

**A COMPARATIVE ANALYSIS OF GLOBAL MODELS/SYSTEMS OF
CARE/EMPOWERMENT SERVICES (IMMEDIATE & EXTENDED),
FOR WOMEN SURVIVORS OF
DOMESTIC & INTIMATE PARTNER VIOLENCE (D/IPV)**

- BABA DAS, PhD

Research Fellow (Applied Research & Innovation Dept.,
New Brunswick Community College) -&-

Postdoctoral Researcher (NBHRF & CIHR-MSSU-SPOR)



BACKGROUND & CONTEXT

- **MMFC research (2017)**
 - *First Steps Inc. & Ernst & Young LLC*
 - *Thrive: A Continuum of Care for Women and Children fleeing Violence and at Risk of Homelessness*
 - **Model for continuum of care for women victims – especially long term ('3rd stage') interventions**
- My study: **global examples of - best practices, systems, models and care frameworks – for – victims of D/IPV**

METHOD & SAMPLE (A)

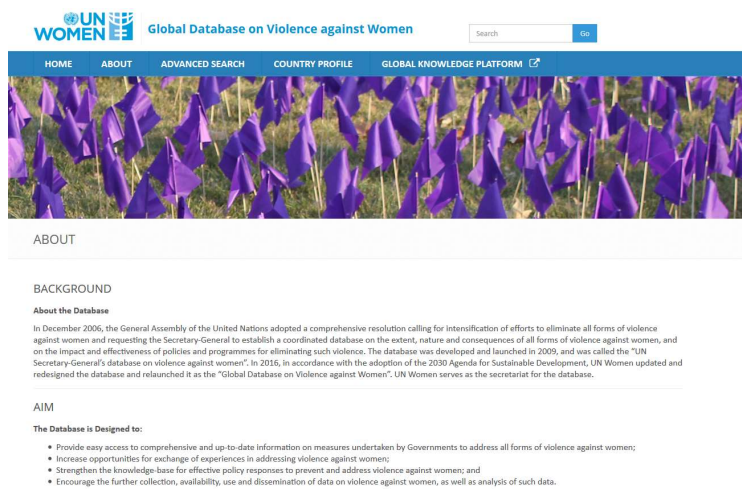
- **How to define 'best' practices? successful model of care? effective intervention ?**
 - **What is the 'metric'? How do we measure 'success' / 'best?'**
 - *low rates of D/IPV ?*
 - *spurious examples ?*
 - **Which countries to focus - for studying successful models?**
 - ***Rates of D/IPV***
 - ***Gender equity (or inequity)***

3

2 metrics –
rates of D/IPV &
Gender inequity

METHOD & SAMPLE (B)

- **Rates of D/IPV: lifetime & past 12 months (2013-14)**



UN WOMEN Global Database on Violence against Women

HOME ABOUT ADVANCED SEARCH COUNTRY PROFILE GLOBAL KNOWLEDGE PLATFORM

ABOUT

BACKGROUND

About the Database

In December 2006, the General Assembly of the United Nations adopted a comprehensive resolution calling for intensification of efforts to eliminate all forms of violence against women and requesting the Secretary-General to establish a coordinated database on the extent, nature and consequences of all forms of violence against women, and on the impact and effectiveness of policies and programmes for eliminating such violence. The database was developed and launched in 2009, and was called the "UN Secretary-General's database on violence against women". In 2016, in accordance with the adoption of the 2030 Agenda for Sustainable Development, UN Women updated and redesigned the database and relaunched it as the "Global Database on Violence against Women". UN Women serves as the secretariat for the database.

AIM

The Database is Designed to:

- Provide easy access to comprehensive and up-to-date information on measures undertaken by Governments to address all forms of violence against women;
- Increase opportunities for exchange of experiences in addressing violence against women;
- Strengthen the knowledge-base for effective policy responses to prevent and address violence against women; and
- Encourage the further collection, availability, use and dissemination of data on violence against women, as well as analysis of such data.

4

- ***Rationale*** - Low rates of D/IPV (historically & currently) = good metric for best practices & models (***for that country***)
- **Show report**

METHOD & SAMPLE (C)

• UNDP Gender Inequality Index



UNITED NATIONS DEVELOPMENT PROGRAMME
Human Development Reports

English

Towards HDR 2019 2018 Statistical Update **Data** Country Profiles Blog News Publications About

Data

- Readers Guide
- Human Development Index (HDI)
- The 2019 Global Multidimensional Poverty Index (MPI)
- Frequently Asked Questions (FAQs)
- Calculating the Indices
 - 2018 Annex Technical Notes
- Understanding the data
 - Developing regions
 - Principles of international statistics
 - Sources of data used
- Data Application Programming Interface (API)
 - Download 2018 Human Development Data Bank
 - Download 2018 Statistical Annex

Gender Inequality Index (GII)

Download the latest Gender Inequality Index Data
View the GIi Frequently Asked Questions

Gender inequality remains a major barrier to human development. Girls and women have made major strides since 1990, but they have not yet gained gender equity. The disadvantages facing women and girls are a major source of inequality. All too often, women and girls are discriminated against in health, education, political representation, labour market, etc.—with negative consequences for development of their capabilities and their freedom of choice.

The GIi is an inequality index. It measures gender inequalities in three important aspects of human development—reproductive health, measured by maternal mortality ratio and adolescent birth rates; empowerment, measured by proportion of parliamentary seats occupied by females and proportion of adult females and males aged 25 years and older with at least some secondary education; and economic status, expressed as labour market participation and measured by labour force participation rate of female and male populations aged 15 years and older. The GIi is built on the same framework as the HDI—to better expose differences in the distribution of achievements between women and men. It measures the human development costs of gender inequality. Thus the higher the GIi value the more disparities between females and males and the more loss to human development.

The GIi sheds new light on the position of women in 160 countries; it yields insights in gender gaps in major areas of human development. The component indicators highlight areas in need of critical policy intervention and it stimulates proactive thinking and public policy to overcome systematic disadvantages of women.

More details on calculation of the GIi are given in [Technical Notes](#).

5

Rationale = Lower gender inequity/ inequality = measure for good practices / possibly low rates of D/IPV

- **Show report**

• **METHOD & SAMPLE (D)**
triangulating
(lowest rates - D/IPV + gender inequity):

- **Spain**
- **Austria**
- **Croatia**
- **Poland**
- **Slovenia**
- **Australia**

- **Denmark**
- **Netherlands**
- **Sweden**
- **Iceland**
- **Germany**

6

2 metrics –

Countries with **BOTH** - Low rates of D/IPV & low gender inequity

- Reasonable measure for success of models/ practices
- I focused on models/ policies/ practices/ systems - of these nations
- **Question – low gender inequity = high violence (e.g. Norway)**

DATA SOURCES

- secondary, tertiary, meta - data
- data from
 - governmental sources (e.g. UN, UNDP, WHO, etc.)
 - researchers, service providers
 - policy documents, manuals, directories, laws, news content
 - Reports - nonprofits, advocacy organisations

CARE MODELS (a)

- foundation of model →
 - acknowledging gender inequality in society
 - Strategies = time bound + integrated + national level
 - robust legal framework
 - outreach + prevention + education

8

Characteristics of successful care models + frameworks

- foundation of model → acknowledging gender inequality in society = key reason
 - *traditional /stereotyped gender roles = D/IPV neglect + tolerance*
- time bound + integrated + national-level strategies
 - *fixed targets + not disconnected + not local / regional*
- robust legal framework
 - *victim protection, compensation, long term rehabilitation = RIGHTS*
- outreach + prevention + education
 - *lessen burden on emergency services*

CARE MODELS (b)

- **E.g. Australia:** *Gender Equality Fund*
- **E.g. Germany:** *model anticipates needs*
- **E.g. Spain:** *law mandates*
- **E.g. Poland:** *constitutional directive*
- **E.g. Iceland:** *compulsory training*

9

Examples of successful care models / framework

- **E.g. Australia:** *Gender Equality Fund (support gender equality in Australia -&- aboard [tied with aid])*
- **E.g. Germany:** *model anticipates (via data) victims' future needs (disability, long term housing, childcare, etc.)*
- **E.g. Spain:** *law mandates perpetrator's sentence far off jurisdiction than victim's*
- **E.g. Poland:** *constitutional directive – federal ministers (Labour and Social Policy, Interior, Health, etc.) responsible for National Action Plan on D/IPV*
- **E.g. Iceland:** *compulsory courses on D/IPV for nursing, psychiatry, midwife, etc. programs*

IMMEDIATE INTERVENTION (a)

- **intervention centers = systematic**
- **widespread, accessible, locally embedded**
- **continuous data/evidence gathering**
- **D/IPV reporting = legally required**

10

Common characteristics for successful immediate interventions

- **intervention centers**
 - *systematic steps - from emergency (law enforcement) to follow up (housing, counseling, medical care, etc.)*
- **widespread, accessible, locally embedded**
 - *constant outreach, center workers - continuous interactions with potential victims, preparatory planning*
- **continuous data/evidence gathering**
 - *shelter capacity & usage, victim or perpetrator background, nature of D/IPV, hospital admissions, etc.*
- **D/IPV reporting = legally required**
 - *doctors, teachers, co workers, neighbors, etc.*

IMMEDIATE INTERVENTION (b)

- **E.g. Slovenia:**
 - *shelters with child delivery*
 - *designated law enforcement*
- **E.g. Australia:** *Specialist Homelessness Service/SHS*
- **E.g. Austria, Germany, Poland:** *locally embedded centers*
- **E.g. Poland:** *national hotline (Blue line)*
- **E.g. Australia, Austria:**
 - *Immigrant / refugee women*
- **E.g. Iceland:**
 - *D/IPV trained medical personnel*

11

Examples of successful immediate intervention systems

- **E.g. Slovenia:** *safe houses/emergency shelters with child delivery*
 - *designated units for D/IPV in law enforcement*
- **E.g. Australia:** *federal govt. Specialist Homelessness Service/SHS (lack of shelter = women tolerating D/IPV)*
- **E.g. Austria, Germany, Poland:** *vast + locally embedded centers (continuous connection + triaging mechanism)*
- **E.g. Poland:** *always accessible + dedicated national hotline (Blue line)*
- **E.g. Australia, Austria:** *dedicated units for immigrant/refugee women + resources in multiple languages*
- **E.g. Iceland:** *D/IPV trained medical personnel (ALL)*

LONG TERM SUPPORT (a)

- **deeply coordinated system**
- **single source services**
- **efficient triaging**
- **interlinked institutions: federal-regional-municipal**
- **mental health = core focus**
- **legal support = free & comprehensive**
- **housing = unrestricted + long term**
- **special employment rights for victims**

12

Common characteristics for successful long-term support

- **deeply coordinated system & single source services**
 - *victims **avoid distress** of approaching multiple institutions/ providers + comprehensive provision of services*
- **efficient triaging**
 - *long term care = **calibrated to victims' need***
- **interlinked institutions: federal – regional - municipal**
 - *integrated services + coordinated action plans*
- **mental health = core focus**
- **legal support = free & comprehensive**
- **housing = unrestricted + long term**
- **special employment rights for victims**

LONG TERM SUPPORT (b)

- **E.g. Germany:**
 - *shelters operated by victims*
- **E.g. Austria:**
 - *long term protection*
- **E.g. Croatia:**
 - *benefits = same as other disadvantaged groups*
- **E.g. Australia:**
 - *integrated national system (Centrelink)*
- **E.g. Spain:**
 - *standardized manual*

13

Examples of successful long-term support

- **E.g. Germany:** dedicated shelters/ homes for disabled victims / victims disabled by D/IPV + operated by victims
- **E.g. Austria:** long term protection – perpetrators = prolonged/forever banned to live/work near victim
- **E.g. Croatia:** victims = same category as other disadvantaged (*urban poor, homeless, rural, etc.*) – same benefits/support
- **E.g. Australia:** integrated national system (Centrelink) – one stop source for ALL services (e.g. *income assistance – also receive psychological care, employment counseling, housing*)
- **E.g. Spain:** standardized manual – used by ALL medical care personnel for providing long term care to victims

LONG TERM SUPPORT (c)

- **E.g. Slovenia:**
 - *long term housing = govt incentives*
- **E.g. the Netherlands:**
 - *long term housing decision = local network*
- **E.g. Croatia:**
 - *legislations for workplace accommodations*
- **E.g. Finland:**
 - *tackle cycle of violence*

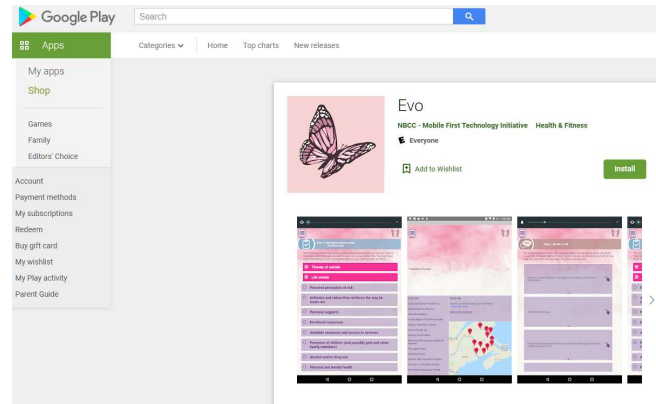
14

Examples – housing, employment, cycle of violence

- **E.g. Slovenia:** private companies incentivized by govt.(civil contracts with conditions) - make subsidized & affordable units for victims for D/IPV (long term housing)
- **E.g. the Netherlands:** 35+ domestic violence advice and support centers/local network (ASHG) = highly empowered + independent (of govt. permission) for housing decisions
- **E.g. Croatia:** victims = disadvantaged (like former addicts, Roma, etc.) in employment/ occupation post violence = legislation for workplace accommodations for victims
- **E.g. Finland:** tailored programs for violent men's groups (divorcee groups, fathers' groups, immigrant men group) – tackle cycle of violence

Thanks &
Questions.

alekhya.das@nbcc.ca



EVO app