

Men's violence against women

- Stockholm County Council takes action



To combat men's violence against women and improve the way women who have been subjected to violence are taken care of.

Our mission

Women all over the world are subjected to or threatened violence on a daily basis. When subjected to it, violence affects every aspect of a woman's life and is hence one of the major threats to public health. Stockholm County Council (SCC) has for the first time drawn up an action plan for women victims of violence. The programme shall underpin local action plans drawn up by individual county council units.

The action plan for women victims of violence has been drawn up under the guidance of a political steering group with representatives from all the parties in Stockholm County Council together with civil servants from the Centre for Public Health. During the course of the project, the group has utilised both in-house and external knowledge. We have met many committed individuals and been on a number of study visits. This has given us important insight into the daily lives of those who meet women victims of violence. This has strengthened our conviction that this is an issue of huge importance. A lot has already been done, but there remains much to do. There is a desperate need for all of us to acknowledge the problem and to tackle it.

Together we can combat violence and abuse directed at women. Together we can say that it is unacceptable for society as a whole and us as fellow human beings to allow such violence to continue.

Background to the initiatives of SCC

Developments in Stockholm County Council should be seen in the light of events in the world at large. During the 1990s, the World Bank estimated that almost a fifth of all healthy days lost by women of child-bearing age in industrialised countries are linked to sex-related violence. In 1997, the WHO recognised violence as a public health problem and focused on violence in intimate relationships and sexual violence as high-priority areas. In 2002, WHO published its World Report on Violence and Health, in which it established that partner violence occurs in all countries regardless of social, economic, religious or cultural background. The report also states that despite the fact that partner violence can be perpetrated against men and in homosexual relationships, the vast majority of it is made up of men's violence against women.

One man's violence against women is accounted for SEK 2 million (Euro 200.000) of public means, by researcher Katarina Weinehall at the Umeå University. (Costs based on public expenditures for police reports, acute healthcare, family counselling and absence due to sickness)

UN member states that have adopted the Declaration on the Elimination of Violence against Women (1993) have agreed that:

“violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men”.

Taking care of women who have been subjected to violence

The health service has a unique opportunity to come into contact with women victims of violence on one or more occasions during their lives. A positive meeting can kick-start a rehabilitation, change and healing process. A negative meeting with the health service can leave the woman facing an even greater risk of violence due to her losing faith and being less willing to seek help. She also runs the risk of returning/being sent back to a violent home. Being treated well and with respect can help to prevent acts of violence being repeated against her in the future, a common hallmark of women battering. The basis of good care is being spoken to and treated with respect, i.e. listening, asking questions and believing what the woman says.

The action plan provides very concrete advice as to how healthcare staff should treat and take care of women victims of violence.

Personnel should for example focus on the following questions:

What obstacles are there to detecting the violence? What obstacles are there in the organisation, among healthcare staff or in the individual patient? Values and attitudes, Lack of knowledge, What signs should lead to the suspicion of the woman being subject to violence? How do we treat/receive the woman?

The action plan suggests guidelines for local action plans based on routines for e.g. good treatment by healthcare staff (politeness, etc.), medical treatment and documentation of violence against women.

What is the practical work of the SCC?

- Focus on the men
- A plan for action
- A surgery for raped and violated women
- Education

• Money invested SEK 1 million (Euro 100.000) a year for three years in education and training to deal with and combat men's violence against women.

Responsibility and cooperation

Partner-related and sexual violence against women is a multifaceted problem affecting several authorities and organisations. Violence against women is a gender equality issue and a threat to women's basic human rights. Violence against women is also a health problem, which according to Stockholm County Council necessitates the cooperation of all the actors involved.

- The health service
- The social services
- The justice system
- Crime Victim Compensation and Support Authority
- Voluntary organisations
- Public transport

The situation for children

The children of mothers who are subjected to violence have long been a group in need of better support. Children living in families in which violence occurs can be very vulnerable. The child is often dependent on the perpetrator. The mental effects will be more extensive if the threat comes from a person closer to them than if it comes from a complete stranger. All children are affected by violence around them, but the effects can be more or less serious. In certain cases, the powerlessness and fear felt by the child can leave their mark on his/her entire childhood and adolescence.

What obstacles are there to highlighting the child's situation?

What signs should lead to the suspicion of the child being subject to violence?

How do we treat/receive the child?

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