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### **Awareness raising activities to fight violence against women and girls**

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# Awareness raising activities to fight violence against women and girls (VAWG) in the Netherlands

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## 1. Introduction

This paper starts with addressing current Dutch policy with respect to violence against women in general, in order to contextualise the main awareness raising activities in the Netherlands (NL).

As a preliminary remark it is fair to say the current social-political and financial-economic situation in the NL is more similar to the UK than Greece, particularly when considering the history of the VAW women's movements (dating back to the early 1970s) and their impact on policy development and approach to VAW in Dutch society. A range of support and awareness raising activities and a few campaigns have been developed in the NL over the past four decades. Some are similar to the practices presented by the UK and Greece. At the same time, on a social and political level, the NL seems to differ currently from the UK and Greece in at least two respects: the declining role of the VAW movement and the decline of gender-sensitivity in Dutch society and politics more generally (gender backlash). In the UK today, as well as in Greece, several independent women's organisations continue in their activism and independent lobbying in the field of VAW. In the NL, independent activist women's organisations are limited in number and scattered. With respect to gender and discrimination they reflect a range in political positions. On a national level two Dutch women's organisations operate more or less as umbrella organisations (Nederlandse Vrouwen Raad – Dutch Women's Board – covering a range of established women's organisations, from moderate egalitarian to faith based conservative women's groups, and women.inc as the platform for various groups of younger women's initiatives, generally gender sensitive).

In the field of VAW the most important organisations are: a group of self-identified highly educated IPV-survivors, active as a lobbying group and aiming to break the taboo of domestic violence (since 2006). Furthermore, grassroots organisations from second and third generation women migrants/ethnic minorities have started, some focusing on VAW within their community (i.e. Turkish and Moroccan women – focusing on domestic violence or hour based violence). Also refugee-advocate organisations of (mostly Somalian) women started their work in the 1990s (addressing female genital mutilation). These organisations often receive (incidental) government or other grants to support their work. A national network of feminist academics/lawyers focuses on legal practice in IPV and sexual violence, and a network of feminist academics is active with respect to writing the shadow reports for CEDAW. The national women's shelter organisation (VON, Vrouwen Opgang Nederland) have evolved as a more or less established (mainstream) organisation (all shelters are directly or indirectly funded by national and local authorities). They represent about 35 dedicated women's DV-shelters operating in the NL and politically the most vocal and prime partner for authorities when discussing policies in the field of domestic violence.

## General background

The Netherlands (16,5 million inhabitants) has a history of active State support in the field of VAW, notably IPV, dating back to the feminist shelter movement of the 1970s. During the 1980s and 1990s, the focus in Dutch policy was on violence against women as a form of *gender based discrimination* and governmental policy focused on intervention and victim support (notably shelters). Besides continuing support for women's shelters, a more active role of the police to intervene with IPV was gradually more foregrounded since the 1990's. An increasingly gender-neutral approach in policy development in this field has developed concomitantly.

In 2002 'domestic violence' was designated as a government responsibility in the Cabinet's White Paper Private violence, public affair. It reflects a historic shift towards more active government involvement in the field of domestic violence, with the Ministry of Safety and Justice as the coordinating Ministry (ongoing). The focus in Dutch policy is on domestic violence, notably between partners or ex-partners (IPV, gender neutral). Although conceptually domestic violence in Dutch policy comprises any form of violence between individuals sharing a household on a more or less regular basis, and therefore can cover forms of child abuse in the family, child abuse is a separate policy domain. (encompassing child physical abuse, child sexual abuse, child pornography and child sexual exploitation, child trafficking). The various forms of child abuse are responsibilities of different Ministries (notably Welfare and Health and Justice and Safety). Child abuse policies are overall gender neutral.

The link between IPV and various forms of child abuse is not yet structurally addressed in policy, although in recent policy plans on domestic violence (2011) it was announced to pay more attention to "intergenerational transmission of abuse'. Violence against girls is addressed in the separate context of child abuse. In the field of VAW. The emphasis in Dutch policies is on domestic violence, honour based violence (HBV) and female genital mutilation (FGM). Sexual violence against women or girls (rape, sexual abuse, sexual assault, sexual harassment) takes up a marginal place in Dutch policies.

## Shelter and victim support services

A fairly well developed system of shelter and support services exists in the NL, focusing on victims of IPV and their children. (state/ municipality funded). In 2012 about 35 women's shelters dedicated to victims of IPV provided shelter to a total of about 15.000 women and children. Besides these dedicated women's shelters, generic shelter facilities also accommodate victims of IPV, although exact figures are lacking. In the NL the discourse on male victims of IPV has intensified over the past years. Specific shelter facilities for male victims are funded as a pilot project by central Govt. as of 2010 (for a maximum of forty victims). First evaluation indicated that these facilities are mostly used by male victims of HBV, FM, trafficking and same-sex IPV. A minority of male victims asking for shelter suffered IPV. Two dedicated shelters for female victims of honour based violence (HBV) have started.

The implementation of the emergency barring order law (2009), as an early intervention to better protect the victim and stop IPV, brought about a surge of active police involvement in the field of IPV and a profound shift towards systemic multi-agency intervention programmes (focusing on the victim, perpetrator and children). The law mandates municipalities to provide multi-agency interventions, which led to specific protocols and programs in which police, prosecution and social work, health care, youth care, shelter services collaborate. This is work-in-progress, and widely

considered as a promising practice to curb repeat violence. The evidence base for effectiveness of this kind of collaborative multi-agency intervention programs, both in the NL and across Europe, is still limited (Römkens & Sosa, 2011). On a day to day level, disciplinary, organisational and financial barriers provide profound challenges. Among professionals there is a growing commitment to invest in this type of multi-agency interventions.

Besides dedicated support services for victims of VAW or IPV, general victim support services (usually provided by volunteers) are available to victims who have filed a complaint with the police (in the NL a minority of about 18-20% of victims of IPV, mostly women, report to the police). Volunteers receive some training with respect to specifics of sexual victimisation and IPV.

The marginal attention paid to sexual violence as an area of policy development is illustrated by the lack of specialised support services for rape victims (no rape crisis centres exist in the NL). In 2011 one hospital (Utrecht) started a pilot project for treating adolescent victims of sexual violence. Rape attrition of rape/sexual assault cases going through the criminal justice system has not been systematically investigated, but available data indicate that this is very high.

Treatment programmes for convicted offenders of domestic violence are receiving increasing attention in Dutch Govt. policies in the context of offender rehabilitation services or as an alternative sanction. In the wake of the barring order law, addressing the perpetrator to take responsibility to stop the violence is gaining more attention. Treatment programs for perpetrators (beyond a criminal legal context) are on the increase. The evidence base of their effectiveness is very limited and not unequivocal.

As of 2005, a network of 35 local Information and Support Centres on Domestic Violence has been set up (Steunpunt Huiselijk Geweld, funded by central government and municipal authorities). On a local level they are the designated institutions to provide information and coordinate services to victims and their family and to provide public education. They are often closely liaised to women's shelter organisations.

Although various telephone help lines exist in the NL, none of them is free and there is no national emergency number for VAW or domestic violence (like 112 for general emergencies or 114 for the Dutch national help line for animal abuse). There is a national helpline for children (free), which is intended for a broad range of children's concerns. The help line for domestic violence, launched around 2009 (5 cents a minute), was initially only available during limited hours and limited periods of time during the year. Now it is 24/7; after office hours it is answered by general crisis-intervention counsellors. Evaluation of the 2010 public campaign on domestic violence revealed that knowledge of the help line number among the wider public is on the increase after the campaign but overall still very limited (Van den Berg et al., 2011).

## Legal context

All forms of VAWG are prohibited in the NL. Mostly they are punishable through existing generic criminal legal provisions (in criminal law: *inter alia* assault, rape, homicide, unauthorised medical performances for female genital mutilation), sometimes introducing specific aggravating clauses to allow more severe sentencing. Dedicated legislation has been introduced to criminalise stalking. Via provisions in civil law various protective provisions are available (protection and restraining orders) and/or administrative law (barring order). All laws are gender neutral.

Only legislation on sexual harassment has been developed in the context of anti-discrimination (equality) law (Equal Treatment Act), and addresses gender inequality explicitly as one of the conducive factors. It builds on the 2005 EU Directive on sexual harassment. Sexual harassment is also the only form of gender based violence for which in Dutch labour law a positive obligation to prevent has been articulated, obliging Dutch employers to have a policy in place which specifies how they aim to prevent sexual harassment in the context of their obligation to limit work stress of a psychosocial nature.

Dutch legal measures against VAW – other than sexual harassment - are not explicitly informed by obligations flowing from binding international (human rights) law. For its gender-neutral focus in the approach to policies on intimate partner violence (IPV) the NL have been criticised repeatedly by the CEDAW Committee as violating its obligations under this treaty. The NL have not yet signed or ratified the 2011 Council of Europe Convention on combating and preventing violence against women and domestic violence. It has been announced by the Minister of Foreign Affairs' (12 December 2011) that the NL plan to do so by mid 2012.

## 2. Current policy context: issues and activities

### Policy: fragmentation

Current Dutch policy developments regarding VAW have a few characteristics relevant to outline when addressing awareness raising and prevention activities in the Netherlands. At the same time they might highlight developments which are within an EU-context not unique to the Netherlands.

- *VAW and gender*: unlike the UK and Greece, the NL currently (spring 2012) does not have an integrated National Action Plan (NAP) on VAW (see also: Turner & Kelly, 2011). The limited 'plan of action' on domestic violence expired in the NL in 2010. In February 2012 the Minister of Justice and Safety announced that a new NAP would be presented by mid 2012. The Ministry of Health presented plans for 'an approach to violence in dependency relations' in the fall of 2011. The Directorate on Gender Equality within the Ministry of Education focuses in their fall 2011 policy brief on gender based violence against LGTB minorities. Overall, VAW and against girls are part of various policy domains and policies are fragmented. The fact that different Ministries are responsible for different forms of VAW in the NL seems to hamper a coherent policy program, and notably a coherent prevention program. Concepts and definitions used differ (cf. '*violence in dependency relationships*', Min. of Welfare, Health & Sports. '*domestic violence*' or / Min. of Safety and Justice and '*violence against women*'/ Directorate Gender Equality/Min. of Education). According to the Dept of Health; policy paper to Parliament, 14 December 2011), domestic violence is problematic because it violates someone's safety, health and trust, notably in family life. The focus on moral and criminal legal aspects of VAW, and the absence of a coherent gender discrimination perspective, has clouded the relationship between VAW and larger social structures of inequality and discrimination as a cause and consequence of VAW, as presented in the path model on perpetration (UK paper). In its recent report on prevention strategies the WHO (2010) underlines that when developing prevention practices the first step is to adequately defining the problem and investigating why the problem occurs. In

current Dutch policy this step is fragmentary and sometimes contradictory. More recently the term DV is neutralised and extended in Dutch policies when referring to 'all forms of violence taking place in the domestic realm', i.e.: intimate partner violence (the main focus), child abuse, elder abuse, honour based violence and female genital mutilation (Ministry of Safety and Justice, 2011).

- *Individualisation*: Current Dutch policy in this field reflects a conservative-liberal political signature. The individual citizen with her/his 'talents' and 'capabilities' to resolve social problems, is the starting point and target of policies. Governmental policies are guided by a rationale to limit governmental involvement in order to maximally enhance the citizen's 'self supportiveness' and to encourage the support of 'family and friends' when trying to overcome domestic violence. At the same time there is a firm 'law and order' focus on police investigation and prosecution of perpetrators, notably of IPV. Both tendencies feed an approach where forms of VAW are predominantly addressed as incidents, albeit prevalent on a large scale. This context leaves limited space for analysis in which links VAW and girls can be linked to the wider social, cultural and economic context of inequality, discrimination and continuing stereotyping of masculinity and femininity.
- *Culturalisation*: over the past years, HBV and FGM have received increasing attention in Dutch governmental policies. Although IPV generally is receiving more attention in public discourse, there is also a tendency to selectively position the issue of VAW as a minority problem. Media as well as policy makers zoom in extensively on undoubtedly severe, yet proportionately limited number of violent incidents in ethnic minority communities. At the same time selective inattention is paid to the vast numbers of 'ordinary' yet severe cases of sexual or domestic violence against native Dutch women. While IPV is increasingly addressed as a gender neutral phenomenon when it affects native Dutch women, VAW in ethnic minorities is often presented as an indicator of the prevalent 'oppression' of women in Muslim communities. The discursive effect is that ethnic (notably Muslim) minorities are constructed as violent and discriminatory against women, while VAW against Dutch women seems to be a relational or personal problem unrelated to gender discrimination (Roggeband & Verloo, 2007; Römkens & Lahlah, 2011). This concern was recently voiced again in the Periodic Review on human rights in the NL, submitted to the UN Human Rights Council by four major Dutch human rights based institutions (*Periodic Review*, 2012).
- *Decentralisation*: Over the past decade, responsibilities for the implementation of national laws as well as for policy developments have increasingly been transferred to lower levels of Dutch administration (provinces and municipalities). This is not always accompanied by transfer of central budgets. This criticism applies equally to policy in the field of VAW. Particularly when transfer of responsibilities is not always accompanied by transfer of central budgets, the effect is that implementation of laws and policies increasingly varies on a local level. When allocation of budgets and implementation of policies and laws is increasingly dependent on local priorities, this negatively affects the consistent implementation of any national policy or law, particularly when it concerns issues which are not part of established mainstream concerns and/or more or less politically sensitive. The absence of a coherent perspective on VAW as a discriminatory form of violence (and therefore as a violation of women's human rights) enhances this tendency. A decentralised approach to discrimination implicitly reflects the notion that discrimination is mainly a local phenomenon. In the recent *Periodic Review on human rights* the Dutch Government was criticised in general for "[failing] to sufficiently check whether the implementation of its policy approach has been successful in preventing and combating discrimination at local level" (*Periodic Review 2012*, 2-3). The different

implementation of the barring order law in the NL, with different levels of protection and support facilities across municipalities, illustrates this problem (the local mayor, in collaboration with the local police, are the responsible authorities for the implementation of the law and for securing a range of support services). More generally, a context of decentralisation is not conducive for the development and implementation of national awareness raising or prevention activities.

- *Secondary (and tertiary) prevention*: the most recent evaluation study on Dutch policy in the field of IPV concluded that prevention is an underdeveloped area in Dutch policy measures (Jongebreur *et al.*, 2011). So far, the dominant focus is on tertiary and secondary prevention: stopping violence which has been going on for quite a while already through provision of extensive victim support programs, intensifying criminal punishment and providing treatment to perpetrators. This will also be the focus of policies for the period till 2015 according to the Ministry's plans as presented in the fall of 2011 (Ministry of Justice and Safety, October 2011). However, efforts to reduce 'intergenerational transmission of abuse' will receive particular attention and this reflects an orientation towards long-term prevention. It is unclear yet which specific measures are foreseen taken to accomplish the latter goal. Over the past five years increasing efforts have been made to enhance *early detection (reporting) and early intervention* (secondary prevention in the fields of IPV and child abuse). Most notable policy initiatives:
  - *Mandatory reporting protocol*: this law (forthcoming in 2012) will make it obligatory for institutions to develop a protocol for professionals, how to report and act upon suspected or knowledge of child abuse and/or any of form violence taking place in the domestic realm (including: IPV, HBV, FGM). Note that this does *not* imply mandatory reporting to the police or any other authority; it is a mandatory protocol within the institution, instructing its employees how to act when confronted with suspected or observed abuse. It aims to accomplish early and more effective intervention to stop or prevent the abuse.
  - *Temporary barring order law* (2009), allowing the police to bar the perpetrator of IPV or child abuse to be barred from the home for ten days (possible to prolonged with 18 days) to protect the victim/s and prevent repeat violence that is threatening the victim's safety, whether or not the violence would meet criminal legal definitions. First process-evaluations conducted in the Netherlands indicate that it is a promising practice which helps to curb repeat violence.

## Current practices and issues affecting future developments

Primary prevention or awareness raising activities in the field of VAW are few in the Netherlands, sometimes initiated by NGOs. At the moment no governmental policy plan is in place with respect to awareness raising. Below we present the most important practices which are relevant with an eye to the future.

- *IPV*: Government initiated public awareness raising campaigns on IPV – posters, and clips on TV and radio – have been held during periods of 6-8 weeks a year as of 2010. Their motto is '*Jointly we can resolve it*' encouraging men and women to seek help together once the violence has occurred. There is no dedicated victim focus. Recent campaigns focus on the role of family, friends and neighbours, encouraging them to break the silence and address violence. Although this

campaign can contribute to prevention, there is no dedicated campaign focusing on primary prevention. A first evaluation of the campaign in 2011 indicated that the impact in terms of knowledge of the campaign among the wider public, its impact on calls for help and recollection of its content was limited and decreased quickly after the campaign stopped (Van den Berg et al., 2011). It is not clear if and how this campaign will continue in the future. Awareness raising activities on VAW or IPV, targeting the public at large, are currently not a priority in Dutch policy. During 2011, the National Federation of Shelters launched its own poster campaign (portraying sunglasses, with the text: “11% wears these even when the sun does not shine”). As of 2012 the Minister of Education, Culture and Science will co-operate and support municipalities and *MOVISIE Netherlands Center for Social Development* the *We Can Young* campaign (We Can = We Can End All Violence Against Women). The campaign, focusing on awareness raising among young adolescents, will run in a few cities across the country from 2012 to 2014, focusing on educational campaigns at schools, encouraging to young people take an active stand against sexual and other relationship violence. The campaign targets boys and girls to foster awareness, to propagate respectful and assertive behaviours for girls and boys, to set and respect other people’s boundaries in a culture of open communication. The ultimate goal is to prevent partner violence and to help reduce domestic violence in the long term.

- *Sexual safety/health/resilience of youth*: a recent awareness raising and education campaign, focusing on youngsters has started in 2011. The Ministry of Health decided to focus on training and educational programs for young adolescents to reduce forced and unwanted sexual behaviour among youth (2011-2015). A poster campaign, supported by a website and including an online game (“Can you fix it?” to learn about sexual boundary setting, <http://canyoufixit.sense.info/>) was launched in November 2011 (motto: ‘*make sex fun and clear*’). Social media (Hyves) are also part of the campaign which is co-funded by the Min. of Health and Welfare and the Min of Education, Culture and Science. It is implemented on a municipal level by public health organisations, and supported by research and training materials developed by NGO’s (Rutgers WPF and SOA Aids fund). On a national level the campaign is not very visible as a consequence of the implementation by local public health organisations. First evaluations indicate that half of the young respondents have seen it and believe that the campaign projects a clear message. The campaigns “*Make sex fun and clear*” and the online game “*Can you fix it?*” was awarded with several prizes. As of 2008 various studies have been commissioned to investigate the impact of ‘sexualisation’ on behaviour of youth and training. This resulted in the development of educational materials (‘the flag system’) to teach adolescents how to interact respectfully when having sex.
- *FGM: awareness raising and prevention*: Over the past few years, several efforts have been developed to train professionals and raise awareness to prevent FGM. A national NGO - PHAROS – plays a key role and receives governmental support through project grants. The primary goals are to improve expertise among professionals, to establish links with community leaders and key-figures and to enhance community ownership to achieve prevention of FGM. Research is one important element and result often feeds directly into training and education of professionals. A range of educational materials to improve early detection of high-risk FGM-cases has been developed, targeting health care professionals in the field of obstetrics and gynaecology. Special attention is given to prevention through awareness raising by actively including and training key figures from high-risk communities in awareness-raising meetings. (e.g. Vloeberghs et al, 2010). A dedicated website on FGM has been launched (‘*focal point genital mutilation of*

girls') containing a wealth of information for professionals<sup>1</sup>. Participants in pilot projects are positive about the perceived impact of their work and their increased understanding of the nature and complexities of FGM. Two challenges remain according to process evaluations. First, realising multi agency collaboration remains a challenge. Inevitable differences in interests and approach between community members and professionals, and diverging professional and organisational habits and cultures among partner organisations complicate collaboration. Second, measuring effectiveness in terms of direct prevention of FGM remains difficult due to methodological problems (representativeness of sample, underreporting). Furthermore the question how changes in attitude translate into behavioural change is difficult to answer. This illustrates the larger question about the relationship between awareness raising and prevention, and how to establish whether, when and under which conditions awareness leads to prevention. That relationship can be very ambiguous and fragile when it concerns deeply rooted traditions. Behavioural change might be a lengthy, time consuming process which requires intensive intervention programmes. In December 2011 research has been commissioned by the Ministry of Welfare and Health to conduct an in-depth study among migrant communities in the Netherlands on how to bring about behavioural change and prevention of FGM. The expectation is that the study can contribute to the development of effective prevention activities while actively engaging the community (The Dutch project seems very similar to the UK based FORWARD campaign).

- *HBV: awareness raising, education, prevention and intervention activities:* The topic of HBV has been the subject of a range of activities in the Netherlands. An interdepartmental program ('*On the good side of honour*') in which migrant organisations collaborated with policymakers, police, the NGO for multi cultural development (Forum) and local community leaders, resulted in a range of policy measures and research. Activities focus on enhancing expertise among professionals and awareness raising and education of ethnic communities (community ownership). For police and prosecutors (binding) *Guidelines* are in place on how to handle cases of HBV. Notably activities which aim to reach out to the community and raise awareness could contribute to primary prevention.

### 3. Transferability of promising/good practices

- *Basic conditions and constraints:* What strikes in the presented examples, in both papers and notably the good practices described in the 'fact sheets', is the width of the range of the activities it involves, its coherent planning and the relatively high level of available funding. Transferability of either plan would depend on three core conditions: securing governmental willingness to develop and implement a *coherent and comprehensive* National Action Plan; adoption of a gender discrimination perspective when developing such a plan (in line with binding international human rights based obligations) and, last but not least, securing the budget for the implementation of the NAP. That is a challenge many countries will find hard to meet. Taking CEDAW as the binding international binding legal framework, the consistent gender perspective underlying the plans/practices in both UK and Greece is attractive. In the Netherlands for example, that is a constraint which notably translates in the gender neutrality and 'couple bias' in awareness

<sup>1</sup> <http://www.meisjesbesnijdenis.nl/supernavigatie/english>

campaigns initiated by the government (avoiding to specify who is the perpetrator or victim of IPV). This is in stark contrast with the public campaign examples of the UK and Greece, which focus on women (as victims, in Greece) and/or men (as perpetrators of SV, UK).

- *Mass media*: mass media do not seem very receptive or open to the need to self-regulate and abstain from a portrayal of (hyper) sexualised women and girls, particularly from sexual violent imagery. Currently, the prevailing argument is that freedom of press, freedom of speech should not be constrained when no law is violated. The discrimination and inequality argument has not worked, and the government does not want to step in. Which strategies have proven to be successful in other countries?
- *Single good practices*: in the discussion papers several practices stood out. In a political liberal climate the effort to enhance employer's engagement to integrate domestic violence into their company's policy is attractive (the Safe Place to go logo). Tentative efforts in the recent past to interest employers in the Netherlands were met with sceptic responses regarding the effectiveness, fuelled by questions whether it was employers' responsibility. To enhance the chance of successfully transferring this practice it would be good to learn more how British employers were convinced to participate. Awareness raising campaigns on the economic costs of domestic violence notably might be one strategy to convince employers of the benefit of such a .campaign/logo.

## 4. Some comments on main questions for debate

- *Awareness raising and prevention*: the UK Awareness raising plan seems to be one the most comprehensive plan/campaign so far. It could serve as an example to reflect on indicators for a good awareness raising plan, both with regard to generic categories of activities, specific practices and tools, and outcomes as well as its relationship with prevention,. A few examples:
  - Which activities constitute awareness raising and prevention? (*inter alia*: public campaigns, education (schools), training (professionals), research).
  - Which tools and which media to use when raising awareness? (written press, radio, TV, posters, Internet/websites, music, social media, role of research?).
  - Which target groups should be distinguished based on which criteria? (range of professionals, (professional risk categories? (i.e. military? Police?), wider public, age/sex/gender/ethnicity (mixed or segregated), disability *et cetera*).
  - Diversity and style? (how to address the range of forms of violence, positive or negative campaigning, how to gender and/or ethnic stereotyping).
- *Outcome evaluation*: although awareness raising and prevention are in a close relationship, it is important to disentangle them. Prevention practices usually involve distribution of knowledge and information (through media campaigns, education and/or training). Prevention cannot go without awareness raising, but the other way around the relationship is more complex. Awareness raising is a necessary but not a sufficient condition for prevention. It seems therefore important to not make

preventive outcomes the sole indicator for success of awareness raising (like: reduction of violence). Awareness raising might initially lead to a change in attitudes, long before it changes behaviour. Some of the results of the *Eurobarometer 2010* are illustrative. Over the last decade the proportion of people finding domestic violence 'unacceptable' in Europe (i.e. the 16 'old' European countries) has dramatically increased: from 63% in 1999 to 84% in 2010. There is no evidence however that decreasing tolerance of domestic violence has led to a decrease in violence. In the same survey a larger proportion (19%) than ten years before (14%) actually reported to 'know' someone who commits domestic violence. This is not to suggest that this signals an increase of domestic violent behaviour. It indicates that increased knowledge and increased intolerance may have a range of effects, including an increased ability to recognise domestic violence and an increased willingness to report it. When measuring the impact of prevention activities it is important to bear in mind that even if they do not immediately lead to reduction of the violence, they might nonetheless lead to steps in the right direction. It seems crucial that outcome measures contain both quantifiable and qualitative measures and deploy adequate research methods, including repeated measurements and longitudinal research to establish reliable trends. The tendency to gravitate towards quick and 'objective' (i.e. quantifiable) outcome measures when evaluating the impact of programs and activities is a serious limitation if we want to achieve valid outcome-evaluations of complex changes over time.

- *Pathways to perpetration and theorising the connection between gender equality and VAWG*: the pathway model on perpetration as developed in the context of the 2010 *Feasibility study* and used as a model in the UK paper, illustrates the complexity of factors simultaneous at work on different levels, ultimately contributing to violence. Since it is not a causal model, it is crucial to realise that interventions which can interrupt one pathway while leaving others unaffected, might still not lead to a preventive outcome. The model underlines the necessity to find a *comprehensive and coherent* prevention and intervention program, addressing the different layers/levels. The heterogeneity of the forms of violence and pathway-profiles of perpetration, complicate the identification of hierarchies in pathways to interrupt. The preference where to interrupt also depends on which perpetrator category to target, and which perpetration one would like to affect with the interruption of a particular pathway. One could argue (both theoretically, based on the model, and also pragmatically) that to focus on the most common pathway active for most if not all forms of VAWG would impact a larger group of potential perpetrators. This focus would most likely lead us to pathways on the macro or meso level. But they might be weak pathways in and of themselves, because without contributing factors on the micro and ontogenetical level, they might not 'lead' to violence. However, prevention activities focusing on the stronger pathways (based on research indicating a more direct correlation between the factor and the violence) might apply to a smaller group of potential perpetrators. If we need to choose, it seems that factors on the macro and meso levels (such as norms regulating masculinity/femininity, poverty, lacking enforcement of laws etcetera) represent important conducive conditions for perpetration, and therefore crucial to address from a preventive perspective. The discussion which factors affecting perpetration deserve priority in prevention work, resonates with the question how to understand victimisation, more specifically how to theorise the relationship between women's victimisation and gender. We might benefit from theoretical understandings coming from intersectionality theories which have convincingly argued that gender is only one of the factors at play when trying to describe and explain why and how women are affected by simultaneous structures of subordination (for example: Verloo, 2006). Pathway models based on empirical research demonstrate the multi-layered relationship between gender and

perpetration. Intersectionality perspectives can help to theorise the complexity of victimisation in relation to gender. The risk of victimisation of women and girls is impacted by a range of social identity markers (*inter alia* class, ethnicity, sexual orientation, age) all of which can constitute risk factors and/or sources of protection and empowerment.

- *The role of VAW as a human rights violation as mandatory subject in educational curricula:* In UN GA Resolution A/59/525/Rev.1. (UN GA, 2005, focusing on Human rights education in primary and secondary schools) as well as in the more recent UN GA Resolution A/HRC/RES/16/1 (UN GA 2011), both CEDAW and the CRC are explicitly listed among the international instruments which constitute core subject of human rights education. Against this backdrop it is an international binding obligation for all EU Member States who have signed and ratified these treaties and a State's duty to educate its citizens on VAWG as a form of discrimination and as one of the most prevalent human rights violations? <sup>i</sup> Paragraph 4 of the 2005 Resolution says: "Human rights education encompasses: (a) Knowledge and skills — learning about human rights and mechanisms for their protection, as well as acquiring skills to apply them in daily life; (b) Values, attitudes and behaviour — developing values and reinforcing attitudes and behaviour which uphold human rights; (c) Action — taking action to defend and promote human rights." When moving towards developing a roadmap on more effective prevention and awareness raising strategies in the EU, it is crucial to take as a starting point the existing international binding obligations for States to educate its citizens and disseminate knowledge on VAW and the girl child as a human rights violation (European Commission, 2010).

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<sup>i</sup> See notably Art. 2 and Appendix to the Resolution, art. 5 b of the 2005 Resolution (A/59/525/Rev.1) Art 5 of the Annex to the 2011 Resolution (A/UN/ HRC/RES/16/1) states: "*Human rights education and training, whether provided by public or private actors, should be based on the principles of equality, human dignity, inclusion and non discrimination, particularly equality between girls and boys and between women and men.*"