a range of mental health disorders that are more common among people who have experienced IPV than those who have not, including “anxiety, depression, substance use disorder, post-traumatic stress disorder (PTSD), personality disorders, psychosis, self-harm, and suicidality” (Oram et al., 2022<sup>[40]</sup>). Reflecting these concerns, several OECD countries have established integrated mental health programmes co-ordinated at the national level.

In Denmark since 2020, municipal governments have been required to offer up to ten hours of free, psychological counselling to women who are staying (or who have stayed) at a shelter as a result of domestic violence. Municipalities are also obligated to offer at least four, and up to ten, hours of psychological support to children accompanying women in this context. Sessions can be used both during and after shelter stays (OECD, 2023<sup>[41]</sup>).

Other OECD countries have established mental health programmes in the form of multidisciplinary counselling centres (Chapter 3). In Costa Rica, for example, the National Institute of Women operates regional units which provide multidisciplinary support, including psychosocial support, to women experiencing IPV. In Greece, the Ministry of Labour and Social Affairs funds a number of dedicated counselling centres that provide targeted mental health services for women experiencing IPV. And in

Japan, the national and subnational governments jointly fund and operate several spousal violence counselling and support centres that respond to women’s mental health needs and accompany them to related medical appointments (OECD, 2023<sup>[4]</sup>).

### *Housing is critical to supporting victims/survivors in crisis and in the long run*

IPV is a leading driver of women and children’s homelessness throughout the OECD, and any efforts to address IPV must consider how to support victims/survivors in what often appears to be rebuilding their lives (OECD, 2023<sup>[4]</sup>). National governments finance and/or administer emergency, transitional and occasionally longer-term housing support for women and children fleeing violence.

#### **Emergency shelters**

Emergency shelters play a key role in offering safe havens for women escaping an abusive home and preventing homelessness for women at risk of violence. Emergency shelters are also an important intake site for integrated access to social services. Shelters can be general (for anyone in the population) or dedicated to women experiencing violence. Yet while emergency shelters play an important role, very few countries actually offer an adequate number of spaces.

Some offer counselling on-site, many offer linkages or referrals to health services, and many provide child-related services (e.g. counselling for children), legal advocacy, and linkages to long-term housing. In Italy, for example, income and entrepreneurship support can be applied for through violence protection centres.

#### **Transitional and long-term housing**

Some countries have introduced policies to help *women transition out of shelters and into safe long-term housing*. Hungary, for example, has a system of transitional housing that offers temporary, highly-subsidised housing for up to five years.

Looking at the longer term, a few countries report special provisions in existing social housing schemes that prioritise access to women who are experiencing IPV. This is the case in Belgium, Ireland, Japan, the Netherlands, Portugal, and Spain, for example. Unfortunately, given the scarcity of social housing across OECD countries, few women are able to access social housing. In the United States, where federal housing funds are more often allocated sub-nationally, a portion of federal housing funding is reserved for sub-national agencies to provide shelter and support for women and children experiencing domestic violence. And in Greece, the “Housing and Work Project” is a recent example of integrating long-term housing subsidies, mental health resources and employment-related support.

Australia has a novel, victim/survivor-centred approach that gives women and children greater stability and may help hold perpetrators accountable. The “Keeping Women Safe in Their Homes” (KWSITH) initiative offers support for women and their children to *remain* safely in their homes after domestic violence. Notably, this shifts the burden to the perpetrators of uprooting their life when they harm their partner.

#### **The role of the justice sector in an integrated response**

A critical consideration in ISD to address IPV is clients’ risk of exposure to violence, their heightened need for security, and, often, their need for interaction with police and access to justice (see (OECD, 2023<sup>[4]</sup>) and Chapter 6 in this report for further discussion). ISD measures to address IPV are thus often connected with police and legal advocacy support. Because legal issues and procedures are linked to other social, economic, health or employment issues, a holistic response to GBV requires close collaboration among organisations in the justice system and between the justice system and other sectors (OECD, 2021<sup>[9]</sup>).

As with other sectors, the legal system has room to improve support for victims/survivors. It can be hard to navigate for non-experts, and many victims/survivors have little trust that police are able or willing to

support them. To some degree, this may be justified, given police history in many cultures of victim-blaming and underplaying GBV cases (OECD, 2023<sup>[4]</sup>).

### **Police**

Police are sometimes gatekeepers for access to justice and other support. Reporting a crime can be an entry point for access to important interventions and safety. Police on the ground respond to emergencies, support women in administrative processes where civil or criminal charges are pursued or imposed, and initiate related, interdisciplinary services (OECD, 2023<sup>[4]</sup>).

Some police are embedded in formal referral networks to related providers. In Austria, the Czech Republic, Luxembourg and the Slovak Republic, police are required to contact social support services and link them with women experiencing violence.

Another strategy is to locate related services in police stations. Australia, for example, frequently co-locates community-based advocates in existing police stations, which also helps train officers, and Denmark and Norway have established interdisciplinary service provision in police stations. Portugal, Argentina and Brazil have established specialised women's police stations trained to deal with cases of violence.

Police also play an important role in helping to prevent a recurrence of violence. The effective use by police of risk/danger assessments – informed by specialised training – and the correct application of emergency restraining/barring orders is an important step in preventing perpetrators carry out further harm.

Police can also be well-placed to deal with perpetrators of violence and initiate an integrated response to address violence at the source. In New Zealand, both victims and perpetrators of violence enter the “Integrated Safety Response” programme through police services. This integrated framework includes efforts to enforce perpetrator accountability through behavioural change programmes (OECD, 2023<sup>[4]</sup>).

### **Legal advocacy service**

To ensure that more victims/survivors are able to make use of the legal frameworks available to support them, targeted justice services have emerged to better support women after IPV. Legal advocacy services and the court system, particularly domestic violence courts (see Section 6.3.2 in Chapter 6 and (OECD, 2023<sup>[4]</sup>), facilitate women's access to justice and enable ISD with other sectors.

Several national initiatives exist in the OECD to help women access justice through legal support, including policies with multidisciplinary or integrated approaches. In Austria and Portugal, to improve access to justice, dedicated multidisciplinary counselling centres offer psycho-social counselling as well as legal counselling and court navigation support. In Australia, legal support services have been embedded in healthcare settings to streamline access to justice for women already accessing health services.

Costa Rica, New Zealand, Türkiye and the United Kingdom have established dedicated domestic violence courts, which use trauma-informed practices to empower women as they appeal for justice. Domestic violence courts apply specialised knowledge to better enforce orders, jointly delivered with police, that protect women. Domestic violence courts can also play an important role in enforcing perpetrator accountability through offender intervention programmes (OECD, 2023<sup>[4]</sup>).

### **5.5.2. Policy lessons**

Women subject to intimate partner violence often require support from various social policy sectors to reassert their safety and independence. Integrated approaches to GBV have potential to mitigate the consequences of violence for victims/survivors by delivering multiple, essential services simultaneously.

Meanwhile, integrated services can also potentially reduce the cost-of-service delivery for governments if programming is backed by coherent policy integration, both vertically (across levels of government) and

horizontally (across sectors). Despite variations in governance structures across the OECD, opportunities exist at the national level to facilitate and streamline ISD on the ground (OECD, 2023<sup>[4]</sup>).

### *Policy coherence matters*

Governments must ensure that existing policies across sectors and jurisdictions do not inadvertently undermine each other, either directly,<sup>13</sup> as a result of regulations, or indirectly, as a result of a competition for resources.

Related to this, policies and services must reinforce each other to address the *whole* problem of GBV. This involves emergency responses in the wake of violent incidents, continuity of support in the medium- and long-term, and ensuring that perpetrators of violence are held accountable.

One example of how to ensure policy coherence is via model administrative frameworks at the systems level (OECD, 2023<sup>[4]</sup>) that can help facilitate collaboration at the service delivery level. A strong administrative foundation can help all parties clearly understand their role in working jointly. As a first step, national ministries can collaborate to develop guidelines for service delivery standards, based on stated goals to improve service quality, outcomes, and satisfaction among both service users and providers. Templates can be developed to facilitate shared mission statements, memorandums of understanding across sectors, and joint service delivery agreements between providers. These administrative pieces can also be incorporated into funding criteria, effectively incentivising integration where clear service delivery arrangements exist.

### *A whole-of-state approach is essential*

A whole-of-state approach, as noted in Chapter 3, including national frameworks, reliable and adequate funding, and involving government co-ordinating bodies tasked with gender (and GBV) mainstreaming, can help ensure that ministries and agencies deliver services in an integrated fashion.

Shifting, ambiguous or overlapping responsibilities can create competing incentives for funding and management. Ministries at the national level may be responsible for planning or ensuring service delivery to separate subsets of the population that, in the GBV context, can often overlap. Subnational governments may develop action plans or laws that may or may not align with incoming national-level action plans. Such issues are exacerbated in an environment of scarce public funding.

Part of this challenge stems from a basic governance issue: multilevel governance structures present a common challenge for all OECD countries in integrating social services of almost any kind (OECD, 2015<sup>[10]</sup>). If governance structures are highly centralised, it can be difficult to ensure that national policy reflects local needs and is adequately delivered. On the other hand, decentralisation and varying degrees of regional and municipal autonomy, whether legislative or financial, can lead to gaps in service coverage, and a lack of monitoring and evaluation (Lovette, Coy and Kelly, 2019<sup>[41]</sup>). NGO providers, for example, have objected that they sometimes cannot help relocate a victim/survivor to a safe location farther from her abuser if it falls under a different funding or political jurisdiction.

### *Funding to address GBV must be adequate and reliable over time*

Irregular and inadequate funding for IPV-related service delivery was the top challenge cited by countries that participated in the 2022 OECD Questionnaire on Integrated Service Delivery to Address Gender-Based Violence, and non-governmental service providers that participated in the OECD Consultation.

A protected, legal basis for funding ISD to address GBV can help to circumvent pre-existing, siloed funding streams and ensure continuity of care by service providers. This must be prioritised in national budgets as part of broader frameworks on GBV.

A legislative basis can also shield budgetary allocations from changes in government. This can be done through funding rules that establish reinvestment criteria for central funds allocated to subnational entities. The United Kingdom, for example, recently implemented a funding rule requiring National Health Service Clinical Commissioning Groups to increase investment in mental health services in proportion to the overall increase in their central funding allocations.

Local beneficiaries can also be given flexibility to address specific, local needs with central funding allocations. In Colombia, local recipients of central funds allocated for the *Generación Explora* programme can choose 2 of 12 focal issues to finance (some of which explicitly address violence). Greater flexibility in local or regional funding could also simplify resource distribution procedures across jurisdictions, for example, if towns or regions nearby are jointly aiding a client.

*National governments can help standardise (and fund) regular, local needs assessments*

A first step in establishing and improving ISD is collecting data that indicates the need for services on the ground. The local context is critically important, especially where service delivery occurs at the subnational level or in partnership with NGOs. A “one-size-fits-all” approach would not be effective in most countries.

Nevertheless, national guidelines for standardised needs assessments can prove useful (Kelly, 2018<sup>[42]</sup>), especially where targets related to ending GBV are outlined in national action plans. National guidelines and resources can also help delivery-level entities with limited resources to assess service needs coherently, a common shortcoming.

Governments should make a priority of improving local administrative data collection. This involves research into the local prevalence of various forms of GBV, in addition to tracking service uptake and system utilisation, for example through service use numbers. Local prevalence rates can then be measured against social service “resource scans”, stocktaking or mapping available local services. Together, these assessments can inform the types of services needed on the ground. If service delivery is decentralised, such assessments can inform funding for service delivery grants.

Regular needs assessments can also be qualitative. One recent study in Greece, for example, assessed the needs of children accompanying mothers in women’s shelters (forthcoming). In the Czech Republic, the government surveyed regional authorities and local service providers to better assess the needs of people at risk of domestic violence as a precursor to implementing Istanbul Convention recommendations (EU Social Fund, 2021<sup>[43]</sup>).

Finally, while national population surveys on GBV have serious limitations, particularly in underestimating actual rates of violence, it is important to carry them out. Survey data can be used to identify regions or subgroups of women at risk of a high prevalence/frequency of violence, perhaps based on underlying socioeconomic conditions. These dedicated surveys on GBV repeated over time, or modules on GBV within other population surveys, can be used to inform needs assessments.

*Data-sharing capabilities across agencies must be strengthened*

Data sharing across providers can reduce clients’ application costs (in time and energy); reduce the trauma associated with repeating accounts of violence to different providers in different locations; and improve client safety by better tracking risks across repeated incidents of violence. Ideally, such a system would also integrate perpetrator-related interventions to track accountability and recidivism, as well as to monitor the risks posed to help-seeking women in real time.

Yet in most countries, sharing data on IPV cases is subject to serious gaps across providers and levels of government. Data-sharing capabilities across agencies must be reinforced, possibly using a central, integrated case management system, while ensuring client privacy.

For providers, a data-sharing platform offers numerous benefits: creating a secure environment where information can be shared; facilitating co-operation; reducing administrative processing costs, coverage gaps and service duplication; and more accurately assessing risk by making past appeals for help more visible to other providers. For governments, a central case management system can improve institutional co-ordination; more accurately track the prevalence of violence; and provide a foundation for monitoring service delivery costs and service delivery effectiveness on a case-by-case basis as a function of risk.<sup>14</sup>

Shared information on clients can help early detection and prevent violence by making providers more aware of the risk profiles and histories of clients. Governments may achieve long-term savings by early detection, prevention and increased efficiency in delivering services, ultimately reducing the number of appeals necessary to resolve problems.

Once established, such a system could also be mobilised to serve other vulnerable groups in addressing complex problems. Acknowledging the multidimensional utility of such a system, the World Bank is supporting the creation of an integrated case management system in Chile for the specific purpose of improving service delivery to women affected by violence (The World Bank, 2022<sup>[44]</sup>). Australia has also introduced a data-sharing strategy in the Safety First Programme, an information-sharing and safety-planning mechanism for women leaving shelters.

Privacy and security must be the priority in data-sharing strategies. It is important to note that the shift to digital data sharing does not necessarily imply increased risks, and may actually be an improvement over current conditions, which do not always adequately protect client privacy. In many cases, information is “transmitted between institutions either manually or by email, raising confidentiality concerns and significant delays in what are often life or death situations” (Inchauste, Bello and Contreras-Urbina, 2021<sup>[45]</sup>).

*Better and regular programme evaluations are essential.*

On the whole, ISD approaches to addressing GBV have not been systematically or quantitatively evaluated. Integrated services need to be better evaluated both individually and in the context of broader social protection system supports for GBV.

Better evaluations could entail randomised control trial evaluations of outcomes for clients offered an ISD approach versus standard service delivery; monitoring and evaluation of costs and benefits of integrated versus standard programmes; and qualitative, survey-based evidence on client experiences. Importantly, clients should be compared across integrated services and standard services to understand a crucial counterfactual: *what would have likely happened* in the absence of policy integration?

Such evaluations can and should also consider interventions for perpetrators of violence, to help improve understanding of what works in keeping men from assaulting (again) their partners. Understanding how to prevent recidivism is crucial for breaking a cycle of violence.

*A holistic perspective means treating everyone involved – including perpetrators.*

In addition to cross-sectoral and cross-jurisdictional coherence, policies aimed at addressing, and ultimately eradicating, GBV must consider every aspect of the problem. This requires targeting *perpetrators* of violence. Governments can interact with perpetrators not only through criminalisation and the court system, but in multidimensional ways that more holistically improve offender accountability and produce long-term behavioural change on individual and broader cultural levels (OECD, 2023<sup>[4]</sup>).

*Most importantly, apply a victim/survivor-centred focus*

Many of the policy prescriptions to address GBV are “top-down” in nature, encouraging national governments to offer guidelines, regular support and data-gathering tools to subnational and non-

governmental service providers. While this line of communication is important, it is at least as important to ensure that national policymakers listen to experts and victims/survivors at the local level.

Local service providers and advocates are highly attuned to the needs of women on the ground, and they offer years of experience and knowledge of the diverse, often intersectional challenges women face. Many “best practice” integrated service delivery examples evolved from the ground up, such as the Family Justice Centres in Europe and North America and the evolution of rural women’s shelters in Canada. Clear lines of communication must therefore connect local service providers with national and regional policy makers, to enhance and expand victim/survivor-centred service delivery.

Victim/survivor-centred approaches could include regular stakeholder engagements or surveys of service providers, to ensure that stakeholders can help create good policies. The U.S. Department of Health and Human Services recently published guidance to government agencies on how to adequately capture “lived experiences” of service users, to understand better how programmes are working on the ground.

## 5.6. Policy Recommendations

- Realise the value of policy coherence: Governments should ensure that existing policies across sectors and jurisdictions do not inadvertently undermine each other, either directly, as a result of regulations, or indirectly, as a result of a competition for resources.
- Whole-of-state government strategy for service delivery: Service delivery should be based on a whole-of-state approach, where both horizontal and vertical co-ordination across ministries, agencies and service providers and adequate funding ensure an integrated approach that helps shape national strategies at the service delivery level.
- Funding of services: Funding of services to address GBV should be adequate and reliable over time. Irregular and inadequate funding for IPV-related service delivery was the top challenge cited by both countries and non-governmental service providers who participated in the 2022 OECD Questionnaire and the Consultation, respectively.
- Local needs assessment: Standardise regular, local needs assessments: The local context is crucially important, especially where service delivery occurs at the subnational level or through partnerships with NGOs. A “one-size-fits-all” approach would not be effective in most countries.
- Data-sharing: Data-sharing capabilities should be strengthened across agencies. Data sharing across providers can reduce clients’ application costs (in time and energy); reduce the trauma associated with repeating accounts of violence to different providers in different locations; and improve client safety by tracking risks across repeated incidents of violence. Ideally, such a system would also integrate perpetrator-related interventions to track accountability and recidivism, and monitor the risk posed to help-seeking women in real time.
- Programme evaluations: Countries should ensure better and more regular programme evaluations for integrated services, both individually and in the context of broader social protection system supports for GBV.
- Perpetrator treatment: Adopt a holistic perspective, by also treating perpetrators: Policies to address and ultimately eradicate GBV should consider every aspect of the problem.
- Local lens to victim/survivor-centred approach: Countries should apply a victim/survivor-centred focus on a local level and ensure that national policymakers listen to experts and victims/survivors at the local level. This line of communication should be highlighted next to national governments offering guidelines and regular support to subnational and non-governmental service providers.

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## Notes

<sup>1</sup> It is important to note that men in heterosexual relationships, and people in same-sex relationships, also experience IPV, although in this case, motivation for violence is more often rooted in interpersonal or psychosocial dynamics rather than in *gendered* conceptions of superiority. As with violence against women, violence against members of the LGBTI+ community is gender-based in that it is motivated by prejudice and an illusion of hetero-masculine superiority among offenders. Statistically, women experience GBV most often at the hands of their male partners, adding a layer of complexity to help-seeking. For this reason, this report focuses on intimate-partner violence against heterosexual women, and the support required to address their many needs in escaping violence.

<sup>2</sup> Note that these cross-nationally comparable estimates include all women, not only ever-partnered women.

<sup>3</sup> Measuring GBV is challenging; it is underreported in population surveys and in administrative records, such as police reports, for a number of reasons (OECD, 2020<sup>[11]</sup>). Women may not report IPV if they feel the incidents are not sufficiently severe or if they feel that they will not be taken seriously by service providers; if they fear retaliation or stigma; if they prefer to deal with the matter privately; or if reporting violence risks jeopardising stable housing, financial security, and access to social support networks. Estimating IPV prevalence was complicated further during the COVID-19 pandemic, when stay-at-home orders trapped women in close proximity to their abusers, further restricting their ability to disclose violence (Kaukinen, 2020<sup>[46]</sup>).

<sup>4</sup> For examples of evaluations of compliance with Istanbul Convention minimum standards in European OECD countries (Council of Europe, 2022<sup>[7]</sup>); (WAVE Network, 2019<sup>[55]</sup>).

<sup>5</sup> Affected women may feel as though their case may not be “taken seriously” through traditional reporting channels such as the police, or that help-seeking options may fall short of long-term solutions that ensure safety and security. For a review of these challenges, see, for example: (Glenn, 2021<sup>[56]</sup>); (Mundy and Seuffert, 2021<sup>[48]</sup>); (Moylan, Lindhorst and Tajima, 2016<sup>[49]</sup>); (Fusco, 2013<sup>[52]</sup>).

<sup>6</sup> See <https://www.oecd.org/governance/gender-mainstreaming/> for an overview of work on this topic in the OECD; <https://www.coe.int/en/web/genderequality/what-is-gender-mainstreaming> for an overview of work by the Council of Europe; and <https://eige.europa.eu/gender-mainstreaming/what-is-gender-mainstreaming> for a descriptive overview from the European Institute for Gender Equality (EIGE).

<sup>7</sup> For examples of international approaches, see (OECD, 2021<sup>[9]</sup>), (OECD, 2020<sup>[47]</sup>) (Council of Europe, 2011<sup>[6]</sup>); for a small selection of national strategies, see (OECD, 2023<sup>[4]</sup>).

<sup>8</sup> See <https://www.coe.int/en/web/conventions/full-list?module=signatures-by-treaty&treatynum=210>.

<sup>9</sup> International literature notes a lack of common terminology for describing collaborative, multi-agency work, which makes classification and comparison challenging. See, for example: (Atkinson, Jones and Lamont, 2007<sup>[53]</sup>).

<sup>10</sup> Of course, on the provider side, the appointment of a single co-ordinating case worker (often social workers or, in the United Kingdom, “domestic violence advisors”) also implies considerable emotional dexterity and stress. Deteriorating mental health is not uncommon among case workers, often related to “inadequate organisational resources, lack of training, and poor integration with other community resources” (Kulkarni, Bell and Rhodes, 2012<sup>[50]</sup>). In the United States, burnout worsened among providers during COVID-19 (Garcia et al., 2021<sup>[51]</sup>).

<sup>11</sup> Stakeholder engagement is relatively common in Canada. One example of findings from multi-stakeholder consultations can be found the report “Breaking the Silence: Final Report of the Engagement Process for the Federal Strategy to Address Gender-based Violence” (Status of Women Canada, 2018<sup>[54]</sup>).

<sup>12</sup> Countries were asked “To what degree does the national/federal/central government actively promote the integration or co-location of services at the subnational and/or non-governmental level, or via private service providers?” Response scale choices were “to a great extent”, “somewhat”, “very little”, “not at all” or “don’t know.”

<sup>13</sup> For example, “nuisance property laws” in some U.S. municipalities impose eviction (and even criminal charges, in some cases) for tenants who use a pre-determined number of emergency service calls. This is particularly harmful for women who appeal to emergency police services for protection in repeated situations of IPV (OECD, 2023<sup>[4]</sup>).

<sup>14</sup> This could be based on an “Effectiveness, Risk, Value” (ERV) framework. Originally developed for home-care services, an “ERV analysis evaluates the effectiveness of a given care plan at mitigating the risk of adverse outcomes [and calculates] whether value of expected benefits exceeds costs of the care plan. The goal is to target care to those most at risk and most likely to benefit” (Swanson and Weissert, 2017, p. 545<sup>[16]</sup>).



# 6

## Access to justice and accountability to prevent and respond to gender-based violence

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This chapter focuses on victim/survivor-centred access to justice and accountability, as key elements in preventing and responding to gender-based violence (GBV), under the Access to Justice and Accountability Pillar of the OECD GBV Framework. It examines key aspects of access to justice, including paid leave, accessible information, prosecution and punishment mechanisms, and highlights good practices across all aspects. It also examines COVID-19's impact on access to justice and explores the role of data on victims/survivors and perpetrators in preventing femicide/femicide. The chapter concludes with recommendations to improve access to justice and accountability. The findings are based on 26 countries' responses to the 2022 OECD Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End GBV (2022 OECD GBV Survey).

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In this report, “gender” and “gender-based violence” are interpreted by countries taking into account international obligations, as well as national legislation.

## Key findings

- Ensuring access to justice for victims/survivors is an essential part of holistic GBV frameworks and can guarantee the protection and support to prevent recurrence of violence, heal from experiences and enforce accountability for their perpetrators. However, due to a persistent justice gap, women, especially those from vulnerable backgrounds, are disproportionately left behind by justice systems, leaving them without protection.
- Identifying GBV-related legal and justice needs is critical to tailor GBV responses to enable effective protection of victims/survivors and ensure access to justice. Justice systems also need to understand and account for the particular legal needs of victims/survivors, including compounding needs for justice arising from complex and parallel criminal and civil proceedings. Yet only a few countries reported systematic efforts in this regard.
- Expensive, complex legal processes often discourage victims/survivors from pursuing their cases, and these barriers are compounded for women and girls with intersectional identities. Gender bias in legal systems and social stigma constitute further hurdles for victims/survivors.
- Progress has been made in reducing and eliminating financial, structural and social barriers to justice, including paid leaves and legal aid, but some measures are underused: only 35% of respondent countries (8 out of 23) reported enacting measures that granted victims/survivors access to additional paid leave.
- Several countries have stepped up efforts to make information about their rights and legal processes available, including distributing information about laws and rights in person (e.g. in counselling and information centres), or through free phonedlines/helplines and technological means (e.g. online). Yet further efforts are needed to go beyond self-guided help, in a way that reaches all types of GBV victims/survivors – including immigrant and ethnic populations and especially those with no access to technological means (e.g. users unfamiliar with digital technology, persons with mental health concerns, persons of low income, persons living in remote areas, refugees, vulnerable families, homeless, disabled persons and frail persons).
- Despite progress, the full potential of innovative resolution practices has yet to be achieved. More countries need to introduce models that rely on problem-solving justice, for example, domestic violence courts that can address root causes of GBV, protect victims/survivors more efficiently and reduce the burdens of pursuing multiple cases in parallel. Measures implemented during the COVID-19 pandemic to help facilitate access to justice for GBV victims/survivors, including virtual court proceedings and simplified police, prosecutor offices, and/or court procedures for receiving and solving complaints, demonstrate agility and innovative potential in improving justice pathways for victims/survivors, which need to be capitalised on.
- Efficient law enforcement is essential to protect victims/survivors and to ensure accountability of perpetrators, yet only 45% of respondents (10 out of 22) have undertaken evaluations on law enforcement's performance in protecting and supporting victims/survivors in the last five years.
- While evidence has been collected on measures that can reduce the rates of intentional killings of women and girls (referred to as femicide/feminicide), countries are not implementing them enough to combat the most extreme manifestation of GBV. Only 35% of respondents (8 out of 23) reported conducting or funding projects or programmes that document and analyse femicides/feminicides.



## 6.1. Introduction

This chapter focuses on access to justice and accountability for GBV. It covers core elements of the Access to Justice and Accountability Pillar (Box 6.1) of the OECD GBV Governance Framework. Drawing on the 2022 OECD GBV Survey, it reviews OECD member countries' efforts to enhance access to legal, justice and social services and respond to the legal needs of victims/survivors. It also examines good practices illustrating co-ordinated responses through multiple sectors, including during emergencies.

### Box 6.1. Key elements of the Access to Justice and Accountability Pillar

The OECD GBV Governance Framework had developed the following key elements for holistic, victim/survivor-centric justice systems, which ensure access to justice, tailor services to victims/survivors' legal needs and emphasise perpetrators' accountability:

- GBV responses understand and account for the intersectional legal needs of victims/survivors and take measures to reduce financial, structural and social barriers to justice.
- Holding GBV perpetrators accountable is a key element of access to justice. This encompasses ensuring the efficiency of law enforcement, enforcing protection orders and working with perpetrators to address root causes.
- This Pillar also includes creating justice responses other than, or in addition to, prosecution (such as innovative resolution practices), if the victims/survivors have consented to them.
- Governments undertake efforts that analyse and collect data on femicides/feminicides to prevent further instances from occurring.

Source: OECD (2021<sup>[1]</sup>), *Eliminating Gender-based Violence: Governance and Survivor/Victim-centred Approaches*, OECD Publishing, Paris, <https://doi.org/10.1787/42121347-en>.

Access to justice is critically important in GBV cases, as it can provide victims/survivors with the protection, support and accountability they need to recover and heal from their experiences. It can provide protection from future harm by holding perpetrators accountable for their actions, and it can also help victims/survivors obtain redress, and help raise awareness of GBV and its impact. It can also empower victims/survivors by giving them a voice in the justice system and helping them regain a sense of control over their lives, and finally, preventing impunity for perpetrators of GBV by holding them accountable for their actions. A lack of access to justice in turn can impact the social, emotional and financial outcomes of victims/survivors and their families. At the same time, the majority of victims/survivors do not report their experiences and pursue their cases, in addition to persistent justice gaps for women, especially with intersecting identities and/or from vulnerable backgrounds, leaving many victims/survivors without adequate protection and responses. As noted in the 2021 Report, victims/survivors may face repercussions such as losing custody of a child and being more likely to remain in situations of violence (OECD, 2021<sup>[1]</sup>). A lack of access can therefore be a source of disempowerment for victims/survivors who already face gender inequalities and discrimination (OECD, 2021<sup>[1]</sup>).

## 6.2. Towards victim/survivor-centred justice pathways

### 6.2.1. Removing financial, structural and social barriers to justice

Employing clear strategies to facilitate access to justice for GBV victims/survivors involves identifying and removing the legal and institutional barriers to justice that they face. Indeed, evidence suggests that the majority of women victims/survivors do not report their experiences to the authorities. According to an estimation from UN Women, less than 40% of women who experience violence report their experience, and if they do, most seek help from family or friends and less than 10% of women report their experiences to the police (UN Women, 2020<sup>[2]</sup>). In addition, even if victims/survivors report their cases to the police, they are often revictimised after engaging with law enforcement and/or retraumatised by proceedings (OECD, 2020<sup>[3]</sup>), which leaves them with a lack of trust in these institutions. This points to the severe reality that the legal needs of the vast majority of victims/survivors are unmet and that they continue not to be protected by justice systems.

Barriers to justice can persist for both women and men, but women victims/survivors also face structural gender inequalities that compound their obstacles. The gender justice gap persists globally: according to the World Justice Project, only 35% of women worldwide believe that they have equal access to the justice system, compared to 44% of men (World Justice Project, 2019<sup>[4]</sup>). Victims/survivors may be financially and socially vulnerable, and they may also face stigma and social pressure not to pursue their cases and may not trust legal systems.

This is especially true for women and girls facing multiple oppressions, such as women and girls with disabilities, trans women and girls, lesbian and bisexual women and girls, migrant women and girls, Indigenous women and girls, women and girls who are visible minorities, senior women, women and girls living in remote and rural areas, and women and girls living in poverty. Such barriers include:

- Financial barriers (e.g. the direct cost of services, fines, transportation, childcare and an inability to take time off work).
- Structural barriers (e.g. legalese, lack of awareness, complex or convoluted judicial procedures, inadequate legal protection and a lack of translated materials or interpretation services).
- Social barriers (e.g. gender-based and other identity-based stereotypes, stigma and shame, bias and discrimination in the justice system and other institutions, distrust of judicial and law enforcement actors, fear of reprisal and a lack of education or literacy) (OECD, 2021<sup>[1]</sup>).

Addressing these barriers requires a multifaceted approach that involves education, advocacy, policy reform and the provision of adequate resources and support services. This includes ensuring that laws and policies are in place to protect victims/survivors, raising awareness about GBV and the importance of seeking help, providing access to legal aid and other support services, and working to change cultural and social attitudes that perpetuate violence against women. In addition, addressing many barriers to access to justice requires improving victim/survivor-centred justice pathways to ensure that victims/survivors can access justice and protection in a timely, effective manner. This calls for enhancing support services such as counselling, medical care, and legal aid, strengthening collaboration and co-ordination among different actors in the justice system, including police, prosecutors, judges and service providers, and engaging communities.

Removing gender bias from the justice system is crucial to ensure that individuals are equally treated under the law. This calls for promoting gender-sensitive training for judges, lawyers and legal professionals, to help identify and address gender bias in decision making, increasing the representation of women in the legal profession to create a more diverse legal system, raising awareness of the public, as well as systematically assessing justice system policies and practices to eliminate conscious or unconscious bias.

### *Integrated justice pathways to reduce legal burdens and combat barriers*

Integrated justice pathways have the potential to create victim/survivor-centric justice systems that can simplify procedures and reduce the burdens on victims/survivors. This method creates a more holistic approach, where legal and justice services are part of a coherent system, with seamless referrals and transfers of legal problems across a service continuum, based on collaboration between legal, justice and other human service providers (OECD, 2021<sup>[5]</sup>). Countries are coming to recognise the importance of co-ordinated and integrated services in assisting victims/survivors and their role in eliminating barriers to justice. In Poland, the Justice Fund provides significant legal, psychological and financial support, as well as temporary accommodation, shelter and education. The fund aims to further reduce victims/survivors' financial constraints by offering to cover costs of childcare, electricity, gas, water and rent. Integrated justice pathways can also help reduce revictimisation rates. Slovenia, for example, has made efforts to improve the exchange of data and files in criminal cases concerning violence among different stakeholders, with the goal of diminishing secondary victimisation (OECD, 2019<sup>[6]</sup>). See Section 6.3.2 for further discussion of integrated justice.

### *Providing legal aid and making legal information accessible for victims/survivors*

Strengthening legal literacy is a major challenge for all jurisdictions, given the complexity of laws and legal systems and, notwithstanding national education systems, limited practical opportunities to ensure the community receives adequate education and information to understand the law. The provision of legal information is one important means of addressing this challenge (OECD, 2021<sup>[5]</sup>).

One strategy to facilitate access to justice for victims/survivors of GBV is to make information on laws and rights accessible to them. A victim/survivor-centred approach to addressing GBV requires that these stakeholders be sufficiently informed about legal aid and other legal assistance mechanisms for both civil and criminal law needs. Such mechanisms should be responsive to their needs and, in the case of girls, explained by their level of maturity and understanding. Girls face particular barriers when accessing justice, including the complexity of the justice system and the difficulty for children of navigating such processes (OECD, 2021<sup>[1]</sup>).

Legal processes can also be expensive. The cost of legal representation in both criminal and civil processes constitutes a major financial barrier for victims/survivors, who may already be in vulnerable financial situations after their abuse. This can be compounded for those of socially, and economically vulnerable backgrounds. Free or cost-effective counselling and legal advice could be an important tool to combat this obstacle to justice. Legal aid can be employed for victims/survivors to help pay for legal advice and representation in court, an essential step towards accessing justice and accountability. It should not only cover the assistance in criminal cases, but also in civil matters, including divorce proceedings and children's custody cases. It can also be a valuable tool to combat structural barriers that include the complexity of processes and low levels of legal literacy. Research shows that in at least 45 countries that have instituted this measure for victims/survivors, legal aid contributes to women's empowerment and gender equality. Private companies (including law firms) in several countries have also taken the initiative to help victims/survivors directly, through pro bono services or legal clinics. A promising example emerged in the Netherlands, which has set up an accessible platform for legal aid for victims/survivors (Box 6.2).

### Box 6.2. The Netherlands' approach to accessible, cost-effective legal aid system

In the Netherlands, an online dispute resolution platform, Rechtwijzer, was set up to offer a comprehensive guide to possible legal options free of charge. This site refers to other services as well, including the Juridisch Loket (or Legal Services Counters), which offer 60 minutes of free, in-person and/or remote (via phone or internet) legal counselling.

Source: UN Women et al. (2019<sup>[77]</sup>), Justice for Women: High-level Group Report, [https://www.justice.sdg16.plus/files/ugd/6c192f\\_b931d73c685f47808922b29c241394f6.pdf](https://www.justice.sdg16.plus/files/ugd/6c192f_b931d73c685f47808922b29c241394f6.pdf).

The responses to the 2022 OECD GBV Survey revealed that member countries currently use several types of measures and formats to provide legal services and information about laws and rights to GBV victims/survivors. These formats include delivering information in person (e.g. in counselling and information centres), through free phonelines/helplines and by technological means (e.g. online). Some countries (notably Costa Rica and Estonia) reported delivering some of these measures simultaneously by directing their delivery through a designated federal entity. Greece also disseminates information using various formats and distributes them through an institutional national network (Box 6.3).

### Box 6.3. Making information accessible for GBV victims through national networks

In Greece, the General Secretariat for Demography, Family Policy and Gender Equality (GSDFPGE) is the competent governmental authority for gender equality. It is also the competent entity for preventing and combating violence against women, designated to monitor the implementation of the Istanbul Convention of the Council of Europe. Women victims of all forms of violence (including immigrants and refugees) can receive information from the GSDFPGE National Network of Structures about their rights, support services and the legal remedies available to them. The Network of Structures includes:

- The 19 shelters across Greece (for the accommodation of women victims and their children).
- The national SOS 15900 helpline. It operates 24/7, 365 days a year, free of charge, and provides counselling services in both Greek and English. The helpline also employs two interpreters to support Farsi and Arabic-speaking women.
- The 44 Counselling Centres throughout the country. Workers provide interpretation in multiple languages to the Counselling Centres and support women by accompanying them to services. In 2021, under the constraints of the COVID-19 pandemic, interpretation services were provided mainly via telephone/Skype calls.
- Websites, notably:
  - <https://isotita.gr/w/>; the official website of the GSDFPGE, available in English and Greek where the reader can keep up to date on the available services under the institution, its activities, actions and latest (legal) news.
  - <https://womensos.gr/>; the GSDFPGE's social networking website, which is only partially accessible in EN and GR, AR, and Farsi. The site provides information on the forms of violence against women, how to recognise violence and where to seek support.
  - <https://metoogreece.gr/>; the first governmental platform to collect information on issues of sexual harassment, abuse and violence. The website includes all the helplines for immediate help and support and information on different forms of gender-based violence.

- TV and radio spots. These have been created to inform and raise public awareness about violence against women, co-financed by Greece and the European Union and broadcast both on television and radio and on the GSDFPGE official website. In 2021, the GSDFPGE launched the “Words Likes Knives” campaign, to raise awareness and sensitise the public on violence against women.
- Two counselling guides, one on GBV and one on labour counselling.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

Given that self-guided help is not appropriate or accessible for everyone, certain OECD countries reported instituting additional measures to support access to legal information. Hungary, for example, has Court Witness Advisers – officials of the court responsible for providing witnesses summoned to a court hearing with information and counselling. A similar mechanism exists in the United Kingdom, where the Ministry of Justice funds the Court Based Witness Service (CBWS). The CBWS provides support and information to witnesses (and families and friends, when their presence is material to the ability of the witness to present evidence) attending any criminal court in England and Wales, to help them give their best evidence. Outreach support is additionally offered for vulnerable and intimidated witnesses.

#### Box 6.4. Slovak Republic: Delivering clear GBV information

On first contact with GBV victims/survivors in the Slovak Republic, the Police Force provides them with the information in both oral and written form. This information includes:

- procedures related to the filing of a criminal complaint and the rights and obligations of a victim
- contact information for entities providing assistance to victims
- the possibilities of providing essential healthcare
- access to legal aid
- the conditions for providing protection in the event of a threat of danger to life or health, or significant damage to property
- right to interpretation and translation
- procedures for seeking redress in the event of a violation of one’s rights in criminal proceedings by law enforcement authorities
- a point of contact to which the victim can turn to
- procedures related to claiming compensation for damage in criminal proceedings
- mediation procedures in criminal proceedings
- possibilities and conditions for concluding a reconciliation
- possibility and conditions of compensation for the costs of criminal proceedings for a victim.

When carrying out the duty to provide information in specific cases, police officers also take into account the individual needs of the victim, depending on their age, state of health, mental state or, for example, the nature of the specific crime.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

Yet gaps remain in offering information in a wide range of formats and measures that go beyond self-guided help, in a way that reaches all types of GBV victims/survivors – including immigrant and ethnic populations and in particular, those without access to technological means (e.g. users unfamiliar with digital technology, persons with mental health concerns, persons of low income, persons living in remote areas, refugees, vulnerable families, homeless, disabled persons and frail persons).

### *The impact of paid leave on access to justice*

Victims/survivors should be protected against work-related discrimination and termination resulting from their experiences of GBV (OECD, 2021<sup>[11]</sup>). Some countries report introducing a range of measures that facilitate access to justice and ensure that taking legal action has no impact on victims/survivors' employment and income. Thus, in the 2022 OECD GBV Survey, only 35% of respondent countries (8 out of 23) reported enacting measures that granted victims/survivors access to additional paid leave, with 15 countries reporting that this type of measure had not been enacted. Although not all countries specified the duration of the paid leave available, respondents' answers varied from a few days (e.g. in Australia and Portugal), to months (e.g. in Spain). Only the Netherlands reported granting GBV victims/survivors the right to paid leave for as long as necessary. Most countries reported that the type of employees covered by these measures were primarily those working full- and part-time in the public and private sector, with only Portugal reporting any coverage of self-employed and non-employed victims.

Some of the barriers reported included identifying and understanding barriers from the survivor's/victim's perspective, including their particular financial barriers. A common challenge among OECD member countries is to establish clear strategies to facilitate access to justice on paid leave. Existing strategies appear to be inflexible and limited to certain employees and circumstances. Such approaches could preclude an adequate response to many victims'/survivors' needs, as they can be simultaneously involved in divorce proceedings and/or child custody proceedings in a civil court while seeking protective orders against the perpetrator.

### **6.2.2. Understanding the legal needs of victims/survivors**

High levels of nonreporting of cases of GBV (see Section 3.2.4 in Chapter 3) and low conviction rates indicate that justice systems often fail to adequately respond to victims/survivors' justice needs, and protect them from further instances of violence and enforce accountability of the perpetrators. As a first step, the identification and measurement of legal and justice needs of victims/survivors should be at the centre of design and delivery of legal and justice services, to enable effective punishment and reparation for acts of violence, as well as to prevent impunity.

Women in general have particular legal needs, and their experience of the justice system differs from men's. Women suffer more challenges over concerns involving family, children, education and social welfare (UN Women et al., 2019<sup>[77]</sup>) and report different levels of satisfaction based on the types of legal assistance they seek (OECD, 2020<sup>[31]</sup>). Women with other intersecting vulnerabilities also have particular legal needs, including women living with intellectual and psychosocial disabilities, who may have reduced legal capacity and face discrimination and further obstacles (UN Women/Women Enabled International, 2022<sup>[8]</sup>).

In general, the legal needs of victims/survivors are unique and complex. Several intersecting needs<sup>1</sup> are often intertwined with complex emotions related to their abuse and/or perpetrator (OECD, 2020<sup>[31]</sup>). In Australia, it was found that respondents who reported experiencing intimate partner and family violence, had on average, about 20 legal problems (e.g. a wide range of family, civil and criminal law problems) in a 12-months period (Law and Justice Foundation, 2012<sup>[9]</sup>). A fundamental challenge victims/survivors face is having to address simultaneously various legal problems arising from the abuse. The legal problems of victims/survivors are compounded by problems in health, housing, finance and employment, not to mention other potential legal needs, such as: divorce proceedings, division of assets, protection orders and parental

care. The Australian research showed that people who reported intimate partner violence were 16 times more likely to experience a family law problem and 3 to 6 times more likely to experience other problems – in both criminal and civil domains – including consumer, credit/debt, employment, health-related, housing and rights (Law and Justice Foundation, 2012<sup>[9]</sup>). Given the complexity of legal and justice systems across many OECD and partner countries, all these parallel processes might need to be addressed separately, with multiple lawyers, over the span of several months and even years (OECD, 2020<sup>[3]</sup>). A victim/survivor-centred and integrated approach can help victims/survivors address these complex needs and may require holistic reforms of the justice system (see Box 6.5 below).

#### Box 6.5. Ireland's approach to victim/survivor-centred justice

Ireland has adopted a strategy, “Supporting a Victim’s Journey”, which includes 50 reforms for developing a victim-centric justice system, in particular for victims/survivors of sexual violence, recognising that procedures and practices may re-traumatise victims/survivors. The strategy has helped develop a plan to map the victims/survivors’ journey in the justice system, to help them along each step of the justice supply chain. One of the key elements is specialised training for all actors in justice who interact with victims/survivors of sexual violence, as well as offering legal aid to victims/survivors, to support them in legal processes.

The government of Ireland has a dedicated budget for this reform: EUR 2.3 million has been approved to enact the reforms outlined in the strategy.

Source: (OECD, 2021<sup>[10]</sup>; Government of Ireland, 2021<sup>[11]</sup>).

Understanding the legal requirements of victims/survivors needs to rely on robust data, supported by various methods of data collection, including comprehensive needs assessments (e.g. gathering information on the type of GBV experienced by the victim/survivor, the legal remedies available, and justice barriers), intake interviews with victims/survivors to identify their needs, referrals from other support services, such as healthcare providers, shelters, social services, from legal aid organisations or victim advocacy organisations and other social services. These can also include administrative data from service providers, legal needs surveys and targeted studies.

While collecting administrative data is essential, due to nonreporting (see Section 3.2.4 in Chapter 3), this source of data should be completed by surveys on GBV prevalence and on the legal needs of victims/survivors, which can capture subjective, user-centred experiences of legal problems (OECD, 2020<sup>[3]</sup>). Legal needs surveys can also be a valuable tool for understanding the needs of women with intersecting vulnerabilities, such as women living with disabilities. One example is the forthcoming UN Women Legal Needs survey for women with intellectual and psychosocial disabilities (UN Women/Women Enabled International, 2022<sup>[8]</sup>). Targeted studies can also reveal valuable insights from victims/survivors from groups underrepresented in legal needs surveys. Their rates of reporting may be even lower than average, and they may include homeless people, prisoners, the elderly and people in remote and/or Indigenous communities (OECD, 2020<sup>[3]</sup>).

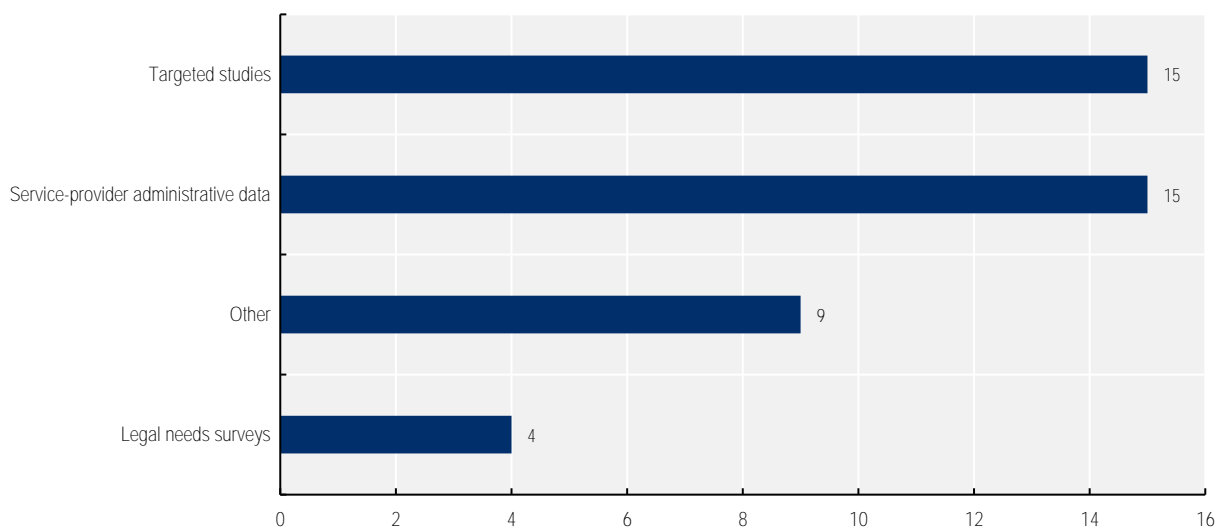
According to responses from the 2022 GBV OECD survey, countries report having used various tools to identify and measure legal needs and experiences of GBV victims/survivors (Figure 6.1). Of respondent countries, 62% (15 out of 24) reported using administrative data from service providers and using targeted studies. Most of these countries combined the use of targeted studies and administrative data. Yet major gaps remain in conducting legal need surveys to understand the needs of victims/survivors, with only four countries reporting having conducted this type of survey. Adopting such instruments can help create a broader understanding of the population’s interconnected legal needs and experiences relating to GBV.

According to the responses to the 2022 OECD GBV Survey, key challenges countries face in accounting for the needs and experiences of victims/survivors fall into three broad categories:

1. *institutional and data limitations*, such as determining appropriate data sources and needs; lack of capacity among service providers to document their own administrative data consistently; lack of data from historically marginalised populations; and lack of training/awareness of officials responsible for collecting information
2. *interinstitutional challenges*, such as differential reporting standards and practices by institutions; and lack of inter-institutional co-ordination among institutions interacting with GBV victims/survivors regarding data collection and analysis
3. *limitations related to engaging victims/survivors*, often in view of a lack of information and trust on the part of victims/survivors.

One example emerged in Hungary, which reported conducting an individual needs assessment used by state victim support workers to assess the individual needs of the victim, including their legal needs. The needs assessment identifies whether the victim is familiar with criminal procedure and whether they are assisted during the criminal proceedings. This practice can be a step in the direction towards a better understanding of when and how GBV victims turn to formal or non-formal justice options.

Figure 6.1. Instruments to identify and measure legal needs and experiences of GBV victims/survivors



Note: Number of respondents to this question is 24. Countries responding "Other" introduced measures such as targeted law enforcement reviews, research programs in collaboration with academia and individual needs assessment.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

StatLink  <https://stat.link/26mwrl>

### 6.3. Resolution practices and approaches for accountability in GBV cases

Resolution practices include restorative justice initiatives, problem-solving justice and therapeutic justice. Most OECD countries have established problem-solving courts or have streamlined problem-solving principles in certain fields of their criminal justice (OECD, 2016<sub>[12]</sub>). Such initiatives include addressing the underlying factors of criminality, the structural problems of the justice system including jail and prison



overcrowding, and the social needs and issues of communities. Such practices focus on diverse resolution methods with a holistic and restorative approach. Most of the research on problem-solving justice for GBV focuses on cases of domestic violence, and promising evidence has shown that it has the potential to reduce the number of cases that are dismissed, but also the number of reoffenders. At the same time, it can increase victims/survivors' satisfaction with the process (Center for Justice Innovation, 2019<sup>[13]</sup>).

Problem-solving methods and courts differ in practice across types of courts and countries, but some of the key principles of problem-solving justice include:

1. Creative (in-court and out-of-court) partnerships: establishing problem-solving courts (in cases of GBV, most commonly, specialised domestic violence courts), which can also work closely with perpetrators, and include service and treatment providers.
2. A team approach: the role of the judge, of the prosecutor and of the defence lawyer evolves and adjusts to the specificities of the problem-solving approach and aims at the rehabilitation of the perpetrator, to reduce the chances of reoffences. The team (which also includes social workers and service providers) collaborates in judicial decisions.
3. Judicial interaction: the judge in a problem-solving court (e.g. domestic violence court) actively tries to build a relationship with the perpetrator and motivates them to make progress with treatment programmes.
4. Judicial monitoring: perpetrators are required to account for their behaviour on a regular basis during status hearings, and their progress is monitored.
5. Informed decision-making: in problem-solving courts (including domestic violence courts), judges often have knowledge of the perpetrator and the individual case before them (through service providers and social workers). Judges also receive education on possible underlying causes of criminal behaviour and domestic violence dynamics.
6. Tailored approach: problem-solving courts (including domestic courts) reject the “one-size-fits-all” approach to criminal cases, where judges may merely act as “case processors”. Instead, decisions in a problem-solving court try to meet the specific needs of each case and address the underlying causes of the criminal behaviour.
7. Accountability: accountability is an essential element of problem-solving justice, where judges may supervise how perpetrators are completing their treatment programme and/or community service through regular reporting, even after a verdict.
8. Focus on results: problem-solving justice measures its results by assessing the effects of case processing on victims (safety), perpetrators (recidivism) and communities. It also aims to generate positive outcomes for the justice system by saving costs, reducing prison and jail overcrowding and increasing public trust and confidence (OECD, 2016<sup>[12]</sup>).

### **6.3.1. Restorative justice and alternative dispute resolution mechanisms**

As noted, courts may also permit the use of restorative justice in some instances to address cases of GBV. However, these measures should be offered only under particular circumstances (OECD, 2021<sup>[11]</sup>). The Istanbul Convention requires signatory states to prohibit mandatory alternative conflict resolution, including mediation and conciliation (Article 48). The explanatory report on the Convention states that victims of domestic violence could never enter this process on an equal level with the perpetrator, that the perpetrator would always be more powerful and dominant, and that the state would be responsible for avoiding the revictimisation by domestic violence. Nevertheless, most European countries do include (voluntary) forms of alternative dispute resolution mechanisms and restorative justice interventions in cases of domestic violence (Drost et al., 2015<sup>[14]</sup>).

In the 2022 OECD GBV survey, country responses indicate that most of the prerequisites for alternative measures involve safeguards for the victim's safety; for example, in Mexico, authorities must advise the

victim of all available options and routes before going into mediation. In Sweden, mediation (which is not applied within the traditional criminal system, but by the state or a municipality on a voluntary basis) is not an alternative but rather a complement. It is primarily used for young offenders and on a voluntary basis, and only if there is appropriate consent. In Luxembourg, mediation is not available in offences perpetrated by someone who cohabits with the victim. In Hungary, mediators are trained to recognise the signs of GBV or domestic violence in a case, and mediation is not recommended in cases where there are clear power imbalances between the parties and there is a danger of revictimisation.

In most countries, the outcome of mediation is an agreement reached by the parties (i.e. victim and offender). However, some countries go beyond this and include restorative mechanisms. In Greece, for example, a successful mediation requires that the offender pledge never to commit any crime of domestic violence in the future, attend a special counselling facility/therapeutic programme for the treatment of domestic violence, restore the consequences caused by the act as far as possible and pay reasonable financial compensation to the victims. If any of the conditions are violated within a three-year period, the case is reversed, regarding pecuniary claims. In Canada, the Correctional Service of Canada (CSC) administers the post-sentence Restorative Opportunities (RO) programme, which offers people who have been harmed by a crime (including GBV cases), either directly or indirectly, a chance to communicate with the offender who caused the harm. The programme (in which participation is voluntary for everyone concerned) explores opportunities to use various victim-offender mediation models that best suit the needs of the participants, as defined by the participants, with the help of a professional mediator.

Hungary reported having trained mediators to facilitate peace-making circles, but reported that in practice, it is rarely used. The Netherlands reported implementing family group conferencing, where social care and healthcare professionals work together with the criminal law system on a domestic violence report/case. None of the countries reported having community restorative boards.

### **6.3.2. Partnerships and interagency collaboration for adopting problem-solving methods**

#### *Domestic violence courts*

As noted, OECD member countries have increasingly been using problem-solving methods and innovative restorative measures. A closely studied approach to problem-solving methods adopted by several OECD countries focuses on domestic violence and IPV cases. Domestic violence courts focus on the protection of the victim/survivor and prioritise this over the treatment and recovery of the perpetrator (OECD, 2016<sub>[12]</sub>). These measures include a range of services, including counselling, shelter and advocacy, and perpetrators are often required to participate in intervention programmes, for which they are requested to report to judges of the domestic violence court.

In addition, these domestic violence courts can provide an even more holistic approach if they are integrated: in such cases, the domestic violence court judge handles cases related to domestic violence, as well as the accompanying civil matters, including custody, visitation, civil protection orders and matrimonial matters, which also improves the access to support services. These integrated solutions are more holistic and multidisciplinary, with better access to and co-ordination of support services. They can provide more effective monitoring to increase the accountability and compliance of perpetrators and judges can make more informed decisions based on more information about the family (OECD, 2016<sub>[12]</sub>). A promising example emerged from the state of New York (United States), where both domestic violence courts and integrated domestic violence courts are available (see Box 6.6 below).

### Box 6.6. The United States specialised and integrated domestic violence courts

The state of New York has introduced both domestic violence courts and integrated domestic violence courts, to deliver swift, consistent responses to domestic violence, to prioritise the victims'/survivors' safety and the accountability of perpetrators.

The domestic violence courts have a dedicated judge, who besides presiding over the cases, monitors perpetrators and their compliance with protection orders. These courts also have a resource co-ordinator, who informs the judge on the individual characteristics of each case, holds agencies accountable for reporting, screens and refers perpetrators to court-mandated programmes and co-ordinates with the police, defence counsel and prosecutors for effective information-sharing. In addition, an on-site victim advocate is also available as the primary contact for victims/survivors, who creates safety plans, co-ordinates housing counselling and other social services, and provides victims/survivors with information on the criminal proceedings. Finally, personnel working in research and evaluation of domestic violence court provide regular feedback, examine the success of the intervention programmes and analyse a perpetrator's compliance with court mandates.

In addition to all these components, judges in integrated domestic violence courts handle criminal domestic violence cases (and related family issues, such as custody, visitation, etc.), civil protection orders and matrimonial actions. The objective is to eliminate contradictory orders, reduce the burden on victims and hold perpetrators to higher levels of accountability. This solution gives victims/survivors a greater voice, as they are better able to address critical family issues that impede their ability to prosecute their abusers.

Source: (OECD, 2019<sup>[6]</sup>; State of New York, n.d.<sup>[15]</sup>).

### *Partnerships and Family Justice Centres*

Interagency collaboration and judicial authority are key determinants of a successful problem-solving justice initiative, leading to positive outcomes in the justice system. More specifically, creative partnerships, a team approach and judicial interaction generate an informed decision-making process on the circumstances of the case, leading to positive victim-focused outcomes (OECD, 2016<sup>[12]</sup>).

A notable example of such partnerships are the Family Justice Centres, which provide co-located, one-stop, multidisciplinary services to victims/survivors of family violence. This integrated service (also see Chapter 5) provides holistic support to victims and can help hold perpetrators accountable. Family Justice Centres can provide comprehensive medical and legal services, counselling to victims/survivors, link them to the court system and facilitate their access not only to legal services but other services as well, including public benefits assistance, advocacy and safety planning. The first Family Justice Centre was established in the United States in 2002, and several other OECD countries, including Belgium, Canada, France, Germany, Iceland, Italy, the Netherlands, Northern Ireland, Poland and Sweden have adopted this initiative (EUCPN, 2022<sup>[16]</sup>). Examples of Family Justice Centres and partnerships are illustrated in Box 6.7.

### Box 6.7. Partnerships and Family Justice Centres to implement restorative measures in OECD member countries

#### Belgium

In Belgium, the development of a multidisciplinary approach is a major focus of the GBV framework. The French-speaking federated entities plan to support the development of pilot projects allowing for multidisciplinary and co-ordinated care between professionals in contact with violence against women (including traditional harmful practices). The Brussels-Capital Region also aims to develop an intersectoral approach to intimate partner violence, to improve collaboration between the public prosecutor's office, the police, the justice houses, the support services and the local actors in complex situations of intimate partner violence. In Flanders, the Family Justice Centre is a network organisation where social services, police and the justice system work together intensively at one location to stop violence within families (intrafamilial violence and child abuse). Three Family Justice Centres are operational in Flanders, partly driven by the local authorities.

#### Canada

In Canada, the Department of Justice provides funding to Indigenous-led, community-based justice programmes in cost-shared partnership with provinces and territories. These programmes deliver programming along the justice continuum (e.g. prevention, post-charge diversion and reintegration). Community programmes use restorative justice and other traditional Indigenous practices in their work with victims, accused/offenders and other community members. An evaluation of this programme is conducted every five years.

#### Italy

Family Justice Centres are specifically defined in federal legislation and refer to the placement of multidisciplinary services under one roof. Several facilities across Italy have adopted this structure, including the centre of *Soccorso Violenza Sessuale e Domestica del Policlinico (SVSeD)*, which is also part of the European Family Justice Alliance. Its objectives are to prevent domestic violence, educate through training and awareness-raising and to ensure the welfare of victims/survivors and their children through integrated services.

The SVSeD is equipped with a multidisciplinary team of medical professionals and social workers, who offer health, medico-legal assistance, psychological and social support. Victims/survivors are also provided free legal advice and assistance by civil and criminal lawyers. SVSeD also carries out research on domestic violence and conducts training courses for operators in the social, health, judicial and law enforcement sectors.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence; (Fondazione G.B. Guzzetti, 2021<sup>[17]</sup>).

Problem-solving justice solutions to GBV have encountered various challenges in OECD countries. Scope remains to implement innovative restorative justice mechanisms, such as partnerships, family groups conferencing, peace-making circles and community restorative boards. In general, criminal justice systems are overburdened and suffer from insufficient financial and human resources (UNODC, 2021<sup>[18]</sup>). In this context, a fundamental challenge of introducing restorative justice mechanisms is a lack of dedicated funding, as well as a lack of gender-sensitive and specialised training.

## 6.4. Accountability and evaluation are vital to increase effectiveness of GBV responses

### 6.4.1. Protecting victims/survivors and effective law enforcement responses

Effective accountability, as one of the problem-solving methods, is particularly important in GBV cases because of the need to hold perpetrators accountable, ensure recognition for victims and deter future crimes. Accountability on GBV involves two main approaches: i) criminalising multiple forms of GBV – encompassing not only enacting GBV laws but also monitoring their functioning in the judicial system, and ii) holding perpetrators of GBV to account. This involves prosecution and alternative dispute resolution practices, such as arbitration, conciliation, mediation and online dispute resolution. However, alternative practices should not be mandatory and should be employed only in situations where victims/survivors have consented to them (OECD, 2021<sup>[11]</sup>).

Law enforcement is inherently tied to the effectiveness of GBV laws. According to the 2022 OECD GBV Survey, only 10 out of 22 respondent member countries have conducted or commissioned evaluations on law enforcement’s performance in protecting and supporting victims/survivors in the last five years. Six countries reported they have not. Only one country reported conducting other types of evaluations, and three reported developing other types of assessments. It is noteworthy that two out of these three countries reported designing these assessments with a special focus on improving support and protection towards victims. A promising example emerged in the United Kingdom, where it is reported that His Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) has an assessment framework for police forces to monitor how effective and impactful the force’s service is for victims of crime.

In addition, law enforcement is the entry point to justice systems for victims/survivors. It is thus vital that the police encourage trust and that officers are sufficiently trained to interact with victims/survivors in ways that do not retraumatise them. Law enforcement actors also need to be able to do an initial risk assessment of the reported cases and identify warning signs and take the necessary steps to protect victims/survivors. More general gender-equality trainings are also called for to reduce gender-based biases towards victims/survivors (EIGE, 2019<sup>[19]</sup>). A promising practice emerged in Australia (see Box 6.8). Police training has been shown to have a positive effect on the number of arrests, especially in recognising “controlling and/or coercive behaviour” (Brennan et al., 2021<sup>[20]</sup>). To maximise the benefits of training in law enforcement, training should be regularly evaluated.

#### Box 6.8. Building capacity of law enforcement for better GBV responses

Australia

In Australia, the Department of Home Affairs received USD 4.1 million to deliver a national training package to enhance women’s and children’s safety by building the capacity of law enforcement to identify and support victim-survivors of all forms of intimate partner, family and sexual violence. The five streams of the package are specifically focused on coercive control, sexual assault, child safety, attitudes and behaviour, and technology-facilitated abuse.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

Given that victim/survivor protection is a key element in systems for GBV law enforcement, protective mechanisms (i.e. ancillary orders, including protective or removal orders) are a key element in laws addressing GBV. Such mechanisms should be applied with the needs and interests of the victim/survivor in mind (OECD, 2021<sup>[11]</sup>). The responses to the OECD Survey revealed a broad consensus to adopt various types of protective measures – namely restraining protection orders, emergency barring orders, electronic monitoring devices and no-contact orders. Another commonality is that the breach of a barring order is considered a criminal offence in most countries.

Some countries limit the adoption of electronic devices only to certain types of cases, typically when they are not severe or when they are combined with other protective measures. In Canada, electronic devices are not permitted for offenders serving conditional sentences, offenders who have been approved for parole and offenders who have temporary absence permits. In Costa Rica, this type of measure is implemented when the case is not a sexual offence, the aggressor is a primary offender, the penalty does not exceed six years in prison, no firearm has been used, and if it is clear that the perpetrator does not constitute a danger. Promising practices on protection measures emerged from Mexico, Norway and Slovak Republic (see Box 6.9).

### Box 6.9. Examples of protection measures for GBV victims/survivors in OECD countries

#### Mexico

In Mexico, the General Law of Women's Access to a Life Free of Violence provides that protection orders are acts of urgent application based on the best interests of the victim. These are fundamentally precautionary, and they must be granted by judges or requested by an interested party, by the administrative authorities, the Public Ministry or by the competent jurisdictional bodies, at the time they become aware of the act of violence that allegedly constitutes a crime or infraction.

#### Norway

In Norway, the procedure for requesting an interim restraining order involves combining a police report with an interview with a domestic violence or abuse victim. The victim may also request such an order from the police.

#### Slovak Republic

Good practice involves minimising repercussions caused by these orders, particularly impacting victims/survivors and their children. In the Slovak Republic, the Police Force for the protection of persons at risk of domestic violence is entitled to expel a violent person from a jointly owned residence. In these processes, the police inform the relevant “intervention centre” operating in the region about the expulsion from the shared residence. The police officer also informs the threatened person about intervention centres and other available specialised organisations to help victims of domestic violence. If there is a child in the household where domestic violence occurs or the child is a person at risk, the police also inform the competent authority for the social and legal protection of children and social guardianship.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

Some OECD member countries have conducted evaluations on law enforcement's performance in protecting and supporting victims/survivors, but most have not. OECD member countries have encountered common challenges in adding efforts to minimise the repercussions caused by protective mechanisms (i.e. orders), particularly those aimed at separation, on victims/survivors and their children.

### 6.4.2. Working with perpetrators to ensure their accountability

Accountability should be accompanied by measures that aim to address the root causes of GBV. Focus is needed on prevention programming that may prevent the occurrence of GBV (also see Section 3.2.5 in Chapter 3), but problem-solving methods may have potential not only to hold perpetrators accountable, but provide them support in avoiding further offences (also see Section 4.2.2 in Chapter 4). Similarly to approaches taken by problem-solving justice, working with perpetrators can include the following elements (OECD, 2016<sup>[12]</sup>):

- *Collaboration*: Actors in various jurisdictions, including the government and its agencies, the private sector and community-based organisations, should form partnerships to set up interventions. With adequate information-sharing and training, partnerships between the justice system and actors in other sectors can “keep the perpetrator in view”, with regular follow-ups and contacts with the perpetrator (ANROWS, 2020<sup>[21]</sup>).
- *A focus on the accountability of the perpetrator*: While perpetrators need to be held accountable and receive appropriate punishment, a purely punitive approach is not effective in preventing further offences. A range of evidence-based responses need to be employed, including justice-related and programmatic interventions.
- *Addressing underlying issues of criminal behaviour*: While GBV can be a result of broader societal problems, problem-solving justice could aim to solve individual reasons that led to the offence, including psychological reasons.
- *Including the community and the victim/survivor*: Both the community and the victims/survivors should be consulted in developing problem-solving justice solutions.

Introducing measures that prevent perpetrators from reoffending is an ambitious task that aims to provide responses to structural problems and cannot always propose a solution to all factors that contribute to the offence. Professionals find it challenging to work with perpetrators, who are often unable to recognise their violent behaviour and its consequences and are not willing to challenge harmful masculinities (Procentese et al., 2020<sup>[22]</sup>).

Legal measures, including protection orders, may not be taken seriously by perpetrators, who may regard them as a “piece of paper” and refuse to recognise them as having authority. This can especially be the case if the perpetrator believes the crimes are not prosecuted on behalf of the state, but on behalf of the victim/survivor, and that they have been persecuted by “the system”. Male perpetrators may believe that justice systems are biased towards women and that judges jump to conclusions after listening to “one side of the story” (ANROWS, 2020<sup>[21]</sup>). Such perceptions encourage lower levels of compliance and accountability.

### 6.4.3. Studying femicides/feminicides to improve accountability and as a preventative measure

Despite the adoption of increasingly comprehensive legal and policy frameworks, supported by innovative solutions, including integrated service delivery, all countries continue to struggle with eliminating the most extreme type of GBV: femicides/feminicides. According to the World Health Organisation (WHO), femicide is generally understood to involve intentional murder of women because they are women, but broader definitions include any killings of women or girls (WHO, 2012<sup>[23]</sup>). The term feminicides implies a failure on the part of governments and society to prevent the intentional murder of women. As noted in Chapter 1, the rates of the intentional killings of women and girls continue to be high: worldwide, 45 000 women and girls were killed in 2021 by intimate partners or other family members, (UNODC/UN Women, 2022<sup>[24]</sup>) who constitute the majority of perpetrators of this crime. Data is lacking on femicides/feminicides, and on conviction rates, since conviction statistics are rarely disaggregated by type of homicide (UNODC, 2019<sup>[25]</sup>). Research in the United Kingdom, however, found that in 2020, 60% of perpetrators were

convicted of murder and 19% were convicted of manslaughter. The research also found that 53% of perpetrators were known to have a previous history of GBV (Femicide Census, 2020<sup>[26]</sup>).

Femicide/feminicide is preventable. Several risk factors may be present for an extended period of time, especially in intimate-partner relationships, which can be identified by service providers through risk assessment and management mechanisms and prevent lethal cases through timely intervention (also see Section 3.2.5 in Chapter 3). In addition to adequate risk assessment and management, increased access to justice can also provide timely protection for victims/survivors of GBV at risk of femicides/feminicides.

GBV frameworks should include actions to track femicides/feminicides to better understand how and why women face gender-related risks of death. Fatality review teams should be established to build a summary of each case, and statistical data should be gathered about both the perpetrator and the victim/survivor to better recognise warning signs and patterns (OECD, 2021<sup>[1]</sup>).

Understanding and preventing femicide/feminicide depends largely upon the existence of data deriving from detailed and reliable records that identify characteristics of the victim, the perpetrator, the relationship between them, their environment, and motivations and patterns of behaviour. This information can be gathered through official documentation (e.g. police reports, court records, other public services and publicly available medical reports), newspaper articles and statements from or interviews with people who have had relevant contacts with the victim/survivor (OECD, 2021<sup>[1]</sup>).

Existing administrative sources are often incomplete, updated infrequently and lack the contextual information to determine whether a particular homicide should be classified as a femicide. Reporting femicide can also be stigmatising and dangerous in many contexts, as cultures of impunity often prevent proper investigations when feminicides are reported (HRDAG, 2021<sup>[27]</sup>). These challenges call for frameworks that harmonise and strengthen data collection efforts: the Statistical Framework developed by the United Nations Office on Drugs and Crime and UN Women would, for example, be a valuable tool to improve data collection on femicides/feminicides (see Box 6.10).

#### Box 6.10. A UN statistical framework for measuring gender-related killings (femicide) of women and girls

A comprehensive statistical framework to provide guidelines for measuring gender-related killings (femicides/feminicides) was jointly produced by UNODC with UN Women and implemented by the Global Centre of Excellence on Gender Statistics (CEGS – UN Women), the UNODC-INEGI Centre of Excellence in Statistical Information on Government, Crime, Victimization and Justice and the UNODC Research and Trend Analysis Branch.

The framework provides a statistical definition of femicides/feminicides with a list of characteristics that distinguish cases of (femicides/feminicides) from killing of women and girls and intentional homicides of women and girls.

Building on the statistical definition, the framework identifies three data blocks that should be considered for collecting statistics on femicides/feminicides with core variables for each block. These are i) killing of women and girls by an intimate partner; ii) killings of women and girls by other family members; iii) killings of women and girls by other perpetrators.

The framework posits overwhelming evidence that killings by intimate partners and family members are related to gender roles and recommends examining the relationship between the perpetrators and victims as a core variable. Less evidence is available on the reasons for killings by other perpetrators, so the framework proposes a set of eight criteria that qualify the killing as gender-related:

- the homicide victim had a previous record of physical, sexual or psychological violence/harassment perpetrated by the author of the killing; the homicide victim was a victim



of forms of illegal exploitation, for example, in relation to trafficking in persons, forced labour or slavery

- the homicide victim was abducted or illegally deprived of her liberty
- the victim was working in the sex industry
- sexual violence against the victim was committed before and/or after the killing
- the killing was accompanied by mutilation of the body of the victim
- the body of the victim was disposed of in a public space
- the killing of the woman or girl constituted a gender-based hate crime, i.e. she was targeted because of a specific bias against women on the part of the perpetrator(s).

Source: UNODC/Un Women (2022<sup>[28]</sup>), Statistical Framework for measuring the gender-related killings of women and girls (also referred to as “femicide/feminicide”), [https://www.unodc.org/documents/data-and-analysis/statistics/Statistical\\_framework\\_femicide\\_2022.pdf](https://www.unodc.org/documents/data-and-analysis/statistics/Statistical_framework_femicide_2022.pdf).

The responses to the 2022 GBV OECD Survey indicated that member countries gathered information on femicides/feminicides mostly through official documentation. Most of the countries reported gathering information from police records and crime reports.

Certain countries reported collecting data on femicide from administrative sources. An example of this emerged from Spain, where data collection on femicide is a joint institutional effort. The Government Delegation Against Gender-Based Violence is responsible for collecting data from other institutions appointed by the Statistics National Institute as an official source of valuable data. It manages six state-wide statistical operations on GBV: GBV killings, data from the 016 call centre, data from the Atenpro phone service for victims, data from the electronic devices system, and data from the Autonomous Communities. Another example involves Costa Rica’s National Sub-commission on the Prevention of Femicide, made up of representatives from the Gender Prosecutor’s Office, the Technical Secretariat for Gender of the Judiciary, the Observatory on Gender Violence, the Judicial Investigation Agency, the Sub-Process for Statistics of the Judiciary and the National Institute for Women (INAMU). The sub-commission is responsible for recording, monitoring, analysing and classifying violent deaths of women.

Other countries reported complementing official statistics with additional data from other sources. See for example, Canada in the below box (Box 6.11).

#### Box 6.11. Canada: Using a range of sources to complement official statistics on femicide

Canada

In Canada, the Homicide Survey data captures information on the sex of the victim and accused, motivation for the homicide, location, criminal history, etc. This information is published annually and helps to highlight which populations are at greatest risk of becoming the victim of a gender-motivated homicide. Furthermore, the Canadian Femicide Observatory for Justice and Accountability (CFOJA) uses this Statistics Canada data in combination with information from media reports to generate an annual report on femicide/feminicide in Canada. These reports document numbers of killings, situational factors, geographic patterns, age of victims, victim-accused relationships, and the sex and age of the accused persons. These data and reports help the CFOJA with its overall goals of documenting social and state responses to femicide/feminicide in Canada.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

Data-disaggregation practices are useful to identify those crimes that could have happened based on gender considerations, and from there, move closer to a definition of femicide that responds to the violence experienced by the population. Rather than pre-specifying a particular definition of femicide, the disaggregation approach would allow researchers to identify cases consistent with their working definitions of femicide (HRDAG, 2021<sup>[27]</sup>).

Answers to the OECD Survey reveal that many countries reported not having created or defined the notion of “femicide” in their legal systems. Moreover, only 35% of respondent countries (8 out of 23 countries) reported conducting or funding projects or programmes that document and analyse femicides/femicides.

It is noteworthy that most of the countries that reported having conducted initiatives to analyse femicides do so within the context of domestic violence cases. Since 2016, Portugal has set up a Domestic Violence Homicide Review Team (EARHVD), which is responsible for analysing retrospectively homicides that occurred in the context of intimate partner violence and where a final court decision was rendered (which may fall within the more typical international understanding of femicide/femicide).

Quite apart from the fact that most countries have neither defined nor incorporated the notion of femicide in their legislation, most member countries do not collect and disaggregate data on femicide or possible femicide. Other omissions could be rectified: estimating undocumented femicide cases; understanding patterns in the data on femicides; and collecting information from multiple sources that allows for robust quantitative analyses. Another common gap is evident in the implementation of strategies with clear objectives that go beyond the domain of intimate partner violence, to help analyse information on femicides and possible femicides.

## 6.5. Justice responses to GBV during the COVID-19 pandemic

In emergency situations, where major events disrupt the normal functioning of public institutions, victims/survivors must continue to have access to judicial systems and relevant legal services (OECD, 2021<sup>[5]</sup>). This includes increasing collaboration between organisations within and outside the justice system and making information available to GBV victims/survivors (OECD, 2021<sup>[11]</sup>).

Responses to the 2022 OECD GBV Survey indicated that all member countries had implemented some form of measures during the COVID-19 pandemic to facilitate access to justice for GBV victims/survivors. Those most commonly reported were information and community technology-based services (e.g. helplines, mobile applications, etc.); as well as virtual court proceedings and simplified procedures established by police, prosecutors’ offices and/or courts, for receiving and resolving complaints. Only four countries reported that they had set up accelerated police station or prosecutor office procedures for receiving and resolving complaints and integrated services in hospitals or legal aid offices (e.g. making it possible to file a complaint in the same building where the victim is provided with first aid; one-stop services for victims, and offering temporary childcare while they attended legal procedures, etc.).

### Box 6.12. Promising practices introduced to support access to justice for GBV victims/survivors in the COVID-19 pandemic

#### Streamlined procedures for filing complaints

In Estonia during the COVID-19 pandemic, victims were not required to submit separate applications to initiate a legal complaint. A simple call to the Emergency Centre sufficed. Many offence reports could be submitted online on the police website. Prosecutors could also issue urgent restraining orders.

#### Declaring justice services essential services

In Mexico, all ministerial, administrative and judicial services continued to function during the pandemic because they were declared essential services. Shelters and care centres for women who were victims of violence (and their children) were also considered essential.

#### One-stop services and triage for integrated and rapid intervention

In Iceland, victims of violence can receive legal advice at Family Justice Centres and file legal complaints in the same building. They are thought of as one-stop services.

In the Netherlands, a one-stop location for victims was set up for victims of sexual violence, connecting the help centre to the hospital.

Italy adopted National Guidelines for Health Authorities and Hospital Authorities, called “Pathway for women who suffer violence”. The objective is to ensure adequate, integrated intervention in treating the physical and psychological consequences of male violence on women’s health.

#### Information campaigns on justice services

In Australia, “The Help is Here” campaign offered information on support services available to anyone affected by domestic and family violence, to help them access the support they need, when they need it.

#### Strengthening collaboration outside the justice system

In Greece, the GSDFPGE, in collaboration with the Hellenic Society of Forensic Medicine and the Hellenic Chamber of Hotels, offered free housing and meals all over Greece to women and their dependent children living in poverty, including migrants and individuals in vulnerable situations. Free medical tests were provided by the Hellenic Society of Forensic Medicine when needed to female victims of violence. The initiative, which was only implemented during lockdown periods, also provided free medical tests for the children of GBV victims/survivors.

#### Implementing preventive measures

In Lithuania, the police monitored domestic violence incidents daily, assessing the impact of the pandemic on such cases. Police institutions compiled lists of violent persons and organised preventive measures against them (once a month for each abuser). The Lithuanian police also implemented measures to increase the safety of rural residents.

#### Allocating additional resources

The United Kingdom provided additional funding (around GBP 32 million in 20/21) for victim support services to help meet the increasing demand for support for victims of domestic abuse and sexual violence. Victims were also supported if their case was delayed as a result of the pandemic.

Source: OECD (2022), Survey on Strengthening Governance and Survivor/Victim-centric Approaches to End Gender-based Violence.

## 6.6. Policy Recommendations

- Understanding the legal needs of victims/survivors: Countries should implement various instruments to understand the legal needs of victims/survivors, including legal needs surveys, targeted studies and service provider administrative data.
- Legal assistance: A victim/survivor-centred approach to addressing GBV requires that these stakeholders be adequately informed about legal aid and other legal assistance mechanisms available to them for both civil and criminal law needs. States should ensure that the mechanisms are responsive to their needs and, in the case of girls, take into account their level of maturity and understanding.
- Continuum of justice responses: States should incorporate multiple mechanisms into their GBV responses, including prosecution and alternative dispute resolution practices such as arbitration, conciliation, mediation and online dispute resolution; however, the use of alternative practices should not be mandatory and should be employed only in situations where victims/survivors have consented to them.
- Integrated justice pathways: Countries should introduce integrated justice responses, including partnerships and interagency collaboration and implement problem-solving justice principles that can reduce the legal burden on victims/survivors and focus on accountability and addressing root causes, by working with perpetrators.
- Protection: Protective mechanisms (i.e. ancillary orders, including protective or removal orders) should be applied bearing in mind the needs and interests of the victim/survivor.
- Tracking and preventing femicides/feminicides: GBV frameworks should include actions to track femicides/feminicides in order to better understand how and why women face gender-related risks of death. Fatality review teams should be established to build a summary of each case, and statistical data should be gathered both about the perpetrator and about the victim/survivor, in order to recognise warning signs and patterns.
- Access to justice in emergencies: In emergency situations that disrupt the normal functioning of public institutions, victims/survivors must continue to have access to judicial systems and relevant legal services. This includes increasing collaboration between organisations within and outside the justice system and making information available to enhance GBV victims/survivors.

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## Note

<sup>1</sup> The legal needs of victims/survivors of GBV varies based on such factors as their gender, age, race, ethnicity, disability, sexual orientation and socio-economic status. Intersectional needs of GBV victims/survivors include a need for accessible facilities for victims/survivors with disabilities, needs related to their cultural and linguistic identity, especially for victims/survivors from different cultural or ethnic backgrounds, need for support for LGBTQ+ victims/survivors, and the need for immigration services for victims/survivors who are immigrants.

# Breaking the Cycle of Gender-based Violence

## TRANSLATING EVIDENCE INTO ACTION FOR VICTIM/SURVIVOR-CENTRED GOVERNANCE

An alarming number of women and girls become victims/survivors of gender-based violence (GBV) at least once during their lifetime. While GBV has garnered more attention from policymakers in recent years, and has become a top gender-equality priority for OECD countries, significant challenges remain in all countries. This report promotes a comprehensive approach to breaking the cycle of GBV by combining insights from recent OECD work with robust evidence from surveys and questionnaires conducted in OECD Member countries. It offers recommendations for a comprehensive OECD GBV Governance Framework encompassing laws and access to justice, transforming restrictive gender norms, and integrating service delivery to prevent, address and - ultimately - end this violation of human rights.



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