

Program DAPHNE III - 2008

« Development of an Intimate Partner Violence module within the harmonised European Health Interview Survey - EHIS from Eurostat »

Projet IPV_EHIS n°JLS/2008/DAP3/AG/1110

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Project Summary

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1. Objectives:

→ Numerous experts in the field of intimate partner violence (IPV) deplore the absence of reliable and harmonised statistics on this topic in Europe. National surveys have taken place in certain Member States (MS), like in France with the ENVEFF survey in 2000, but the results cannot be compared with other MS as there are large methodological differences existing between surveys. We have often highlighted, as have other experts, the **importance of utilising a harmonised instrument on IPV in Europe**. Such an instrument would allow for periodic follow-up (every 4 years for example) of the evolution of the prevalence rates within all MS.

→ In addition, the Statistical Office of the European Commission, EUROSTAT, is in the process of developing a « European Health Survey System » (European Health Survey System - EHSS). Within this framework the EUROSTAT working group aims to harmonise at the European level all national health interview surveys in order to create one European Health Interview Survey - EHIS, which is being performed in different MS. For the moment IPV and its health consequences are not included in the EHIS survey, nor is it a specific module (e.g. Special Health Survey Modules).

→ This project aims to **contribute to the creation of a specific module on intimate partner violence (IPV) within the framework of specific EHIS** (European Health Interview Survey) modules from Eurostat, as well as assist in the use of this module within national surveys. This specific module may be performed on its own or be included as a part of existing national surveys on other topics (health surveys for example).

→ The nature of our project is rather technical and concerns mostly experts in the field. This is not a project targeting the « general public at large ».

2. Project activities:

→ Firstly, we analysed the current situation at the European level regarding EHIS and IPV surveys performed by MS. We also contacted the relevant actors of the EHIS project at EUROSTAT as well as international experts of IPV surveys.

→ We were able to draw upon the experiences of the EHIS project and its process of European level harmonisation, followed by collecting the methodologies and the main questionnaires performed in the MS. We realised how IPV surveys differ from surveys on less sensitive topics, due to the methodological and ethical implications involved. This generated the basis for our construction of a harmonised survey on IPV.

→ Thereafter we generated, with consultation from other experts, a list of essential themes to address in an IPV survey, yet which are lacking in current comprehensive IPV surveys. We wished to gather information on:

- the level of education of the respondent and of her partner or ex-partner;
- the employment status of the respondent and of her partner or ex-partner;
- the link between forced marriages and violence;
- consumption of alcohol and drugs;
- the link between pregnancy and voluntary termination of pregnancy;
- the link between IPV and suicide attempts;
- the main consequences of IPV on children.

Next we established a first version of our questionnaire which we refer to as the master questionnaire of the 110 essential questions on the topic of IPV in a population-based survey.

→ We refined our questionnaire and the methodology associated with it by having it reviewed by experts in the field and international experts. We used a « step by step » harmonisation process and not an institutional at the level of the MS. The experience of EUROSTAT in this harmonisation process led us to favour a « lightweight harmonisation » regarding the topics to cover, rather than the rigid formulation of questions. Thus we developed a database of questions *IPV_Surveys* similar to the HIS/HES model, by regrouping all the questionnaires which were the most important and the most recent (after the year 2000) in the field of IPV. The web application that we developed allows any expert to examine a variety of themes, the exact formulation of questions and the nomenclature used for each survey.

→ Next we published the definitive version (QM V3.0) of our IPV_EHIS module in English and in French, as well as publish several working papers which consisted of our main project work: Work Package Harmonisation describes the different stages performed in the process of harmonisation established in the health surveys performed by EUROSTAT; the Work Package Indicators summarises the different types of indicators suitable for IPV, as well as those that can be gathered from the master questionnaire. We also produced a number of other project documents such as 'the goals of a harmonised IPV survey' and one on 'cost estimate of performing the IPV_EHIS (QM V3.0) module in the 3 MS where project partners exist (AT, BE and FR). Then, we disseminated the results of the project, notably to international expert agencies (EUROSTAT, European Institute for Gender Equality, FRA - Fundamental Rights Agency, UN Women, etc.). Finally, we wrote this summary project report which is available in French and English.

3. Database *IPV_Surveys*:

→ The database of questions *IPV_Surveys* which we developed is based on the model of the database HIS/HES which is the database of results from the project EUHSID (European Health Surveys Information Database) which is financed jointly by DG SANCO and EUROSTAT. This database

consists of health surveys performed in a variety of MS throughout Europe. This database provides a description of the collection method and the contact information of the organisations that perform the surveys. The main objectives of the EUHSID project were to gather information on the conceptual design of the health surveys, the questions and the survey protocols; follow the recommendations and new instruments or protocols for health surveys; evaluate and improve the comparability of health surveys; harmonise health surveys at the European level.

→ Our database of information *IPV_Surveys* is more modest in scale as it regroups 12 questionnaires on IPV representing more than 1 700 questions, and the master questionnaire. The web application is available at <http://psytel.eu/ehis/app> and enables one to exploit this database of questions. We provide a service for all survey developers by offering a panorama of themes included in major IPV surveys, as well as the formulation of the questions and selected nomenclatures. This tool serves as a technical basis for harmonisation purposes.

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→ The database of questions was indexed with a thesaurus according to three levels, thus it is possible to interrogate according to the thesaurus, with a degree more or less fine according to the level chosen. By choosing « SOCIO-DEMOGRAPHIC DESCRIPTORS » for level 1 (category), one obtains all the questions pertaining to this theme. The level Sub-category is then made available with all of the descriptors corresponding to level 1. One can refine the search by selecting a descriptor from level 2 such as « Socio-demographic situation », for example, and so forth for level 3. By activating the button « Find », one obtains the following result:

Survey code	No question	Question	Answer
EVS	TRANCHRE	If you are not able to give an exact sum of your resources, what are they approximately for an average month?	See answers
EVS	AGEK2	Age of respondents to complete EVS face to face questionnaire	See answers
DE	100	How satisfied are you overall with your current living situation? Please choose between 1 'very satisfied' and 6 'very unsatisfied'. The numbers in between allow you to grade your response.	See answers

4. Conclusions:

- We achieved our objective to create an IPV module by adapting ourselves to the European institutional context, which does not overlap with other European projects in this field, namely by developing a database of questions *IPV_Surveys*.
- The processes involved in harmonisation are also evolving. We are no longer in a mode of « strict harmonisation » which took place for the HIS/HES surveys in Europe (see Work Package Harmonisation). This type of harmonisation requires important effort in time and resources. Now the mode of harmonisation is more flexible, seeking a step by step consensus with the actors in the field regarding representativity and similar themes, rather than precise formulations of questions and imposing surveys on the MS with a rigid methodology. This is a collaboration mode which is not mandatory, similar to the model of Open Method of Coordination (OMC) in the field of social protection and social inclusion which is an essential instrument in the development of the European social model. We have placed our project within this perspective.
- EUROSTAT would consider introducing an IPV module such as ours in the future (2014-2015), within a « core survey », but the request has to come from DG Justice, as EUROSTAT is a technical unit and cannot choose this topic on its own.
- Our module can be taken up at the national or regional level by the MS. We have a concrete example, as Psytel will take part in the new representative population survey to be performed in France. We are highlighting the inclusion of themes that we include in our module.
- We were able to develop bilateral contacts between our project team and institutional actors (EUROSTAT, European agencies FRA and EIGE, correspondants of DG SANCO, etc.) during our work meetings, conferences and informal contacts. But we were not able to motivate these actors to collaborate as a group for a clear objective. In fact, our status as an NGO is perhaps not enough to initiate such a collaboration. We were under the impressni that each organisation works on its own, without real collaboration. Our institutional weight was not sufficient to propel these powerful political organisations to take collaborative action.

→ It would now be useful to develop regular contacts between DG Justice, EUROSTAT, European agencies FRA and EIGE to create a real institutional collaboration with the goal of producing harmonised and reliable IPV data on a routine basis at the MS level. Our project results may be the occasion to initiate such a collaboration.

Finally, let us recall the deliverables of the project IPV_EHIS:

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| <ul style="list-style-type: none">1> Module IPV_EHIS « <i>The 110 essential IPV questions</i> » (presentation of the module + structure of the module + master questionnaire) in French and English;2> Short questionnaire generated based on the master questionnaire;3> Database of <i>IPV_Surveys</i> accessible on the Internet (http://psytel.eu/ehis/app) with a user manual in French and English; | <ul style="list-style-type: none">4> Project summary (4 pages) available in French and English;5> Final administrative report;6> Working Paper on Harmonisation of IPV Surveys;7> Working Paper on IPV Indicators ;8> Project documents in Annex of the final report: goals of a harmonised survey on IPV, cost of performing the IPV module. <p>All of these documents are accessible at the site www.psytel.eu.</p> |
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