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INDICATORS OF INTIMATE PARTNER VIOLENCE

WORKING PAPER



Abstract

The project EHIS/IPV aims at proposing a European common tool for the assessment of intimate partners violence.

In this paper, we review several surveys that have been implemented in Canada, France, United Kingdom and United States of America with the objective to find which indicators were used in the domain of intimate partner violence (IPV). Examples of these indicators are listed, without any ambition of comprehensiveness, and other indicators found in alternative settings (Belgium, World Health Organization) are also mentioned.

IPV are usually classified in four categories of violence: psychological violence, economic violence, physical violence and sexual violence. Sexual violence represents the most severe form of violence; psychological violence is more insidious but should not be considered as a minor form of violence.

Both measures of prevalence and of incidence should be used to decline these different types of violence. Population-based surveys are usually providing figures of prevalence, which are related to the number of people, families or households concerned with IPV. Administration services such as police, legal or healthcare systems are able to provide figures of incidence that can be further information to ad-hoc surveys.

The scientific literature provides few but nevertheless useful papers on methodological issues to be handled while elaborating indicators of IPV. Accordingly, we replace those methodological questions into the reflection on IPV indicators proposed here. The methodology on which survey designs are elaborated has a crucial impact on the validity of the produced indicators.

Overall, the scientific literature recommend the definition and the use of common standards for the surveillance of IPV, which is for the time being far to be a reality.

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1 Introduction

Violence by intimate partners has long been a familial as well as a social taboo. Until last years, few investigations had been carried out on the matter and therefore, few data were available. But in the line of recent concerns on violence against women, the awareness on intimate partner violence (IPV) has also risen in many countries and is now internationally considered as a public health issue. Efforts are being made at complementary levels to tackle the violence made against women widely speaking and the violence by intimate partners more specifically. As a result, the extent of the phenomenon as well as its “mechanisms”, risk factors and consequences are little by little more frequently assessed. Yet, the pieces of information released through the multiple and various initiatives in this domain are hard to connect to each other, as data are not really comparable. In a certain way, pieces cannot be combined together to build a better understanding of the problem.

This is most of all due to the fact that the issue of intimate partner violence does not yet benefit of a consensual standardised approach through which common definitions should be adopted, measurements like-wise carried out, and results presented in similar terms.

We would like in this paper to present some of the indicators about IPV that we have encountered during the scientific review of our EHIS/IPV project. Consecutively, we will briefly recall the definitions and usage of two different types of measurements, the prevalence and the incidence. We will also see their specificities and how they are complementary to each other. Eventually, we will evoke certain aspects of IPV to be taken into consideration while elaborating indicators on this matter.

2 International experience about indicators on intimate partner violence

2.1 Canada

2.1.1 Basic methodological aspects

The National Office for Statistics, Statistic Canada, carried out in 1993 a large survey on women victims of violence caused by men (Violence Against Women Survey, VAWS), assessing for the first time in Canada the topic in a broader way than what police reports could do [1]. The questionnaire was designed to investigate physical and sexual violence that adult women have undergone, irrespective of the type of (male) perpetrators: an intimate partner, a relative, an unknown person etc. [2]. The survey has not been repeated but it has helped defining preliminary indicators and main aspects of the issue to be followed across the time [3]. Those main aspects are: i) the prevalence and severity of the violence against women; ii) consequences of the violence; iii) risk factors associated to violence; iv) institutional and community resources; v) services utilization and vi) attitudes and perception in the general population [2].

Since 1999, 10 of the VAWS questions are integrated as a specific module into the General Social Survey (GSS) on victimization. The latter is a national population-based survey implemented every 5 years. In this survey, participants are both men and women who are at least 15 years old at the time of the interview [2]. As for the VAWS, the GSS reports self-declared incidents of violence as well as the circumstances and consequences of such events. Nevertheless, the methodologies used in those two surveys are different. As an example, VAWS presented a prevalence based on a single year recall of time while the GSS asked participants whether they have experienced the considered any type of violence [4] alternatively within the last 12 months or the last five year [5]. Therefore, even if figures can be adapted, any comparison or trend analysis using both surveys' data must be handled with precaution [2].

Besides the figures provided by the GSS, a complementary source of data is constituted by the Programme of Uniform Crime Reporting Survey (UCR), a yearly compilation of reports on criminal affairs brought to the police's knowledge. UCR enables for instance to quantify murders occurring among intimate partners [4].

As required by the Canadian federal government, the Canadian Centre for Justice Statistics edited in 1996 a first report dedicated on domestic violence and that displayed national figures of victimization among family members. Here, family has to be taken in its large sense, as relationships with ex-partners are also taken into account. This report is since then updated on a yearly basis with the aim to keep decision-makers and politicians aware of the problem and of its evolution [4]. Results from both the GSS and UCR are used in order to illustrate domestic violence in Canada. In its 2009 edition, the report focused mainly on intimate partner violence; it also gave additional information on violence against children and young people and on violence against elders (65 years old and over).

2.1.2 Example of IPV indicators used in Canada

The thirteenth report on Domestic Violence in Canada presents the situation of of this issue in 2009. Both men and women are questioned. Using the GSS data of the same year, as well as police reports, the following indicators are provided:

- Proportion (in percentage) of Canadian people (both sex) who declared that they have been physically or sexually assaulted by an intimate partner. This indicator is also mentioned as the global proportion of intimate partner violence.
- Severity of the violence undergone. This indicator refers to the consequences that violent events have generated.
- Proportion (in percentage) of Canadian people who declared that they have undergone psychological violence or having been financially exploited by an intimate partner. According to the reported figures, psychological and economic types of violence are more prevalent than both physical and sexual violence; they are not included in the global indicator on IPV (mentioned here above), though.
- Number of murders among intimate partners (between 2000 and 2009). This is complementary information, an additional indicator provided thanks to police reports.

2.2 France

2.2.1 Basic methodological aspects

In 2000, a national survey on violence against women (Enquête Nationale sur les Violences Envers les Femmes en France, ENVEFF) [6] has been implemented in France with a methodology similar to the one sustaining the Canadian VAWS. Up to 2012, the French survey has been carried out only once. Only adult women are questioned, which is done by telephone, on their own experience of violence in any circumstances of the daily life (public, professional, private areas...). Institutionalized women are not included in the survey. The ENVEFF assesses the events that took place within the 12 months preceding the interview as well as physical violence since 18 and lifelong sexual violence experience. Among other circumstances in which gender violence has been observed (public, professional, domestic areas...) the present and past intimate relationships have also been specifically investigated [6].

The research team of the ENVEFF has chosen to produce separate indicators corresponding to each context (or area) investigated. Some indicators were built to reflect the combined aspect of the multiplicity and of the frequency of the violent facts against women [7, 8]. Those indicators not only take into account the several types of violence that is made, but they also consider how often such violences are perpetrated. In this manner, researchers aim at “obtaining a graduated measure of the violent facts” and can describe “violent situations” where apparently harmless behaviours may reflect severely unbalanced relationships [7].

Moreover, a global indicator has been built for each commonly adopted category of violence; as far as sexual violence is concerned, the global indicator of sexual violence gathers facts such as sexual fondling, rape attempt or rape, in whatever circumstances the event took place [8]. Concerning IPV, the ENVEFF has led to the computation of a global index of intimate partner violence that becomes positive when any type of psychological, verbal, physical, sexual violence has been perpetrated [7, 8].

2.2.2 Example of IPV indicators used in France

Here are some examples of IPV indicators presented in the ENVEFF:

- Proportion (in percentage) of women living in France who declared that they have been physically assaulted by an intimate partner.

- Proportion (in percentage) of women living in France who declared that they have been sexually assaulted by an intimate partner or forced into unwanted sexual practices.
- Global index of intimate partner violence. This indicator takes into account the fact of having undergone moral harassment or repeated insults, or emotional blackmail, or physical or sexual violence.

2.3 United Kingdom

2.3.1 Basic methodological aspects

The British Crime Survey (BCS) constitutes with police recorded series the main sources of official statistics on crime in England and Wales [9]. The BCS is a nationally representative household-based survey conducted on a yearly basis. Several different self-completion modules have been used since 2004/05 to investigate different forms of inter-personal violence. Walby underlines that almost all Canadian households possess a phone, which yields to representative telephone surveys. The situation in Britain is different and poorest families are less expected than richer ones to own a telephone. Therefore, telephone surveys are less appropriate in United Kingdom, as long as a population representative result matters [10]. In the BCS, questions about the nature of sexual assault alternate each year with questions on partner abuse [11].

The BCS has raised the opportunity to assess domestic violence as well as facts caused by an intimate offender. According to the BCS scientists, a face-to-face questionnaire is not the most adequate mode of administration to work on domestic violence. They state that with self-completion module, for instance where the participant completes the questionnaire on the interviewer's computer, the disclosure rate can be five times higher than during a face-to-face interview [9, 10].

The yearly recurrence of the BCS enables to draw trends over time of the intimate experience of violence, of sexual assaults and of partner abuse, from 2004/05 to 2010/11. One of these trends is that severe forms of violence (excluded sexual) decrease significantly among men between 2004 and 2009, while the decreased observed among women is not statistically significant [9].

Neither the BCS nor police records are exhaustive, so the coverage rate of the produced indicators remains somehow limited. Researchers try nevertheless to improve the methodology of the BCS and to enlarge the target population. For instance, there is currently an attempt to add teenagers aged 10 to 15 years old to the current covered population (16-59 years old) [11].

2.3.2 Example of IPV indicators used in United Kingdom

Hereafter are presented few indicators retrieved from reports based on British Crime Surveys.

- Percentage of women subject since 16 to an act that met the 1994 legal definition of rape who thought of it as rape. This indicator is published by Sylvia Walby in her analysis of the 2001 BCS [12]. It might be used to illustrate the lack of awareness of the victims (and more widely of the general population) on the subject. It is very likely also that this indicator reflects the difficulty that victims can have to clearly define and name the facts they have undergone.
- Average number of incidents among women/men subject to domestic violence (non-sexual threats or force) in the past year. This indicator is also provided by Walby. She identifies a population sub-

group that is subject to extreme levels of violence in terms of frequency of acts, severity and forms of violence. [12]

- Estimated number of incidents of domestic violence acts (non-sexual threats or force) against women/men in England and Wales in the year prior to the interview. This figure is an extrapolation to the whole British population of figures obtain in the BCS.
- Prevalence of intimate violence by category among adults aged 16 to 59. This indicator is notably provided by the 2009 report of the BCS. Category means here either partner or other family members, both being grouped under the “domestic” label.

2.4 United States of America

2.4.1 Basic methodological aspects

The American Centers for Disease Control and Prevention (CDC) have established several projects, programmes and partnerships in order to better measure, understand and prevent intimate partner and sexual violence [13]. The first element is a partnership between the National Center for Injury Prevention and Control in order to investigate the violence against women in its multiple aspects; as mandated by the American legal system in 1994, this partnership is led by the National Academy of Sciences [14]. An important survey has been implemented in 1995-96 on violence against women [15]. Another crucial element consisted in the use of a uniform definition of IPV for the different States and provinces of the USA, enabling for comparisons and exchanges of experiences [16]. The CDC provide figures and recommendations at destination of the general public as well as for decision-makers.

Descriptive cross-sectional studies are carried out, such as the Behavioral Risk Factor Surveillance System that included in 2005, 2006 and 2007 a specific module on IPV, or such as another study specifically dedicated to ethnic minority populations: the Study of Minority Women’s Experiences of Sexual Violence. Longitudinal studies are also carried out to analyse, at the individual’s level, the developmental pathways and social circumstances associated to perpetration and to protective factors. Some programmes have been implemented to assist children, teenagers and young adults exposed to violence or subject to problematic behavioural attitudes. Additionally, prevention strategies are developed and evaluated in partnership with local associations, healthcare facilities, public institutions or State governments. Many other activities are coordinated from or established with the CDC [13].

All these activities and programs generate data and information that support the Authorities, the national associations and the healthcare system as well as the communities themselves.

2.4.2 Example of IPV indicators used in United States of America

According to the national definition, IPV exists along a continuum, from a single event to ongoing battering. IPV are distributed in four types of behaviours that are: Physical violence; sexual violence; threats of physical or sexual violence; and emotional abuse. Indicators published in the USA are for instance:

- Number of (million) intimate partner related physical assaults and rapes experienced by women/men.
- Number of deaths resulting from IPV. This figure is then split into a female and a male proportion of deaths.
- Estimated cost of IPV (in billion of \$) in terms of medical care, mental health and lost productivity.

3 Types of indicators

3.1 Prevalence

With measures of prevalence, it is possible to count the number of “cases” (or outcome) in a sample of the population. Then, an extrapolation of that proportion can be made to the total population in order to determine how many people belong, at a certain point in time, to the different possible categories.

Prevalence can be used to assess the number of people who have been confronted to IPV; it could and is declined in many different ways, such as people who have been at least once victim of IPV, or who have experienced IPV twice or more, or people attending at least once a follow-up programme for abusers.

3.2 Incidence

Incidence is related to prevalence by a time-component. Incidence indeed can measure the same outcome than the prevalence, but over a determined period of time. Incidence is therefore reflecting the “risk” of developing the measured outcome over a specified period of time.

In terms of IPV, incidence best reports on events rather than on persons. Incidence should be used to evaluate the repetition of violent events among partners, to express the frequency of acts in a certain period of time.

3.3 Complementarities of prevalence and incidence

Intimate partner violence is a complex issue, involving individual and societal factors, psychological and medical aspects, familial, police, legal, economic and policy-making implications. It is important to illustrate the phenomenon of IPV in those different dimensions and to bring data together in a global understanding. Information is therefore collected in these several domains, even if this is done with instruments and methods that cannot always be the same.

Police records for instance, will concern the interventions made in households or the reported events and complains. Of course, the same person could call the police for help several times along a year. At the end of the year, the police’s activity reports will provide the total number of interventions that have been made which could easily be transformed into an incidence measure. Police reporting and possible subsequent justice implications constitute an important source of information about IPV, even if they suffer several limitations [17]. In optimal systems, one can expect this information to achieve a good level of accuracy and police services to be accessible to most of the population – although very specific population at higher risk might not have access to the police protection (illegal immigrants, etc.). It is nevertheless clear that this information covers only a little part of the IPV reality. Victims of violence often keep silent the acts they have undergone. It is well known that victimization in the public area is under-reported; when the violence occurs in the intimate sphere, the disclosure of such acts is even more difficult and less frequent. In a Special Report on rape victimization edited by the United States National Institute of Justice (NIJ), it is shown that only about 20% of victims reported their aggression to the police [15]. Other national offices report similar figures [5, 9].

Health interview survey will try to estimate the prevalence of the IPV and/or the incidence of those events. When both measures are assessed within the same questionnaire, the period of recall can be difficult to define: to obtain statistically solid and reliable figures of prevalence, either the size of the interviewed population should be big, which is more expensive, or the period of recall should be extended [10, 18]. On the contrary, long period of recall make the estimation of incidences weaker, especially for victims of frequent events, for whom it could be difficult to remember each single occurrence of violence. Probably, only major and more violent events, whose consequences are heavier or specific circumstances (presence of third person...) will be better remembered than "less dramatic" events.

Another related problem is connected with the very small number of cases that can be found when using a short period of recall (such as one year). In this situation, valid estimates cannot be done on the basis of such small figures; therefore, less and broader categories (of type of violence, of age etc.) are used, leading to a less refined analysis.

IPV are described as a chronic phenomenon among a couple because violent events are usually repeated; it is even further described that events tend to worsen as time passes [8]. In this sense, following the incidence of aggressions occurring in the public area (or aggressions whom author is unknown from the victim) in proportion of the size of whole population at risk is meaningful; but concerning IPV, doing the same calculation results somehow in a dilution of their chronic and worsening aspects. On the contrary, reporting the same incidence of IPV on the restricted total number of (declared) IPV victims enable to compute the number of events that victims undergone in average, which could be used to better follow the evolution of intimate violence over the time. This is a way to identify people or group of the population that are submitted to extreme victimization [12].

Police, justice, medical channels are routine data sources that can be accurate but are usually not exhaustive. The information they provide can be completed by means of specific research survey. For this reason, all sources of information should be exploited, in combination with the others in order to build a multidimensional approach of the issue [17]. Methodological issues can alter the value of surveys conducted in the IPV domain. Results can be biased either due to a weak survey design or to an oriented analysis of data [19]. As a matter of consequences, indicators published and used for the policy and decision making should undergo a robust validation process.

4 The aspects of intimate partner violence to be measured

In the framework of public health awareness and policies, three main aspects of IPV are more frequently measured: those concerning the nature of violence, the extent and the consequences [10, 17, 18, 20]. Additionally, the use and satisfaction of the police, justice and social aid systems are also often assessed.

IPV are usually classified in three or four categories of violence: psychological violence (sometimes including economic violence), physical violence and sexual violence [6, 9, 13, 24, 25]. Although sexual violence represents the most severe form of violence and is a crime in the most developed legal systems, psychological violence should not be necessarily considered as a minor form of violence, because carried out on a more regular basis, psychological violence can destroy in depth the personality, well-being and the health of victims. Psychological violence is an attack to the individual's dignity; it accompanies almost always the other forms of IPV [8]. Measuring the prevalence of people declaring being victim of psychological violence by their partners could enable to estimate the couples (present or ex-couples) for who the relationship is not based on a gender-balanced approach.

Measures of prevalence and of incidence can be declined in these four types of violence, and furthermore in sub-types of IPV. The nature only of the violence is not enough to understand the risk factors and mechanisms of IPV and to follow the phenomenon. Additionally to their nature, information should be collected on the extent of IPV. Extent means severity as well as frequency of the events [10, 18, 20].

5 Consequences of intimate Partner Violence

5.1 Mortality

As for other public health issues, the specific mortality is the most dramatic outcome that could be measured with regard to IPV [5, 13], and also the easiest to collect. Yet, the deaths directly related to IPV (murders) as well as indirect deaths (suicide due to IPV for instance) are certainly underestimated. The intimate circumstances of a violent death are probably seldom reported on death certificates. But police investigations can clarify these circumstances and it is possible to eventually be aware of such facts. It is anyway clear that deaths represent the tip of the iceberg and the morbidity, and beyond the physical health domain, other consequences on the psychological, social, professional, economic domains are much more difficult to assess in an extensive manner.

5.2 Morbidity

The scientific literature shows that general practitioners, hospital emergency units, therapists are not really prepared and trained to recognise in their practice victims of violence [21]. Nevertheless, awareness campaigns could further help medical doctors to recognize IPV and to approach their patients in a way that will sustain disclosure of their reality. The Canadian Orthopaedic Association has released a position statement that strongly encourages the identification and the assistance to victims of IPV [22]. Data issued from the clinical field report on event and incidence rather than on persons. The figures of incidence that can be produced through this channel are complementary to data provided by the police and justice systems; all can be used to illustrate the situation of victims, to better understand their reality. The collection of individual's data needs nevertheless to conform to the current laws and good practice guidelines related to the protection of patients' privacy. The questions of privacy and of confidentiality can be considered as limitations to the collection of clinical-based data in the perspective of studies and research on IPV. Additionally to those constraints imposed by national Authorities, the World Health Organization has also published a set of recommendations, but specifically addressed for the research about IPV based on interview surveys [23].

5.3 Other consequences

Beside the need of medical and health treatment, many other consequences can affect victims of IPV. Indicators can also help picturing out the reality of these aspects, for instance in picturing out the social and familial changes (moving, separation and familial structure...), or the professional and economic direct and indirect implications.

Another aspect that is not frequently investigated concerns the impact of the IPV on children witnessing the facts or living in unbalanced domestic environments.

6 Conclusions

While fighting the violence against women, a valuable goal would be to obtain throughout Europe, reliable and comparable data concerning the intimate partner violence. To reach this goal, it is necessary to establish common definitions, to use analogous data sources and to work with similar analytic and computation methods.

The data should come from different and complementary sources, some being routine data collected by the police, the justice system or the health system. Other data on the contrary should come from occasional studies that can explore more in depth associated factors and consequences on a longer term.

Prevalence and incidence are both useful. Methodology used will preferably lead either towards prevalence, focusing on the persons who have experienced certain events, or towards incidence, measuring the events and thereby assessing the frequency of the events.

Dimensions to be measured cover the type or nature of the IPV (psychological, economical, physical, sexual violences), and the frequency of those violences. Furthermore, the consequences of IPV should be assessed even if this can be a more subjective estimation, because it best reflects how and what the victim herself has experienced. Additional relatively short-term indicators on the impact and usefulness of public services and policies can be computed by means of repeated incidence measures.

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Annex 1. Additional indicators of Intimate Partner Violence retrieved from the scientific literature.

INDICATOR	TARGET POPULATION	DATA SOURCE	TYPE OF INDICATOR	DOMAIN	REFERENCE
Percentage of women/men who have been stalked at some time in their life	National representative sample	NVAW ¹	Lifespan Prevalence	Violence Against Women	14
Percentage of women/men who have been stalked during the 12 months preceding the survey	National representative sample	NVAW ¹	One-year Prevalence	Violence Against Women	14
Number of stalkers per victim	National representative sample	NVAW ¹	Other	Violence Against Women	14
Average annual estimates of stalking victimization	National representative sample	NVAW ¹	One-year Incidence	Violence Against Women	14
Percentage of women physically assaulted by an intimate partner at some time in their life	National representative sample	WHO multicentric survey	Lifespan Prevalence	Violence Against Women	24
Deaths among women due to partner violence	National representative sample	WHO multicentric survey	Other	Violence Against Women	24
Percentage of women physically assaulted and who also underwent other type of abuse by an intimate partner at some time in their life	National representative sample	WHO multicentric survey	Lifespan Prevalence	Violence Against Women	24
Percentage of women/men victims of conjugal violence	(Ex-) Married persons among a national representative sample	VAWS ²	Five-year Prevalence	Criminal acts - IPV	1
Percentage of women who underwent IPV during the 12 months preceding the survey	National population-based survey	ENVEFF ³	One-year Prevalence	Violence Against Women	8

Prevalence of violence in the couple during the 12 months preceding the survey	National representative sample	Belgian Survey ⁴	One-year Prevalence	Violence - IPV	25
Prevalence of one act of violence in the couple during the 12 months preceding the survey	National representative sample	Belgian Survey ⁴	One-year Prevalence	Violence - IPV	25
Prevalence of more than one act of violence in the couple during the 12 months preceding the survey	National representative sample	Belgian Survey ⁴	One-year Prevalence	Violence - IPV	25
Prevalence of (non-sexual) partner abuse	National representative sample (England & Wales)	British Crime Survey ⁵	One-year Prevalence	Criminal acts	9
Percentage of women and men aged 16-59 victims of domestic abuse in the past year	National representative sample (England & Wales)	British Crime Survey ⁵	One-year Prevalence	Criminal acts	9

¹ NVAW: National Violence Against Women Survey, US

² VAWS: Enquête sur la Violence Envers les Femmes, Canada

³ ENVEFF : Enquête Nationale sur la Violence Faite aux Femmes, France

⁴ Les expériences des femmes et des hommes en matière de violence psychologique, physique et sexuelle, Belgique

⁵ British Crime Survey, United Kingdom