



**Male Violence against
Women in Intimate
Relationships in Iceland**
— Report of the Minister of Welfare
(Excerpts)



MINISTRY OF WELFARE

Ministry of Welfare: [Male Violence against Women in Intimate Relationships (excerpts)]
February 2012

Publisher: Ministry of Welfare
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Layout and text: Ministry of Welfare

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ISBN 978-9979-799-48-1

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Introduction

In 2006, the Icelandic government adopted an action plan for measures to combat violence against women in intimate relationships, based on the concept that violence against women affects everyone in society and will not be tolerated. The objective of the plan was to prevent violence against women, to enhance options for women that are subjected to violence and their children, and help men to cease violent behavior. In 2010 a report of the Minister of Welfare on measures under the government initiative regarding male violence against women in intimate relationships was published. The report is a result of a research project on violence in intimate relationships that was carried out in 2008 to 2010. Proposals for government measures and excerpt of the report follow.

1 Proposals for government measures

1.1 Comprehensive policy

The government's plan for measures to combat violence against women in intimate relationships is based on the concept that violence against women affects everyone in society and will not be tolerated. The objective of the plan is to prevent violence against women, to enhance options for women that are subjected to violence and their children, and help men to cease violent behaviour.

The government's policy regarding this issue is based on a overarching vision and coordinated measures. National and local government and NGOs should work together to prevent violence against women and reinforce supportive measures. Special funding should be earmarked for this issue.

Consideration should be given to whether the proposals made here, and research findings, entail a need for amendments to legislation.

1.2 Collaboration team

A collaboration team should be established for a term of three years, to supervise compliance with a coordinated overall policy; collaboration agreements should be made for provision of specified services, and pilot projects should be initiated. The collaboration team should consist of representatives of the Ministry of Welfare, the Ministry of the Interior, municipalities, the police, the Centre for Gender Equality and NGOs.

1.3 Action plans for municipalities

The following measures are proposed to municipalities: Municipalities should establish initiatives for measures against violence towards women. The municipality of Akureyri has made such a plan, which could serve as a model for other municipalities. Akureyri and a number of other municipalities have signed the European Charter for Equality of the Council of European Municipalities and Regions (CEMR). The charter provides for measures against gender-based violence that can be used as a model for initiatives. Municipalities should place emphasis on training for members of the profession whom they employ, as many of these staff work in education of children and provision of social services.

Women in smaller municipalities often have difficulty in seeking help in their own area or home town. Municipalities should introduce collaboration between them, to enable women who experience gender-based violence to make use of services in other municipalities. It would also be advisable for municipalities to collaborate with national government and NGOs on enhancing public awareness and other preventive measures. Municipalities should join forces to provide a number of homes (emergency accommodation), perhaps five apartments in the regions – one in Akureyri (north), one at Egilsstaðir (east), one in Selfoss (south), one in Reykjanesbær (southwest peninsula) and one in Ísafjörður (West Fjords) – for women with children, where they could stay before moving into the Women's Safe Shelter (Kvennathvarfið) in Reykjavík.

1.4 Vigilance project in Suðurnes

The Ministry of Welfare will initiate discussions with municipalities in the Suðurnes region to establish a joint vigilance and action initiative. The survey revealed that the highest prevalence of violence was in Suðurnes, while there was otherwise little regional difference. Various other indicators point to the need for enhanced social services in the area. It has the highest unemployment rate in the country according to the Ministry's Welfare Watch

(Velferðarvaktin); in addition, students in the Suðurnes region performed less well in the PISA European educational survey than those in other regions of Iceland.

1.5 Alcohol policy

The authorities should enforce a systematic alcohol policy with the aim of reducing alcohol consumption and drunkenness, and hence the violence which often arises from it. The most effective preventive measures are price control and restricting access to alcohol.

1.6 Record-keeping

Record-keeping is the prerequisite for knowledge about violence against women in intimate relationships. A centralised data system for the entire country is not practicable, and thus it is not proposed here. However, it is proposed that within each field of public administration which deals with such matters, coordinated record-keeping should be introduced.

1.7 Screening/Search

It is proposed that screening (searching) for women who have been subjected to violence should be introduced at healthcare centres. When some experience of screening has been gathered in selected departments of the National University Hospital (Landspítalinn), a decision should be taken as to whether this should continue and be extended to other departments.

1.8 Addiction treatment clinics

At treatment clinics for alcohol or drug abuse, screening should be carried out to identify men who have subjected their partners to violence, and that should inform their treatment programme. Screening should also be carried out to identify women who have experienced violence in intimate relationships, and such trauma should be taken into account in their treatment.

1.9 Training for healthcare staff

Learning about violence in intimate relationships is included in the study programmes of nursing students. Social workers also receive such training during their studies. Other medical professionals do not receive such training during their undergraduate studies, and this should be introduced. In addition, all healthcare staff should have access to continuing education.

1.10 Training for teachers

Children are both victims of violence and witnesses to it. Such experiences can have an impact on their development and environment for growth. Teachers interact with children on a daily basis, and in the study of primary schools they expressed their desire to enhance their ability to assess the wellbeing of children. These wishes should be met with special courses for teachers, held by the state, municipalities or teachers' continuing education funds.

1.11 Training in undergraduate programmes for professions

It is necessary to include training about violence against women in undergraduate study programmes for various professions, for instance in the studies of doctors, lawyers, teachers and clergy.

1.12 Public awareness

The Ministry of Welfare and the Centre for Gender Equality should organise an annual educational day for the public accompanied by an advertising campaign.

1.13 Therapy for violent men

The male therapy programme Men Take Responsibility (Karlar til ábyrgðar) should be placed on a permanent basis. This programme has now proved its effectiveness. From 2006 to the end of 2010, 122 individuals have attended one or more consultations. The number of individual consultations in 2010 was 173, plus 12 consultations with a partner.

The treatment programme is based at the Centre for Gender Equality and is financed on an annual basis. This important preventive project needs to be firmly established by the government by making an agreement with the treatment providers for several years at a time.

It is essential that a formal external evaluation be carried out on the results of the programme.

1.14 Emergency trauma assistance for children living with domestic violence

The Government Agency for Child Protection is now establishing a one-year pilot project in the Reykjavik area to provide immediate support to children who live with domestic violence. The Agency will seek co-operation with the police and child protection committees to hire specialised staff to be on call and respond when the police are called to homes due to domestic violence, and children are found to be present. The role of the staff member will be to attend specifically to the child, and ensure that he/she receives support within 48 hours.

If this project proves to be successful, it must be placed on a permanent basis in Reykjavík, and established all over the country.

1.15 Women from other countries

A collaborative project should be launched together with the Women of Multicultural Ethnicity Network (W.O.M.E.N. in Iceland), to serve the needs of women from outside the EEA, to establish a telephone helpline for women who are subjected to violence and do not speak Icelandic, and have little knowledge of Icelandic society. Women from other countries must be assisted in two ways: by preventive measures and follow-up measures. Preventive measures include Icelandic lessons and assistance in adjusting to Icelandic society. The follow-up should include provision of information and advice. Women must be informed, for instance, that they can seek counselling and support from social services, and assistance in finding accommodation and applying for Rent Benefit, without placing their residence permit at risk. Only if a woman receives financial support from public funds will she be at risk of losing her residence permit.

1.16 Older women

The surveys did not address issues of older women specifically. Violence against older women needs to be considered in general, and violence in intimate relationships is part of that.

1.17 Women with disabilities

Women with disabilities are a diverse group and it is advisable that violence against them in intimate relationships be researched as part of general research on women with disabilities.

1.18 Lesbian women

Information on violence in women's same-sex relationships was not sought specifically. It is advisable to do so as part of general research on lesbian women.

1.19 Mediation

Special consideration should be given to establishing a mediation pilot project. A small working party should be appointed to make proposals for mediation. The preventive effect of mediation is substantial, since it helps women that are subject to violence, the men who inflict violence, and especially the children involved. Mediation is believed to be helpful both to couples who are separated and to those who intend to continue living together.

1.20 Non-governmental organisations

The contribution of non-governmental organisations (NGOs) whose focus is on care for who have experienced violence, is invaluable and indispensable. It is therefore vital that the government and municipalities support these NGOs financially in an organised manner so that their valuable energy is not expended on fundraising, as is the case at present.

1.21 The Women's Safe Shelter

In all studies of public services, the work of the Women's Safe Shelter was praised in particular. The Shelter has also undertaken extensive training activities for members of professions, NGOs and the public. Though it is located in Reykjavík, the Women's Safe Shelter also serves the rural communities and it provides shelter for women from all over the country. The Shelter's work appears to be so stable and well-established that it is recommended that national and local government undertake to make longer-term collaboration agreements. Such an agreement would include new projects, such as participation in the vigilance programme in Suðurnes.

2 Research: Violence by men against women in intimate relationships

Since the 1970s, when the hidden violence that women had endured from husbands, live-in partners and boyfriends came to light, there has been a huge rise in awareness. Initially little was known about the scale of this type of violence, and research was mainly directed at revealing its nature. But before long it became clear that violence in intimate relationships was a global problem. One of the first Nordic research projects in this field was conducted in Iceland in 1979. Based on patient records from the Emergency Department at the City Hospital (Borgarspítali, now merged with the National University Hospital) it confirmed that this type of violence existed in Iceland, just as in other countries (Hildigunnur Ólafsdóttir, Sigrún Júlíusdóttir and Þorgerður Benediktsdóttir, 1982).

A publication from the Ministry of Social Affairs (now Ministry of Welfare) about violence in intimate relationships includes a model for violence, which aims to explain the interaction between individual factors and social formulations of violence in intimate relationships (Ingólfur V. Gíslason, 2008). The model comprises four parts: global conditions, society, the spousal relationship and personal attributes. The main explanations are as follows:

General global conditions are believed to have an impact on violence in intimate relationships. War entails men receiving military training, which promotes violence and reinforces notions of masculinity and male superiority. Globally, women have much less power than men and such imbalance between genders is conducive to the idea that women are not equal to men. Traditional, rigid gender roles and the linking of masculinity to domination and aggression may increase or sustain violence against women.

Social and economic difficulties increase stress in general and can lead to violent outbreaks. Unemployment and poverty can be threatening to people's positions and increase stress. Low income is not necessarily the cause of violence, but rather financial worries and stress. A higher stress level in a society increases the chances of women experiencing violence. Most of those who inflict violence have been raised in difficult situations such as poverty, violence and alcohol abuse, and have little education or access to the labour market. In this country, employment was very high until 2008, so unemployment was not a substantial contributory factor. In societies where the idea of superiority of men over women is accepted, women are subject to more violence than in societies where such ideas are rejected. If both men and women contribute to the family income, this type of equality is likely to mitigate violence, also in times of economic and social stress.

Conflict in relationships seems to be marked by interaction between the couple being destructive, and their conversation confrontational in nature. The couples are not able to break out of the vicious cycle; instead the conflicts escalate until physical violence ensues. While the women participate in these destructive patterns of interaction, the interactions cannot be deemed to be between equals. The women tend to withdraw, while male violence is a further attempt to dominate.

Personal qualities are often linked to earlier experiences, circumstances and personality disorders. Experiencing violence during childhood and lack of affection during the formative years increases the likelihood of turning to violence. Alcohol consumption and violence in intimate relationships are also closely linked. Alcohol consumption is disinhibiting, and the greater the consumption the more likelihood of violence. Other stimulants, such as amphetamine, cocaine and steroids, are also conducive to violence.

Another approach is to divide the theories of intimate relationships in two groups: Gender-based power theories and lifestyle theories (Kvavsgaard and Snare, 2007). The gender-based power theory is based on violence against women being linked to coercion, and such behaviour being a gender-based phenomenon that reflects the patriarchy, where the men are the oppressors and the women are oppressed. The United Nations Declaration on the

Elimination of Violence against Women, adopted by the United Nations World Conference on Women in 1995, is predicated upon that theory. This theory is grounded in the view that all societies have a power structure in which men have a dominant position over women. Those who subscribe to this theory have often used it as an argument in their efforts to combat gender-based violence. While the power imbalance between the genders is undisputed, that alone cannot be a sufficient explanation for violence in intimate relationships.

The lifestyle theory assumes that the likelihood of women experiencing violence in intimate relationships is not random or unrelated to location or time. Neither is it only by chance that men resort to violence against women in intimate relationships; rather there are certain risk factors. Lifestyle in this context is taken to mean aspects of daily life such as work, studies, housework, recreation and consumption. Other variables which influence lifestyle are age, gender, income, social status, education and employment. Both individuals and groups adopt diverse lifestyles, and hence their risk for inflicting or being subjected to violence varies.

A report from the Gender Equality Forum (Jafnréttisþing) 2011 states that according to the indicators of the World Economic Forum, published in 2010, the greatest level of gender equality can be found in Iceland (Gender Equality Forum 2011). According to the gender-based power theory, Iceland should thus have the lowest prevalence of violence in intimate relationships. When the findings of an Icelandic survey on violence from 2008, conducted under the government initiative, were compared to an international survey conducted in 11 countries, it transpired that the prevalence of violence was the same in Iceland as in Denmark, although gender equality was measured as slightly greater in Iceland than in Denmark.

Since the first survey on violence was conducted in Iceland in 1996 and until the above-mentioned survey of 2008, no reduction has been achieved in violence against women, as both surveys indicate almost the same prevalence of violence against women. No doubt empowerment of women has served to prevent some violence, while this trend had been cancelled out by other factors conducive to violence, relating more to lifestyle. In the period 1996-2008 women have acquired more power in society (Gender Equality Forum 2011). The proportion of women members of parliament has risen from 25% in 1995 to 32% in 2007. The proportion of women on municipal councils has risen from 25% in 1995 to 40% in 2006. Women's participation in paid employment has risen from 75% in 1991 to 78% in 2008. Women's share of total income has risen from 39% in 1999 to 42% in 2007. The number of women studying was three times higher in 2008 than in 1996. Women have thus strengthened their position in society, and at the same time violence against women has been recognised as a special problem that will not be tolerated by society, and must be addressed. Hence gender-based power theory alone does not explain violence against women; but, by combining it with the lifestyle theory, a better explanation and understanding of violence can be achieved.

Of the factors that increase the risk of violence, alcohol consumption changed the most from 1996 to 2008. Alcohol consumption rose from 4.9 litres to 7.5 litres per person 15 years and older from 1996 to 2007, i.e. 53% over 12 years. About 75% of all alcohol is sold by the State Alcohol and Tobacco Company (ÁTVR) stores, and is thus probably consumed mainly in the home, while about 25% is consumed in restaurants and bars (Nordic statistics 1993–2007). This indicates that alcohol consumption in the home has increased greatly. Both surveys (1996 and 2008) contain information on alcohol consumption. In the earlier survey, around 71% of the women who had experienced severe violence attributed it to alcohol consumption. In the 2008 survey, 48% of the women believed that in the last violent incident the perpetrator had been intoxicated, 4% believed that the man had been under the influence of drugs (illegal or prescription) either 7% believed the man to have been under the influence of alcohol or drugs (illegal and prescription). A total of 41% reported that the perpetrator had not been under the influence of drugs or alcohol. In the women's estimation, 32% of former partners, and 7% of present partners, who had subjected them to violence, were drunk at least once a week. About 26% of former partners used illegal drugs, and about 3% of present

partners. Thus, according to the information provided by the women, the drinking problems of former partners were severe – far more severe than in the case of present partners – and this may well explain why the women left the relationships/marriages.

If post-traumatic stress disorder arising from the experience of partner violence is not addressed, the risk of alcohol and substance abuse is believed to be increased. According to the 1996 and 2008 surveys, the number of women using alcohol and drugs to cope with the experience dropped during that period. In the former survey 22% of the women had used alcohol and 20% had used drugs, but in the second survey, only 14% had used alcohol or drugs. It is possible that women had become better-informed, including knowledge of available assistance, which may have led them to seek other means of coping with their experience, instead of self-medicating with alcohol and drugs.

When the second survey was carried out in 2008, the effects of Iceland's financial collapse had not yet emerged. In the years before the collapse, the economy seemed to be booming, and the feeling in Icelandic society was that many people were "cashing in." Those who were not profiting from the "boom," and were thus excluded from the "game," may have become stressed and frustrated, feeling that they were failing in the rat-race for material prosperity. The gap between haves and have-nots thus grew wider. Such feelings may exacerbate stress and reduce tolerance of irritants, which may lead to violence.

Information on participation in the labour market and education is published in the report from the Gender Equality Forum 2011. In 2008, 87% of males were in employment, but the survey reveals that a lower proportion of violent men were employed, i.e. 77% in the case of present partners, and 82% of former partners. The violent men were therefore not as active in the job market as other men, which may have placed them at a disadvantage. The educational level of men aged 25 to 64 years in 2009 was as follows: 29% had a university degree, 44% had vocational or secondary education and 27% only compulsory schooling (to age 16). The survey revealed that the violent men had less education: 18% of present partners had a university degree, and only 10% of former partners; 54% of present partners had secondary education, and 41% of former partners; and 26% of present partners had only compulsory schooling, as did 47% of former spouses. The violent men thus tended to have less education than other males – especially in the case of violent former partners – and this may have placed them at a disadvantage to other men in the social context.

3 Six studies of male violence against women in intimate relationship

At the request of the Ministry of Social Affairs (now Ministry of Welfare), the Centre for Children and Family Research (Rannsóknastofnun í barna- og fjölskylduvernd, RBF) undertook a study of male violence towards women in intimate relationships. The objective of the study was to acquire knowledge about the nature, scope and consequences of physical and sexual violence that women experience from men. This report looks mainly at violence in intimate relationships, but it also includes some information on women not in intimate relationships. The conclusions of the report are based on a telephone survey of a random sample of 3,000 women from Registers Iceland, aged 18-80 years, in all parts of Iceland. A total of 2,050 women answered, so the response level was good, i.e. 68%. In general, the respondents seem to be representative of the population regarding age and geographic area. A flaw in the study is that women of foreign origin who did not speak Icelandic could not be included, as they were unable to answer the questions; these women comprised 4.9% of the sample. Data collection took place from 22 September to 7 December 2008.

The survey is based on the International Violence against Women Survey (IVAWS), which was initiated by the United Nations; the questions were developed by an international research team under the leadership of HEUNI (European Institute for Crime Prevention and Control, affiliated with the UN). The questions have already been put to women in 11 countries: Australia, Denmark, Costa Rica, the Czech Republic, Greece, Hong Kong, Italy, Mozambique, the Philippines, Poland and Switzerland (Johnson, Ollus and Nevala, 2008). Violence in intimate relationships is a grave international problem, and the fact that an international instrument of measurement was used in the research project gives it more weight, as it is possible to compare the prevalence of male violence against women in Iceland with that of other countries. In the discussion that follows, the results will be discussed and compared to the survey of the Ministry of Justice from 1996 where applicable.

3.1 The extent of violence against women

In the survey, 42% of the women reported being subjected to violence at some point since the age of 16, while about 4% reported the violence had occurred in the last 12 months (autumn 2007 to autumn 2008). If the proportion is extrapolated to the total Icelandic population of women aged 18-80 years on 1 December 2008 (Statistics Iceland), this means that 44,000 to 49,000 women in this age group have been subjected to violence of some kind during their lives. About 30% of the women reported physical violence and about 24% reported sexual abuse. These proportions mean that about 30,000 to 35,000 women aged 18-80 years have been subjected to physical violence during their lives, and 24,000 to 29,000 to sexual abuse. Around 13% of the women reported sexual assault in the form of rape or attempted rape (equivalent to 12,000 to 16,000 of all women). Approximately 3% of the women had experienced violence in some form during the past twelve months (autumn 2007 to autumn 2008); this indicates that about 2,600 to 4,400 women were subjected to violence during that time.

3.2 Violence against women in intimate relationships

A little over 22% of the women reported experiencing violence in an intimate relationship¹ at some point since turning 16. This represents 23,000 to 27,000 women in Iceland experiencing violence in an intimate relationship at some point in their lives. About 20% of the women had been subjected to violence by an intimate partner (about 20,000 Icelandic

¹ Violence in intimate relationships comprises violence at the hands of a previous/present spouse, live-in partner or boyfriend.

women), and about 6% had experienced sexual violence from a partner. The total proportion is higher because some women had experienced both physical and sexual violence. Between 1 and 2% of the women had experienced some form of violence from their partner in the last 12 months, which is equivalent to 1,200-2,300 women being subjected to violence of some sort in an intimate relationship. Relatively more women had experienced violence from a former partner (19%) than a present partner. The women had generally experienced the violence during the relationship (16% had experienced some sort of violence, 14% physical violence and 5% sexual abuse). Slightly less than 3% of the women experienced some sort of violence after the relationship ended, and about 2% both during and after the relationship. The higher number of women who have experienced violence from a former partner (husband, live-in boyfriend or boyfriend) indicates that in most cases women leave an intimate relationship when subjected to violence. Differences in the women's place of residence or participation in paid employment are not reflected in any statistical difference in prevalence of violence. Differences in women's earnings are not reflected in prevalence of violence, except for the fact that women who had experienced violence in the previous 12 months had a lower income than those who had not. Of women who have been subjected to violence, a higher proportion are now divorced (51%), as against those who are married (17%) or neither married nor divorced (18%). This reflects the fact that most women who experience violence in intimate relationships seek a divorce or leave the violent relationship. Significantly more women in the age range 25-44 (24%) and 45-64 (24%) have experienced violence than those aged under 25 (17%) and 65-80(11%). This may be due to the fact that women over 25 are more likely to be in a permanent relationship. It also more common for women who have been subjected to violence to have a lower household income than those who have not.

When asked about the latest violent incident, it transpired that women who experienced partner violence were most commonly subjected to violence in or near their home (67%). About 75% of the women deemed the incident to be very or quite serious. Most commonly this involved superficial scratches (58%), bruising (36%), bone/nose fractures (11%) or cuts/burns (11%). About 5% of the women were pregnant when the latest violent incident took place, and 15% had used alcohol or drugs to cope with the violence.

3.3 Where do the women seek help?

A little over 21% of the women who were subjected to violence had turned to NGOs and agencies which are able to assist women in their situation. Most of them sought help from the Women's Safe Shelter (6%) and the Stígamót Education and Counselling Centre for Survivors of Sexual Abuse and Violence (4%). The vast majority who sought help at the Women's Safe Shelter (77%) or Stígamót (65%) found it helpful. While only a minority of the women sought help from NGOs or other agencies, it transpired that the majority (77%) had told someone about the violence. Few women reported the incident to the police (13%) but in 4% of cases the police received information about the violence by other means. A total of 65% of the women who reported the incident to the police were satisfied or very satisfied with how the police handled the case. Half the women thought the police had done all they should in helping them, while 17% of the women felt that the police should have listened better or taken their report more seriously, and 11% would have wanted the perpetrator arrested.

3.4 International comparison - Violence in an intimate relationship

The lifetime prevalence and one-year prevalence of partner violence was comparable in Iceland and Denmark. Altogether, 22% of women had experienced some form of violence in both countries; 21% of Icelandic women and 20% of Danish women had been subjected to violence during their lifetime, and in both countries 6% of women had experienced sexual abuse. No Danish or Icelandic women mentioned being subjected to sexual assault in the last 12 months, while 2% of the Icelandic women and 1% of the Danish women reported

experiencing physical violence in the last year. In both countries a very small proportion of the women reported the violent incident to the police. In Iceland, 8% of the women reported to the police an incident of violence by a current partner, and Danish women did so in 13% of cases. Icelandic women were more likely to report violence by a former partner to the police (14%), while Danish women did so in 10% of the cases. This indicates that the scope of violence cannot be deduced from police reports.

3.5 Extent, nature and consequences of violence against women according to relationship with perpetrator

About 10% of women in Iceland had experienced both partner and non-partner violence. About 4% were victims of violence both from current or former partners and others, about 3% had experienced sexual violence, of whom a little over 1% had experienced rape or attempted rape. It is therefore clear that in some cases the subjects are the same women when discussing women who have experienced partner and non-partner violence.

When violence against women was considered according to the relationship with the violent man, it transpired that women were more commonly subjected to violence by a former partner (16%) than a present partner (4%), and a higher proportion of women experienced sexual assault by a friend, acquaintance, boss or workmate (11%) than by a family member other than a partner (3.5%). A slightly higher proportion experienced sexual assault (8%) than physical violence (6%) by strangers.

The results show that 84% of the incidents of partner violence occurred in or near the home of the woman or the perpetrator, or another person's home, as against 46% of non-partner violence. It was also common for the latest incident of non-partner violence to have taken place in a bar or club (14.5%), a workplace (13%), and in 8% of cases in the street or an alley. A higher proportion of women in an intimate relationship considered the latest violent incident to be very or quite serious (75%), as against women who experienced non-partner violence (67%). A rather higher proportion of women subjected to violence by a present or former partner reported receiving superficial scratches or grazes (58%) from the latest violent incident, as against 52% of those subjected to non-partner violence. On the other hand, 10% of those who experienced violence from a partner or former partner had experienced head/brain trauma, as against 15% of the women subjected to non-partner violence. Comparison of the nature of violence revealed that the violence inflicted on women in intimate relationships most commonly consisted of pushing, grabbing etc. (65%), while women not in an intimate relationship most commonly reported unwanted sexual touching (54%). A larger proportion of the women not in an intimate relationship with the violent man (67%) believed that he had been under the influence of alcohol, drugs or both during the latest violent incident, than the women who experienced violence from a present or former partner (59%).

3.6 Where do the women seek help? Analysis by relationship with the perpetrator

About 90% of the women who experienced non-partner violence did not contact any NGO or agency which can assist women who have experienced violence (as against 21% of the women who had an intimate relationship with the perpetrator). The women sought help from friends (55%), a close family member (51%) or another family member (15%). These proportions are very similar to those for women who are abused by a present or former partner. Despite the fact that 30% of the women regarded the violence (partner or non-partner) they had experienced as a crime, only 13% reported it to the police. The most common reason for not doing so was that the women felt the incident to be too trivial (56% non-partner, 44% partner), and some women dealt with the violence themselves or with the help of friends (15% non-partner, 20.5% partner). Of those who reported the violence to the

police, only about 34% of the women were satisfied with how the police handled the case (both partner and non-partner incidents).

3.7 International comparison – Non-partner violence

Far fewer Icelandic women (29%) than Danish women (37%) had experienced non-partner violence. The difference is manifested especially in physical violence: 16% of the Icelandic women had at some point in their lives been subjected to violence, compared to 22% of Danish women. The difference is less in the case of sexual abuse: about 21% of Icelandic women and 23% of Danish women had at some time been abused sexually by a non-partner. A higher percentage of Icelandic women (19-24%) than Danish women (10-11%) had sustained physical injury during the latest violent incident; and a similar percentage of women, (8-18%) in Iceland and (10-18%) in Denmark had reported the incident to the police.

4 Studies in four fields of public administration

In exploring the options and services available to women who experience violence, no comparable studies from other countries are available to provide a model. Such wide-ranging studies are few, and little research has been carried out on what serves women best in dealing with the consequences of violence, or what preventive measures are most effective. Welfare services, schools and health service, systems of law enforcement and activities of NGOs vary greatly from country to country, and therefore it can be difficult to apply findings from one country to another.

In preparation of the studies, a decision was made to try to acquire as comprehensive a picture as possible of services available in Iceland to women who experience violence in intimate relationships. To this end, interviews were conducted with staff from social services and child protection services (one study), primary/lower secondary schools, healthcare services and the police.

The aim was to elicit information on record-keeping, services and support that is offered, and improvements that are regarded as desirable. The focus was mainly on general services but specialised services aimed at specific groups were also considered.

Even though information was elicited on services available to all women, efforts were also made to gather information on support for women with disabilities, elderly women and women of foreign origin who have experienced violence. Care provided to children living in violent households was also explored.

The survey showed that few of the women who had experienced violence said they had sought help from NGOs or public agencies. Those who had sought help from the Women's Safe Shelter, the Stígamót Education and Counselling Centre for Survivors of Sexual Abuse and Violence, doctors, psychologists or other counsellors were very pleased with the assistance they received. It is therefore important to ensure the future of these services.

The majority of the women told a close family member, a friend or a neighbour about the violence. They also informed members of professions. This reveals two facts: Firstly, women turn to those closest to them, which is natural when violence occurs, as in other setbacks in life. Secondly, many members of society are close family members, friends and neighbours of abused women, and hence the public in general has considerable knowledge of violence in intimate relationships.

Only 13% of the women suffering violence in intimate relationship reported the incident to the police, but the majority who did so were satisfied with their response.

4.1 Social services and child protection services

During the study, staff from social services and child protection services in nine Icelandic municipalities were interviewed. The aim was to obtain an overview of how these bodies respond to women seeking assistance for domestic violence, and elicit ideas for improving them.

The main results were as follows:

- Children often seem to be the reason for requesting assistance from social services, and childless women rarely do so. Children living in the home are also the reason for notifications from others.
- Record-keeping on domestic violence is inadequate, and it is not possible to acquire data about the number of women who seek help for this reason.
- Limited information is available about violence against groups of vulnerable women, i.e. elderly women, women of foreign origin and women with disabilities.

- The Women's Safe Shelter is deemed the most important collaborative partner in cases that relate to domestic violence, and there is great confidence in the Shelter staff.
- Mental abuse of women is believed to have increased in recent years, but it can be difficult to expose such incidents and provide women with the assistance they need.
- In cases of domestic violence, special consideration is given to the position of children in the home, and providing them with support.
- Many respondents are of the view that when people seek assistance with respect to domestic violence, alcohol is a factor in most instances.
- There is a need for more knowledge and training about domestic violence, both for counselling staff at social services and child protection agencies, and also for home-help and home-nursing personnel, and collaborating agencies, such as preschools and police.

Municipal social service agencies do not keep systematic records of cases that involve violence against women in intimate relationships. Women are not asked if they have experienced such violence; instead it may often emerge when women are interviewed regarding other matters. There has been no suggestion that women should routinely be asked about this (screened) when they seek assistance from social services.

It seems that women rarely seek assistance from social services due solely to violence; they often ask social services for help with practical matters, which may turn out on closer examination to be related to such violence. It is often because of their children, or because notification has been made by another person regarding the children, that women seek help from social services; in those circumstances the case falls at least partly under child protection legislation.

Social services have various resources to help women who have experienced violence in intimate relationships. With regard to the violence itself, they offer counselling either within or outside social services. Some municipalities run self-esteem therapy groups. In larger communities, these matters are often handled by teams, or by more than one staff member. These cases are perceived as complex, and guidance for staff is deemed necessary. All social service agencies refer women to the Women's Safe Shelter, and in those cases the cost for the stay is paid by them. All the respondents saw collaboration with the Women's Safe Shelter as important, and had great confidence in it. Social services are also able to offer practical solutions under their general system, such as help with housing and financial assistance. These are mainly relevant when a woman has decided to leave the abusive relationship.

Staff knowledge of these issues is generally good, and teaching about violence in intimate relationships has been part of the study programme in social work at the University of Iceland. Knowledge has also grown with increasing public discourse on the subject, but there is a desire for more training, and organised continuing education always needs to be considered.

Groups of women who are particularly at risk for violence in intimate relationships, i.e. women of foreign origin, women with disabilities and elderly women, rarely seek assistance from social services. Social services tend to receive information about violence against the elderly from home-help staff in the homes of the elderly. Women with disabilities rarely seek help due to violence, but occasionally information about it reaches the social services through home-help or home nursing staff who notify them. Women of foreign origin, however, increasingly seek help from the social services for violence, both physical and psychological. In some municipalities they tend not to request financial assistance from public funds, as assistance of that nature may endanger their chance of being granted Icelandic citizenship. In some instances, it was pointed out that women of foreign origin may spring from a different

cultural environment, where attitudes towards violence differ from those prevailing in Iceland. Respondents said that staff may find it difficult to communicate effectively with women from a very different culture.

In view of how well-informed and interested social-service staff are with respect to male violence towards women in intimate relationships, it is noticeable that so few women seek help there solely due to violence, as noted in the study. This indicates that it is necessary to publicise far better than at present the options offered by social services, their expertise and the assistance they can provide.

It would be possible to draw attention through handbooks and pamphlets to the resources available from social services: both practical services such as financial assistance and housing, and counselling. Women should be encouraged to use these resources.

4.1.1 Child protection services

In child protection cases, record-keeping focusses on the children, not the parents, and hence it is not possible to make an analysis of cases based upon the parents' situation. Record-keeping in child protection cases appears to be more systematic in some ways than record-keeping under social-services legislation. Record-keeping has improved especially since the Government Agency for Child Protection introduced a new record-keeping system in 2005. In some municipalities investigation of child protection cases always includes inquiry about domestic violence. In most municipalities, however, this is not the case, and questions are only asked about such violence if there is some indication. When the police are called out, notification is generally sent to child protection authorities.

If a child is a witness, directly or indirectly, to violence between his/her parents, that is recorded as emotional or psychological abuse. The first response of child protection committees is to ensure the safety of the child. Intervention is therefore always based on the welfare and interests of the child. Child protection committees have various means at their disposal, but in certain cases a child must be removed from the home in order to ensure his/her safety. More commonly, however, efforts are made to support the mother and child together, as it is traumatic for a child to be separated from his/her mother under such circumstances. In such a case the mother may be accommodated at the Women's Safe Shelter with her child/children; or efforts may be made to remove the perpetrator from the home. When the mother stays in the home, she can be provided with assistance there, for instance a support family or a personal counsellor for the children. In addition to support measures of this nature for mother and child, child protection agencies are able to access most of the support resources available to social services. Needs are assessed on a case-by-case basis. Cases of this nature are high-priority for child protection committees.

Recently there has been considerable discussion of the fact that children living in homes where their mothers are subjected to violence are generally not interviewed. People are advised to contact the Children's House (Barnahús) Centre for Child Sexual Abuse, operated by the Government Agency for Child Protection, in this context. This is clear from, for instance, a report by Save the Children Iceland (Barnaheill) from February 2011, based on interviews with police, child protection and social services staff. Thus it transpires that police do not usually interview children when called to homes where domestic violence has occurred, unless the children themselves have been subjected to physical violence. Child protection services only meet the children if a decision is made to launch an investigation – i.e. in the minority of cases. Until recently a dedicated staff member at the Women's Safe Shelter worked on child protection, but that is no longer the case. To remedy this, the Government Agency for Child Protection will seek co-operation with police and child protection committees in the Reykjavik area on a one-year pilot project. The Agency's aim with this project is primarily to evaluate the wellbeing, thoughts and wishes of the children, in order to provide them with trauma counselling and other appropriate support, in the immediate aftermath of such events. For the project, specially-qualified staff will be engaged to be on call, to go out to homes where the police have been called out due to domestic

violence, where there are children in the home. The on-call staff member will have the task of attending specifically to the child, and ensuring that he/she receives support within 48 hours. Children who live in circumstances where violence has been a factor in their domestic life have also, since 2010, been offered group therapy by the Government Agency for Child Protection.

Besides supporting and empowering children who live with violence against their mother, and supporting the mother and child together, the mother herself must receive specific support, in order to be able to fulfil her parenting role, in spite of her experiences. No funding is available for therapy for women, nor for providing support for women to enhance their parenting skills.

Most respondents mentioned the police as the most important collaborative partner, while other important partners in collaboration are the Women's Safe Shelter, schools and preschools, and hospitals and clinics. Collaboration is the same as in the case of other problems relating to children. Procedures have improved after new procedural rules were introduced for the police in 2005. It transpired from the respondents' answers that systematic publicising of child protection services at health centres and hospitals has proved effective, and that child protection committees now receive more notifications from the healthcare system.

Child protection staff must be required to have good knowledge of this field. Social workers are taught about this subject during their training at the University of Iceland. Generally, respondents were of the view that child protection staff had extensive knowledge about violence in intimate relationships, but that it was nonetheless necessary to enhance that knowledge, and introduce continuing education in the field. Most mentioned the need for training about the impact on children of growing up in a violent home environment, and how best to approach women who have been subjected to violence. It is important that staff working with families of foreign origin be mindful of differences of origin and culture.

4.2 Primary/lower-secondary schools

During the study, principals of 10 primary/lower-secondary schools (pupil age 6 to 16) around the country were interviewed. The aim was to ascertain how the school responds when a child requires help because of violence against the mother in the home, and to elicit ideas for improving the services.

The main results were as follows:

- Principals have little knowledge of violence against pupils' mothers.
- Principals notify the child protection committee/social services in cases of domestic violence.
- The school's role is unclear. Educational and pedagogic roles may be contradictory. Views differ.
- The roles of individual staff are unclear. There are great variations in whether pupils seek help with personal problems, and who they turn to.
- Discourse on violence against women needs to be increased within schools. At present discourse on this matter is all but non-existent.
- More training is needed in schools about violence against women. Such training should focus primarily on teaching teachers how to recognise signs that a child is living in a violent environment, and changing procedures in schools as a result of such training.
- Expertise in personal counselling is lacking in schools. It is necessary to ensure that personal counselling services are available to pupils.

Many of the school principals interviewed saw violence against the child's mother as a well-kept family secret, which the pupil was unlikely to discuss with anyone at school; if this became known in school, it would bring shame on the pupil.

Most were of the view that the pupil's class teacher would be the first to notice such signs; after conferring with the principal, the case would be referred to the school's pupil-welfare board, and notification would be sent to the local child protection authority. In towns a school's pupil-welfare board normally comprises the principal, the vice-principal, the head of special education, a nurse, a student counsellor and a psychologist. Meetings are held regularly. Pupil-welfare boards have the same composition in rural areas, but in some cases due to local circumstances several schools will share a study counsellor, nurse and psychologist.

It transpired that the role of schools and staff as mandated reporters to child protection committees was complied within all the schools. Collaboration with child protection authorities and social services is good.

Principals stated that teachers were uneasy about dealing with this problem. One view was that the teacher should maintain a close relationship with the child, give him/her a sense of security by monitoring his/her wellbeing. Others felt it was important to maintain a normal routine, and still others said they did not know what a teacher should do in these circumstances. There are thus clear indications of lack of direction regarding such matters in schools; no one person within the school undertakes personal counselling to pupils, which is provided on an ad hoc basis; and information on pupils' wellbeing is not specifically elicited. In some schools, however, surveys of pupils' wellbeing have been carried out.

Principals stated that schools combined educational and pedagogic roles; but that there was uncertainty about how far teachers should go in their pedagogic role.

It was clear that the pupils' access to various professional services (i.e. school nurses, study counsellors, psychologists) varies from school to school. Pupils had access to a broader range of professional services in urban areas than in rural ones.

The vast majority of the principals were in favour of increasing training about violence against women, and would like basic training to be offered in schools. They pointed out that there is little discourse on this matter in the educational world. The problem was more a matter of teachers not being able to recognise signs of a child living with violence against the mother, and not a lack of resources.

4.3 Healthcare services

Main conclusions:

- It is clear that record-keeping in the healthcare system cannot be used as a basis for assessing the prevalence of domestic violence, and whether numbers of cases are rising or falling.
- There is no formal protocol for dealing with cases in circumstances where a woman reports being subjected to violence.
- There is a general desire for more training on this issue: identifying the main signs of such abuse, what questions to ask and how; and what the response to violence should be. Such training should be included in the undergraduate training of health professionals, and continuing education should also be offered.
- Many respondents mentioned the need for a centre which would provide guidance about dealing with cases of violence.

Proposals:

- Training on the nature and signs of violence in intimate relationships should be part of the undergraduate training of all health professions.
- Staff throughout the healthcare system should be provided with continuing education on these issues.
- A screening pilot project should be carried out in a number of healthcare centres, after which it should be decided whether it would be advisable to adopt universal screening.
- Protocols should be established for cases where women are revealed to live with, or to have lived with, domestic violence. It is possible that the best solution would be for one central body to deal with such cases.
- Consideration should be given to whether questions about experience of violence should be included in maternity records, so that all expectant mothers would be asked about such experiences.
- Ways should be explored to ensure that personal medical records include information on the person's experience of violence.
- It should be ensured that a decision on screening, for or against, is made after discussions among staff, so that the reasoning behind the conclusion is clear; and it should be made clear on what grounds the decision would be reviewed.

In the healthcare system, there is no systematic questioning (screening) about violence. In certain high-risk social groups, primarily drug users, questions are asked about such violence, but not systematically. There is a sense, however, that staff are becoming more vigilant with regard to vulnerable groups, such as women of foreign origin who have little knowledge of Icelandic society.

There have been discussions in health institutions about whether they should ask patients more often about violence and look for signs of it, as it was clear from surveys that there was more violence than healthcare employees are generally aware of. Violence is often hidden. Reasons for not asking are similar to those revealed in surveys in other countries, discovered in foreign surveys, i.e. staff are reluctant to ask, and feel they are prying into the patient's private life. In small communities, an additional problem is that everybody knows everybody else. It should be noted, however, that at the time of writing a pilot project is to be launched in three selected departments of Landspítali (National University Hospital): psychiatry, gynaecology and paediatrics.

Taking account of the above, the striking truth is that records in the healthcare system do not provide data on the prevalence of male violence against women in intimate relationships, or whether it is decreasing or increasing.

The healthcare system naturally provides emergency care for women, for injuries and trauma. And presumably the healthcare system also treats women who are dealing with the consequences of earlier violence. Specialised services are also available such as maternity care, the rape trauma centre at the National Hospital, and treatment for addiction. It should be noted that at the rape trauma centre a trauma team also provides psychological support. But the healthcare system offers no therapy for women to enable them to get on with their lives and cope with parenting their children.

In maternity care, the focus is on healthcare staff being vigilant about symptoms and conditions which may have an impact on the pregnancy. But maternity care does not include any systematic search for instances of violence, with two exceptions, at the Akureyri and Ólafsvík healthcare centres. It is surprising that questions about experience of violence should not be an integral part of maternity care, as both Icelandic and foreign studies indicate that pregnancy is a risk factor. In the 2008 survey, it transpired that 5% of the women had been pregnant at the time of the latest violent incident.

The Directorate of Health has published clinical instructions about maternity care for healthy women during a normal pregnancy. These emphasise that healthcare staff should be vigilant about symptoms and conditions that could have an impact on the pregnancy. Screening is not proposed, however.

Training about violence is now included in nursing studies, and has been for some years. Training of this nature is still not included in the undergraduate training of other health professions, but some have attended continuing-education courses in the field. More training and knowledge is thus needed, especially with regard to techniques of questioning, and knowledge of what can be done when violence is discovered. Healthcare staff should learn to recognise the signs, and have firmly-established procedures and protocols for the response to such cases.

The survey revealed that healthcare staff feel that it is unclear what resources are available when they become aware of violence against women in their work, and also unclear where they can find an overall view of available options. They mentioned that it would be desirable to have a central body which could provide holistic advice. They did not feel that information should necessarily be passed to outside bodies, with the exception of child protection committees.

Within the healthcare service there is some collaboration, but less with outside agencies. Child protection committees were, naturally, mentioned as a collaborative partner in dealing with cases involving children. Akureyri is exceptional with respect to collaboration with agencies outside the healthcare system: the town's healthcare centre and social services work together, for instance, through a formal consultation body.

4.4 Police

Main conclusions:

- The main problem for the police is that when serious violence occurs in a intimate relationship, the alleged victims are often afraid or unwilling to bring a legal action. Those who are afraid to do so may need assistance of a different nature from that provided to those who are unwilling.
- The police apparently see no need for more options in such cases, with respect to the police themselves. But they point to the need for measures for victims, such as psychological assistance to empower women and make it possible for them to leave the violent relationship, perhaps to a point where they even feel able to take legal action.
- All police forces have good access to interpreters when they need to interview people who do not speak Icelandic.

- Many of the domestic violence cases classified under art. 217 of the Penal Code are not properly the business of the police, and hence it is important that other resources should be available, for instance closer collaboration between police and social services. It may be advisable for the police to have a social worker or psychologist on staff, to deal with some cases involving violence in intimate relationships.
- Consideration should be given to the question of whether all violations under art. 218 of the Penal Code should be prosecuted, regardless of the wishes of the alleged victim, thus allowing the courts to determine guilt or innocence. Whether this were to lead to more convictions, or not, it appears likely that such a procedure would have a deterrent effect, and it could even enhance the probability of the victim giving a true account of the incident.
- It seems clear that special provision must be made for service to women of foreign origin. By whatever means, it must be ensured that they have knowledge of their fundamental rights, Icelandic attitudes to violence, and the options available if they are abused. It may be advisable to make a short video presentation in several languages, which would be shown to women who come to Iceland on a residence permit depending upon their partner, before the women receive their residence documents.
- Means must be found for police to be able to collaborate with agencies which offer therapy to perpetrators. For example, it is possible that the police might refer the perpetrator to his first appointment, bypassing waiting lists. It would also be helpful if representatives of the therapy programme for perpetrators were to visit the police academy.

The police have various different options, such as going to the scene, stopping the violence, and reprimanding the perpetrator, or arresting him. The police can also help women and their children to go to the home of relatives or friends, or to the Women's Safe Shelter, or to a hospital or doctor.

The survey showed that only 13% of the women who had experienced violence had notified the police. An additional 4% of the women said that the police had received information about the violence some other manner. The main reasons why the women did not contact the police were these: Trivial/not serious enough/didn't think of it (44%); dealt with it myself/told a friend (21%); embarrassing/shameful (19%); wanted to keep it a secret (7%); fear of the perpetrator (7%).

Even though 65% of the women who sought help from the police were content with their services, a quarter of them were very unhappy with how the police dealt with the matter. Women had many suggestions for how the police could do better: Take their complaint seriously/listen/support them (17%); make an arrest (11%); take him away (8%); give protection/help the woman leave the house (8%); give him a talking-to (6%); arrive more quickly (4%); explain the procedure (4%); refer them to the Women's Safe Shelter (4%). A total of 55% said that the police did all they could.

The women thus apparently seek help from the police to stop the violence, and to make it clear to the perpetrator that the violence is unacceptable and that society is on the women's side. On the other hand, they do not seem to want the perpetrator be charged and convicted by the courts. For that reason they are often unwilling to co-operate with the police with further investigation. In most instances, going to court is not the way to deal with violence in intimate relationships. The police has, however, the means to protect women at risk, and can keep violent men under surveillance to prevent repeated violence. In the cases of the most extreme violence, however, the decision on how to pursue the case should lie with the police, and not the woman who has been subjected to violence.

To enable the police to gather evidence so the prosecutor can bring charges, the following conditions must be met: the victim must be involved in the investigation, witnesses must be found to support the evidence the woman has given, documented proof of injury must be

produced, and the suspect must admit his crime, at least partially. Since children are often present when violence occurs, the police needs to handle them both as victims and as witnesses. In such cases, it should be permissible to interview children at the Children's House (Barnahús) Centre for Child Sexual Abuse, operated by the Government Agency for Child Protection.

It is proposed that mediation be introduced for cases regarding male violence towards women in intimate relationships. Experiments have been made with mediation in Iceland, handled by the police. Hence they have some experience with method.

4.5 Non-governmental organisations

Non-governmental organisations of two kinds were included in the study: those whose main purpose is to assist women who have experienced violence in intimate relationships and those who sometimes assist women in such cases.

For the study, thirteen people were interviewed, representing eleven NGOs, some of which have the main purpose of assisting women who have experienced partner violence, while others provide such assistance among other tasks.

The principal conclusions are:

- Service is most readily available in the Reykjavik area. The Women's Safe Shelter and the Women's Counselling Centre (Kvennaráðgjöfin) are located in Reykjavik.
- The need for help is primarily a matter of the women's circumstances. About half of the women who stayed at the Women's Safe Shelter returned to the same circumstances after their stay.
- Services are not reaching women with disabilities, elderly women and those of foreign origin especially those of foreign origin. Access for women with disabilities is a problem, and little is known of the circumstances of women with disabilities. Women of foreign origin are in a special situation, especially those from outside the EEA, whose residence permit is conditional upon proof of a reliable income; in addition many have limited access to information about Icelandic society.
- Some women sometimes seek help on their own initiative, while others arrive in the company of others (a friend or professional). Women appear to seek help in many different ways.
- Only limited services are available. Only one women's shelter exists in the country, located in Reykjavik. The Women's Counselling Centre is also in Reykjavik. There is great uncertainty about other services, due to limited funding.
- Interpreting services are far from satisfactory. All interviewees stated that there was a serious lack of interpreting services, and often no such service was available.
- The attitude of professionals is very important. When they are informed and vigilant for signs of violence, the violence cannot remain hidden. More detailed doctors' certificates give a clearer picture of violence.
- Training about violence against women in intimate relationships is inadequate. NGOs' shortage of funds is the main obstacle to offering more training about violence in intimate relationships.
- Children's circumstances are given particular attention. In cases involving partner violence, questions are generally asked about the situation of the children in the home. The duty of notification to the child protection authorities is invariably honoured.

- The Women's Safe Shelter has operated since 1982. Its objective is to run a shelter for women and children who cannot remain in the home due to the violence of a husband, live-in partner or others. The objective is also to provide advice, information and education to women – not only those staying at the Shelter. The Women's Safe Shelter is only operated in Reykjavik, but it serves women from all over the country.

The Education and Counselling Centre for Survivors of Sexual Abuse and Violence (Stígamót) has a special position in this group of NGOs, as it does not focus specifically on assisting women who are subjected to violence in intimate relationships. Aflið, an organisation to combat sexual and domestic violence located in the north, modelled on Stígamót, operates a telephone helpline 24/7 and offers individual counselling and self-help groups. Sólstafir is a similar organisation in the West Fjords.

The Women's Counselling Centre, which aims to offer women better access to professional counselling on legal and social issues, is located in Reykjavik.

All these NGOs participate in some way in informing society about violence against women: some make visits to schools, workplaces and public agencies; others invite visitors to learn about what they are doing. They encourage discourse on gender-based violence, with the aim of informing society, and opening up discourse on the subject.

The Women's Safe Shelter differs from the other NGOs in providing shelter for women and children.

The contributions of these NGOs are invaluable and indispensable. Therefore it is essential that they receive funding from national and local government. A number of NGOs that sometimes assist women who have experienced violence in intimate relationships were included in the study. They were as follows: Efling - trade union, Single Parents Association, Icelandic Human Rights Association, Icelandic Red Cross and Women of Multicultural Ethnicity Network (W.O.M.E.N. in Iceland). These NGOs offer services and support to vulnerable people in various ways according to their mission, but sometimes they do support women who have experienced violence.

5 Social project "Men take Responsibility" (Karlur til ábyrgðar)

This resource was not a part of the study, but as it is part of the government's initiative it will be described here; and it is also similar in nature to various NGO programmes.

The Men Take Responsibility (Karlur til ábyrgðar) programme was launched in 1998. It involves subsidising psychological therapy for men who have subjected their partners to violence, provided that they are willing to seek help. The project was terminated in 2002 because of lack of funding, although 70 men had been to counselling sessions. In 2006 it was restarted, and in September that year it was included in the government's initiative.

The process is as follows: the state supports the project by providing fixed annual funding, which is used to subsidise the cost of the men's therapy. The project, now based at the Centre for Gender Equality, is run as a limited partnership by two psychologists.

A fundamental change was made to the operations after it was restarted in 2006. Partners are now offered two sessions, at the beginning and end of the therapy programme. The main objective of these sessions is to inform the partner about the nature of the treatment, assess the safety of the woman and, if applicable, children, and direct them to other supportive measures available to women and children. In addition the woman has the opportunity to describe the violence from her side.

Those who work on this project have prioritised ensuring the wellbeing and safety of children who live with violence in their homes. Experience shows that there is a strong tendency in society to minimise the "possible" negative impact of this. Both perpetrators and victims have a strong tendency towards such denial; and it has been said that denial of the negative impact of violence on the children is stronger than the last stronghold of denial. Studies show that the consequences of living with violence in childhood are of comparable severity to the experience of living in a war zone.

From 2006 to the end of 2010, 122 individuals have attended one or more sessions. There was a noticeable increase in the year 2010, which may be related to the recession; or it may reflect more awareness of the existence of this option. Twenty-nine new clients attended, while twelve were continuing their therapy from the previous year. In 2010 the number of individual consultations was 173, plus 12 sessions with partners. Clients numbered 41 in total. Group therapy sessions were fully-booked, and several clients were on a waiting list. Demand is such that it would be desirable to establish a second therapy group.

In practice the services of these psychologists only reach those in the Reykjavík area, since the offices are located there, but the services are naturally open to everybody. The psychologists have treated men from the north and the East Fjords, but they have to pay their own travel expenses, so it is expensive for them to seek this help. There is interest in launching a programme in Akureyri, in the north, but funding is not available.

In addition to the importance of the Men Take Responsibility project as described above, it has relevance to new legislation on restraining orders and removal from the home under Act no. 85/2011.

A likely consequence of the Act will be that men who have been removed from their homes due to violence will increasingly seek help with their problems, and this will entail a greater demand for therapy for men. In view of the new legislation, it is even more vital than before that the authorities establish a clear policy on the support to be offered to assist men in ceasing their violent behaviour. Strong support from society in inducing violent men to change their ways would send an unambiguous message to violent men that Icelandic society will not tolerate such behaviour.

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