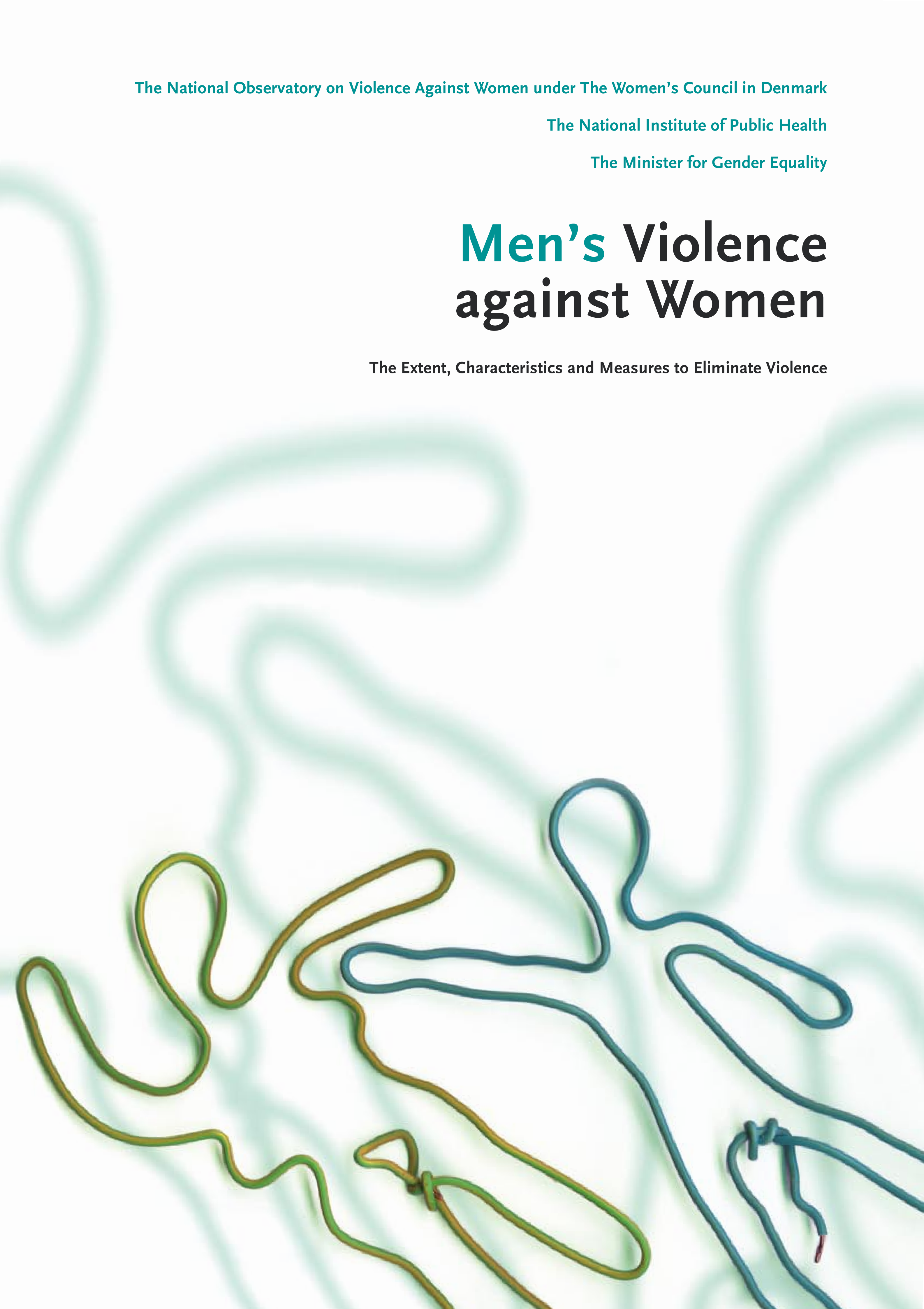

The National Observatory on Violence Against Women under The Women's Council in Denmark

The National Institute of Public Health

The Minister for Gender Equality

Men's Violence against Women

The Extent, Characteristics and Measures to Eliminate Violence

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Edited by Karin Helweg-Larsen and Marie Kruse

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and Measures to Eliminate Violence

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National Institute of Public Health
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Introduction

Violence against women is a physical and psychological offence. In addition, violence against women is an expression of lack of respect and equality between women and men. It is therefore very much of a gender equality problem.

The present report provides, for the first time in Denmark, an overview over the extent and characteristics of violence against women in Denmark. Register data have been combined in a unique way, enabling us to draw a detailed profile of victims of violence and the perpetrators.

The report present figures on the actual magnitude of the violence, and they are gloomy information. Therefore, the government continue to prioritise the task of breaking the silence of the unseen violence. Only by fighting the taboos we can stop violence against women.

In the government plan of action to combat violence against women, a number of initiatives have been set in motion. The focus of the initiatives is to enable women to take the first step away from the violence. However violence is not eradicated if the violent men are not targeted as well. Therefore, the government has put special attention to developing programmes aimed at violent men.

Disappointingly, violence is still very much of a taboo. Consequently, women should still be informed, that violence is a crime and an assault, which is not acceptable, not even in their own home.

Eva Kjer Hansen
Minister for Gender Equality

The report

In 2003, The National Observatory on Violence Against Women under the Women's Council in Denmark initiated the establishment of a database regarding Violence Against Women in Denmark. The National Institute of Public Health carried out the project, and this report is among the results. The Department of Gender Equality has financed the project and participated in the compilation of the report. The National Observatory on Violence Against Women has followed the project via a steering group. The members of the group were: Annika Snare, Hanne Behrens, Kenneth Reinicke and Randi Theil Nielsen.

The National Observatory on Violence Against Women consists of experts covering the topic of violence against women in a broad sense. The aim of the Observatory is to exchange experiences and collect information on violence against women, to take initiatives to prevent violence against women in Denmark; to ensure that government bodies meet national and international action plans and to serve as an expert group for The Women's Council in Denmark and the Observatory on Violence Against Women under the European Women's Lobby.

The report is structured around the EU indicators regarding violence against women. It includes a broad description of the data sources applied in the detailed assessment of violence against women in Denmark. The data in the report is gathered from numerous sources, presented in the report and available in the database. The English summary is published together with the full report in Danish. The full report in English is available on the internet, in connection with the database.

The data in the report is compiled and analysed by Marie Kruse, MA (Economics). Karin Helweg-Larsen, MD (Public Health) is the project leader and in charge of the description of data sources and results. The report is edited by Karin Helweg-Larsen and Marie Kruse. The English translation is carried out by Marie Kruse, except for the pages 73 and forwards in the full report.

The description of the victim support is based on information from the Danish Centre for Research on Social Vulnerability, as well as information from rape centres.

The measures aimed at treating the perpetrator are described by Kenneth Reinicke of Roskilde University.

Hanne Behrens and Sissel Lea Nielsen of the Danish Centre for Research on

Social Vulnerability have contributed with an assessment of present initiatives to prevent violence against women. The Centre was also in charge of the translation into English of relevant chapters. The initiatives are all part of the government plan of action to combat violence against women.

The Department of Gender Equality under the Minister for Gender Equality has contributed to the description of indicator 6 and 7.

Randi Theil Nielsen
The National Observatory
on Violence Against Women
under the Women's
Council in Denmark
Copenhagen, November 2004

Karin Helweg-Larsen
The National Institute
of Public Health

Part 1. The EU indicators

The EU has committed the Member States to combat violence against women. According to the Beijing plan of action, violence against women is defined as any gender-based violent act, resulting in or assumed to result in physical, sexual or mental injury on women, including threats of such acts, coercion, or captivity, whether it takes place in public or private premises.

The EU initiatives against violence against women are mainly targeted towards intimate partner violence. That is, violence which mainly takes place in the private residence and is committed by a present or former partner. The violence includes physical, sexual and psychological acts of violence.

During the Danish EU presidency in 2002, it was agreed to analyse the magnitude of the problem, to describe victims and perpetrators and to assess the actual means to combat and reduce violence against women in the different member states.

The Danish EU Presidency thus proposed seven indicators with a view to a future follow-up to the Beijing Platform for Action as regards domestic violence against women and invited future Presidencies to follow-up the indicators. Among the aims of the indicators is the collection of comparative data on violence against women.

The seven indicators are:

1. **Profile of female victims of violence**
2. **Profile of male perpetrators**
3. **Victim support**
4. **Measures addressing the male perpetrator to end the circle of violence**
5. **Training of professionals**
6. **State measures to eliminate domestic violence against women**
7. **Evaluation**

Each of the seven indicators is described in the annex.

Based upon different data sources, this report describes the magnitude and characteristics of physical violence and sexual assaults against women in Denmark, including partner violence as well as other forms of violence. The data do not cover psychological violence such as verbal assaults, threats and fear of recurrence. Although the scope is not confined to intimate partner violence, it is aimed to estimate the magnitude of this type of violence as well.

Multiple data sources are used to sketch a profile of the victims and perpetrators in the cases pertaining to physical violence and sexual assaults committed by men against women. Register based information from emergency departments and police reports cover in particular severe physical violence and sexual assaults. Whereas, data in population based surveys, the self reported violence, include all types of violence.

We find major differences in the extent and characteristics of the police-reported violence and hospital treated violence on the one hand and the self-reported violence on the other. The description of data will therefore treat data from the three data sources separately, while the summary is based on the information from all data sources in combination.

Register data and surveys enable to a certain degree a description of the prevalence of physical partner violence. However data do not cover the extent of psychological violence such as verbal aggression, threats and fear of repeated physical violence, which also may influence severely upon women's well-being and health.

The indicators 3 through 7 are examined with an overview of existing activities aimed at victims and perpetrators, as well as activities arising from the Danish plan of action to combat violence against women. The plan of action was launched in March 2002.

Terminology

The term domestic violence is not equal to intimate partner violence. However, the present information on place of occurrence allows us to estimate the amount of domestic violence, being violence against women taking place in a private residence. Most often the perpetrator in these cases could be a former or present partner, in some cases however it could be another person known by the victim, such as a friend, father, brother or other relative.

The term single woman refers to a woman who is not married or living with a partner. However, a single woman can be subject to intimate partner violence, if the perpetrator were the woman's ex-partner, or a boyfriend not cohabiting with her, the violence would still be defined as intimate partner violence.

Indicator 1

Profile of the female victims of violence

During one year, 0.3 percent of all adult women experience physical violence, which is either reported to the police, treated in an emergency department, or both. In half of these cases, the perpetrator was a present or former partner.

4 percent of all adult women (approximately 64,000 women) report to have been exposed to physical violence during one year. Two thirds of these cases were intimate partner violence and less than 10 percent was violence in the workplace.

More than half of the self-reported violence is minor physical assaults.

The socio-economic characteristics of victims, according to register-based information are different from the characteristics derived from survey data.

The female victim of violence is most frequently a young, single woman. Police-reported violence is most frequent among women not in the labour market and women in low-paid jobs. Self-reported violence is more frequent among highly qualified women than lesser qualified women.

This indicator describes the actual occurrence of violence against women, including intimate partner violence and the relation between victim and perpetrator, age and marital status for victims, as well as other social features.

The information is derived from a number of national registers, from surveys and from shelter administrative information. The register data comprises generally the more severe violence, that is, violence reported to the police or violence with resulting hospital treated injury. Surveys reflect the victim's own interpretation of assaults and violent experiences, and will thus include minor assaults and less severe violence. The interpretation of violence (the threshold) differs along age and social status. Data from shelters describe a specific segment of victims, that is, mainly women exposed to violence from a present partner in their own home.

Sexual assaults are described by register data (police reports), data from rape centres, and surveys. Sexual assaults, rape and attempted rapes often include physical violence. In some cases the perpetrator is a present or former partner, and often sexual assaults are part of physical partner violence. Despite this overlapping, the profile of victims of physical violence and the profile of victims of sexual assaults are described separately, as major differences persist.

Register data

Physical violence

1. Police-reported violence

a. In 2002, a total of 57 homicides and attempted homicides with female victims were reported.
b. Approximately 25 women aged 15 and older die each year in Denmark from violent injuries, thus approximately half of the attempted homicides result in the death of the victim.
c. Half of the homicides are committed by a present or former partner.
d. Each year 0.1 percent of adult women in Denmark are exposed to violence that is brought to the knowledge of the police.
e. The frequency of police-reported violence is 3 times as high among women aged 20-24 than among the entire adult female population.
f. Single women report violence more often to the police than married or cohabiting women.
g. Police-reported violence against women is in half of the cases committed by a present or former partner. In every fourth case, the victim and perpetrator live together or have lived together within the past 7 years. In most remaining cases, the perpetrator is a person closely known by the victim, and in 60 percent of cases, the violence has taken place in a private residence.
h. Women not in the labour market experience violence more frequently, according to police reports.

2. Violence according to emergency department records

a. 0.2 percent of all adult women are treated each year in a hospital emergency department, for injuries resulting from violence. This corresponds to around 5000 different women.
b. The highest occurrence is found among women aged 15-19, in this age group 0.6 percent of all women contact an emergency department due to injuries caused by violence.
c. The number of emergency department contacts caused by violence has increased by 25 percent from 1995 to 2003. Among the young (15-19 years of age) women – the increase is 77 percent.
d. The increase may be due to an improved registration of the cause of injury. Another explanatory factor for the increase is a worsening of the severity of injuries. It seems that the amount of injuries caused by violence outside domestic areas has risen. The frequency of domestic violence shows no significant development.

e. A present or former partner is the offender in one third of the cases. In around 60 percent of cases, the violence took place in a private residency; in almost 40 percent of the cases it was the home of the victim herself.

3. Cases of violence against women reported to the police and hospitals.

a. Half of the victims, who reported violence to the police in 2001-02, were also treated for their injuries in emergency departments.
b. Every third victim of violence treated in hospitals for their injuries, also reported violence to the police.

In total, 6,500 women were exposed to violence in 2002 and hence contacted either police or hospital or both, as a result. Consequently, 0.3 percent of all adult women living in Denmark are exposed to violence to a degree that leads to either police report or treatment in hospital, each year.

Sexual assaults

1. Police-reported assaults

a. Around 400 cases of rape and attempted rape among adult women are each year reported to the police. The victims were aged 15 and above.
b. One third of the cases are among 15-19-year olds.
c. A present or a former partner is the offender in less than 10 percent of the assaults.

2. Contacts to the national rape centres at hospitals

a. 500 women contact one of the rape centres each year.
b. 66 percent of the victims are under 25 years of age.
c. 80 percent live alone.
d. In 33 percent of the offences, there exist a close relationship between the victim and the offender.
e. About 66 percent of victims report the sexual offence to the police.

Population based surveys

Physical violence

1. Danish National Health Interview Survey 2000

a. Almost 4 percent of adult women report, that they have been exposed to at least one form of physical violence during the past year. The figure corresponds to 64,000 Danish adult women per year.
b. The occurrence is highest among women aged 16-20 (13 percent) and women aged 21-30 (7 percent).
c. Around half of the reported physical violence concerns minor assaults (being pushed, slapped in the face).
d. 5 percent have experienced severe physical violence.
e. Among victims of violence, severe violence is more common among the older women than among younger women.
f. 66 percent of reported violence is committed by a present or former partner, or by another person closely related to the victim. From these figures, it can thus be deduced that 2.5 percent of Danish women experience intimate partner violence each year.
g. 4 percent of the women, who report physical violence during the last year, were treated in an emergency department during the same period. This corresponds to 2,600 women.

2. Youth Survey 2002

a. 9 percent of girls and 6 percent of boys aged 15-16 report, that their mother had been exposed to violence at home.
b. 9 percent of girls aged 15-16 report, that they have been exposed to physical violence during the last year.
c. The frequency of violence against mothers and adolescent girls is higher among those with a non-western background.

Shelter statistics

The amount of victims of violence in shelters

a. Each year, 2000 women and 2000 children stay for shorter or longer periods in shelters.
b. The number of women using these facilities more than once is not fully known.

c. Women with another ethnic background (immigrants or descendants) are over-represented (40 percent). The main explanatory factor for this is the absence of a social network (family and friends) able to assist the woman when she wishes to escape the violent partner.
d. 75 percent of the women were victimised by a present partner, and 15 percent by a former partner.
e. Most of the women are married or cohabiting.
f. Among victims with another ethnic background, the perpetrator was in some 15 percent of cases a Danish man.

Indicator 2: Profile of the male perpetrator

0.1 percent of adult men are each year charged with violence against women. Half of these cases concern intimate partner violence.

The perpetrator is older than the victim, he is often outside the labour market, and in one fourth of cases, he has lived together with the victim.

Surveys indicate that a present or former partner is the offender in two thirds of cases of physical violence against women. Rape and attempted rape are committed by a stranger or brief acquaintance in around 50 percent of cases.

There are no available survey data (self-reported) on the amount of men committing physical violence or sexual assaults against women in Denmark.

In police-reported cases of violence men of poor social status are over-represented among perpetrators.

This indicator describes the number of perpetrators in the crime statistics, the number of perpetrators attending programmes of treatment or counselling, and the number of perpetrators according to victims in survey data. The perpetrator age and social characteristics are part of the indicator.

The available information about perpetrators is less precise and vast than information about victims. For example, no surveys have been performed that include questions on violence committed against women. The crime statistics only include information on men with reports or charges concerning violence. The crime statistics may conceal a social and ethnic bias, which in turn renders conclusions on perpetrator profile difficult to draw.

Police-reported violence

1. Each year more than 3000 cases of violence against women are reported to the police, and in the vast majority of these cases the perpetrator is a man. This corresponds to a perpetrator share of 0.1 percent of the adult male population, taking into account that one man can commit several acts of violence.
2. Each year, court cases regarding violence are settled against approximately 7000 men and 600 women. Most cases concern violence against men. Thus, the perpetrator in cases of violence is a man in ten out of eleven cases.
3. Only men are charged with rape or attempted rape. Among 400 police-reported rapes and attempted rapes in 2003, all were committed by men.

Men receiving counselling/treatment

1. ”Dialog mod vold” [dialogue against violence] has in its almost 2 years of existence treated 90 men.
2. ”Manderådgivningen”[Men's counselling] has from 1999 to 2003 treated a total of 311 men, of which 51 were treated in 2003.
3. ”Alternativ til vold” [Alternative to violence] has only existed for 6 months during which it has been contacted by almost 20 men.

The victim-perpetrator relation

1. Police-reported violence against women is committed by a present or former partner in half of the cases. In emergency departments in hospitals the figure is around one third of cases.
2. The violence reported in surveys is in two thirds of cases committed by a present or former partner, or another person closely known by the victim.
3. In shelters, most perpetrators are present or former partners of the victims.

The perpetrator age distribution

In court cases of violence against women, every third accused person is younger than 30 years and every third is aged 30-39 years.

Social status

1. According to crime statistics, half of perpetrators are unemployed, or outside the labour market. Among those in employment, unskilled workers and men in low-paid jobs are overrepresented.
2. According to shelters, Danish men frequently commit violence against immigrant women.

Sexual assaults

Among assaults reported to the Centre for Rape Victims in the State University Hospital it was found that:

1. 10 percent of assaults were committed by a present or former partner.
2. 25 percent of assaults were committed by a person known to the victim for at least 24 hours.
3. One third of assaults were committed by a brief and recent acquaintance.
4. Around 30 percent of assaults were committed by a stranger.

Indicator 3: Victim support

The indicator describes current measures in support of female victims of violence.

Since March 2002, the government plan of action to combat violence against women has set in motion a number of activities, such as information campaigns, web pages, leaflets etc. in order to inform women of available options such as counselling, support and treatment. The information is generally available in Danish and 5 other languages.

Counselling centres

1. The web page **www.voldmodkvinder.dk** includes hotline, telephonenumbers and information on shelters
2. The hotline is open 24 hours and employs professional counsellors.
   a) 37 shelters provide counselling and offer temporary residence for female victims of violence.
   b) The shelters have room for 272 women, corresponding to 0.2 percent of women in the younger age groups.
   c) In 2003 there were about 2000 requests for shelter, 98 percent eventually got shelter, although 40 percent were rejected initially.
   d) The shelters are almost 100 publicly financed.
3. Leaflets, websites and hotlines are freely. Information on these services has been provided through national campaigns, advertising, etc.

Public support and counselling

1. The police are generally well informed and trained, as violence against women is a compulsory part of the police academy curriculum.
2. Everyone reporting an assault is entitled to advice and aid, free of charge, from a lawyer.
3. The internet based information on violence against women is provided by the government centre for development and communication, whose tasks also include analysis and statistics about violence against women.

The health care sector

1. Access to emergency department, on-duty doctors and GPs is easy and free of charge.
2. Most emergency departments follow specific guidelines when dealing with victims of violence. The guidelines include referral to social workers or shelters, if necessary.

3. Health-care professionals have access to education about problems related to violence against women, however it is not compulsory.
4. Violence against women and health-related consequences is a topic in intermediary training for some health-care professionals.
5. There are 8 centres for rape victims in hospitals nationwide.

Support for specified target groups

Disabled women exposed to violence have specific needs. Some shelters account for these needs and disabled women are referred to these shelters.

Indicator 4: Measures addressing the male perpetrator in order to end the circle of violence

This indicator describes measures aimed at male perpetrators in order to prevent recurrence. Only recently specific counselling and treatment measures aimed at perpetrators have been launched in Denmark. Three measures related to the government plan of action to combat violence against women, were introduced with public financial support.

Counselling

1. ”Manderådgivningen” [The Counselling for Men] in Ålborg was launched as an experiment in 1994, but has since then gathered permanent status.
   a. Offers free personal sessions for men wishing to change violent behaviour.
   b. An entire treatment includes regular sessions over a period of 5-12 months.
2. ”Dialog mod vold” [dialogue against violence] was launched in 2002 as part of the government action plan to combat violence against women.
   a. Free and anonymous treatment.
   b. Referral of violent partners from shelters, social workers, police and GPs.
   c. Focuses on the entire family and offers to include the partner in the treatment.
   d. An entire treatment includes regular sessions over a period of one year.
3. ”Alternativ til vold” [Alternative to violence] was launched in December 2003.
   a. Treatment free of charge.
   b. Based on Norwegian experiences.
   c. The target group is men over the age of 18 with problems of violence towards their cohabiting partner.
   d. Treatment in groups for a period up to two years.

Psychological/psychiatric treatment

Is primarily offered to men convicted for sexual assaults towards children and adolescents. The treatment was launched on an experimental basis in the late 1990-s. It assumed permanent status in 2003. The treatment is only offered in relation to imprisonment.

Indicator 5: Training of professionals

This indicator describes the type of training offered to professionals working with female victims of violence.

It is a part of the government plan of action to combat violence against women to train professionals in counselling and treating victims of violence and preventing consequences of violence against women. The nationwide campaigns regarding violence against women are also aimed at improving knowledge among decision makers and authorities.

Training measures:

1. Workshop-days with a focus on communication, opinions and beliefs.
   a. The target group is professionals in social authorities and decision-makers.
   b. Approximately 2,500 participants.
   c. Focus on the family of the victim and perpetrator.
2. Training of shelter personnel.
   a. Problems related to ethnicity.
   b. The dimension of the training.
   c. Problems related to disability.

Violence against women as an integrated subject in existing education

1. Compulsory subject in the curriculum for medical doctors, public health professionals and nurses.
2. Subject in post graduate training for MDs specialising in:
   a. Gynaecology
   b. General Medicine
3. Compulsory subject in the police academy curriculum.
4. Special topic in the additional training at the police academy.

Indicator 6: State measures to eliminate domestic violence against women

This indicator describes the initiatives taken by the government bodies within the past three years regarding legislation, research, and plans of action, campaigns and other political initiatives.

Legislation

According to Danish law, any assault on another person is illegal. This also applies to assaults and rape within the family and between spouses.

Political initiatives

The Danish plan of action to combat violence against women with a specific view to intimate partner violence was adopted in March 2002. In December 2002 the plan of action aimed at trafficking was adopted.

The plan of action against intimate partner violence includes:
1. **Victim support**
2. **Initiatives aimed at perpetrators**
3. **Initiatives aimed at professionals**
4. **Knowledge and information**

Item 1 through 3 is described above.

The government each year observes the UN International Day Against Violence Against Women. On November 25th a conference on the topic is organized; in addition national campaigns, workshops etc. are set up.

The government has recently put focus on youth and violence. In this context, a magazine and a report were published, and several conferences for the target group were held.

Knowledge and information

Financial support has been granted to enhance knowledge of the following:
1. In-depth information on women attending shelters.
2. Statistics regarding children in shelters.
3. Investigation of the training and education about violence against women.
4. Information on specific problems in relation to disabled victims of violence.
5. Assessment of the shelter capacity.

6. Analysis of the motives behind men's purchase of foreign women with a view to marriage.
7. Analysis of violence against women based on telephone interviews with a focus on the crime aspects of violence. Awaiting publication.
8. Ministry of Justice analysis of violence against women. Nationwide. Focus on magnitude, characteristics and crime aspects of violence.

Budget

a. The government plan of action has a budget of 100 million DKK over the 3-year period.
b. The public expenditure to shelters amount to an annual 90 million DKK.
c. Under several departments, a budget is allocated towards analysis and examination of violence against women.
d. In addition, funds are allocated towards training of professionals.

Indicator 7: Evaluation

This indicator describes the lessons learned and what lies ahead.

Results from the documentation of the efforts to combat violence against women

1. The number of emergency department contacts and police reports due to violence against women has increased during recent years. Indications are that part of the increase is due to an increase in the amount of severe violence, while the remainder may be explained by violence against women being less of a taboo, thus lowering the threshold for violence acceptance.
2. While the existing plan of action has been in motion, each year the progress has been evaluated and the goals accomplished have been listed. When the plan of action is terminated at the end of 2004, progress and accomplished goals will also be assessed. This evaluation will serve as an important input to the forthcoming plan of action.
3. Furthermore, the plan of action includes follow-up on the Beijing conference and the EU indicators regarding violence against women. According to this, 776.000 DKK was assigned to the development of a database based on the EU indicators. The results of the database are included in this report; both were made public at an international conference on November 25th 2004. The report covers statistical information regarding the indicators and thus provides an overview of the development of violence against women.
4. The presented statistics will be updated regularly in order to maintain knowledge and document the development.

The experience gathered

The experience gathered through the present plan of action demonstrate the necessity of:

1. Development of a targeted plan of action, showing clearly which initiatives are to be put in motion at what times, and showing clearly who is responsible and from where funds are available.
2. Government bodies working together, enhancing quality and adding more than one dimension to the problem.
3. A close cooperation with NGOs in the field. The NGOs should be included early in the process, when developing a plan of action, as they are important players in the field. This also enables NGOs to contribute with important knowledge and inputs to forthcoming initiatives.
4. Sufficient resources, for example provided as a grant with a longer time perspective.

Part 2. Data sources

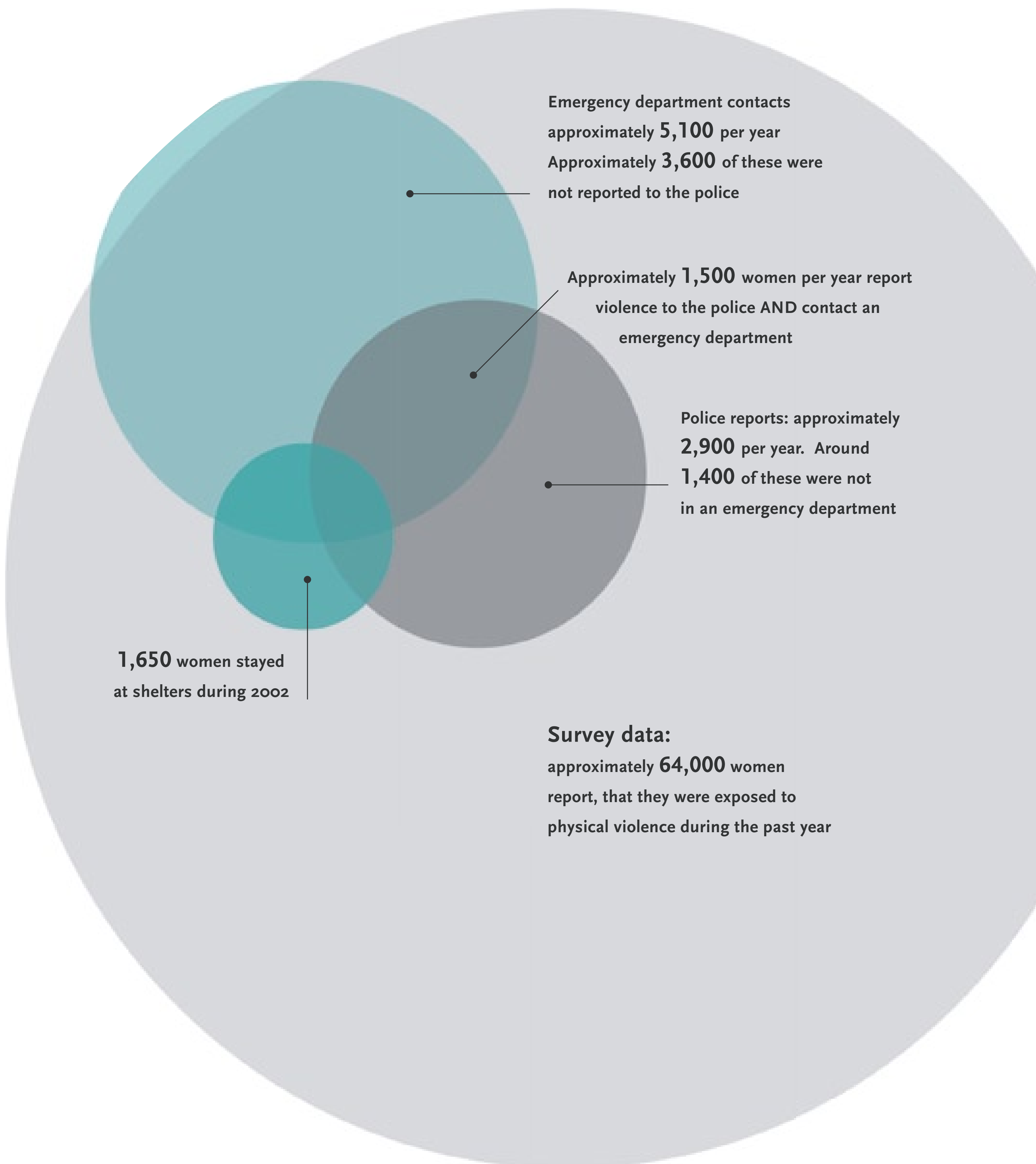
This report describes the data sources and assessments used for the estimation of the magnitude of violence against women in Denmark. Each data source contains information on different aspects of violence. Used individually, none of the data sources can sufficiently describe the victim or perpetrator. However in combination the data sources provide a complete and up to date image of the magnitude and characteristics of violence against women, as well as the victim and perpetrator profile.

In March 2002, the Government launched a plan of action to combat intimate partner violence. The present report focuses on physical violence against women within and outside the domestic area, and, to a lesser extent, on sexual assaults. Threats of violence, fear of replication, and coercion or captivity can have as severe consequences for the victim as has the criminal act. However, the latter types of violence are to a large extent immeasurable, and have not been included in the present assessment of violence against women.

Register based information on violence against women comprises the acts of violence known by public authorities, while survey data describe what women themselves experience as being violence. The two different types of data sources thus present different aspects of violence. The most severe violence is reported to the police, and leads to contact to a hospital. Several women exposed to intimate partner violence do not report the assault to the police, and do not state violence as the reason for their injuries when they contact an emergency department. This is among the reasons for the major difference in the magnitude of police-reported violence and the magnitude of violence derived from survey data. It could also be part of the explanation for the fact, that the social profile of victims in police reports is different from the social profile of victims in survey data. Women with a strong network (family and friends) may need less help from public authorities than women with a weak network or none at all. An example of this may be immigrant women.

In combination, the Danish register data and survey data provide a detailed picture of victims of violence. The victim profile thus becomes rather precise. The knowledge regarding perpetrators is unfortunately less detailed. No survey data on perpetrators exist. The perpetrator profile is based on judicial information, from police records and conviction information. It is possible, that these data conceal a social bias.

Register data, surveys and shelter statistics



The figure demonstrates the data sources used in this report and to what extent the different data sources describe the same victim.

The Danish national registers include data on the victims of violence, the offenders, the relationship between victims and offenders, their socio-economic status and the health-care contacts among victims of violence. The Causes of Death Register contains information about all deaths in Denmark. Deaths due to violence can be identified by the specific mechanism and cause of death. Any hospital contact, including contacts to emergency department, is registered in the National Patient Register by reason of contact (illness, accident, violence or self-harm) and by diagnoses. In the Central Crime Register, all police reports are registered according to the specific violation of the Penal Code. The registration includes information about the alleged perpetrator and the legal outcome. In the case of interpersonal crime, such as violence and rape, data regarding the victim is recorded as well.

National register data are organized according to the personal identification number, which has made it possible to combine information from different registers, e.g. the Crime Register and the National Patient Register. In addition, data from Statistics Denmark concerning employment were added to the profiles of victims and perpetrators.

Each of the national registers describes different aspects of violence against women. In combination, register and survey data render it possible to estimate how many women are exposed to violence, the profile of victims, and the type of violence they are exposed to and the consequences of the violence. Information from shelters and centres for rape victims put another dimension to these data.

The data used for the perpetrator profile are fewer and stem from a smaller amount of data sources. In general, crime records provide the most valuable information in this field, whereas, survey data provide very little information. However, treatment programs for perpetrators collect data about the clients, and this information is included in the perpetrator profile.

The figure demonstrates the main data sources used in this report, and to what extent the different data sources describe the same victim.

Survey data (self-reported violence) report a much higher number of female victims of physical violence than the number identified in the national registers. 4 percent of all adult women, approximately 64,000 women are each year victimised by any form of physical violence compared to 5,100 hospital contacts due to violence and 2,900 police-reported cases of violence, annually. Around 2,600 of the self-reported cases of violence had also been in contact with an emergency department with injuries due to violence, within the past year.

1,500 of the 5,100 women treated in emergency department for injuries due to violence have also reported the violence to the police, and vice versa. Every fourth woman attending a shelter will also report the violence to the police.

Police-reported violence in general comprises the most severe violence, and perhaps a lower share of intimate partner violence than the true share, since victims

of intimate partner violence may hesitate to report the case to the police. Emergency department contacts due to violence are likely to be dominated by severe violence causing injuries that require medical treatment. This is contrary to the self-reported violence, which is influenced by the woman's own threshold and interpretation of violence, and which also includes less severe physical violence.

The trend in register data on violence against women will reflect – among other things – changes in values and norms within the police, authorities, and the society as a whole. These factors perhaps also influence the degree of self-reporting in surveys. As society, values and norms change over time, it is difficult to draw strong conclusions on the development in violence against women.

Causes of Death Register

The Danish mortality statistics include all deaths occurring in Denmark among people with permanent residence in Denmark. The register information is collected from death certificates and comprises information on the means of death (disease, accident, suicide or violence), and the cause of death, that is, the disease or injury causing the death.

The Causes of Death Register in the National Board of Health covers the period from 1970 to 2000. In addition, the National Institute of Public Health has established a register that includes all deaths for the period from 1943 to 2000. Hence, the trend in deaths due to violence may be followed over 57 years. All data are registered by the deceased's personal ID-number allowing for combination with other registers.

The National Board of Health publishes the causes of death, categorised by the primary cause of death on an annual basis. In the case of violent deaths, the injuries leading to the death will appear, such as strangulation or head injuries. Also deaths caused by e.g. gunshots or sharp objects can be identified.

The number of deaths due to violence in the Causes of Death Register does not correspond exactly to the figures stated by the police. That is because the death certificate (forming the basis of the registration) is completed shortly after the death, where the decision regarding charges has not yet been made. In some cases of violent deaths, the charge will not be intended homicide but negligent homicide. The cause of death is violence in each case.

According to Danish law, all deaths due to external causes, i.e. deaths not caused by disease, must be reported to the police and an autopsy must be carried out.

National Patient Register

The National Patient register was established in 1977 as an administrative register, for the purpose of planning, monitoring and statistics. The register is organised by discharges and each discharge/patient has his/her own record. Since 1977 the register data has been applied for several uses, including inter-county payment agreements, etc.

All somatic discharges were included in the register from the onset. Admissions in psychiatric wards were not included. All information contains the personal ID-number of the patients. Since 1995, outpatient information has been a compulsory part of the registration. This includes ambulatory contacts as well as emergency department contacts. Visits in psychiatric outpatient wards are not included. The register is updated monthly via electronic records from hospitals. The register is located in National Board of Health and the National Institute of Public Health have access to all information except the personal ID-numbers of patients.

The register contains administrative information, such as length of stay, age, etc., and clinical information such as diagnoses and procedures. In the field of violence, emergency department contacts due to violence can be identified according to the reason for contact code. When the patient is injured, due to an accident, violence or self-harm, the emergency department secretary records the place of injury (e.g. private residence), the mechanism of injury (blunt force, burn etc.), and the activity the patient was undertaking at the time of injury. The physician registers the actual injury according to the WHO classification of diseases.

The identification of emergency department contacts due to violence requires a precise registration of the reason for contact code. Thus it is a prerequisite for valid registration that the secretary obtain sufficient information from the patient about the circumstances leading to the injury. Another prerequisite is that the patient states that the reason for contact is violence. It is likely, that some secretaries fail to ask sufficient questions and it is also likely that some patients state a different reason for their injuries. The extent of such registration errors is not known.

Additional data from emergency departments

As a supplement to the nationwide registrations in the National Patient Register, this report includes some additional analyses of emergency department contacts due to violence.

First, a recoding of emergency department records took place in four emergency departments in 1999-2000. Second, a prospective assessment of two emergency

department contacts due to violence was conducted based on an additional set of questions asked at arrival. Third, selected data from an assessment of emergency departments in the municipality of Århus were included.

This type of emergency department data appears more detailed than the data derived from the National Patient Register. Here information exists regarding perpetrators, details of place of occurrence, etc.

During the recoding of emergency department records it was noted, that 75 percent of cases lacked information on the perpetrator. However, in most cases the detailed information about the place of occurrence could be distinguished. The prospective assessment of emergency department contacts revealed information about the perpetrator in around 80 percent of the cases. The latter project was part of a EU-financed project aimed at preventing intentional injuries and the results from 4 countries are published at the European Commission web site.

The Århus municipality project is broadly defined and one of the goals is the monitoring of violence against women. The detailed information from hospitals is in this project combined with information from the police. The latest results are recently published. (Ejlersen, Brink, et al. 2004).

The Crime registers and other registers administered by Statistics Denmark

Statistical information about criminal acts originates from the files of police records. The information is transferred to the police records register, which is administered by Statistics Denmark and the police collaboratively. Any changes in a police case e.g. change of charge, appearing during the investigation, is subsequently changed in the register via the regular update.

In relation to violence against women, the relevant sections of the penal code are: §237, homicide; §244 less severe violence; §245 more severe violence; § 246 severe violence, generally with permanent injury to the victim; and §§ 216 -217 regarding rape.

The source of the statistics presented in this report is the police administrative system (POL-SAS), in function since 2001. POL-SAS combines information about the crime (section of the penal code), the perpetrator, (age and gender), and the victim (age and gender). The register contains the personal ID-number of victim and perpetrator. POL-SAS only concerns crimes of an interpersonal character, such as violence, rape and robbery. Crimes such as theft are thus not included. In addition detailed information about the crime and the perpetrator can be found in the police records register. Unfortunately, there is not a complete match between the two registers.

The crime register contains data regarding verdicts in cases of violation of the penal code. The information includes the violated section, the perpetrator and the verdict.

By linking register data using the personal ID-number, it is possible to reveal the relationship between victim and perpetrator, for example whether they have lived at the same address at some stage. Similarly, the victim statistics (of POL-SAS) can be combined with other registers in order to assess the social profile of victim and perpetrator. Finally, crime statistics can be combined with hospital information in order to analyse the number of victims having been in contact with both police and hospital due to violence.

Population based surveys

Since the early 1970's a number of surveys aimed at victims have been carried out in Denmark, often in relation to different polls. The methodology and scope in these surveys have differed, rendering results difficult to compare. Since the late 1980´s the survey questions have been included in a poll regularly carried out by Statistics Denmark. Most of these, however, only include a single question regarding violence. In 1995-96, a survey that included more detailed information about physical violence was completed. It was initiated by the National Police and was carried out in cooperation with University of Copenhagen. Several data from this survey is applied in this report.

In 2000, Denmark participated in the 4-yearly "International Crime Survey", which allows for the analysis of developments based on time series. This report includes a few data from the survey.

In 2003 the Ministry of Justice carried out a telephonic survey among a representative share of women in Denmark. The survey, "International Violence against Women Survey, IVAWS", is scheduled for a number of European countries, however only few are included to date. The results are not yet published.

This report incorporates results of two nationwide surveys, carried out by the National Institute of Public Health. The first survey regards all adults. Information about physical violence, threats of violence and sexual abuse were included in the national health interview survey in 2000. The other regards 15-16 year olds, and is a survey specifically concerned with violence and sexual abuse. It was carried out in 2002.

The Police Victim Survey 1995-1996

The survey was part of a larger study, carried out as telephone interviews by Statistics Denmark. The survey period was January 1995 to December 1996. Each month about 1500-2300 people were asked to participate, of which approximately

two thirds accepted. In total 40,700 were asked to participate and interviews were conducted with 26,193 individuals, corresponding to 64 percent.

The respondents were asked whether they had experienced physical violence within the last 12 months. If the answer was affirmative, the respondent was asked detailed questions about the violence, such as when and where it took place, what injuries, if any, it had caused, if the victim knew the perpetrator and if so, what the relationship between the two was. The results were published in 1998. (Rigspolitichefen, 1998). One topic is intimate partner violence. In this chapter however it is stated that information regarding perpetrators is not sufficiently precise. Therefore analyses of whether the perpetrators listed as partners are former or present partners cannot be conducted.

The survey comprises information about police reporting. The relation between the type of violence and the degree of police reporting has been analysed.

Other analyses have shown that the precision of answers is related to the precision of questions, thus a higher incidence of violence is reported when survey questions are specific, e.g. to the type of violence. In the police victim survey, only a single question about violence is asked, unlike a similar Danish Survey from 1991 and the Health and Morbidity Survey, described below. (Christensen & Kock-Nielsen, 1991).

Rapes

The police have described the magnitude and character of rapes, based on police records from 1990-92. The analysis is based on police records and verdicts. The relationship between victim and perpetrator is included in the analysis.

An ongoing project examines all rapes and attempted rapes from the records of the Centre for Rape Victims in the State University Hospital. The degree of police reporting is among the items to be explored. It is expected that results will be published late 2005.

The Health and Morbidity Survey of 2000

In Denmark, nationwide health interview surveys are carried out on a regular basis. The overall aim is to collect information about health and morbidity of the Danes, and factors influencing health and morbidity. The latest survey was carried out in 2000 and was based on a national and regional representative sample of 22,500 people aged 16 and older. 74 percent of the sample participated in the personal interview. A share of these was asked to complete a written questionnaire, comprising questions about violence, threats and non-consensual sexual activity. The questionnaire was completed after the personal interview.

The questions pertaining to physical violence stated whether the person within the last year or ever have been exposed to the following:

- Been pushed, shaken or slapped
- Been kicked, struck with fist or with item
- Been thrown into furniture, walls, down staircases or similar
- Been exposed to suffocation or armed attack
- Been exposed to another form of violence

Respondents were asked if they had experienced non-consensual sexual activity when they were children, adolescents or as an adult, and if they had been exposed to non-consensual sexual activity within the last year.

The questions were answered by 5,483 women, corresponding to 87 percent of those receiving the questionnaire. Since the sample is representative, it allows for conclusions about the exposure to physical violence and non-consensual sex-ual activity on a national basis. In addition, it allows for analyses of associations between violence and other health components, as well as socio-economic indicators.

In this report, data on women reporting exposure to physical violence is linked to hospital data in order to estimate, how many of the incidents of violence reported in the survey also led to hospital contact. Thus, conclusions regarding the severity and magnitude of violence can be drawn.

The health and morbidity survey data have been applied in a study of gender differences in the relation between health and violence. (Sundaram, Helweg-Larsen, et al. 2004).

Youth survey 2002

In 2002 a survey was conducted among 9th grade pupils (aged 15-16 years). The survey focused primarily on sexual abuse in the childhood, however, other items such as traumatic experiences, including violence within the family, were also incorporated in the survey. In addition, questions were asked regarding health and well-being, school attendance, family matters etc.

The sample consisted of 6.200 adolescents, corresponding to 11 percent of 9th. grade pupils in Denmark. The survey was computer-based, in order to enhance comprehension and to ensure anonymity of respondents.

The following questions regarding violence against the respondents' mother was asked in the survey:

- Have you experienced any kind of violence against your mother in your home?
- What happened to her:
  - She was struck
  - She was struck with fists

- She was struck with an item
- She was threatened with a knife or a gun
- She was exposed to something else of a violent nature

The respondents were also asked whether they themselves had experienced violence during the past year, the severity of the violence, the perpetrator and the place of occurrence.

It is not possible to combine the survey data with register-based information, as the respondents cannot be identified. However, the data itself contains possibilities for analysing relations between exposure to violence and sexual abuse, and well-being and health.

Recent data concerning gender differences in adolescents' exposure to violence have been published at the website of the Minister for Gender Equality.

Shelter statistics

The Danish shelters are gathered under the National Organisation of Shelters for Battered Wome and their Children (LOKK). Information regarding the shelters and LOKK can be found on the web page **www.lokk.dk.**

There are 37 shelters in Denmark that offer counselling and temporary accommodation to women who have been exposed to violence. There is at present space for 270 women and 325 children at a time. Two out of three shelters are open 24-hours, and contact to the shelter can be made by telephone or by personal contact. Public authorities finance 33 out of 37 shelters; the remainder are independent or community-based. In the 37 shelters altogether, 245 people are employed, of which 165 are full-time. In addition, around 1700 people volunteer in the shelters.

An on-going survey collates information about the shelter clients. The first one-page questionnaire is filled out the first encounter at the shelter, and an additional 6-pages questionnaire is filled out if the woman chooses to stay at the shelter. The survey data is analysed by the Danish Centre for Research on Social Vulnerability. The latest annual report is available at the website **www.lokk.dk.**

The questionnaires are filled out with the woman's personal ID-number, however this is subsequently encrypted, thus it is not possible to deduce the number of encounters per woman. The first questionnaire contain questions regarding age, labour market association, marital status and nationality and whether the woman seeks accommodation at the shelter. The reason for encounter (violence or not) is not stated in this questionnaire. The 6-page questionnaire is completed when the woman chooses to stay at the shelter. It contains 36 questions at the onset and 24 at the end of the stay. Another 5 questions regard possible disabilities and are

only filled out if the woman is disabled.

The shelter statistics contain valuable information, however, they do not provide details about the violence. Several questions are not answered, rendering the data quality uncertain. For example, at arrival, the woman is asked whether she has reported the violence to the police. In the event that she only decides to do so during her stay at the shelter, it will not appear from the data.

The encrypting of personal ID-numbers prevent data from being linked with register data. Thus, the precise number of women who contact the police and/or a hospital as well as the shelter is not known.

Centres for rape victims

Since late 1999, eight centres for rape victims have been established in Denmark. The centres are located in Copenhagen, Odense, Århus, Ålborg, Hillerød, Rønne, Herning and Kolding. The centre in the State University Hospital in Copenhagen also functions as a national knowledge base, conducts education of health care professionals and performs research and communication of results regarding rape and sexual abuse.

The two largest centres, located in Copenhagen and Århus, collect information from clients by means of an ongoing survey. The questionnaires applied are standardised and comparable with the National Health and Morbidity Survey. Women contacting the centres following a rape or attempted rape are not registered in the usual administrative system of the hospital, and data can therefore not be derived from the National Patient Register.

Since 2001, the largest centres have published their own annual reports. Data from these reports are included in the present analysis of the magnitude of rape and sexual abuse in Denmark.

A forthcoming research project on the health related consequences of rape has been set in motion by the State University Hospital and the National Institute of Public Health.

Studies based on several data sources

National Patient register

Any hospital contact can be followed in the register, thus it is possible to deduce the number of hospital contacts a victim may have following an incidence of violence. This has been done in a previous study, following all women with an emergency department contact due to violence in 1995. (Helweg-Larsen & Kruse

2003). Victims were significantly more often admitted due to disease, most notably gynaecological or mental illness, than were non-victims. Survey data can be traced in the national patient register, thus the number of women reporting exposure to violence in a survey and with a corresponding hospital contact, can be found.

Causes of Death Register

Data regarding women treated in a hospital for injuries due to violence can be followed up in the causes of death register, allowing for comparison of mortality between victims and non-victims.

The Health and Morbidity Survey

All participants in the 2000 survey, can be traced in the national registers, e.g. the National Patient Register and the Causes of Death Register, using the personal identification number. Thus, the consequences of self-reported violence can be analysed, using these linkage possibilities.

Data from shelters

The personal ID-number of shelter clients is known by the shelter, however it is encrypted before data can be analysed. Re-establishing the ID-numbers would allow for computation of the number of contacts per woman, average number and standard deviation, it would also allow for combination with the crime register (victim statistics, POL-SAS, as described above) and the National Patient Register.

Part 3. Magnitude and characteristics of violence Indicators 1 and 2

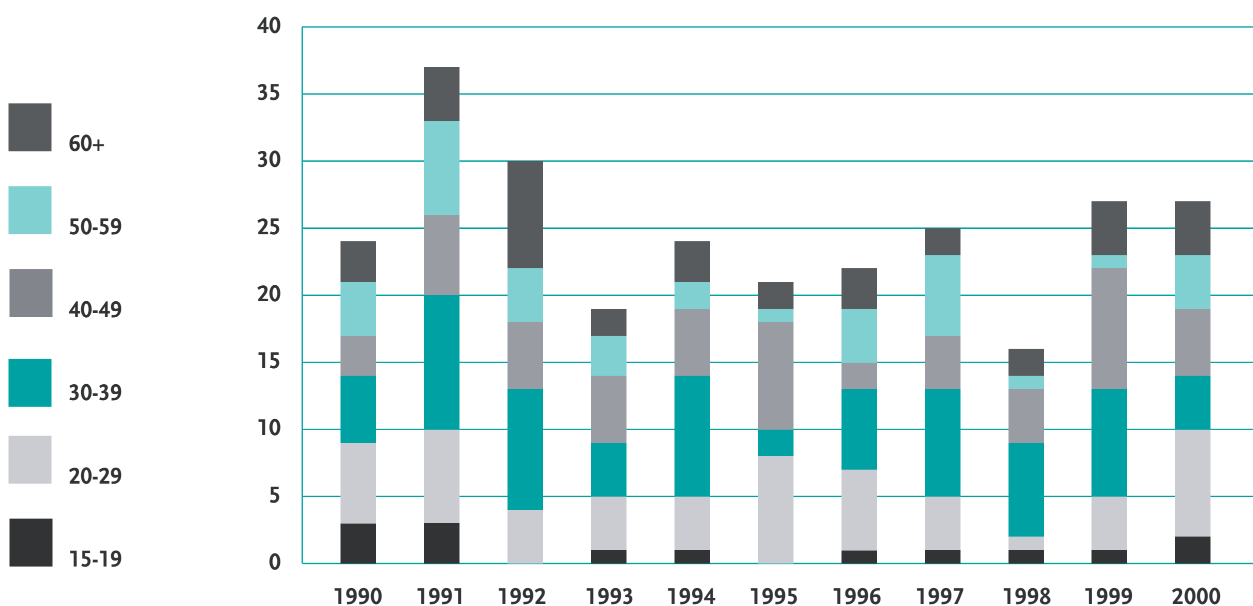
This chapter presents data from registers, surveys and from shelters. In the subsequent chapters, the data is used to create a profile for victims and perpetrators.

The Causes of Death Register

Over the period 1990 to 2000, there was an average of 24 homicides among women aged 15 and older, per year. The number of homicides according to the crime statistics is slightly different, as the Causes of Death Register reflects information from the death certificate and the crime register reflects the result of the investigation, several months later. The causes of death can be homicide or death as a result of violence. The latter is not interpreted as homicide therefore the crime register will display a lower number than the causes of death register. In 2000, there were 57 homicides and attempted homicides according to crime statistics. In other words, a little less than half of the attempts resulted in the death of the victim. Approximately half of the homicides were committed by the victim's present or former partner, and in 40 percent, the victim and the offender lived together.

There are marked differences in the number of homicides/violent deaths over the ten-year period, and it seems that the highest risk is in the age group 30-49 years (Figure 1).

Figure 1. Violent deaths among women, by age groups, number per year, 1990-2000



Victim's contact to the health care system

Often violence causes such severe physical injury, that the victim needs medical treatment. When violence is reported to the police, the police will often demand a medical record in order to prove the severity of the violence; therefore in these cases the police refer victims to emergency departments. In these events, the contact to emergency department will generate a registration in the National Patient Register, from which information about the injury and its occurrence can be deducted.

The vast majority of victims treated in hospitals have contact with emergency departments only and are not hospitalised. As described previously, the National Patient Register only contains comprehensive data about emergency department contacts from 1995 and onwards. Consequently, the described period in this section is 1995-2003.
Confined research projects, gathering more detailed information on perpetrators and place of occurrence have been included in the analysis.

The trend

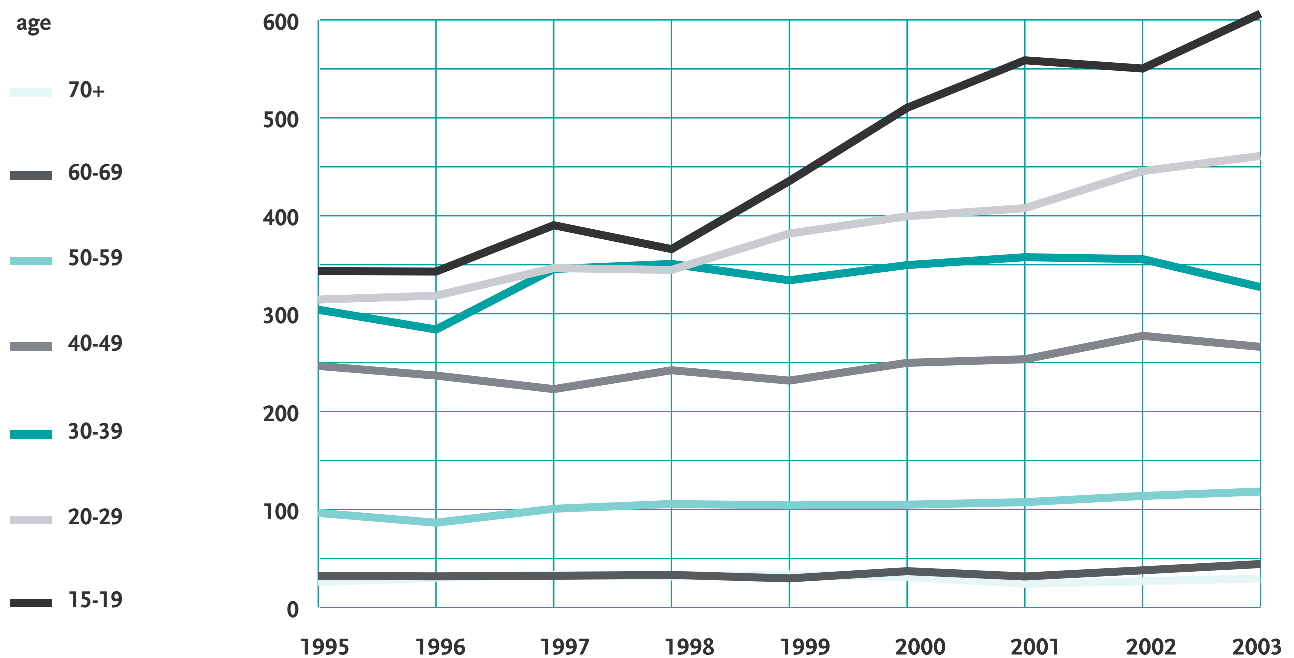
Over the period 1995 to 2003, all age groups have experienced an increase in emergency department contacts due to violence. Since 2000, there were more than 5,000 contacts to emergency departments per year, representing a major increase since 1995, where there were around 4,000 contacts. The increase is consistent in all age groups apart from the oldest women. The highest increase is found among the youngest women. In 2003, there were 858 contacts among women aged 15-19 years, while there were only 541 in 1995. Table 1 displays the number of emergency department contacts by age groups and year 1995-2003.

Table 1. The number of emergency department contacts among women, due to violence, by age group and year, 1995-2003

	15-19	20-29	30-39	40-49	50-59	60-69	70+	I alt
1995	541	1197	1154	833	320	79	96	4220
1996	519	1198	1102	788	299	78	113	4097
1997	576	1274	1238	818	358	80	124	4468
1998	522	1247	1269	885	384	83	117	4507
1999	605	1368	1209	846	386	75	124	4613
2000	697	1414	1264	916	394	95	114	4894
2001	767	1414	1289	938	406	83	89	4986
2002	763	1506	1285	1034	431	103	97	5219
2003	858	1514	1308	991	446	119	101	5337

The incidence of emergency department contacts due to violence, i.e. the frequency per 100.000 women, is also highest and increasing most in the youngest age groups. In the age group 15-19 years of age, the incidence has thus increased by 77 percent. Among women aged 40-49 years, the increase is a mere 8 percent, and for all age groups together, the increase over the eight years is 25 percent. The incidences appear from figure 2.

Figure 2. The development from 1995 to 2003 in the frequency of women emergency department contacts due to violence, number per 100,000, by age groups



Source: National Patient Register

The observed increase can be due to a number of explanatory factors:

- An actual increase in the magnitude of violence against women
- A worsening of the severity of the violence
- A change in behaviour among victims
- A better emergency department registration
- An increased demand for medical records from the police in police cases of violence

The significant increase in the frequency of emergency department contacts, especially among younger women, could be due to more women being exposed to violence. Against this hypothesis stands the fact that self-reported violence has not increased over the period. From 1991 to 2000, the share of women who report that they had been exposed to violence during the past year, has not changed.

Another explanation for the increase in emergency department contacts could be that the violence has become more severe, and more frequently the injuries

therefore require medical attention. Unfortunately, National Patient Register data does not allow for an analysis of this. However, the two surveys from 1991 and 2000, point towards an increase in the severe violence. In 1991 0.1 percent had been thrown into furniture, down staircases or similar; in 2000, the share had increased to 0.4 percent. The share of women exposed to suffocation or knife attacks had also increased from 1991 to 2000. These facts support the hypothesis that violence has become more severe.

Yet another explanation for the increase emergency department contacts due to violence can be a change in behaviour among victims. Within the last 3-4 years, nationwide campaigns aimed at combating violence against women have been carried out. It is possible that the increased awareness, following an increased public focus, results in more women choosing to state violence as the cause of their injuries when contacting an emergency department. Previously, relatively more victims of violence may have claimed that their injuries were due to an accident.

The impact of changed reporting behaviour

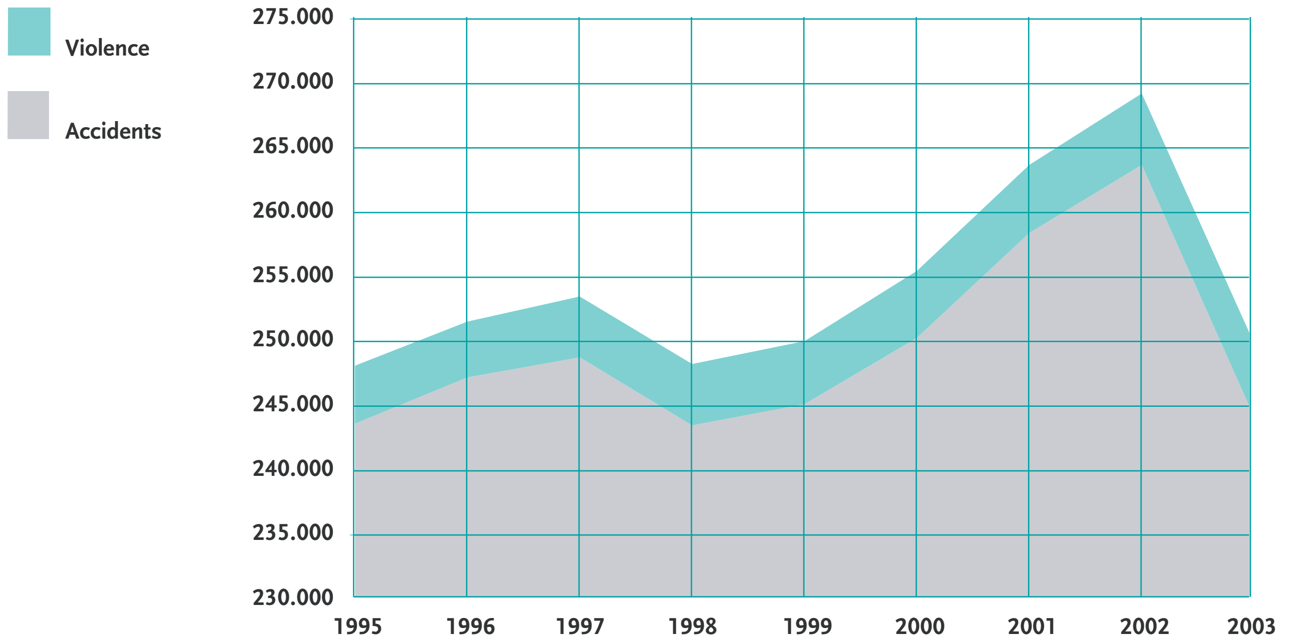
The following section examines whether there has been a change in reporting behaviour in emergency department contacts; that is whether more injuries due to violence were registered as being due to accidents previously and whether this has changed.

Figure 3 shows injuries due to violence and due to accidents added. The figure only concerns women in contact with an emergency department during 1995-2003. In 1995, injuries due to violence constituted 2.8 percent of contacts and in 2002 the share was 3.1 percent. In 2003, however, the share was 3.4 percent, as there was a marked decrease in contacts due to accidents. The development can partly be explained by the closure of a number of emergency departments, perhaps deterring people with minor injuries from seeking treatment.

The presented data do, to an extent, support the hypothesis that part of the increase in violence may be due to women declaring violence as being the cause of their injuries. Perhaps emergency department personnel also ask more direct questions as to the reason for contact.

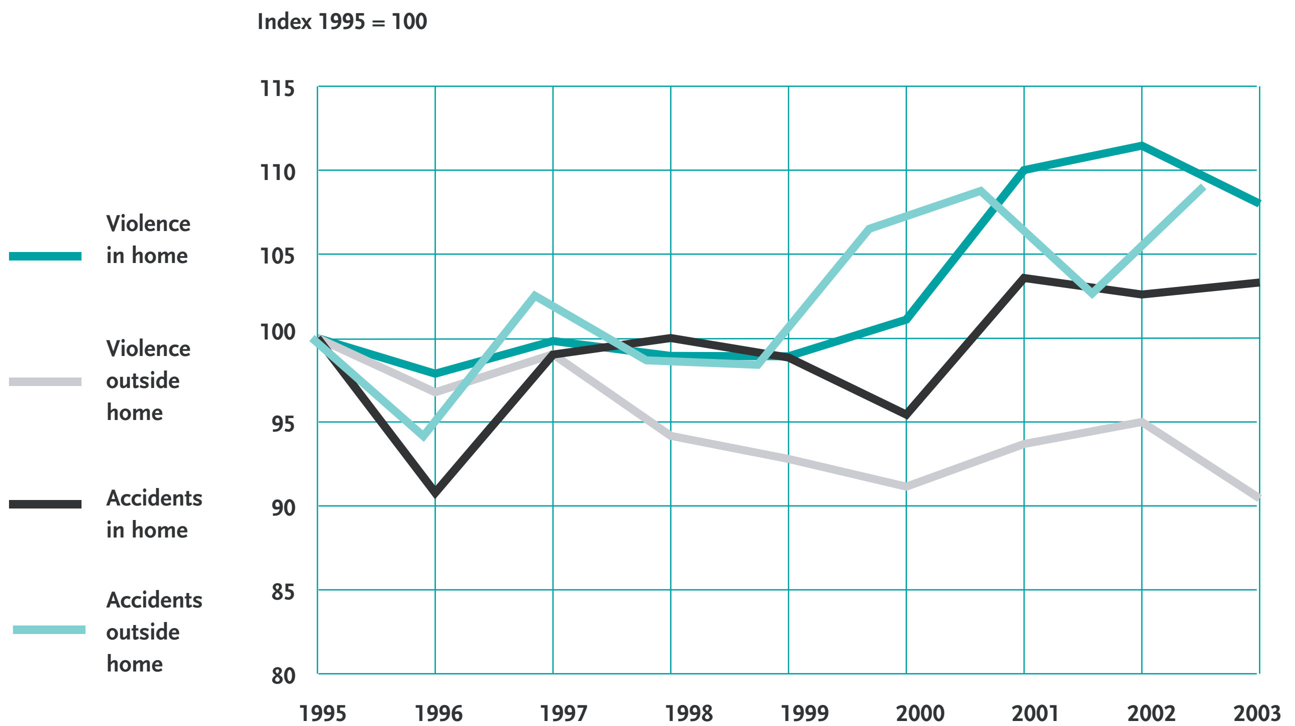
Injuries due to accidents and injuries due to violence differ in nature. Violent injuries most often occur to the head, often in the face, while accidental injuries more often involve arms, legs and other body parts. Violent injuries (for women) occur at home, accidents occur outside the home. Figure 4 shows the development for the two types of injuries due to head injuries. The trend is divided into injuries inside and outside the home, respectively. As the number of accidents is much higher than the number of injuries due to violence, the developments are shown as indexes, 1995=100.

Figure 3. All injuries, due to violence and accidents, women 1995-2003



Source: National Patient Register

Figure 4. The development in head injuries among women due to accidents and violence, by place of occurrence, 1995-2003

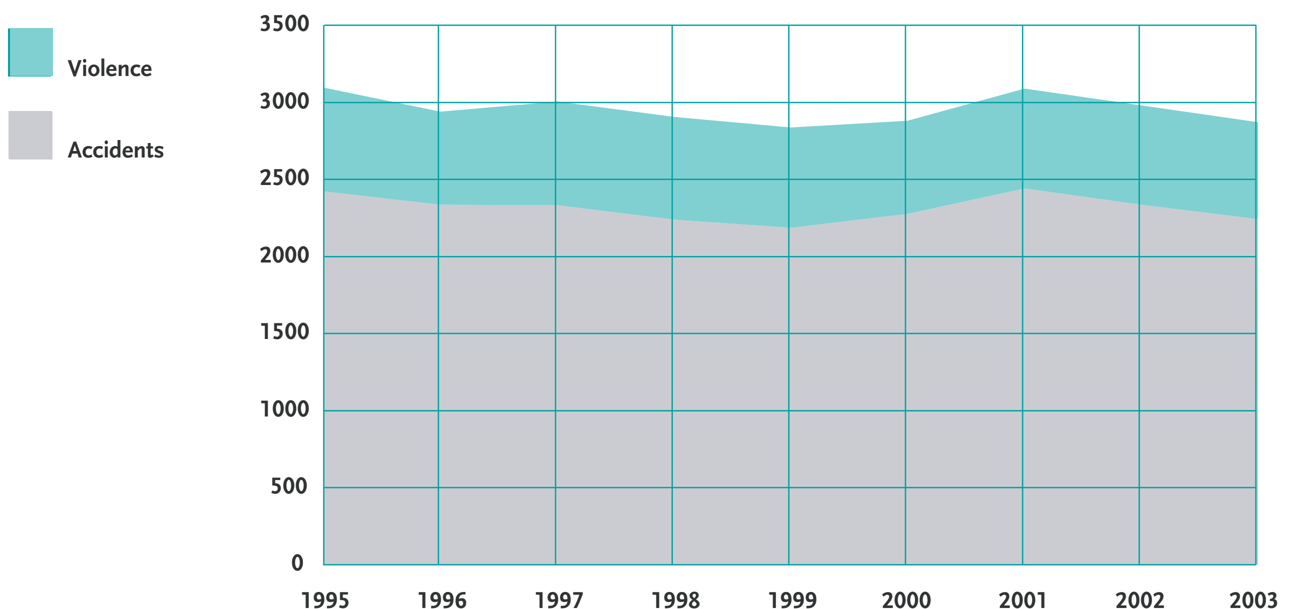


Source: National Patient Register

Since 1999, there has been a relative increase in head injuries occured within home, due to both accidents and violence. In addition, the amount of head injuries due to violence occurring outside home has also increased. Only the amount of head injuries due to accidents occurring outside home has fallen over this period. The conclusion drawn from Figure 5 would be that the increase in hospital contacts due to violence is not accompanied by a similar fall in accidents and the hypothesis of a shift between accidents and violence is not supported. However, it seems that part of the increase in violence against women is due to more violence outside the domestic area.

Figure 5 displays the development in head injuries orruring within home for women aged 20-39 years. There are no significant developments and the relative distribution of the two types of injury is also constant over the period.

Figure 5. Head injuries occurring within the home for women aged 20-39, 1995-2003.



Source: National Patient Register

Hence, the comparison of injuries due to accidents and injuries due to violence does not support the hypothesis that the increase in domestic violence resulting in hospital contact being due to better reporting. On the contrary, it seems that the increase in violence is mainly caused by a rise in the amount of violence outside home, that is, non-domestic violence. The share of intimate partner violence in the non-domestic violence is not known.

Violence in the workplace is included in violence outside home. This accounts for less than 10 percent of the total amount of injuries due to violence. The figure includes also violence occurring in schools, nursing homes etc. Whether the victim was actually at work is not known.

As it appears from the following sections, the number of police reports of violence against women also increased over the period 1999-2003. Some police departments always ask a reporting woman for a hospital record of the injury, to be used as proof in the case. This could also be part of the explanation for the observed increase in hospital contacts due to violence.

The characteristics of the violence

The data in the National Patient Register describe a number of injury characteristics, e.g. time and place of occurrence, and the injured body part. Table 2 shows injuries due to accidents and due to violence from 1995-2003 in percentages along some of these characteristics.

There are obvious differences in the nature of violent injuries and accidental injuries. Violence occurs in the young age groups while accidents occur at all ages and mostly for old women.

Table 2. Characteristics of injuries due to violence and due to accidents. Percent of all contacts among women older than 15, 1995-2003.

		Violence in percent	Accidents in percent
Age	0-19	13,8	13,2
	20-29	28,7	19,8
	30-39	26,3	15,7
	40-49	19,0	12,9
	50-59	8,1	12,0
	60+	4,2	26,5
Place of occurrence	Outside home	40,8	53,1
	Within home	59,2	46,9
Weekday	Monday through Thursday	55,0	58,4
	Weekend	45,0	41,6
Time of day	0-5 a.m.	24,5	5,2
	6-12 a.m.	24,1	41,4
	1-6 p.m.	40,7	47,6
	7-12 p.m.	10,8	5,9
Season	Winter	23,2	23,3
	Spring	25,1	24,7
	Summer	27,0	27,2
	Fall	24,8	24,8

		Violence in percent	Accidents in percent
Body part injured	Not a lesion	16,9	7,7
	Head	40,0	10,5
	Throat	3,1	2,1
	Torso, pelvis	6,35	4,1
	Arms	18,9	35,4
	Legs	5,1	35,7
	Multiple lesions	3,7	0,4
	Other lesions	6,0	3,1

Almost 60 percent of violent injuries among women occurred within the home, where less than 50 percent of accidents happened there. Violence happens more frequently over the weekend, however, the difference between the two types of injury is not striking. The time of day displays distinct differences between the two types of injury. More than one third of violent injuries occur at night-time, that is, between 7 p.m. and 5 a.m. Only one tenth of accidents happen at that time. The season seems to have no importance in this regard.

The information about body part injured is drawn from the patient's main diagnosis in the emergency department. The category 'not a lesion' does not generally concern injuries but rather symptoms, such as abdominal pain, or medical examinations without further specifications. Victims of violence are more often injured in the head, while victims of accidents most often are injured on arms and legs.

Among younger women, the differences between violent injuries and accidental injuries appear even more significant. More than half of the cases of violence and less than one third of the accidents happened during night-time. 70 percent of the accidents resulted in injured arms or legs, while this was the case for only 20 percent of violent injuries.

This information regards the period 1995-2003 as a whole. In order to examine whether there has been a change in the share of domestic injuries for violence and accidents, the two years 1995 and 2003 have been compared. Table 3 show the percentage distribution of head injuries and domestic injuries for the two years and for violence and accidents.

The injury pattern for accidents has not changed markedly over the period, however it seems that more violence takes place outside the home in 2003 than was the case in 1995. Also, there were fewer head injuries in 2003 than in 1995. The table points to the same hypothesis as stated above, namely that the observed increase in the amount of emergency department contacts due to violence mainly occurred outside the domestic area.

Table 3 The development in violence and accidents, 1995-2003

	Violence 1995	Accidents 1995	Violence 2003	Accidents 2003
Outside the home	38,7%	54,2%	41,1%	51,8%
Within the home	61,3%	45,8%	58,9%	48,3%
Head	44,4%	10,8%	37,1%	10,8%
Throat	2,4%	1,8%	3,1%	2,0%
Torso, pelvis	6,3%	4,0%	6,5%	4,2%
Arms	19,4%	37,5%	18,1%	35,9%
Legs	5,7%	36,5%	4,2%	33,8%
Multiple lesions	3,4%	0,4%	4,0%	0,4%
Other lesions	8,2%	4,2%	4,3%	2,4%
Not a lesion	10,3%	4,8%	22,7%	10,6%

Repeated violence

Emergency department data reveal the number of women, who had contacted a hospital more than once a year due to injuries caused by violence, and the percentage of women by number of contacts per year. Table 4 shows that 94 percent of the victims had only been at the emergency department once in a given year. Almost 6 percent had been there twice, and 1 percent three or more times.

Table 4. Repeated hospital contacts due to violence, 2003

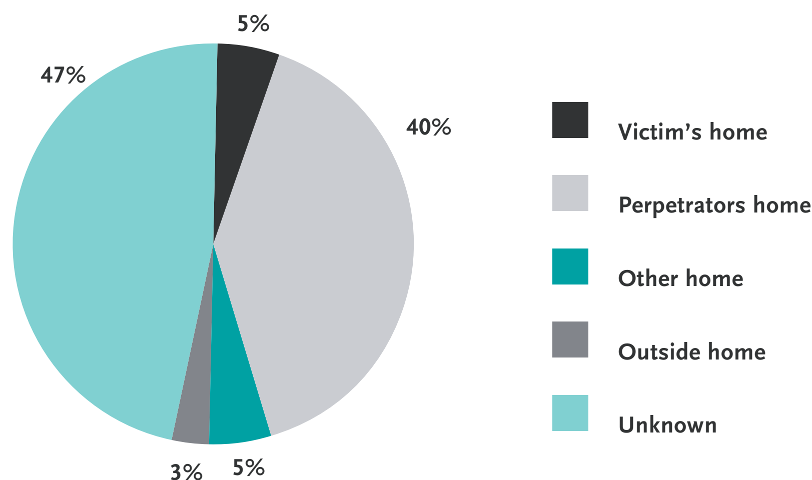
Number of contacts per person per year	Number of victims	Percent
1	4587	93,6
2	271	5,5
3	33	0,7
4	5	0,1
5	6	0,12
Total	4902	100

Place of injury

The available national data in the National Patient Register describes the place of occurrence for all injuries, however the categories are few and broad, e.g. they do not distinguish between own or other home. Two additional studies were included in this analysis: a recoding of hospital contacts in five emergency departments in 1999-2000, and a prospective data collection in two emergency departments in 2001.

Figure 6 shows the distribution of cases of violence according to place of occurrence in the recoded data. In almost half of the cases, the violence occurred outside the domestic area; while in 40 percent of cases it took place in the victim's own home.

Figure 6. Place of occurrence, hospital contacts due to violence, five emergency departments, 1999-2000.

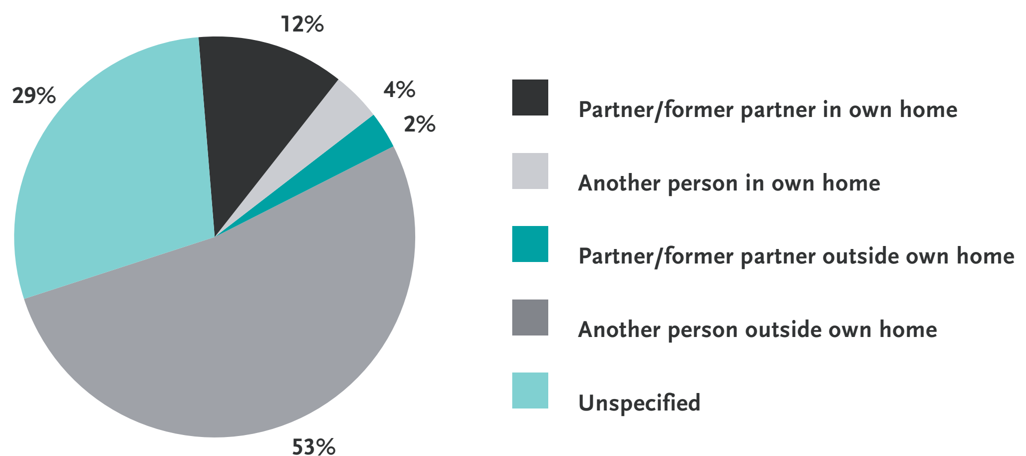


Perpetrator

The National Patient Register does not include information on perpetrators. The recoding of violence cases aimed to include all information in the hospital records about perpetrators. However in most cases, the medical records did not mention the relationship between victim and offender. Among those cases where information existed, 66 percent of the cases had a present (50 percent) or former (20 percent) partner as the perpetrator.

Figure 7 shows the distribution of violent injuries according to perpetrator and place of occurrence.
When the perpetrator was a former or present partner, the violence most often took place in the home of the victim, and in only 5 percent of cases outside the home.

Figure 7. Perpetrator and place of occurrence, hospital contacts due to violence, five emergency departments, 1999-2000.



Another data collection from two emergency departments collected prospective data about contacts due to violence for 6 months in 2001-2002. The medical examination included gathering of information about the perpetrator. Unfortunately about half of the records do not allow for conclusions about the victim-perpetrator relationship, due to insufficient information. The information on place of occurrence was more sufficient; 40 percent of the total number of cases took place in the victim's own home. In every third case, the perpetrator was a former or present partner, and the violence occurred in the victim's own home. If only cases with information about victim-offender relationship are included, a former or present partner was the perpetrator in almost two thirds of the cases. The remainder of perpetrators were other family members, friends, acquaintances or authority.

Two studies of hospital contacts due to violence in the municipality of Århus describe the share of intimate partner violence to be 36 percent in 1993-1994 and 39 percent in 1999-2000. Thus, the share of intimate partner violence has not changed markedly over the period. (Fabricius, Brink, et al. 1998) (Ejlersen, Brink, et al. 2004).

Summary

Each year, about 5,000 women contact an emergency department because of injuries due to violence. Two out of three of these women are under 40 years of age. Among the youngest women, there has been an increase in the amount of hospital contacts due to violence, especially over the past five years. The increase can partly be explained by a more focussed attention by the authorities and media, which also occurred during the past 5 years. The focus has possibly led to a change in attitude, also towards seeking medical attention, and being open about the causes of the injuries. Another explanation for the increase could be that more women report violence to the police, and the police demand hospital records for administrative purposes.

Yet another explanatory factor could be that the violence has become more severe and therefore more often demands medical attention. Violence outside the home seems to have increased over the period. This type of violence is predominantly performed by a person with no close relationship to the victim. There are thus no trends in the presented data pointing towards an increase in intimate partner violence.

Most hospital data however, lack precise information on perpetrators. A proxy on the share of intimate partner violence is around two thirds, and it is further estimated that the amount of intimate partner violence is unchanged during the past eight years.

Police reported violence

Since 2001, the crime statistics include information on victims. Thus, it is now possible to distinguish between violence against women and violence against men, and to analyse by different age groups. Each year, about 5,000 cases of violence against women are reported, including about 1,500 cases of violent threats and approximately 350 cases of violence against female authorities.

Police reported violence is classified according to severity, that is, whether or not it implied severe body injury, and whether or not the injury was permanent. In 2002, 3,177 cases of physical violence against women over the age of 15 were reported. Table 5 shows the distribution of these cases according to severity, or sections of the penal code.

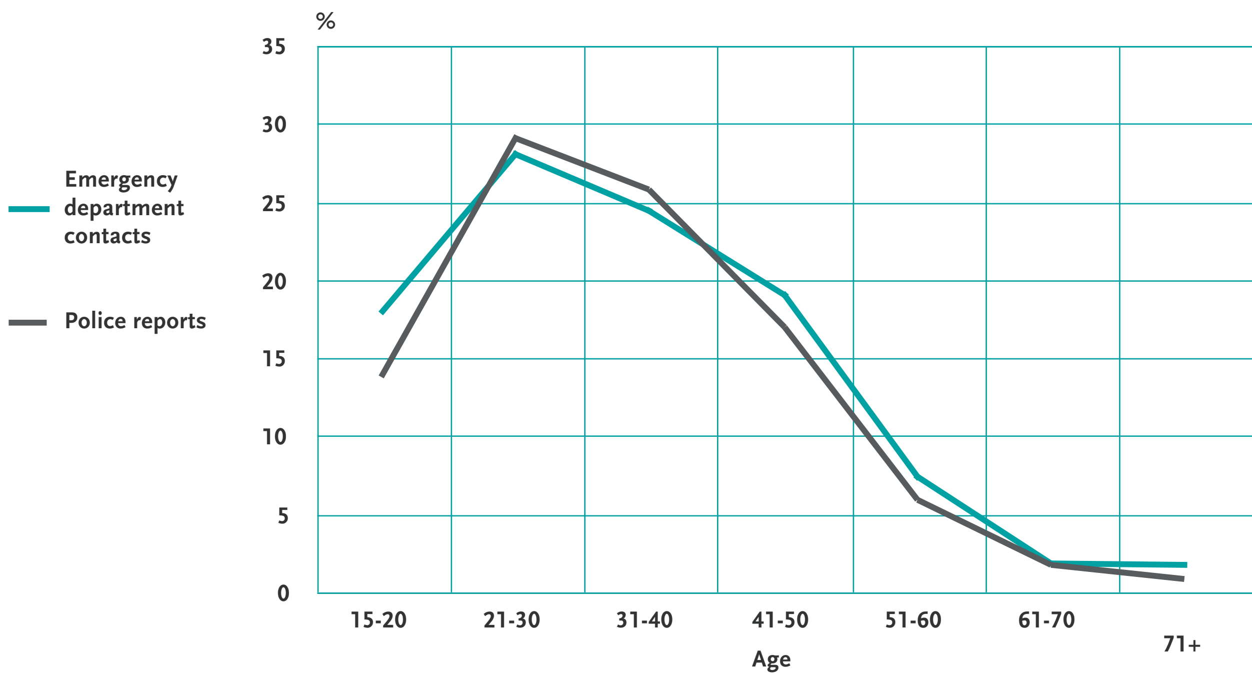
Table 5. Police reported violence against women 2002

Age	Superficial violence (Penal code section 244)	Severe violence (penal code section 245, part 1)	More severe violence (penal code section 245, part 2)	Very severe violence (penal code section 246)	Section 244-246 in total	Section 244-246 in total, per 100.000 women
15-19	408	33	2	0	443	319,6
20-24	464	35	6	1	506	328,4
25-29	370	39	9	0	418	227,4
30-39	737	68	14	1	820	204,6
40-49	470	54	11	3	539	145,7
50-59	170	16	2	0	188	50,0
60-69	51	2	2	0	55	21,2
70-79	17	1	0	0	18	9,1
80+	6	1	1	0	8	5,5
Total	2863	261	48	5	3177	116,9

The majority of the cases - 90 percent of the police reported cases of violence - fall within the section of superficial violence, that is, the least serious of the three sections. In 2002, there were a total of 5 cases of the most severe violence (defined as causing permanent physical injury), and 57 homicides or attempted homicides.

The age distribution of victims in the police-reported violence is very similar to the age distribution of emergency department contacts due to violence. Figure 8 compares the age distribution of victims in the two data sets presented as percentages. The figure comprises 3,177 police reports and 5,219 hospital contacts. The figure shows percentages and thus no differences in magnitude.

Figure 8. The age distribution of victims. Women over 15 years of age, police reports and hospital contacts. 2002.



Source: National Patient Register and the Crime register

The age profile of perpetrators is shown in Table 6, concerning the 4481 individuals accused of violence against women. Every third perpetrator was aged 30-39, and almost all were male, thus the most common perpetrator is a man aged 30-39.

Table 6. The age distribution of perpetrators accused or sentenced for violence against women 2002.

Age group	Number	Percent of total
15-19	438	10%
20-29	1210	27%
30-39	1434	32%
40-49	964	22%
50-59	343	8%
60+	92	2%
Total	4481	100%

Source: the Crime Register, 2002

Ministry of Justice's victim assessment 2000

In 2000, the Ministry of Justice carried out an assessment of person-related crime during winter 1999-2000. The assessment covers 955 police reports regarding violence, rape, homicide and attempted homicide. The reports were assessed by means of an individual examination.

Half of the reported violence against women concerned intimate partner violence, and especially the more severe violence was in this category.

Table 7. Episodes of violence against women, according to the victim-perpetrator relationship and the severity of the violence

Relation	Superficial violence	Severe violence	Total
Present or former partner *	48%	71%	50%
Other family member	3%	0%	3%
Friends	7%	12%	7%
Dependency relationship, i.e. colleague employer etc.	5%	0%	4%
Acquaintance	4%	0%	4%
Lesser known acquaintance	10%	0%	9%
No relationship or knowledge	17%	0%	15%
Not stated	7%	18%	8%
Total	100%	100%	100%
Number of police reports	217	17	234

*Partner meaning spouse, cohabiting partner or boyfriend

Source: Britta Kyvsgaard; Ministry of Justice 2000

The distribution of place of occurrence and severity shows that three out of four cases of severe violence occurred in a domestic area and only a minor share of violence against women takes place in restaurants or bars, Table 8.

The assessment concludes that a major part of the reported violence against women took place in private residences and was committed by a former or present partner. Unlike violence against men, violence against women rarely occurs in restaurants or bars (Kyvsgaard, 2000)

Table 8. Episodes of violence against women, according to the place of occurrence and the severity of the violence

Place of occurrence	Superficial violence	Severe violence	Total
Private residence	57%	76%	58%
Workplace/study	8%	6%	8%
Restaurant or bar	7%	6%	7%
Other	27%	6%	25%
Not stated	1%	6%	2%
Total	100%	99%	100%
Number of police reports	217	17	234

Source: Britta Kyvsgaard; Ministry of Justice 2000

Combined register data

The victim statistics of the crime register render it possible to extract information on victims from other registers, by applying the personal ID-number. To this end, the crime statistics regarding victims of violence are combined with the National Patient Register and information on residence and social status. The sample concerns women reporting violence in the years 2001-2002, and the data allows for assessment of social status, hospital contacts as a result of the violence, and queries as to whether victim and perpetrator has lived together. In most of the cases, the alleged perpetrator is listed as well, allowing for assessments of perpetrator's social status, etc.

For the two years, data contains information about 5,777 cases of violence against women, concerning a total of 5,668 different women, who reported violence to the police. It has been analysed:

1. Whether victim and perpetrator live together or have lived together previously.
2. Whether the violence reported to the police also resulted in hospital contacts because of the injuries.
3. The social status of victim and perpetrator.

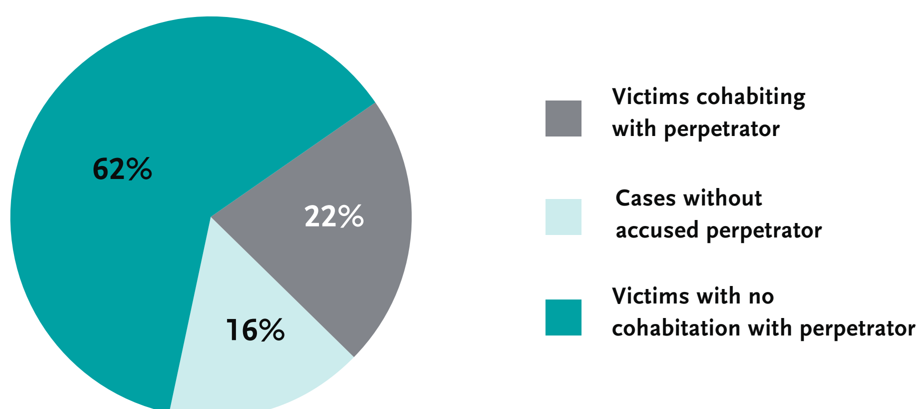
Cohabitation of victim and perpetrator

Household or family association can be identified in the person register on the basis of family numbers. Every household has a number, regardless of the number of members. Two people living together will thus have the same family number. On the basis of the register of family numbers, it is possible to deduce whether the victim and the perpetrator live together or have lived together in the period 1996-2002. The register contains only one information per person per year; therefore some short-term cohabitation may be excluded. Taking this into account, it can be established, that:

There are a total of 5,777 reports of violence against women. Violence against children under 15 and several reports per day are excluded. In 4,833 (84 percent) of the cases, the perpetrator is known, that is, somebody has been accused or charged in the case. In these 4833 cases, 1,258, or 26 percent had or had had co-habitation between victim and perpetrator. In other words, 26 percent of cases were likely to be intimate partner violence.

The different shares are illustrated in Figure 9; the grey area concerns those wo-men exposed to intimate partner violence, where the perpetrator is a cohabiting partner. The dark area concerns women exposed to violence, with no history of cohabitation between victim and perpetrator, an unknown part of these cases may be intimate partner violence from a non-cohabiting partner. The light area shows the cases of violence with unknown perpetrator.

Figure 9. Issues of cohabitation – the crime register



It appears from the figure that only a small share of the violence is committed by cohabiting partners.

The figures above do not take into account that some couples only live together for a few months; in these cases the cohabitation will not be registered. It is also

not possible to deduce from the register, whether victim and perpetrator had been involved with each other without living together. The latter incident is probably quite common; this is also substantiated by results from the victim assessment mentioned above. That assessment found the perpetrator to be a former or present partner in half of the cases, that is, double the amount than was found in the register-based assessment.

Police reported violence and concurrent hospital contact.

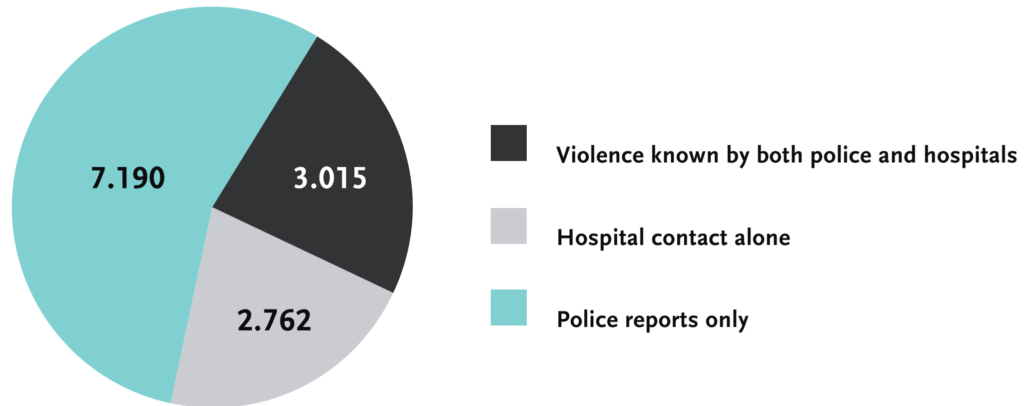
The emergency department registration is an important source of information regarding the magnitude and characteristics of violence against women. Combining hospital information with police information further refines the estimation of the magnitude. When women who have reported cases of violence to the police and women who have contacted hospitals due to intentional injuries are identified, linkage between the two sets of register data can disclose the number of cases known by both the police and the hospitals.

The National Patient Register contains information about 10,205 women contacting an emergency department due to violence in 2001 and 2002. The information was combined with the crime register, allowing for a time difference of up to 30 days between a hospital contact and a police report of violence.

The Central Crime Register contains 5,777 cases of violence reported to the police. Among these, 3,015 or 52.2 percent are also recorded in the National Patient Register with an emergency department contact due to violence. Thus, 7,190 (70 percent) of the 10,205 emergency department contacts due to violence have not resulted in a police report.

The total amount of violence against women is computed as follows: the number of police reports plus the number of emergency department contacts minus those cases registered both places. Accordingly, the magnitude of public known violence against women in Denmark is 12,967 cases in 2001-2002, or approximately 6,500 cases per year. The computation is illustrated in Figure 10:

Figure 10. Number of victims of violence, 2001-2002



In the crime register, 944 cases have no information about the alleged perpetrator. Of these, 444, or 47 percent have also been treated at an emergency department.

Among the 4,833 police-reported cases with a known perpetrator, 2,571, or 53 percent were identified in the National Patient Register, and 54 percent among the cases where the victim and the perpetrator lived or had lived together with the perpetrator.

Table 9. Overview of the number of victims, Crime Register 2001 and 2002.

<table>
<tr><th>Police reported cases of violence</th><th>Cohabitation</th><th>Crime register and emergency departments</th><th>Violence with both police report and hospital contact</th></tr>
<tr><td>944
with no alleged perpetrator</td><td></td><td rowspan="3">5767
different cases of violence
3015
in hospitals</td><td>444
with no alleged perpetrator</td></tr>
<tr><td rowspan="2">4833
with perpetrator known by the police</td><td>1258 are or have been cohabiting</td><td>682
intimate partner violence</td></tr>
<tr><td>3575
no cohabiting</td><td>1889
victim and perperator not cohabiting</td></tr>
</table>

A few of the police-reported violence cases included both a perpetrator known by the police and one not known by the police.

It seems from the above, that both police reporting and hospital contact are more common among victims of intimate partner violence than among other types of violence. This corresponds to the findings by the Ministry of Justice, where the severity of injuries was worse among victims of intimate partner violence. It may be expected that the higher the severity, the higher the tendency to contact a ho-

spital. The police may also encourage hospital contact in order to obtain a medical record documenting the extent of injuries.

Victim and perpetrator social status

Statistics Denmark collects information on length of education and employment status. Information on victims and perpetrators is presented here. Table 10 categorises victims according to employment status.

Compared to the entire female population there is a higher share of victims not in current employment 10.2 percent and 45.3, respectively. There seem to be differences between victims having cohabited with the perpetrator, and victims who have not. The former group is more often in the labour force than the latter.

Table 10. Labour force affiliation among victims of violence, 2001 and 2002 compared with the entire female population in Denmark 2002

	Victims cohabiting with the perpetrator		Victims not cohabiting or with no alleged perpetrator		All victims		Female population
In employment	490	45%	1687	41%	2172	42%	76%
Unemployed	51	5%	110	3%	159	3%	4%
Outside the labour force	559	51%	2358	57%	2883	56%	20%
Total	1100	100%	4155	100%	5214	100%	100%

One specific person can be listed in more than one column, as she can have been exposed to violence by different perpetrators at different times. One specific person only occurs once in each column.

Table 11 shows information about labour market affiliation for 5,214 victims of all age groups, and 1,515 victims aged 21-30 years. More detailed social groups are also shown.

Table 11. Labour market affiliation, victims 2001 and 2002, compared to the entire female population, 2002.

Broad groups					
	All victims number and percent		Victims 21-30 years number and percent		Female population, 16-59 years
In employment	2172	42%	745	49%	76%
Unemployed	159	3%	43	3%	4%
Outside the labour force	2883	53%	727	48%	20%
Total	5214	100%	1515	100%	100%
Detailed groups					
	All victims number and percent		Victims 21-30 years number and percent		Female population, 16-59 years
Self-employed	151	3%	32	2%	3%
Employees not classified	294	6%	111	7%	9%
Employees level 1 (highest)	11	0%		0%	1%
Employees level 2	97	2%	25	2%	9%
Employees level 3	276	5%	70	5%	16%
Employees level 4	1102	21%	422	28%	33%
Employees level 5	241	5%	85	6%	6%
Unemployed	159	3%	43	3%	4%
Students	734	15%	145	10%	10%
Disability pensioners	511	10%	22	1%	5%
Age pensioners	60	1%		0%	0%
Early retirements	30	1%		0%	1%
Others not in the labour force	1548	30%	560	37%	5%
Total	5214	100%	1515	100%	100%

Table 12. Labour market affiliation, perpetrators 2001 and 2002, compared to the entire male population, 2002

	Perpetrators, number and percent		Male population, 16-59 years
In employment	2040	45%	80%
Unemployed	180	4%	5%
Outside the labour force	2320	51%	15%
Total	4540	100%	100%
Detailed groups			
Self-employed	286	6%	7%
Employees not classified	283	6%	9%
Employees level 1 (highest)	8	0%	3%
Employees level 2	65	1%	10%
Employees level 3	93	2%	9%
Employees level 4	908	20%	32%
Employees level 5	407	9%	10%
Unemployed	180	4%	4%
Students	365	8%	8%
Disability pensioners	491	11%	4%
Age pensioners	19	0%	0%
Early retirements	20	0%	0%
Others not in the labour force	1415	31%	3%
Total	4540	100%	100%

From Table 11 and 12 it is obvious that there are an over-representation, both among victims and among perpetrators of low-paid and not labour market affiliated individuals.

Summary

Data from registers provide useful information on the magnitude and characteristics of the violence which is public knowledge. The combination of data in the Danish national registers contributes to a more precise estimate of the amount of this violence against women and also allows for time series analyses. However, estimates of time trends must take changes in attitudes and reporting patterns into account.

In 2001 and 2002, 7,190 cases of violence were only registered in the National Patient Register. 2,762 cases were only registered in the Central Crime Register. A total of 3,015 cases were identified in both registers. Thus, public authorities had knowledge about 12,967 different cases of violence over the two years, corresponding to a yearly average of 6,484 or an incidence of 0.3 percent among all adult Danish women.

Both registers demonstrate a higher incidence among young women, 15-19 and 20-29 years of age. In addition, the overall increase in the amount of violence in recent years was most marked in these age groups.

Among the weaknesses of register data is the uncertainty in establishing the share of intimate partner violence. Those victims having cohabited with the perpetrator is likely to have been exposed to intimate partner violence. However the intimate partner violence share of those not cohabiting is very difficult to establish. The hospital data reveals that the increase in violence in recent years occurred outside the home, mostly in public areas. Violence in the workplace accounts for a little and unchanged share.

The development in violence against women in Denmark can be monitored in the National Patient Register, and information can be qualified by combining with data from the Crime register, among others. This may in part be explained by an increase in violence outside the home.

It seems to be a safe guess that half of the women treated for violent injuries in hospitals, have been exposed to intimate partner violence, i.e. by a present or former husband or boyfriend. Domestic violence, violence occurring in private residences, account for about two thirds of cases.

Victims and perpetrators are more often in low-paid jobs or with no labour market affiliation compared to the entire population.

Population based surveys

Since the early 1980's, a number of victim surveys have been carried out in Denmark. In 1991, 792 women were asked about issues of physical violence; a total of 4.7 percent had experienced events of physical violence within the last year (Christensen & Koch-Nielsen, 1992).

The police and Statistics Denmark cooperated in 1995 and 1996 on the largest victim survey so far. 26,193 people aged 16 and above of both genders responded. Below some results of the survey are quoted, as they illustrate the magnitude and characteristics of physical violence in the mid-1990's.

In 2000, the latest Danish health interview survey was carried out. It included a number of questions about physical violence, threats of violence and sexual abuse. 5,483 women responded to these questions. The survey allows for analysis of the relation between social features, health features and violence. Also, data can be combined with the National Patient register in order to estimate how many of those people responding that they have been exposed to violence, also had been at a hospital due to violence.

Finally, data from an adolescents survey is included. The respondents (boys and girls aged 15-16) were asked whether they had witnessed violence against their mother.

The victim survey 1995/96

The survey was based on telephone interviews. Respondents were asked whether they had experienced violence within the past 12 months. 1 percent of female respondents answered affirmatively. The frequency was highest among the youngest women, 3 percent in the age group 16-24. 8 percent in this age group had experienced threats of violence, so severe that they got scared. Among women aged 25-29, 5 percent had experienced serious threats (Table 13).

Table 13. The share of women having experienced physical violence or threats within the past 12 months, by age groups

	16-24 years	25-59 years	60-74 years	All women
Exposed to threats of violence	8%	5%	1%	5%
Exposed to violence	3%	1%	0	1%
Exposed to violence and/or threats	9%	5%	1%	5%

Table 14. The victim-perpetrator relationship among women exposed to physical violence within the past year, by age groups.

	16-24 years	25-59 years	60-74 years	All women
Perpetrator male	84%	81%	53%	81%
Perpetrator under 25 years of age	60%	26%	38%	34%
Perpetrator former or present partner	12%	25%	0%	20%
Perpetrator acquaintance for more than 24 hours	12%	8%	0%	9%
Perpetrator acquaintance for less than 24 hours	2%	1%	0%	1%
Unknown person	49%	28%	100%	38%

Source: Victim Survey 1996

For violence against women of all age groups, the perpetrator was male in more than 80 percent of the cases. In only one fifth of cases, the perpetrator was a former or present partner, although the share was one-fourth among women aged 25-59. This low share of intimate partner violence does not correspond to information from emergency departments and the crime statistics based on police reports. A possible explanation for the inconsistency could be that a number of cases of violence are mentioned in a survey but are due to superficiality of the events, never reported to the police or hospitals. Among the cases where the woman stated her partner or ex-partner to be the perpetrator, only 18 percent led to police reporting.

Table 15 compares the Ministry of Justice victim statistics of 2000 with the 1995-96-victim survey with regard to victim-perpetrator relationship.

The hypothesis that surveys include also cases of minor or less severe violence, can explain the marked differences in place of occurrence between the survey data and the police reports and hospital data. The survey respondents stated in only 11 percent of cases, that the violence took place in their own home, while this was the case for 23 percent in the police reports and for 60 percent of the hospital contacts due to violence.

Table 15. Comparison of information on victim-perpetrator relationship in the victim statistics 2000, based on police reports, with the victim survey 1995-96. Percent of total

Relation	Victims statistics	Victim survey
Present or former partner	50%	20%
Other family member	3%	0%
Friend	7%	3%
Dependency relationship, i.e. colleague, employer etc.	4%	20%
Acquaintance	4%	23%
Lesser known acquaintance	9%	1%
No relationship or knowledge	15%	20%
Not stated	8%	13%
Total, percent	100%	100%
Total, number of victims	234	

Source: Ministry of Justice, victim statistics 2000, and victim survey 1995-96

The Health and Morbidity Survey 2000

The Danish health interview surveys are carried out on a regular basis. The most recent, conducted in 2000, included a number of questions regarding violence. The questions were included in a questionnaire to be filled out by the respondent, following a personal interview regarding items such as health, social factors, morbidity etc. The survey is described above.

In the questionnaire, respondents were asked whether they had been exposed to violence, within the previous year or ever. The following assessment regards exposure within the past year only, as this is considered the most certain information.

A total of 3.7 percent of women experienced one or more incidents of physical violence within the past year. This was most widespread among the youngest women, 13 percent of women aged 16-20 years and only 1 percent of women aged 51-60 years reported exposure to violence within the past year (Table 16).

Table 16. Women exposed to physical violence within the past year, Health and Morbidity Survey 2000. By age groups.

Age group	Number of respondents	Number reporting exposure to violence	Incidence in percent
16-20	301	39	13,0
21-30	867	64	7,4
31-40	1053	47	4,5
41-50	1007	34	3,4
51-60	999	11	1,1
60 +	1256	9	0,7
Total	5483	204	3,7

Source: The Health and Morbidity Survey 2000

Table 17 shows the distribution of the type of violence that victims were exposed to. Only women replying 'yes, within the past 12 months' are included in the table. The category 'other' includes being torn, bitten, pushed or shouted at, and also undefined types of violence. These answers are not included when extrapolating survey result to the total number of adult women in the population being victims of physical violence each year (64,000).

Table 17. Women exposed to physical violence within the past 12 months, by age groups and the type of violence. Number and percent.

Age group	Push or slap		Kick or strike with fist or item		Thrown into furniture or down staircases		Suffocation or armed violence		Other	
16-19	18	67%	3	11%	1	4%	2	7%	3	11%
20-29	45	62%	8	11%	7	10%	1	1%	12	16%
30-39	35	50%	16	23%	5	7%	3	4%	11	16%
40-49	22	45%	5	10%	3	6%	4	8%	15	31%
50-59	7	44%	5	31%	1	6%	1	6%	2	13%
I alt	127	54%	37	16%	17	7%	11	5%	43	18%

Some women have been exposed to more than one type of violence and will therefore appear more than once in the table.

From the women reporting exposure to violence within the past year, 64 percent have been exposed to only one type, 22 percent to two types, 10 percent to three types and less than 1 percent have been exposed to all types of violence.

In all age groups the superficial violence is most widespread. However, it seems that the share of severe violence among older women, that is, 40 years and above, is higher.

The survey data has been linked to data in the National Patient Register in order to estimate the share of violence cases reported in the survey that also required medical attention.

Among the 204 women, who replied in the survey that they had been exposed to violence within the past year, 40 were treated at an emergency department during the same year. Among the 40, violence was only stated as the main reason for hospital contact in 10 cases. Thus, 4 percent of women reporting exposure to violence have also contacted a hospital because of injuries due to violence.

An extrapolation of the nationwide survey data leads to the conclusion that 64,000 women are exposed to physical violence each year. 4 percent of these, equal to 2,600 women per year, also contact an emergency department because of violence.

Social aspects

The risk of being exposed to violence differs markedly by marital status. 9.3 percent of single, unmarried women have experienced violence during the past year, while the share is 2.4 percent among married women. Separated or divorced women are exposed to violence in 3.4 percent of cases, which is higher than for married women but lower than the overall average. Even when adjusting for age and length of education, the risk is higher among unmarried women than among married or cohabiting women.

Length of education plays a significant role for the risk of exposure to violence. The results differ somewhat from results found in the crime register, as women with long tertiary education seem to be among those with highest risk. 4.6 percent of women with an education of 15 years or more report violence. For women with 13-14 years of education, the risk is 3.1 percent. After adjusting for age, the risk is 50 percent higher among the women with long education compared to the women with an education of medium length. However, the women with short education have the highest risk of violence. They face an 80 percent increase in exposure compared to women with an education of medium length. The risk of

exposure to violence also differs by employment status. After adjusting for age and length of education, unskilled workers and unemployed have the highest risk. Unskilled workers reported exposure to violence in 5.9 percent of cases, compared to 1.5 percent of white-collar employees.

A large amount of victims of violence have small children. As the children live in the residence where most of the violence takes place, some of the children will have witnessed the violence. Among 30-39 year-old victims, 80 percent had children living with them. This share is similar to the remainder of the survey population. An estimate based on these numbers would be, that 3 percent of Danish children under the age of 15 witness violence against their mother. That corresponds to about 20.000 children aged 5-14 years.

The perpetrator

Unfortunately, information about perpetrators is insufficient in the health and morbidity survey. However, perpetrator information exists for some cases of violence. In two thirds of these events the perpetrator was a former or present partner or another person closely related to the woman.

Youth survey 2002

More children experience violence against their mother, than violence against their father. This is striking as more men than women are exposed to violence in general. It may however be related to the place of occurrence for the violence, which is also very different for the two gender. Women are more often exposed to violence at home, while men are exposed to violence in bars and similar places where children rarely are present.

Another gender difference persists in children witnessing violence against their parents. It seems that more girls than boys witness their parents being exposed to violence. The difference could also reflect, however, a gender difference in what is being noticed and remembered.

Table 18. The share of adolescents witnessed violence against their mother and/or father in their home.

Respondents, gender	Violence against mother	Violence against father
Girls	9%	3%
Boys	6%	2%

The survey includes questions about the adolescent's and his/her parent's native country. From the total survey population, 264 were born in a non-western country, and 391 were descendants of parents born in a non-western country. These figures have sufficient magnitude to enable analysis of the relation between ethnicity and witnessing of violence against mother.

Among "Danish" adolescents (here defined as those born in Denmark to parents born in Denmark) 6 percent had witnessed violence against their mother. The corresponding figure was 11 percent for adolescents with a non-western background.

The 9th grade pupils were also asked whether they themselves had experienced violence. The majority replied negatively, and more boys than girls replied affirmatively (Table 19)

Table 19. The share of boys and girls who experienced violence against themselves during the past year.

	Not stated	Yes	No	Total
Boys	4%	12%	84%	100%
Girls	2%	9%	89%	100%
Total	3%	10,5%	86,5%	100%

Also in this context, marked differences along ethnicity are found: 16 percent of girls with parents born in a non-western country and 17 percent of girls being born in a non-western country themselves had been subject to violence within the past year.

Survey data compared to register data

Great differences exist in the magnitude of self-reported violence, police-reported violence and hospital contacts due to injuries caused by violence. The difference in the amount of victims in register data and survey data is a cause of concern, as it is unknown whether the women who report to the police or seek medical attention, are representative for all victims in the survey. It is rather unlikely that this is the case. Social features, such as the presence of family and friends, can determine whether the victim seeks help with authorities or not.

Surveys provide another insight in the magnitude and character of violence than register data do. When extrapolated to national circumstances, 64,000 women in Denmark are exposed to violence each year. This figure is based upon the share

of women that reported one or more episode of well-defined physical violence in 2000. Of these, two out of three were exposed to violence by a former or present partner or another person closely known to the victim. The figure is much higher than data from hospitals and police reports reveal, 5,100 and 2,900 annual cases of violence against women, respectively. Only a small share of the 64,000 women, 4 percent, reported that they had (within the same year) been in contact with a hospital because of injuries caused by violence. Even fewer had chosen to report the violence to the police.

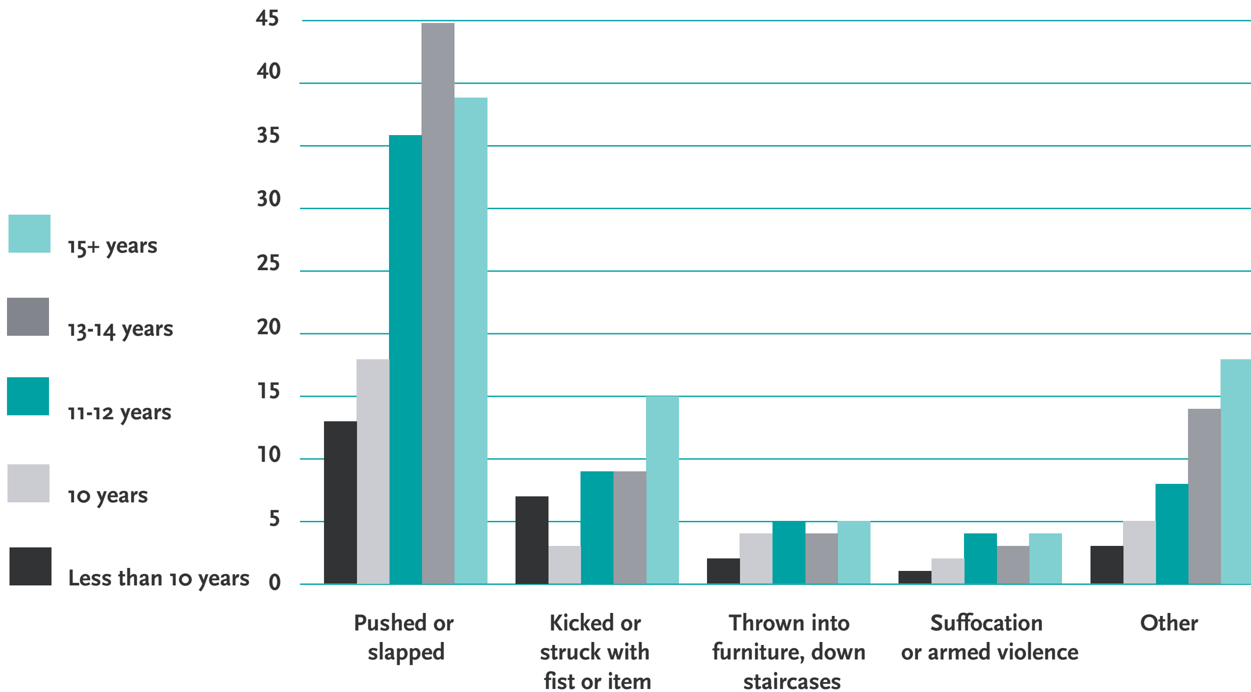
Survey data about physical violence provide a different picture of victim's social status than register data. The risk of exposure to violence seems highest among women with no labour force affiliation and unskilled women. However, also women with long tertiary education seem to have a relatively high risk. Women with high social status often choose not to report violence to the police and they do not contact any public authority. They have, to a wide extent, solved the situation by moving away from the violent partner or other coping strategies (Behrens, 2004).

The comparison of survey data and register data points to the hypothesis, that surveys address a different issue than statistics collected by authorities. Survey data include also superficial violence, most often with no injury, e.g. push or a slap, while register data include more severe violence causing injuries in need of medical attention, or which is reported to the police.

A number of studies point towards a higher incidence of violence in surveys when questions about violence are more detailed, as opposed to a single question regarding physical violence. However, this phenomenon covers age and gender differences. Primarily, young women reply in different ways when questions are asked differently. (Balvig, 1996). Another age difference persists for the threshold to what constitutes violence, seemingly lower for older women than for younger. The threshold also differs along social status; it is lower, the higher the education and income. This may in part explain that women with long tertiary education relatively often in surveys report events of physical violence.

Figure 15 shows the severity of violence by length of education. The pattern is not clear-cut, and contributes to the impression that the victims in the survey are a heterogeneous group, and the association to authority statistics is complicated.

Figure 15. The severity of the violence and the length of education for the victim



Shelter statistics

In 2003, 2,008 women and 2,019 children had stayed in shelters for shorter or longer periods. Women staying at a shelter more than once during one year cannot be identified, thus, the amount of persons is somewhat lower. In total, there were 72,006 overnight stays. Women born in Denmark stay on average for 27 nights while women born outside Denmark stay on average 50 nights.

Young women dominate the shelter clientele. Almost three quarters of clients were under the age of 40. The age distribution of women staying in shelters in 2003 appears in Table 20.

Table 20. Age distribution of shelter clientele 2003

Not stated	< 20 years	20-29 years	30-39 years	40-49 years	50-59 years	>60 years	Total
73	95	667	708	350	92	23	2008
4%	5%	33%	35%	17%	5%	1%	100%

Source: LOKK Annual statistics 2003

Most women (81 percent of the 2008) told the shelter that they had been exposed to one or more forms of physical violence. The information about possible police reporting of the violence is insufficient. In every fourth case it was not stated. Of the remainder, about one fourth was reported to the police. A small share is expected to report at a later stage, however the majority of cases are not reported to the police.
The shelter clientele are generally victims of physical violence, a vast majority of these being intimate partner violence. Table 16 shows, that the perpetrator was a present partner in 75 percent of cases, and a former partner in 15 percent of cases. The remainder almost exclusively concern other family members as perpetrators.

The most recent assessment of shelter capacity shows, that upon departure about every fourth woman moves back to her partner, and every fourth woman moves back to her own previous residence. The remainder, 50 percent, acquire another place to live.

Table 21. Women staying at shelters, 2002, by age and perpetrator-victim relationship. Numbers and percentages.

	Not stated age		14-24 years		25-34 years		35-44 years		45-54 years		55-64 år		over 65		I alt
Present partner	47	82%	31	48%	397	75%	496	79%	209	79%	72	85%	16	84%	1268 75%
Former partner	8	14%	8	12%	93	17%	97	15%	38	14%	3	4%		0%	247 15%
Brother		0%	6	9%	3	1%	2	0%	1	0%		0%		0%	12 0,7%
Father		0%	14	22%	14	3%	1	0%		0%		0%		0%	29 2%
Other family member		0%	2	3%	6	1%	2	0%	3	1%	1	1%	2	11%	16 0,9%
Other	1	2%	4	6%	18	3%	27	4%	9	3%	7	8%	1	5%	67 4%
Unknown	1	2%		0%	1	0%	3	0%	6	2%	2	2%		0%	13 0,7%
Total	57		65		532		628		266		85		19		1652

Source: LOKK Annual statistics 2002

In 5 percent of cases, the nationality of the woman is not stated. Among the others, two thirds were born in Denmark. Most of the remainder (31 percent) were immigrants, either asylum seekers or brought to Denmark for the purpose of marriage. Among these women, 15 percent had been assaulted by a man of Danish origin.

The 624 women were born in 85 different countries. No country dominates in this statistics, except for Turkey, which is the country of origin for 12 percent of these women.

In 2002, the National Organisation of Shelters for Battered Women and their Children (LOKK) carried out a survey regarding the violence of Danish men towards foreign-born women and children. The survey is based on a questionnaire sent to all shelters (LOKK, 2003). A total of 80 cases were reported, corresponding to 15 percent of all foreign-born women who had accommodation in any shelter in one year. The 80 cases are described in detail in the report. 43 women were originally from Eastern Europe, 22 from Asian countries and the remainder from Greenland, Iceland, Spain, USA and African countries.

Sexual abuse and rape

The magnitude and characteristics of sexual abuse and rape of women is described in the crime statistics, annual reports from centre for rape victims, and the health and morbidity survey data. In addition, a recent survey among 21-22 year olds also touches upon the subject of sexual abuse.

Police reported rape and attempted rapes

In 2002, 501 rapes and attempted rapes were reported to the police. 400 of these were among women aged 15 years and older. In 2003 453 rapes and attempted rapes were reported to the police.

The age distribution of victims is shown in table 22. More than 50 percent of the cases concerned women aged 15-24.

Table 22. Rapes and attempted rapes, 2002, by age groups

Age	15-19	20-24	25-29	30-39	40-49	50-59	60-69	70-79	80- +	Total
Rape etc.: sections 216, 217, 221, 224 of the penal code	138	87	53	66	38	10	4	1	3	400

Source: Statistics Denmark, April 2003

An unknown amount of sexual crimes is not reported to the police. Estimates range from 5 times the number of reported cases, to 50 times the reported cases. Based upon self-reported non-consensual sexual activity, the prevalence is about 25 times higher than the prevalence based on police reported sexual assaults. However, this figure includes all types of sexual abuse, and not only attempted rape and rape as defined by the penal code.

Centres for rape victims

There are 8 centres for rape victims in Denmark. In 2003 the centres had a total of 535 contacts, by people exposed to rape or attempted rape. Among these, 4 contacts were from men.

The Centre for Rape Victims in the State University Hospital in Copenhagen is open to all rape or attempted rape victims. Police reporting is recommended but is not a criterion for admission. In 2001, the centre admitted 234 women, in 2002, 211 women, and in 2003, 253 women were admitted. Over the three years, a total of 7 men were admitted.

The Centre for Rape Victims in the Århus County Hospital was contacted by 105 women in 2001, 101 women in 2002 and 117 women in 2003. Both centres were established in 1999-2000.

Young women dominate the rape statistics. 60 percent of victims are under the age of 25. A majority of victims are single, unmarried, separated or divorced. Only 8 percent are married. 80 percent do not live with a partner. There are a majority of students, probably because of the young mean age. Other features of the social profile are difficult to determine.

Three out of four rape victims are born in Denmark, the remainder in numerous different countries. Compared to the entire female population, there are more foreign-born women among rape victims.
A little more than half of all rapes took place in a private residence, more often in the home of the perpetrator than in the home of the victim. In more than 50 percent of cases the perpetrator was a person well known to the victim. Ten percent were committed by a former or present partner of the victim. In almost 25 percent of cases the perpetrator was known to the victim only for a little while, and in more than 25 percent of cases, the perpetrator was unknown to the victim.

There is insufficient information about the ethnicity of the perpetrator. According to victim descriptions, almost every third rape was committed by a man of non-West European origin.

In two out of three cases, the victims had been exposed to force and/or physical violence during the rape. A little more than half of the women were seized

and about one third was struck, kicked, cut or in other ways exposed to physical violence. In half of the cases, there were visible injuries. 5 percent had been suffocated.

About one third of the rapes and attempted rapes were not reported to the police one month following the rape.

Surveys

A 1991 survey comprising 792 female respondents (over 15 years of age) had a rape incidence of 3 percent (Christensen & Koch-Nielsen, 1992). In the Health and Morbidity Survey in 2000, a total of 4.7 percent of women had been subject of non-consensual sexual activity as adults. The highest incidence (5.9 percent) was found among women aged 25-44 years. There was a significantly higher incidence among single women and among unemployed women. In every fourth case, a former or present partner was the perpetrator.

In the Health and Morbidity Survey, not all participating women replied to the question of non-consensual sexual activity within the past year. Among those that did reply, 2 percent of women aged 15-19, 0.8 percent of women aged 20-29, 0.3 percent of women aged 30-39, 0.4 percent of women aged 40-49 and 0.3 percent of women aged 50-59, told that they had been subjected to non-consensual sexual activity during the past year. Taking into account the uncertainty following from the low response rate, the figures correspond to approximately 9,300 women in Denmark between 15 and 59 years of age being victims of non-consensual sexual activity. This is not the same as rape according to the penal code; however, the figures indicate the extent of sexual abuse among adults in Denmark. Thus, the actual amount of rapes may be estimated to be about 25 times the amount reported to the police.

A survey among 21-22 year olds in 2003 revealed that 1 percent had been subject to sexual abuse within the past year, and around 4 percent while they were 16-20 years old. The survey was carried out by the National Institute of Public Health and results are yet unpublished.

Part 4. Victim support measures

Indicators 3, 4 og 5

Some of the existing measures aimed at victims of violence are described in this chapter, most importantly, shelters and centres for rape victims. Hospitals do not offer specific measures for victims of violence, however recent years' focus on the problem has contributed to better knowledge and instruments for coping among health-care personnel. Consequently several emergency departments have established routines for dealing with victims of violence, including contacts with police, shelters, etc.

Shelters

The most recent assessment of the shelter capacity (Behrens, 2004) stated 272 spaces for women and 286 spaces for children in a total of 37 shelters.

There were 796 requests for accommodation in shelters in 2002. Among these, 42 percent was rejected on the basis of lack of space. Most rejected women contact another shelter, thus the net rejection rate is almost 25 percent. The high amount of rejections is primarily caused by shortages in the capital area. Also, victim's social problems often render the stay longer than expected.

The 37 Danish shelters are predominantly financed by the state. Four centres are financed by private foundations, donations and various public funds. Municipalities usually house the shelters for free. In 2003, the total shelter expenditure was 90 million DKK.

In 2004, 147 people were employed full-time, 60 people were employed part-time and there were 999 volunteers in the shelters. Paid personnel run six 24-hours shelters. These 6 shelters alone employ 35 percent of all paid personnel in the shelters. The paid personnel are mainly preschool teachers etc. to care for children, and social workers, psychologists and a few nurses. Victims of violence often need competent counselling and qualified support from the people helping them. Thus, shelters are in need of skilled personnel as well as the financial basis of employing these.

Services for rape victims in Denmark

Based on a political initiative in 1998, the National Board of Health formulated a set of requirements for public centres for rape victims.

A centre for rape victims should offer the following:

1. Open 24 hours
2. Receive men and women
3. Nurses and medical doctors to help and examine victims.
4. Referral from other authorities is not required.
5. Police report is not required
6. Forensic medical examination and documentation of consequences is offered.
7. Possibilities of staying at the centre at night.
8. Cooperation with psychologists and social workers able to meet with the victims no more than a few days after the rape.

A rape victim is received in the emergency department or the gynaecological department in the hospital. She can come by herself or be referred by GP or on-duty doctors. If she has contacted the police, the police will refer her to the centre. All centres demand the contact to be within 48 hours following the rape.

Following medical examination and treatment, a nurse and gynaecologist will inform the victim of her options for support and advice from medical doctors, social worker and psychologist. All victims have right to consultations with the centre's medical doctor, and at least one consultation with the psychologist. The social worker can inform of options regarding police reporting and court cases etc.

At present, there are centres in eight hospitals. The table below shows how they are organised. Most centres cooperate with the local forensic medical institute, as often a forensic specialist is asked to document the injuries following the rape. Treatment, advice and follow-up are carried out by gynaecologists associated with the centre.

Centres for rape victims, Denmark 2004

	Date of establishment	Receive patients in	Number of contacts in 2001	Number of contacts in 2003	Employed personnel	Medical follow-up	Agreements of referral
Copenhagen	March 2000	Gynaecological Department State University Hospital.	234	257	Gynaecologists during daytime Nurses from Gynaecological dept. Psychologist. Social worker. Gynaecological on-duty doctors Forensic specialists on call	Centre for rape victims State University Hospital (Gynaecological dept.)	
Hillerød	Nov. 2001	Gynaecological out-patient ward, Hillerød hospital	4	45 (some referred from Copenhagen)	Nurses from Gynaecological dept. (No acute examinations)	Centre for rape victims. Gynaecological nurses and MDs in Hillerød hospital	Private psychologists (free of charge)
Rønne				4	Nurses in emergency ward. Coroner on call from Copenhagen	GPs or Gynaecologists in Rønne Hospital	Psychologist in Rønne Hospital
Odense	Nov. 2000	Gynaecological Dept. Odense hospital	43	40	Nurses from Gynaecological dept. Forensic specialists on call	GPs or Gynaecologists in Odense Hospital	Psychologists or psychiatrists at Odense hospital
Kolding	2001	Emergency department Kolding hospital		28	Nurses in emergency department. Coroners on call from Odense	GPs	Private psychologist (charge)
Århus	Nov. 1999	Emergency department, county hospital	105	117	Nurses in emergency department Psychologist. MDs on call Forensic specialists on call	Gynaecological Outpatient ward in Skejby Hospital	
Ålborg	2000	Emergency department, Ålborg hospital	43	30	Nurses in emergency department MDs on call from Århus	Gynaecological nurses and MDs Ålborg hospital	Private psychologists (free of charge) and social worker in Ålborg hospital
Herning				14	Nurses from emergency department Forensic specialists on call from Århus	GPs	Private psychologists (free of charge)

Treatment of perpetrators

Programmes for violent men are relatively recent in Denmark. During the past few years, there has been an increased focus on perpetrators and the possibility of preventing violence against women by treating the perpetrator and changing his pattern of behaviour. However, few men have so far accepted the offer of treatment and counselling.

The Danish model for treatment of violent men is based on a voluntary principle, contrary to the US, the UK and Canada, where treatment is obligatory for violent men. Thus, nobody is forced into treatment in Denmark; it is generally motivated clients who participate in treatment programs. Unlike in Canada for example, no treatment initiatives are offered within the criminal justice system. Little research exists regarding the effect of treatment on the perpetrators and regarding the perpetrator profile in general.

The aim of all existing treatment measures is to strengthen the perpetrator's abilities and motivation to reject violence. They give perpetrators the understanding that alternatives to violence exist. It is often stated that men's perceptions and definitions of violence are part of the problem. For example, men experience violence as an isolated event, while women experience violence in a larger, ongoing context. Also, men often trivialise their violence and often fail to comprehend and acknowledge the consequences of their violence for the victimised woman. Studies have shown that violent men tend to focus on the individual act of violence and do not recognise the psychologically stressful periods preceding the violence, for the woman. It is a pervasive problem that many men do not perceive themselves as being violent and therefore cannot take responsibility for future violence avoidance.

The main principles in the treatment of violent men are:

- Focus on the violence as a whole (not an isolated event)
- Focus on taking responsibility for the violence
- Focus on the context in which violence occurs
- Focus on the consequences of violence

Above all, violence is a male phenomenon, as all types of violence are characterised by male domination. The extent to which violence is analysed either as a gendered, or as a social problem varies, however.

Several questions arise in the context of treating violent men. For example, could it be dangerous to allow some perpetrators to participate in treatment programs, if their motivation is not genuine, and treatment rather 'refines' their violent behaviour? How is the treatment effort evaluated? What is the criteria for success: reducing the violence or a complete stop of the violence, and how is this reliably measured?

The Norwegian treatment centre Alternativ til Vold ('alternative to violence')

in Oslo was established in 1987 and was thus the first organization in Europe to offer treatment to violent men. The centre offers psychological treatment of violent men. Treatment is optional, so most clients participate of their own free will. The centre offers individual as well as group therapy.

"Alternativ Til Vold" is based on pro-feminist principles, as well as an experiences from past gender research. The overall aims are to make violence against women visible, to contribute to a reduction of violence, and to emphasise that violence against women is a societal problem.

This understanding of violence positions the violent man as responsible for the violence. Although most violent men have been subjected to violence or have witnessed violence during childhood, "Alternativ til vold" rejects using these events as a causal explanation or as an excuse for violence perpetrated in adulthood. They may be viewed as a key to understanding the violence, but the man must be held fully responsible for his own violence. Violence against women should not be seen as the result of the man losing control; rather it should be viewed as a strategy used by the man to acquire power and control.

Isdal (2001) describes the characteristics of violence. Some of the main points are:

- Violence is a normal phenomenon in the interaction between people.
- Violence is hierarchical and is aimed downwards.
- Violence is a choice although it is not planned.
- Violence is a reaction to despair
- Violence always seems logical to the perpetrator.
- Violence may seem natural, while it is not necessary

In Denmark, three treatment programmes aimed at violent men exist:

"Dialog Mod Vold" ('dialogue against violence') (DMV) was established in 2002. It was established as part of the government plan of action against intimate partner violence and is part of a private organisation, Askovgården.

The treatment is anonymous and free of charge. Men can be referred by shelters, social workers, medical doctors or the police, although referral is not necessary. The treatment lasts for one year. DMV offers individual, as well as group therapy with the male perpetrators, where the focus is on building up the necessary social competence to reject using violence.

DMV focuses on the entire family, but takes the violent man and his problems as a starting point. A letter is sent to the client's partner, informing her of the onset of the man's treatment. She is also given the offer of participation.

The DMV treatment is based on a model in which the client is interviewed about

his life history in order to construct a psychosocial portrait of him. Based on the interview, a decision is made as to whether the client should follow an individual or group therapy programme. The main aim of the therapy is to teach the client to stop himself from choosing violence and to find alternative means of communication instead.

In April 2004, DMV published an analysis of their experiences so far, and based on these, concluded that violent men cannot be clinically diagnosed as being mentally ill. The vast majority of clients had been subjected to violence or witnessed violence during their childhood. Most clients had been violent more than once towards others than their partner, and had been so for several years.

Treatment is completed by about 40 percent of the men attending the centre. By September 2004, 90 men had undergone treatment while 52 men and 18 women were undergoing active treatment at the time. Employed in DMV are 2 pedagogical professionals, one full-time and one part-time psychologist.

"Manderådgivningen"[Men's counselling] in Ålborg was established in 1994, initially as a two-year project, but as a permanent measure from 1999 onwards. It is associated with the shelter in Ålborg. Manderådgivningen offers anonymous and free counselling for violent men, who actively express a desire to change their behaviour. Men from all layers of society attend the centre. A counselling period lasts for 5 to 12 months, depending on individual needs. Counselling takes place once a week during the first 2-3 months. About 10 percent of the men attending the centre do not complete the full counselling period. Those not completing usually drop out within the first month of counselling. In the fall of 2004, Manderådgivningen published a report, in which 9 former clients were interviewed; they generally expressed satisfaction with the counselling and the results.

"Manderådgivningen" focuses on creating a transformation, which enables the man to control his aggressive feelings, so that they do not translate into aggressive actions. In particular, he should learn to recognise his feelings and work through conflicts without using violence. The underlying principle in Manderådgivningen is that lack of self-confidence and poor communication are the main reasons for intimate partner violence. In addition, social status and social heritage also play a role.

The vast majority of clients live in Ålborg municipality. Most are aged 30-40 years. A majority lives together with a partner. Most men are skilled and employed. Only a few were drug abusers. Statistics about the clients can be seen on the web page:**www.manderaad.dk**

Aside from the counselling, Manderådgivningen has offered telephonic counselling and provided telephonic information to journalists, students, social workers

etc. Friends and family of violent men have also contacted the centre. A full time social worker is employed to deal with contacts by telephone and e-mail etc.

"Alternative to Violence" (ATV)

was established December 2003 in Roskilde. The programme builds upon the principles of Alternative to Violence in Norway. It is free of charge.

The aim of the programme is to stop the violence, thereby creating security for the victims: women and children. The violent men are offered treatment and thus the option of finding and choosing alternatives to violence. The offer is aimed at men over the age of 18 who are violent towards their cohabiting partner. The clients should be motivated about changing their behaviour. To be accepted for treatment in ATV, the client needs to approve a letter of information to his partner, in which she is informed that he has started treatment with ATV.

The actual treatment begins with a number of individual sessions, where the problem is discussed, and the forthcoming treatment is agreed. In most cases, the individual sessions are followed by group therapy for a while, however in some cases, the individual sessions continue. ATV can also refer clients to other programmes, if those are more suitable.

The group therapy is to be with 6-8 men and 2 psychologists. The group should meet for 1 hour once a week. A client can stay in the group for as long as he wants. The Norwegian experience indicates that most men stay in the group for 1-2 years.

The individual sessions last for one hour and take place once a week. A client meets with the same psychologist during all his sessions, although this may not always be the same as psychologist as in the very first interview. ATV employs a total of 4 psychologists, together working in the programme for 26 hours per week.

Training professionals

Professionals who are in contact with victims of violence must have broad competence and up-to-date knowledge of the issue to enable them to provide advice and to prevent the post-trauma effects of violence.

During recent years, a number of campaigns and courses have been effectuated in Denmark with a view to strengthening the knowledge of various professions regarding the issues involved in violence, to help ensure that victims of violence can obtain the necessary advisory services within the health and welfare system and from other public authorities.

National information campaign

The Department for Gender Equality has financed a national information campaign which was carried out between December 2002 and June 2003. The Research and Information Centre for Socially Vulnerable organized the campaign in cooperation with the Council for the Prevention of Crime, the National Organization of Shelters for Battered Women and their Children (LOKK) and the Department for Gender Equality.

The target groups of the campaign were local decision makers and professionals employed by the public authorities which are in contact with victims of violence. The information campaign included approximately 2000 professionals who participated in theme days. There were a total of 29 one-day conferences which focused on knowledge dissemination and working on attitudes. Materials were compiled for participants entitled "How do we approach battered families?" which provide a basic overview of issues and good practice for contact with a battered family.

A targeted training programme entitled "Violence in the Family" has been carried out as part of a project for developing methods. The project was initiated and financed by the Ministry of Welfare in three counties and five primary municipalities and included, among other things, a course of from one to three days' duration which targeted professionals in municipal welfare departments and health services, women's crisis centres, casualty wards and police forces, as well as other professionals who come into contact with battered families. Approximately 1300 professionals participated in this training programme.

Other educational activities

The Research and Information Centre for Socially Vulnerable is currently planning a course for municipal employees. The aim of the course is to ensure that key persons at the municipal level can ensure that efforts against violence are followed up and developed. Targeted training of individual professionals and caseworkers is to ensure that available knowledge on the phenomenon of battered families is utilized in practice.

Supplementary training will also be initiated at crisis centres to strengthen efforts being made for women from ethnic minorities. The first phase of this supplementary training will be a questionnaire survey to determine the specific needs of employees at crisis centres. This will form the basis for the actual course which will begin in 2005.

Results

The national information campaign and the various training initiatives have strengthened cross-sector and cross-profession collaboration on battered families. Cross-profession work groups have been established and theme days have been held on violence against women.

Initial experience from the method-development project shows that dissemination of knowledge on, for example, the psychology of violence and tool-oriented instruction, can help break down professionals' everyday assumptions, prejudice and reluctance to deal with violence issues, and to ensure efforts that are both more proactive and better qualified. Among other things, experience shows that, after the course, some professionals have re-evaluated complex cases and obtained tools for use in difficult conversations with victims and perpetrators of violence. Their increased knowledge and understanding of the psychological patterns of violence have led to reconsideration of their own practice and have strengthened their sense of professional responsibility.

The targeted information campaign and courses have included approximately 400 persons. There is a continuing need for training of professionals, including personnel in the school and health sectors. Other future target groups include the judicial system and county authorities which play significant roles in the complicated divorce and child custody cases which often occur in the wake of a family collapse caused by violence.

Part 5. Government initiatives to combat domestic violence. Indicators 6 and 7

On March 8th 2002, the government launched an action plan to combat domestic violence against women. This action plan is the first of its kind in Denmark and consists of initiatives in four areas:

- support for victims
- activities targeting victims of violence
- activities targeting professionals
- knowledge and information.

The action plan activities are financed partially by purpose-appropriated funds. In the compromise reached in February of 2002 by the Christian Democrats, Denmark's Liberal Party, the Conservative Party, the Socialist People's Party, the Social Democrats and the Danish Social-Liberal Party on use of the purpose-appropriated funds for 2002, it was agreed to set aside DKK 10 million annually for the following three years to strengthen efforts to combat violence against women. In addition, the ministries involved earmarked approximately DKK 20 million for the action plan and the October 2002 compromise appropriated DKK 40 million for increasing capacity and improving the quality of services at the crisis centres.

The action plan was compiled by an inter-ministerial work group which was appointed in the spring of 2000. In addition to the Department for Gender Equality which was the secretariat for the work group, it consisted of members from the Ministry of Justice, the Ministry of Domestic Affairs and Health, the Ministry of Social Affairs, and the Ministry of Refugee, Immigration and Integration Affairs. The work group dealt with various aspects of domestic violence and discussed initiatives in the area with NGOs to intensify efforts in the area.

Since publication of the action plans, the work group functions as the coordinator of mutual and inter-ministerial activities and is also to provide a status report on the effectuation of the action plans. This report is an overview of the implementation of the initiatives in the action plan to combat violence against women.

Support for the victims

A study of the capacity at crisis centres and the number of women turned away

On the basis of suspected capacity problems at crisis centres, a study was implemented of the requests for admission to crisis centres and the number of women who were turned away. Compiled by the Knowledge and Research Centre for the Socially Vulnerable, the study consisted of qualitative interviews, as well as a quantitative section of detailed reports of requests for admission to crisis centres

which included national identity numbers. The use of national identity numbers in this delimited project made it possible to determine the extent to which requests for admission may be a request by one woman to several different crisis centres. The data was collected during the last six months of 2002.

The study shows that 25% of all women who wish to stay at a crisis centre cannot be offered a place on their first request for admission, but in some cases must contact several centres – further away from their homes – in order to find a vacancy. The capacity problems are concentrated in Copenhagen and the surrounding Zealand municipalities (which account for 75% of all admission refusals), although central Jutland counties and Funen County also have capacity problems.

Information brochure for battered women

Most people are acquainted with crisis centres, but many women do not know where they can obtain other support. To ensure that battered women know about their possibilities for obtaining support and about their legal rights, an information brochure has been published and distributed. More than one million copies of the brochure have been printed, and it is available in five foreign languages (English, Somali, Turkish, Bosnian and High Arabic).The brochure is the size of a credit card, making it easy for women to carry with them. Since November 2002, the brochure has been available at approximately 5000 locations across the country in places such as welfare centres, police stations, libraries, emergency wards, pharmacies and GP surgeries. The brochure has since been distributed at ladies' hairdressers throughout the country. There have been many positive responses to the brochures, not least from battered women with ethnic minority backgrounds. Brochures are still being sent to previous recipients and to new distributors.

Home pages on violence against women

The home page **www.voldmodkvinder.dk** was prepared to coincide with the launch of the government action plan on March 8th 2002. Among other things, the site contains telephone hotline numbers, links to relevant documents and links to the crisis centres.

In connection with the campaign "STOP VIOLENCE AGAINST WOMEN – BREAK THE SILENCE", the home page was expanded to enable it to function as a main entrance to information concerning the many aspects of issues pertaining to violence against women. The campaign has used posters and signs to refer to the home page created by the Research and Information Centre for Socially Vulnerable in connection with the "Violence in the Family" project organized by the Ministry of Welfare. This site also contains comprehensive information on violence in the family.

Hotline with direct access to the crisis centres

The hotline number 70 20 30 82 has been in operation since March 8th 2002. The hotline is operated by a small number of crisis centres and responds 24 hours a day. Since it opened, the hotline has been professionalized by involving fewer crisis centres and better trained personnel, and has access to translators when necessary. On an average, the hotline is contacted between five and ten times a day. The national campaign "STOP VIOLENCE AGAINST WOMEN – BREAK THE SILENCE", which began in November 2003, refers to the hotline with the text: "For help at any time of day, phone 70 20 30 82".

The "Violence in the Family" project with special focus on children's circumstances

The "Violence in the Family" development project focussing on methods and organized by the Ministry of Social Affairs is currently being implemented in counties of Århus, Ribe and Roskilde, as well as in the municipalities of Roskilde, Esbjerg, Randers, Silkeborg and Århus, under the supervision of the Research and Information Centre for Socially Vulnerable. The primary aim of the project is to strengthen cross-profession efforts for battered families and to ensure that the relevant professionals have the right expertise and knowledge on all aspects of violence in the family. The project will continue until the end of 2004.

A study of special problems of women from ethnic minorities

This study has been part of the comprehensive study of crisis centre capacity. The results are included in the capacity study.

Supplementary training of crisis centre employees to strengthen efforts for women from ethnic minorities

In 2002, women from ethnic minorities comprised approximately 40% of all women staying at crisis centres in Denmark. In addition to increasing translation needs, the rising number of women from ethnic minorities has meant that crisis centre personnel need greater knowledge of behavioural patterns that are influenced by culture and tradition, as well as the special needs of these women during their stay at a crisis centre.

The first phase in this supplementary training has been a study of the needs of crisis centre personnel. It is expected that the study will be concluded at the end of 2004, and that it will form the basis for instruction of personnel at the crisis centres.

In connection with the campaign in November 2003 "STOP VIOLENCE AGAINST WOMEN – BREAK THE SILENCE", a documentary film on violence against women has been produced which also focuses on the problems of women from ethnic minorities in cases of violence. The video targets crisis centre personnel and other interested persons.

Personal attack alarms on offer

Since mid-February 2003, the police have been able to provide personal attack alarms – as a temporary measure – for women who are at risk of becoming victims of violent attacks.

A personal attack alarm is a GPS mobile telephone which indicates a woman's exact location at the nearest control centre.

The alarms can provide both security and mobility for women threatened by violence, since the alarms allow women to be anywhere in the country and still be localized by the nearest police and given assistance.

The theme of equality in municipal language instruction programmes for ethnic minorities

The material "Equal but different" is intended for language centres and other forms of adult courses in language and culture for persons with modest educational backgrounds, and deals with four different equality subjects:

- gender and labour market
- the changing family
- Ude godt - hjemme bedst (A publication entitled: East, West; Home's Best)
- when women and men meet.

On the basis of this material, a seminar for language teachers and organizational representatives of ethnic minorities was held in the autumn of 2002.

Psychology services made available for children at crisis centres

In June of 2003, financial support was made available for five projects at eight crisis centres across the country, enabling them to offer psychological counselling for children and women. To obtain knowledge on relevant ways of offering this type of service, the crisis centres are compiling project diaries for evaluation of the project in 2004.

Funds have been granted to Mødrehjælpen to enable the organization to offer psychological counselling to battered women and their children. Among other things, Mødrehjælpen can offer psychological counselling to women who have been given a personal attack alarm, when relevant.

Establishment of national and local networks for battered women

The Research and Information Centre for Socially Vulnerable began work on the network project for battered women in the autumn of 2003. Currently, there are network groups in Copenhagen, Næstved, Esbjerg, Århus, Skive, Hjørring, Bornholm, Odense, Haderslev and Grindsted. Two additional networks are being established in Slagelse and Sønderborg, respectively. In September 2004, the

local networks formed a national organization known as "Network for battered women". The aims of the network are to:

- work to draw attention to partner violence against women and to combat and prevent such violence
- be a network for women who have been or are being subjected to partner violence in the home
- offer local support to the individual battered woman through listening, by having/displaying an open attitude in each individual situation, by accompanying women to interviews with authorities, etc.

The network has a home page: **www.netvaerk.org** where it is possible to participate in a debate forum on subjects relating to domestic violence. There is also information on the numerous network work groups, for example, the legal rights group, the children's group, the marketing group, etc.

Campaign in connection with the International Day for Elimination of Violence against Women, November 25th 2003

For two weeks beginning on Monday November 10th 2003, the campaign "STOP VIOLENCE AGAINST WOMEN – BREAK THE SILENCE" was evident in the streets of Denmark's 20 largest cities and towns. Large outdoor posters and signs in trains, busses and the underground metro addressed battered women and the general public with the message that violence can only be stopped if we all dare to speak about it. The campaign informed the public that it is possible to obtain advice and counselling 24 hours a day at the hotline number 70 20 30 82, or at www.voldmodkvinder.dk. The message was printed in Danish and four foreign languages (English, Somali, Turkish and Arabic).

The aim of the campaign was to support battered women in taking the first step away from violence. In that connection, information on help and counselling is the first phase in the process. The campaign was also intended to help break the taboos surrounding violence in the home.

Conferences on violence against women

Every year, the government arranges a conference on November 25th to coincide with the international UN day to eliminate violence against women. The conference is part of the campaigns which are also organized in connection with the UN day.

- In 2003, the campaign focused on men's responsibility in combating violence against women. A panel was formed consisting of well-known men from many different areas of public life in Denmark. The aim was to establish that men who do not exercise violence should distance themselves actively from other men's violence against women.
- The 2004 campaign focused on documentation and statistics concerning gender-related violence. At the conference, the government launched a comprehensive database for a large international audience. This current report states

the results from the database which are based on the common EU indicators for violence against women.

Activities focusing on violent partners

Development and establishment of regional offers of treatment for violent men

A counselling service for violent men known as ”Dialogue against Violence” has been opened in Copenhagen. (www.dialogmodvold.dk). ”Dialogue against Violence” focuses on the entire family, but has the violent man with his problems and issues as its point of departure. It focuses on offering counselling for the violent man and continues with comprehensive interview and group therapy, to which men are referred in accordance with a systematic referral procedure.

It is free of charge and fully anonymous to contact Dialogue against Violence which is located at Åboulevarden 58 in Copenhagen. The telephone number is: 28 10 70 70 or 35 39 72 42. The target group is primarily men between the ages of 20 and 50 who are in a relationship in which there are children between the ages of 0 and 14. It is possible to contact the service directly, or to be referred by women’s crisis centres, GPs, emergency wards, the welfare services, etc. Dialogue against Violence is part of the “Violence in the Family” project organized by the Ministry of Social Affairs. This work is continuing and has been expanded in 2004.

Possibility of having violent partners removed from the home

The possibility of removing a violent spouse or cohabiting partner from the family home is included in the government’s new governing basis for legal affairs. The Minister of Justice has requested that the Committee for the Administration of Justice consider the questions pertaining to the rule of law and to compile a legislative proposal with a view to presenting it during the coming parliamentary year. The report is available on the Ministry of Justice web site at **www.jm.dk.**The Law on Removal of Violent and Threatening Partners became effective on July 1st 2004.

Sanctions without prior notice (police restrictions) for disturbing the peace according to Section 265 of the Criminal Justice Act.

The above report also pertains to Section 265 of the Criminal Justice Act. Please see item 14 in connection with this report.

Medical treatment as a condition for suspended sentence.
A work group has been appointed under the auspices of the Ministry of Justice to evaluate this practice. No official assessment is yet available.

Additional offers of medical treatment while serving a sentence.

A work group has been appointed under the auspices of the Ministry of Justice to evaluate this practice. No official assessment is yet available.

Activities targeting professionals

Information campaign for professionals

In close cooperation, the Research and Information Centre for Socially Vulnerable in Esbjerg, the Danish Crime Prevention Council, LOKK and the Department for Gender Equality carried out a national information campaign from November 2002 to June 2003, which targeted local politicians and professionals (police, caseworkers, crisis centre employees, emergency ward personnel, etc.).

The campaign consisted of 27 theme days with presentations, followed by workshops on various aspects of the problem of violence against women.

In addition to instructing professionals in the problem of violence against women, the aim was also to create debate and focus on domestic violence in local media.

Analysis of the efficiency of the current cross-profession collaboration

As a result of the "Violence in the Family" project organized by the Ministry of Social Affairs, experience is being gained in the current forms of collaboration and attention is being drawn to ways in which the authorities can improve their collaboration.

The project has shown that, within the various public sector organizations – from crisis centres to counties and bailiff's courts – there is a broad spectrum in the perception of the problem of domestic violence which naturally results in differences in the way violence is handled. Fortunately, the project has also shown that, despite these varying perceptions, it is possible to establish a foundation for cooperation, provided that specific efforts are made to help the players share their knowledge with each other.

Cross-profession teams

These cross-profession teams have been organized as part of the Ministry's "Violence in the Family" project.

A "tool kit" for professionals

A "tool kit" is being compiled for professionals who, through their work, must help battered women and children who have been subjected to violence. Five "tool kits" are being compiled for five groups of professionals: the police, municipal caseworkers, doctors and nurses, professionals who deal with young children, and professionals who deal with older children.

This ”tool kit” will be sent to these groups of professionals and will also be accessible at: www.voldmodkvinder.dk. An initial abridged version of the ”tool kit” has been distributed at the theme days for professionals as a booklet entitled ”How do we approach the battered woman?”.

Strengthening the collaboration of public authorities with crisis centres

”Collaboration forums” have been established for professionals from public authorities and crisis centre personnel. In addition, the crisis centres and welfare authorities are cooperating in developing projects with a view to helping families that are severely affected by domestic violence. Enabling professionals to improve help to battered families is an important part of these enhanced efforts.

Knowledge and information

An analysis of battered women

Funds have been appropriated for an analysis of the battered women who contact the crisis centres. The analysis is an in-depth study in relation to the existing annual statistics on women at the crisis centres. The study is to shed light on the women’s social and family backgrounds and to provide a description of the patterns in violence against women. Moreover, the analysis is to study women’s problems and situations so particularly vulnerable groups of women, such as elderly women and women exposed to unusually brutal and on-going violence can be identified.

These statistics are being compiled in collaboration between LOKK and the Research and Information Centre for Socially Vulnerable. The results of the study will be made available on its completion in mid-2005.

Yearly statistics on children at crisis centres

Funds have been appropriated for compilation of yearly statistics on the 2000 children who stay at crisis centres annually. The statistics will be compiled on a preliminary basis until the end of 2004. The study is to help shed light on the circumstances under which children in battered families live.
These statistics are being compiled in collaboration by LOKK and the Research and Information Centre for Socially Vulnerable. The results of the study will be made available on completion in mid-2005.

A study of instruction concerning violence against women

A study will be launched in 2004 to establish whether there is any instruction in the problem of violence against women in relevant educational programmes for professionals. The amount and content of any such instruction will also be assessed with a view to providing suggestions for possible strengthening of such programmes. This project commenced in 2004.

A study of the special problems of battered women with handicaps

In 2002, the Research and Information Centre East compiled a study of the problems experienced by women with handicaps when they are subjected to domestic violence, the offers of help currently available, and a survey of literature to reveal existing knowledge. To make it possible to establish the need for offering housing to this group of women, the basis for registration at crisis centres was altered during a period of time to allow assessment of the housing needs of battered women with handicaps.

A workshop entitled "Gender and Handicap" was held at the EU Conference on Handicaps (October 31st to November 1st 2002) which focused on battered women with handicaps. Offers of help for battered women with handicaps have comprised – and will continue to comprise – a special aspect of the help for battered women in general, including theme days for professionals, information brochures and the "tool kit".

The new accommodations in Odense, Århus and Copenhagen provided by the purpose-appropriated funds for capacity and quality improvement at the crisis centres, focus on accessibility and ensure that battered women with handicaps can use these crisis centres.

Conferences on violence against women

In connection with the international UN Day for Elimination of Violence against Women, the government arranges an annual conference on November 25th. The conference is part of the campaigns which are also arranged in connection with the UN day.

* In 2003, the campaign focused on men's responsibility in combating violence against women. A panel was formed consisting of well-known men from many different areas of public life in Denmark. The aim was to establish that men who do not exercise violence should distance themselves actively from other men's violence against women.

* The 2004 campaign focused on documentation and statistics concerning gender-related violence. At the conference, the government launched a comprehensive database for a large international audience. This current report states the results from database which are based on the common EU indicators for violence against women.

Annex

The Seven EU-Indicators in Combating Domestic Violence.

1. Profile of female victims of violence

a. The number of victims according to criminal statistics
b. The number of victims according to surveys
c. The number of fatalities as a result of domestic violence
d. The proportion of domestic violence as a percentage of all violent crimes
e. Any other relevant statistical data concerning female victims and the existence of dependant children
f. Characteristics of the victim:
   i. Relation of victim to the perpetrator
   ii. Age
   iii. Marital status
   iv. Citizenship
   v. Any other relevant background information, e.g. educational background, labour status

2. Profile of male perpetrators

a. The number of perpetrators according to the criminal statistics
b. The number of perpetrators seeking assistance through official or voluntary programmes
c. The number of perpetrators according to surveys
d. Any other relevant statistical data; e.g. the number of perpetrators seeking assistance in the health system
e. Characteristics of the perpetrator
   i. Relation of victim to the perpetrator
   ii. Age
   iii. Marital status
   iv. Citizenship
   v. Any other relevant background information, e.g. educational background, labour status

3. Victim support

a. Counselling-centres
b. Emergency services
c. 24-hours hotline

d. Women Crisis Centres
    i. number of shelters per population
    ii. number of requests for shelter
    iii. number of refusals
    iv. funding of centres
e. Guide on the available support
f. Special police-units/task forces
g. Legal advice for victims
h. Official information on the Internet
i. Support for victims to help re-enter the labour market
j. Health protocols concerning medical care and treatment
k. Co-ordination of the public support system
l. Special support services for vulnerable groups
m. Any other support measures

4. Measures addressing the male perpetrator to end the circle of violence

a. Counselling
b. Psychological/psychiatric treatment
c. Re-socialisation programmes during imprisonment
d. Male crisis centres
e. Any other measures

5. Training of professionals

a. Type of training
b. Target groups

6. State measures to eliminate domestic violence against women

a. Legislation and justice
    i. Current status
    ii. Legislative changes within the last 5 years
    iii. Number of judgements
    iv. Number of convictions
    v. Number of cases dismissed
    vi. Number of successful recourses to civil remedy
    vii. Any other measures
b. Surveys and projects
    i. Projects initiated by the State within the last 5 years
    ii. Other projects initiated within the last 5 years
    c. Policy
    i. Strategy/Action Plan on VAW
    ii. Elements of an Action Plan
d. Awareness raising
    i. Information campaigns aimed at the perpetrator

ii. Information campaigns aimed at the victim
iii. Information campaigns aimed at the professionals working with victims and/or perpetrators
iv. General information campaigns
v. Other awareness activities

e. Budget

7. Evaluation

a. Progress made
   i. Statistical changes in indicators
   ii. Progress-reports on measures taken
   iii. Any other measures to monitor progress

b. Lessons learned

References

Balvig F. (1995). **Ungdom oplever mere vold!** En oversigt over danske voldsofferundersøgelser 1970-94. Jurist- og Økonomforbundets Forlag.

Balvig F. (1998). **Vold ude, på arbejdspladsen og i hjemmet.** Oversigt over resultater fra voldsofferundersøgelsen 1995/96. Information fra Rigspolitichefen.

Balvig F. (1998). **Voldtægters omfang og karakter I Danmark.** En undersøgelse af voldtægtsanmeldelser i 1990, 1991 og 1992 og voldtægtsudviklingen i Danmark. Information fra Rigspolitiet.

Balvig, F. (2000) **Det voldsomme samfund.** Om vold som problem og fængsel som løsning. Bind 1: Fortid og nutid. Jurist- og Økonomforbundets Forlag.

Balvig, F. (2001). **Kriminaliteten i Danmark - i europæisk perspektiv**. Juristen, nr. 7: 263-283.

Behrens H. (2002) **Børn på kvindekrisecentre.** Udviklings- og Formidlingscentret for Udsatte Grupper.

Bjerre L. Jørgensen M.L. (2002). **Vold mod kvinder med handicap.** Formidlingscenter Øst.

Center for Voldtægtsofre. **Årsrapporter 2001, 2002 og 2003.** H:S, Rigshospitalet.

Christensen E, Koch-Nielsen I. (1992) **Vold ude og hjemme.** En undersøgelse af fysisk vold mod kvinder og mænd. Socialforskningsinstituttet; 92:4.

Ejlersen, J. A., Brink, O. & Charles, A. V. (2004) **Vold mod danske og indvandrer kvinder i Aarhus.** Ugeskr.Læger., 166, 2436-2440.

European Action Centre on Politics concerning Violence against Women (2001). **Towards a common European Framework to monitor progress in combating violence against women.** European Women's Lobby.

Fabricius, S., Brink, O. & Charles, A. V. (1998) **Vold i familien.** Ugeskr Læger; 160: 4319-23.

Helweg-Larsen, K. & Kruse, M. (2003) **Violence against women and consequent health problems**: a register-based study. Scand.J.Public Health, 31: 51-57.

Helweg-Larsen K, Larsen HB. (2002). **Unges trivsel i 2002.** En undersøgelse med fokus på seksuelle overgreb i barndommen. Statens Institut for Folkesundhed.

Helweg-Larsen K. (2002). **Vold og seksuelle overgreb.** I Sundhed og sygelighed i Danmark 2000. Eds: Kjøller M, Rasmussen NK. Statens Institut for Folkesundhed.

Isdal P (2000). **Meningen med volden.** Kommuneforlaget, Oslo

Landsorganisationen af kvindekrisecentre. (2003). **Når drømme og håb forvandles til mareridt.** En rapport om danske mænds vold mod udenlandske kvinder og børn.

Kyvsgaard B. (2000). **Offerstatistik og statistik om gerningssituationen.** Justitsministeriet.

Kön och våld i Norden. (2002). Ed.: Eriksson M, Nenola A, Nilsen MM. Nordisk Ministerråd; TemaNord 2002: 545.

Køn og Vold – om voldsforskning i Danmark. (2001). Eds. Rieck Sørensen Å. Videnscenter for Ligestilling.

Minister for Ligestilling (2004). **Ung og køn.** Kønsforskelle i unges udøvelse af vold og udsathed for vold.

Sundaram, V., Helweg-Larsen, K., Laursen, B. & Bjerregaard, P. (2004) **Physical violence, self rated health, and morbidity: is gender significant for victimisation?** J Epidemiol Community.Health., 58: 65-70.

WHO. (2002). **World report on violence and health.** Eds: Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World Health Organisation, Geneva.

WHO. (2004). **Preventing violence.** A guide to implementing the recommendations of the World report on violence and health. World Health Organisation, Geneva.