

Integrating services to address intimate partner violence

IMPROVING SERVICE DELIVERY FOR A HOLISTIC RESPONSE

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Key findings

The multifaceted issue of gender-based violence (GBV) presents a serious governance challenge across OECD countries. Women experiencing GBV have complex needs both during and after periods of violence. They often require mental and physical health services, access to justice, housing support, and help for their children, thus requiring a diverse range of services from government and other providers. Different policy and service delivery spheres such as health, housing, justice, employment, and education need to work together seamlessly.

The OECD report *Supporting Lives Free from Intimate Partner Violence* assesses national governments' efforts to integrate service delivery to address a common form of GBV against women: intimate partner violence (IPV, defined in (OECD, 2023^[1])). The report finds:

- Integrated service delivery (ISD) is most frequently introduced at entry points in health care, emergency housing, and police services. Many of these practices rely on case management, referrals, or physically co-located delivery.
- To ensure that ISD adequately supports victims/survivors, national governments must adopt a “whole-of-state” approach to gender equality generally and GBV specifically. This means ensuring reliable, adequate and well-organised funding for co-ordinated services. It also requires policy coherence across agencies and levels of government.
- National governments play an integral role in supporting ISD at the local and regional levels, for example by providing local actors with appropriate funding and guidelines for joint working.
- Data-sharing capabilities across agencies must be strengthened. Data sharing across providers can reduce clients' application costs (in time and energy); reduce the trauma associated with repeating accounts of violence to different providers; and improve client safety by better tracking risks across repeated incidents of violence. Ideally, such a system would also integrate perpetrator-related interventions as a way to track accountability and recidivism. Data sharing must include strong privacy protections to ensure victims/survivors' security.
- Better and more regular programme evaluations are essential. In general, ISD approaches to addressing GBV have not been systematically or quantitatively evaluated. Such evaluations could take the form of randomised control trials or quasi-experimental evaluations in order to assess an important counterfactual: what would have happened in the *absence* of ISD?
- A holistic perspective means treating everyone involved – including perpetrators. Governments should interact with perpetrators not only through criminalisation and the court system, but in multi-dimensional ways that can improve offender accountability and produce long-term behavioural change on individual and broader cultural levels.
- Most importantly, a trauma-informed, victim/survivor-centred approach is crucial. Clear lines of communication must connect local service providers with national policy makers to enable better and more victim/survivor-centred service delivery. Such approaches could include regular stakeholder engagements or surveys to promote the co-creation of good policies.

Source: (OECD, 2023^[1]), *Supporting Lives Free from Intimate Partner Violence: Towards Better Integration of Services for Victims/Survivors*, <https://doi.org/10.1787/d61633e7-en>.

Intimate partner violence is a complex and pervasive problem

Violence against women (VAW) remains a violation of human rights around the world. Around one in three women, globally, report having experienced some form of gender-based violence (GBV) in their lifetime – a rate that is surely a low estimate, given high barriers to disclosing violence.

As a first stop, many women experiencing violence seek support from public authorities through entry points in emergency medical care, police interventions, and emergency housing shelters. Many women also (simultaneously or subsequently) need support services linked to safety planning, rehabilitative counselling, legal advocacy, childcare, income, housing, and immigration and asylum, as well as financial and job counselling. When violence occurs in a family home, the challenges are compounded: children and other co-habiting persons are also impacted by violence and may need support.

To address their needs, women experiencing intimate partner violence (IPV) must regularly navigate a wide range of health, legal and social services provided by a patchwork of governmental, non-governmental or private sector providers. They are often asked to repeat accounts of traumatic experiences multiple times, as services are infrequently joined up and providers rarely share client data with each other. Frequently, help-seeking women are met with administrative and bureaucratic challenges at the same time as they face the direct and indirect consequences of violent acts – or remain under threat of continued violence (OECD, 2020^[2]). These obstacles can be exacerbated by a lack of confidence in the help-seeking process more generally.¹

Leaving a violent relationship – and often the family home – is difficult in and of itself, and often constitutes the single most dangerous moment for women who are experiencing IPV. The burden of applying for and accessing diverse support services, often repeatedly, can compound the trauma of victimisation and contribute to women staying in a situation where violence continues. And these are not fleeting challenges: it often takes many attempts for a woman to extricate herself from an abusive partnership. Even after a woman has successfully escaped a violent situation, the physical, psychological, social and economic effects of IPV can persist for months or years.

This crisis of violence has not gone unnoticed. A strong majority of OECD governments have identified GBV against women as the top gender equality challenge facing their country (Figure 1). Yet, in the face of this challenge, public policy responses have been inconsistent over time, disjointed across relevant actors, and insufficiently funded to meet needs on the ground.

Policy makers have turned attention to integrated policies as a means of co-ordinating multi-sectoral solutions to GBV. This entails integration at all levels of government – for example, via national strategic frameworks, reliable funding mechanisms, and central coordinating bodies dedicated to GBV (OECD, 2023^[1]) – as well as at the service delivery level.

How can integrated service delivery help improve the public response to IPV?

Integrated service delivery (ISD) refers to the linking-up of different providers and levels of public services, both for the benefit of users and to improve efficiency in service delivery (OECD, 2015^[3]). The concept of ISD was first popularised in the health sector, in an effort to better care for patients with complex and long-term needs met by a range of different health providers.

Potential benefits to ISD include improved accessibility and take-up of benefits (e.g. via referrals to related providers) as well as improved service quality and client outcomes (e.g. if administrative processes are

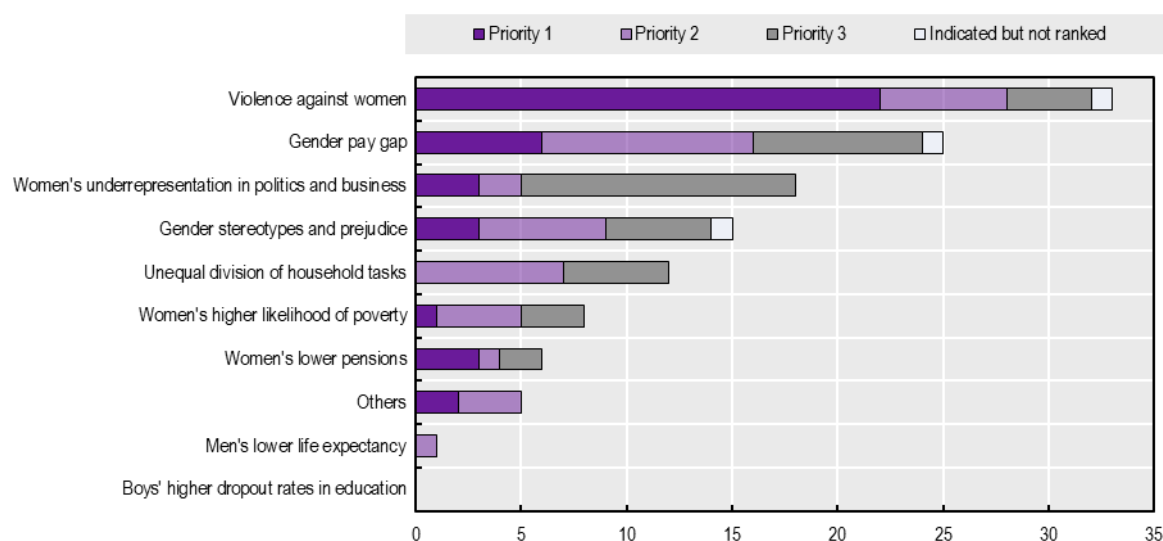
¹ Affected women may feel as though their case may not be “taken seriously” through traditional reporting channels such as the police, or that help-seeking options may fall short of long-term solutions that ensure safety and security. For a review of these challenges, see Chapter 2 in (OECD, 2023^[1]).

smoothed and clients can better access different services). ISD also has the *potential* to improve cost efficiency, but at the same time costs may naturally increase with greater coverage and service delivery. For example, if a client enters the public system in a hospital and is then referred to a women’s shelter, cumulative costs to the public system will be higher than if the client only visited the hospital.

Despite these potential benefits, there are significant barriers to service delivery integration – both generally and in the context of services addressing GBV. It is often difficult to negotiate adequate and consistent funding arrangements across different Ministries, levels of government, and local providers; different actors may be resistant to restructuring roles, responsibilities, and institutional cultures; and it can be challenging to ensure safe and productive data sharing across providers (OECD, 2023^[1]).

Figure 1. OECD governments list violence against women as their top gender equality priority

Country count of top priorities for gender equality, reported by the 42 national government Adherents to the OECD Gender Recommendations, 2021



Note: The 2021 OECD Gender Equality Questionnaire asked country adherents of the OECD Gender Recommendations to select the priority issues in gender equality in their country from a list of topics based on the OECD Gender Recommendations. The horizontal axis indicates the number of countries that ranked the issues among their top three priorities for gender equality (or in some case listed them without ranking). Respondents also had the possibility to suggest additional priorities. These are reported in the category “others”, and include “unequal labour force participation” (indicated by 2 Respondents), “health difference between (diverse) genders” (1 Respondent), “undervaluation of female dominated jobs” (1 Respondent), and “women’s safety” (1 Respondent)”. Figure presents 41 responses (of which one indicated only priority 1 and 2, and one indicated 2 items for priority 3) from 42 countries (38 OECD member countries plus four non-member Adherents).

Source: (OECD, 2022^[4]), 2021 OECD Gender Equality Questionnaire, as reported in the Report to the Council at Ministerial Level on the Implementation of the OECD Gender Recommendations, [https://one.oecd.org/document/C/MIN\(2022\)7/en/pdf](https://one.oecd.org/document/C/MIN(2022)7/en/pdf).

In the context of GBV, the overarching goals of integrated initiatives are to create “smoother referral pathways” between sectors, making the help-seeking process more accessible, faster, and reducing secondary victimisation associated with repeatedly recounting traumatic experiences (ANROWS, 2016^[5]). For example, it is easier for a victim/survivor to receive a proactive call from a network-connected counsellor following a police intervention than it is for her to call or visit several related service providers. This parallels goals identified in foundational health literature: that ISD should “enhance quality of care and quality of life, consumer satisfaction and system efficiency for patients with complex, long-term problems cutting across multiple services, providers and settings” (Kodner and Spreeuwenberg, 2002^[6]).

Of course, **the best way to end gender-based violence against women is to prevent it from happening in the first place** – and this certainly requires an integrated, whole-of-society approach. This means dedicated efforts to change masculine norms, from a very early age, so that boys do not grow into perpetrators who replicate harmful masculinities (OECD, 2021^[7]). Preventative measures also need to target adult perpetrators of IPV in order to achieve holistic and sustainable solutions to violence. Violent men are often re-offenders in multiple relationships and victims/survivors sometimes return to their abusers, so working with perpetrators is crucial to prevent re-victimisation and new victimisation. Information-sharing across different actors within the justice sector as well as across different sectors can contribute to a reduction in violence (OECD, 2023^[1]).

Service delivery strategies across OECD countries

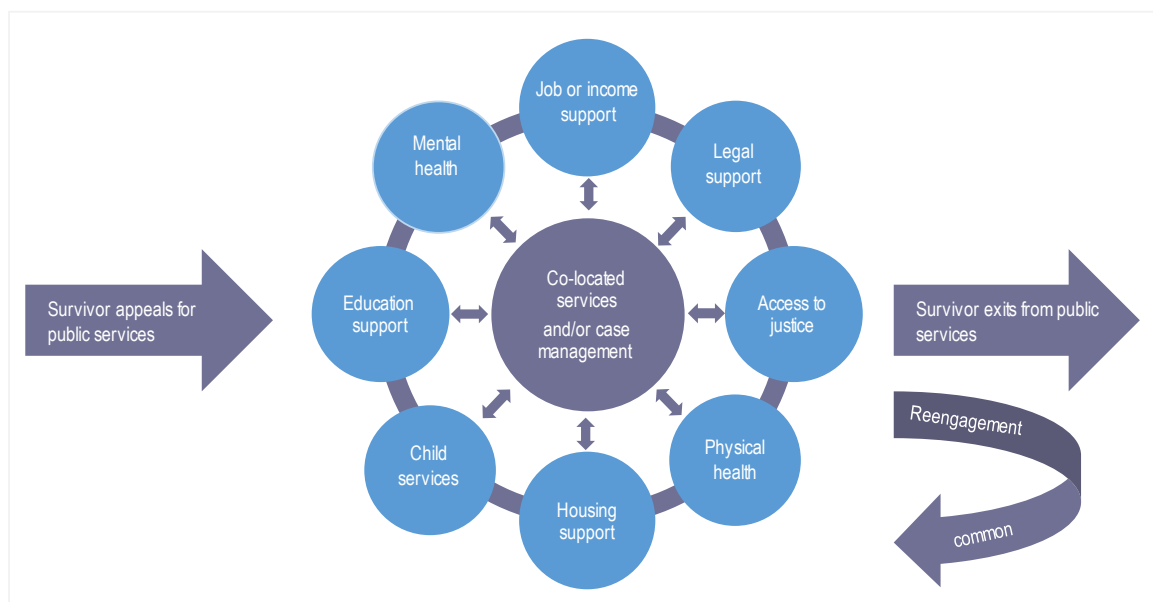
Integrated service delivery to address gender-based violence is far from systematic. In response to the OECD Questionnaire on Integrated Service Delivery to Address Gender-Based Violence (Box 1), **fewer than half of responding OECD national governments (48%) report promoting ISD “somewhat” or “to a great extent”² in their countries.** Barely half (51%) report targeted investments to support service providers in further expanding, improving or transitioning to ISD (OECD, 2023^[1]).

To improve policy responses to GBV, ISD takes a variety of forms. **Across countries, this includes the physical co-location of services; the use of case managers; informal or formal referral networks; data sharing, information sharing and training co-ordination across agencies; and/or deep co-operation across agencies,** working together on individual cases towards pre-determined and consistent goals. Figure 2 presents an illustration of a typical integrated service arrangement to address IPV, where a co-located physical office or a case manager co-ordinate a victim/survivor’s access to different services – and, ideally, different services interact with each other.

² Countries were asked “To what degree does the national/federal/central government actively promote the integration or co-location of services at the subnational and/or non-governmental level, or via private service providers?” Response scale choices were “to a great extent,” “somewhat,” “very little,” “not at all,” or “don’t know” (OECD, 2023^[1]).

Figure 2. Simplified model of integrated service delivery for IPV victims/survivors

Process model of how women experiencing IPV may access horizontally-integrated services.



Note: This figure illustrates a stylised model of horizontally-integrated service delivery at the local level for women experiencing IPV.

Source: (OECD, 2023^[11]), *Supporting Lives Free from Intimate Partner Violence: Towards Better Integration of Services for Victims/Survivors*, <https://doi.org/10.1787/d61633e7-en>.

OECD governments report applying ISD practices in health care, justice, housing, child-related services, and income support. ISD is reportedly most frequently introduced at entry points in health care, emergency housing, and police services.

The health sector is a common centre for ISD to address IPV

The health sector is one of the most common points of entry to public services for women escaping violence, as victims/survivors face a range of threats to their health: injuries, unintended pregnancies, sexually transmitted infections, pregnancy complications, and mental health problems. GBV can result in homicide or suicide. At the national level, governments seeking to integrate service delivery for victims/survivors have most frequently connected services deployed from hospitals and embedded ISD in mental health supports (Chapter 3 in (OECD, 2023^[11])).

The role of hospitals

Within wider health care systems, hospitals have been shown to be an important site for ISD as these are where many victims/survivors go in times of crisis. Countries with publicly-funded health care systems are also well-placed to co-ordinate responses nationally to implement integrated GBV supports. Co-located case management and referral models to support victims/survivors are reported throughout the OECD, and play an important role over time: they help respond to crises in the immediate aftermath of violence, while also providing the infrastructure for longer-term health resources.

Austria, in particular, has widely integrated related services for GBV in hospitals: all hospitals are obliged by law to establish “victim protection groups” for women experiencing domestic violence. These groups

are responsible for facilitating early detection and prevention of domestic violence through awareness raising among hospital colleagues. These groups also establish networks of cross-sectoral actors, including police, shelters, social workers and helpline operators, which can then be mobilised to support help-seeking individuals. In Korea, the approach is also intensive, with multidisciplinary centres in hospitals which offer medical support in addition to psychotherapy and legal counselling for both the immediate victims and their family members.

At the same time, not all health needs are best met in hospitals. Community-based care is recognised as the preferred approach for the majority of mental health care, for instance (OECD, 2021^[8]). All OECD countries either already deliver the majority of mental health services outside of hospitals, or have prioritised the transition to community-based care models – with the potential to deliver care that is less costly than in-patient care, more in line with service users’ preferences, and better integrated with other public services. This corresponds with the use of IPV screening tools in routine medical care and could be reflected in ISD responses to IPV in the coming years (OECD, 2023^[11]).

Mental health programmes

The Lancet Psychiatry Commission lists a range of mental health disorders that are more common among people who have experienced IPV than those who have not, including “anxiety, depression, substance use disorder, post-traumatic stress disorder (PTSD), personality disorders, psychosis, self-harm, and suicidality” (Oram et al., 2022^[9]). Reflecting these concerns, several OECD countries have established integrated mental health support co-ordinated at the national level

In Denmark, for example, since 2020, municipal governments are obligated to offer up to ten hours of free, psychological counselling to women who are staying – or who have stayed – at a shelter as a result of domestic violence. Municipalities are also obligated to offer at least four, and up to ten, hours of psychological support to children accompanying women in this context. Sessions can be used both during and after shelter stays (OECD, 2023^[11]).

Other OECD countries provide mental health support through multidisciplinary counselling centres. In Costa Rica, for example, the National Institute of Women operates regional units which provide multidisciplinary supports, including psychosocial support, to women experiencing IPV. Similarly, in Greece, the Ministry of Labour and Social Affairs funds a number of dedicated counselling centres which provide targeted mental health services for women experiencing IPV. And in Japan, the national and subnational governments jointly fund and operate several spousal violence counselling and support centres which respond to women’s mental health needs and accompany them to related medical appointments (OECD, 2023^[11]).

Housing is critical to supporting victims/survivors in crisis and in the long run

Intimate partner violence is a leading cause of women and children’s homelessness throughout the OECD, and any efforts to address IPV must consider how to support victims/survivors in rebuilding their lives. National governments in the OECD finance and/or administer emergency, transitional and – occasionally – longer-term housing support for women and children fleeing violence (OECD, 2023^[11]).

Emergency shelters

Emergency shelters play a key role in offering safe haven for women escaping an abusive home and preventing homelessness for women at risk of violence. Emergency shelters are also an important intake site for integrated access to social services and housing support services. Shelters can be general (for anyone in the population) or dedicated to women experiencing violence. Yet while emergency shelters play an important role, very few countries actually offer an adequate number of spaces to meet demand. Some shelters offer counselling on-site, many offer linkages or referrals to health services, and many

provide child-related services (e.g. counselling for children), legal advocacy, and linkages to long-term housing. In Italy, for example, income and entrepreneurship support can be applied for through violence protection centres (OECD, 2023^[1]). There have also been some interesting recent initiatives on the part of the private sector providing accommodation, with some hotels, for example, providing free emergency stays to women escaping violence³.

Transitional and longer-term housing

Some countries have policies to help women transition out of shelters and into safe long-term housing. Hungary, for example, has a system of transitional housing in place which offers temporary, highly-subsidised housing for up to five years.

Looking to the longer term, a few countries report special provisions within existing social housing schemes which prioritise access to women who are experiencing IPV. This is the case in Belgium, Ireland, Japan, the Netherlands, Portugal, and Spain, for example. Unfortunately, these provisions exist in an environment of social housing scarcity across OECD countries, which means few women are actually able to access social housing. In the United States, where federal housing funds are more often allocated sub-nationally, a portion of federal housing funding is reserved for sub-national agencies to provide shelter and support for women and children experiencing domestic violence. And in Greece, the “Housing and Work Project” is a recent example of integrating long-term housing subsidies, mental health resources and employment-related supports.

Australia has a novel, trauma-informed, empowerment-based approach that gives women and children greater stability and may help hold perpetrators accountable. Australia’s “Keeping Women Safe in Their Homes” (KWSITH) initiative provides support for women and their children to *remain* safely in their homes in the wake of domestic violence. Importantly, this shifts the burden of uprooting one’s life to the *perpetrator* when he harms his partner (OECD, 2023^[1]).

The justice sector’s role in a co-ordinated response

A critical consideration in ISD to address IPV is the client’s risk of exposure to violence, their heightened need for security, and, often, their need for police involvement and access to justice. Consequently, ISD measures to address IPV are often connected with police and legal advocacy support. Because legal issues and procedures are tied with other social, economic, health, or employment issues, a holistic response to GBV requires strong collaboration by organisations both *within* the justice system and *between* the justice system and other sectors (OECD, 2021^[10]).

As with other sectors, there is room for improvement in support for victims/survivors. The legal system can be hard to navigate for non-experts, and many victims/survivors have low trust in police being able or willing to support them. To some degree, this reluctance may be justified given historical cultures of victim-blaming and down-prioritisation of GBV cases by police.

Police

Police are often gatekeepers to accessing justice and other important supports, as reporting a crime can be an entry point to access important interventions and safety. Police work on the ground to respond to

³ The hospitality company Accor, for example, recently joined forces with Fondation des Femmes, Fondation BNP Paribas, and Alternative Patrimoine to provide free hotel rooms to women experiencing violence in France. In 2021, more than 700 women victims/survivors and their children benefitted from 13 867 emergency overnight stays: <https://press.accor.com/fondation-des-femmes-and-accor-launch-a-platform-dedicated-to-the-emergency-shelter-project-a-unique-refuge-program-for-female-victims-of-abuse/?lang=en>

emergencies, support women in administrative processes where civil or criminal charges are pursued or imposed, and initiate related, inter-disciplinary services.

Some police departments are embedded in formal referral networks to related providers. For example, in Austria, the Czech Republic, Luxembourg and the Slovak Republic, police are required to contact social support services and link them with the women experiencing violence.

Co-location of related services in police stations is another strategy. Australia, for example, frequently co-locates community-based advocates within existing police stations – which also helps in training officers – while Denmark and Norway have established interdisciplinary service provision in police stations. Other countries (such as Portugal, Argentina and Brazil) have established specialised women’s police stations that are well-trained to deal with cases of violence.

Police play an important role, too, in preventing the reoccurrence of violence. The effective use of risk/danger assessments by police – informed by specialised training – and the correct application of emergency restraining/barring orders are important to keep perpetrators from carrying out further harm.

Police are also well-placed to deal with perpetrators of violence and initiate an integrated response to address violence at the source. For example, in New Zealand, both victims and perpetrators of violence enter the “Integrated Safety Response” programme through police services. This integrated framework includes efforts to enforce perpetrator accountability through behavioural change programmes.

Legal advocacy services

To ensure that more victims/survivors are able to make use of the legal frameworks that exist to support them, targeted justice services have emerged to better support women in the wake of IPV. Legal advocacy services and the court system, including domestic violence courts, facilitate women’s access to justice and enable ISD with other sectors.

Several national initiatives exist in the OECD to support women in accessing justice through legal support, including some policies with multidisciplinary or integrated approaches (see Table 5.1 in (OECD, 2023^[11])). In Austria and Portugal, for example, dedicated multidisciplinary counselling centres have been established which provide psycho-social counselling in addition to legal counselling and court navigation support. In Australia, legal support services have been embedded in health care settings to streamline access to justice for women who are already accessing health services.

Costa Rica, New Zealand, Türkiye and the United Kingdom have established dedicated domestic violence courts which apply trauma-informed practices to empower women as they appeal for justice. Domestic violence courts apply specialised knowledge to better enforce orders, jointly delivered with police, that protect women. Domestic violence courts can also play an important role in enforcing perpetrator accountability through offender intervention programmes (OECD, 2023^[11]).

Opportunities and recommendations to support lives free from violence

Women experiencing IPV often require support from a number of policy sectors in order to re-assert their safety and independence. Integrated approaches to end IPV have the potential to mitigate the consequences of violence by delivering multiple, essential services simultaneously.

At the same time, efficiency gains are also possible for providers who participate in ISD. Integrated services can potentially reduce the costs of service delivery for governments when programming is backed by coherent policy integration, both vertically (across levels of government) and horizontally (across sectors). Despite variations in governance structures across the OECD, opportunities exist at the national level to facilitate and streamline ISD on the ground.

Policy coherence matters

Governments must ensure that existing policies across sectors and jurisdictions do not inadvertently undermine each other, either directly,⁴ as a result of regulations, or indirectly, as a result of a competition for resources.

Related to this, policies and services must reinforce each other to address the whole problem of GBV. This involves emergency responses in the wake of violent incidents, a continuity of support in the medium- and long-term, and ensuring that perpetrators of violence are held accountable.

One example of how to ensure policy coherence is via model administrative frameworks that can help facilitate collaboration at the service delivery level. A strong administrative foundation can help all parties understand clearly their role in joint working. As a first step, national Ministries can collaborate to develop guidelines for service delivery standards, based on stated goals to improve service quality, outcomes, and satisfaction among both service users and providers. Templates can be developed to facilitate shared mission statements, memorandums of understanding across sectors, and joint service delivery agreements between providers. These administrative pieces can also be incorporated into funding criteria, effectively incentivising integration where clear service delivery arrangements exist (OECD, 2023_[1]).

A whole-of-state approach is essential

A whole-of-state approach – including national frameworks, reliable and adequate funding, and the involvement of government co-ordinating bodies tasked with gender mainstreaming (and GBV mainstreaming) – can help ensure that national strategies reach the service delivery level well-integrated across Ministries and agencies.

Changing, unclear or overlapping responsibilities can create competing incentives in terms of funding and management. Different Ministries at the national level may be responsible for planning or ensuring service delivery to categorically separate subsets of the population which, in the context of GBV, can often overlap. Similarly, subnational governments may develop action plans or laws within their jurisdictional bounds that may or may not coherently align or engage with incoming national-level action plans. These issues are exacerbated in an environment of scarce public funding.

Part of this challenge, of course, stems from a more basic governance issue: multi-level governance structures present a common challenge for all OECD countries when integrating health, legal and social services of almost any kind (OECD, 2015_[3]). Where governance structures are highly centralised, it may be difficult to ensure national policy reflects local needs and is adequately delivered on the ground. On the other hand, decentralisation and varying degrees of regional and municipal autonomy – both legislative and financial – can lead to gaps in service coverage, as well as a lack of monitoring and evaluation (Lovette, Coy and Kelly, 2019_[11]). For example, NGO providers have criticised their inability to help relocate a victim/survivor to a safe location further away from her abuser if that location falls under a different funding or political jurisdiction (OECD, 2023_[1]).

Funding to address GBV must be adequate and reliable over time

Irregular and inadequate funding for IPV-related service delivery was the top challenge cited by both countries and non-governmental service providers who participated in the OECD QISD-GBV 2022 and the OECD Consultation 2022, respectively (Box 1).

⁴ For example, “nuisance property laws” at play some US municipalities impose eviction (and even criminal charges, in some cases) for tenants who use a pre-determined number of emergency service calls. This is particularly harmful for women who may appeal to emergency police services for protection in repeated situations of IPV (Chapter 4 in (OECD, 2023_[1])).

A protected, legal basis for the funding of ISD to address GBV can help to circumvent pre-existing, siloed funding streams and ensure continuity of care by service providers. This must be prioritised in national budgets as part of broader frameworks on GBV.

A legislative basis can also shield budgetary allocations from changes in government. This can be done through funding rules which establish reinvestment criteria for central funds that are allocated to subnational entities. A parallel can be drawn from the United Kingdom, for example, which implemented a funding rule whereby National Health Service Clinical Commissioning Groups must increase investment in mental health services in proportion to the overall increase in their central funding allocations.

Opportunities also exist to empower local beneficiaries with flexibility to address specific, local needs with central funding allocations. Greater flexibility in local or regional funding can also help simplify resource sharing across jurisdictions, for example when nearby towns or regions are jointly aiding a client.

National governments can help standardise (and fund) regular, local needs assessments

An important first step for establishing and improving ISD is collecting data to understand a community's need for services on the ground. Local contexts are crucially important – especially where service delivery occurs at the subnational level or through partnerships with NGOs. A “one-size-fits-all” approach would not be effective in most countries.

Nevertheless, national guidelines for standardised needs assessments can prove useful (Kelly, 2018^[12]), especially where targets related to ending GBV are outlined in national action plans. National guidelines and resources can also be useful when delivery-level entities lack the resources to coherently assess service needs – a common shortcoming.

Governments should prioritise improving local administrative data collection. This entails research into the local prevalence of various forms of GBV, in addition to tracking service uptake and system utilisation, for example through service user numbers. Local prevalence rates can then be measured against social service “resource scans” – stocktaking or mapping exercises of available local services. Together, these assessments can better inform the types of services that should be joined up in order to respond accurately to needs on the ground. Where service delivery is decentralised, these assessments can inform the funding process for service delivery grants.

Regular needs' assessments can also be qualitative in nature, such as a recent study to assess the special needs of children accompanying mothers in women's shelters in Greece (forthcoming). In the Czech Republic, the government surveyed regional authorities and local service providers to better assess the needs of people at risk of domestic violence as a precursor to implementing Istanbul Convention recommendations (EU Social Fund, 2021^[13]).

Finally, while national population surveys on GBV have serious limitations – including underestimating actual rates of violence – it is nevertheless important to carry out such surveys (OECD, 2020^[2]). Survey data can be used to identify regions or subgroups of women experiencing or at risk of experiencing a high prevalence/frequency of violence, perhaps based on underlying socio-economic conditions. These can be dedicated surveys on GBV repeated over time, or modules on GBV within other population surveys, that can then be used to inform needs assessments.

Data sharing capabilities across agencies must be strengthened

Data sharing across providers can reduce clients' application costs (in time and energy); reduce the trauma associated with repeating accounts of violence to different providers in different locations; and improve client safety by better tracking risks across repeated incidents of violence. Ideally, such a system would also integrate perpetrator-related interventions to track accountability and recidivism, as well as monitor the risk posed to help-seeking women in real time.

Yet there exist serious gaps across providers and levels of government in most countries when it comes to sharing data on IPV cases. Data-sharing capabilities across agencies must be strengthened, possibly by way of a central, integrated case management system, while ensuring client privacy.

For providers, a data-sharing platform can create a secure environment for information sharing; facilitate co-operation; reduce administrative processing costs, coverage gaps and service duplication; and more accurately assess risk by making past appeals for help more visible to other providers. For governments, a central case management system can improve institutional co-ordination; more accurately track the prevalence of violence; and provide the foundation for monitoring service delivery costs and service delivery effectiveness on a case-by-case basis as a function of risk.

Importantly, shared information on clients can help early detection and prevent cases of violence by making providers better aware of the risk profiles and histories of different clients. Governments may gain long-term savings through early detection, prevention and increased efficiency in delivering services, ultimately reducing the number of appeals necessary to resolve problems.

Once established, such a system could also be mobilised to serve other vulnerable groups in addressing complex problems. Acknowledging the multi-dimensional utility of such a system, the World Bank is supporting the establishment of an integrated case management system in Chile for the specific purpose of improving service delivery to women affected by violence (The World Bank, 2022^[14]). Australia has also introduced a data sharing strategy within the Safety First Programme, an information-sharing and safety-planning mechanism for women leaving refugees.

Of course, while women's privacy and security must be the top concern in data sharing strategies, it is important to note that the shift to digital data sharing does not necessarily imply increased risks. It may be an improvement over current conditions, which do not always adequately protect client privacy. Currently information is "transmitted between institutions either manually or by e-mail, raising confidentiality concerns and significant delays in what are often life or death situations" (Inchauste, Bello and Contreras-Urbina, 2021^[15]).

Better and regular programme evaluations are essential

On the whole, ISD approaches to addressing GBV have not been systematically or quantitatively evaluated. Integrated services need to be better monitored and evaluated both individually and in the context of broader social protection system supports for GBV.

In other social policy areas across OECD countries, such evaluations increasingly take the form of randomised control trials (RCTs). In the face of limited resources – where there is not enough funding to support everyone through a new programme – this would imply that some clients are randomly assigned to a new treatment (e.g. an ISD intervention) while others receive the traditional treatment. Outcomes could then be compared across the two groups which – thanks to randomisation – ideally differ only in their access to ISD. Quasi-experimental evaluations, too – where causal effects are estimated across a plausibly exogenous threshold – also hold promise.

A simple example of a monitoring and evaluation strategy could entail a RCT or quasi-experimental evaluation of outcomes for clients offered an ISD approach versus standard service delivery; monitoring and evaluation of costs and benefits of integrated versus standard programmes; and qualitative, survey-based evidence on client experiences. Importantly, clients should be compared across integrated services and standard (more siloed) services to understand a crucial counterfactual: what would have likely happened in the *absence* of policy integration?

Such evaluations can and should also consider interventions for perpetrators of violence, to help improve understanding of what works in keeping perpetrators from assaulting (again) their partners. Understanding how to prevent recidivism is crucial for breaking the cycle of violence.

A holistic perspective means treating everyone involved – including perpetrators

In addition to cross-sectoral and cross-jurisdictional coherence, policies aimed at addressing – and ultimately eradicating – GBV must consider all parts of the problem. This fundamentally requires targeting perpetrators of violence. Governments can interact with perpetrators not only through criminalisation and the court system, but in multi-dimensional ways that more holistically improve offender accountability and produce long-term behavioural change on individual and broader cultural levels.

Most importantly, apply a victim/survivor-centred focus

Many of the policy prescriptions to address GBV are “top-down” in nature, encouraging national governments to offer guidelines, regular support, and data gathering tools to subnational and non-governmental service providers. While this line of communication is important, it is at least as important to ensure that national policy makers listen to experts and victims/survivors at the local level.

Local service providers and advocates are highly attuned to the needs of women experiencing violence in their community, and they offer years of experience and knowledge of the diverse, often intersectional challenges women face. Many “best practice” integrated service delivery examples evolved from the ground up, such as the cases of the Family Justice Centres in Europe and North America⁵ or the evolutions of rural women’s shelters in Canada. Clear lines of communication must therefore connect local service providers with national and regional policy makers, to enable better and more victim/survivor-centred service delivery.

Victim/survivor-centred approaches could include regular stakeholder engagements or surveys of service providers to ensure stakeholders can help to co-create good policies. To help advance stakeholder engagement, the United States Department of Health and Human Services also recently published research for government agencies on how to adequately capture and act on “lived experiences” of service users to understand better how programmes are working on the ground and how to improve them (Office of the Assistant Secretary for Planning and Evaluation, 2021_[16]). The Canadian, Spanish and Welsh governments offer similar examples of incorporating victim/survivor feedback in programme design (OECD, 2023_[11]).

Taken together, these opportunities and recommendations offer lessons to policymakers seeking to provide a holistic, victim/survivor-centred response to violence.

Box 1. OECD Questionnaire and Consultation informing the report *Supporting Lives Free from Violence: Towards Better Integration of Services for Victims/Survivors* (OECD 2023)

2022 OECD Questionnaire on Integrated Service Delivery to Address Gender-Based Violence (OECD QISD-GBV, 2022).

In January 2022, Delegates to the OECD Employment, Labour and Social Affairs Committee were invited to complete a questionnaire about service-delivery arrangements designed to support women experiencing GBV in their countries. OECD QISD-GBV asked countries about service provision and delivery in a range of sectors, as well as how integration is prioritised at the national level. The full questionnaire that was shared with countries can be found in (OECD, 2023_[11]) Annex A.

⁵ For more information, please see <https://www.efjca.eu/> (Europe) and <https://www.familyjusticecenter.org/> (United States).

The questionnaire had a response rate of 92%: 35 out of 38⁶ OECD countries responded.

2022 OECD Consultation with Non-Governmental Service Providers serving GBV Victims/Survivors (OECD Consultation, 2022).

There is a rich history of grassroots organisations, civil society and non-governmental organisations (NGOs) involved in delivering services in response to violence against women. In an effort to gain insight from non-governmental service providers at the delivery-level, an online, survey-based consultation was made available to non-governmental service providers working in the GBV space between 1 February and 30 April 2022. A link to the survey, along with an open call for participation, was shared through OECD social media channels and various e-mail lists. The survey was also distributed informally through providers in the European Family Justice Centre Alliance (<https://www.efjca.eu/>). Given that this sample was recruited non-randomly via social media and through “snowball” sampling, and that the survey was open to the public, its representativeness should be interpreted with caution. In total, 27 responses were received from service providers working in 12 OECD countries. Two of the responses came from service providers in non-OECD countries, and were retained for the report discussion. All responses were anonymous (OECD, 2023^[11]).

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⁶ France, Poland and Sweden did not respond in writing to the questionnaire, but evidence from desk research on these countries has been included when possible.

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