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Challenges and good practice in data collection on violence against women

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What the Istanbul Convention requires

▸ Comprehensive and coordinated policies to „prevent and combat" all forms of violence covered by the Convention

▸ encompassing all relevant measures to prevent violence against women;

▸ Cooperation with and support for NGOs,

▸ Plus: Regular collection of data for targeted implementation and evaluation.

The uses of valid data for policy

- Assessing the extent and the severity of the problem invaluable for raising awareness;
- Identifying groups that are most affected;
- Estimating how many victims ought to be served by agencies of protection and support;
- Calculating the need for services and resources;
- Monitoring the impact of policy over time.

How can the "real" extent of the problem be measured?

- Administrative data measure only what appears in institutions or NGO agencies;
- Population based surveys are the best measure of prevalence:
- 36 CoE countries report having a survey on VAW or on domestic violence, or both.
- FRA survey in 2013 first EU-wide survey with comparable data –
- But can we compare "real" prevalence, or do the data indicate different awareness levels?

What administrative data are required?

- Parties shall undertake to "collect disagreggated relevant statistical data at regular intervals on cases of all forms of violence" covered by the Convention (Art. 11)
- Data should be disaggregated by sex and age of both victim and perpetrator, and specify the type of violence and the relationship between victim and perpetrator"
- This has been asked in CoE monitoring.

What data are "just out there"?

- Misconception: Administrative date are there, just collect them,
- BUT
  - Each institution has its own recording methods, aiming to be "fit for purpose":
  - There is usually no cross-agency linking and no control of overlap is possible;
  - Most institutions do not specifically record violence against women or domestic violence as such;
  - In a democracy, people who have done no wrong cannot be "tracked" for statistical ends.

What is needed to collect useful administrative data?

- Statistical categories for data collection need to be negotiated between agencies;
- Validity of data depends on awareness and training of professionals who record it;
- Provisions for respecting confidentiality must be in place
- Good support services and safety measures for victims are essential to enabling disclosure

Law enforcement/police data

▸ Any and all unlawful acts that threaten or harm a person *might* be domestic violence, so

▸ Police data on all offences against the person should be recorded and disaggregated.

▸ Within-country this can be usefully compared with data from victimization studies.

▸ But differing criminal codes and police powers mean these data are not comparable across Europe.

Challenges of police data

- EIGE: Crime statistics aim to include "police contact and/or situations deemed criminal by the police" – Those are very different.
- EU study found that in 9 countries, the police decide on a charge or can declare "no crime".
- In most states, police file sent to prosecutor who decides if there is evidence of a crime.
- Police contact can also mean measures of protection/prevention.

Criminal justice statistics

- If domestic violence is not a specific offence (like rape), cases charged, brought to trial, dropped or convicted are not in the statistics.
- Some states now prefer "flagging" d.v. cases at police level so as to follow them through the CJS, but: When do police recognize d.v.?
- Rarely possible to track cases through the CJS, usual to compare total figures annually.
- Note that responsibilities in the CJS vary a good deal across legal systems.

Statistics in the health care system

- Recurring suggestion, perhaps because some Nordic states can collect such data
- In most systems, health damage due to domestic violence is not a statistical category; most do not even record d.v. injuries.
- Insurance-based health systems would have to demand payment by the perpetrator: Often dangerous for the woman.
- There is no automatically existing data set from the health care system in most states.

Data from social protection

- Wide variation in social protection systems.
- NGO-run services likely to have user data, but often with no ID and no case "tracking".
- Statutory agencies funding support (e.g., UK housing authorities) may have fuller data.
- Agencies that pay out need- or means-tested benefits (e.g. income) will also have data.
- All of these cover only those who use the service, and may (should?) be prohibited from providing personal data to any other agency.

Ethical issues

▸ Parties „shall place the rights of the victim at the center of all measures" (Convention art. 7)

▸ Provision of services must not depend on the victim's willingness to testify against any perpetrator! (art. 18)

▸ But in practice we see: health insurers or police pressuring women to name the perpetrator; agencies sharing information without the woman's consent.

▸ Pursuit of data cannot take precedence over victims' rights.

Safety and respect remain central

- Men are violent to known women.
- With good reason, women victims are afraid to denounce their abusers.
- Thus, it is crucial to ensure that the woman is and remains safe !
- Neither prosecution nor support can succeed unless the victim is protected from further violence.

What does this mean for data collection?

- Within each country, develop supra-agency identifiers for categorizing domestic violence;
- Each institution could use these to compile **anonymous** data from its own files, BUT
- Personal data cannot be shared routinely; we must accept and work with the **overlap** of data sets of different agencies.
- Administrative data cannot be used to measure prevalence!

Thank you for your attention!