Nordic Baltic workshop on the prevention of family violence: the role of health sector in a multisectoral response

Report of a joint meeting of the WHO Regional Office for Europe, the Ministry of Health of the Republic of Latvia, the Nordic Council of Ministers (Norden) and the Latvian Public Health Agency (SVA)

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ABSTRACT

On 8-9 June 2009 the WHO Regional Office for Europe, the Ministry of Health of the Republic of Latvia, the Public Health Agency of Latvia and the Nordic Council of Ministers jointly organized the Nordic Baltic workshop on the prevention of family violence with a focus on the role of health sector in multisectoral response, in Riga, Latvia. The workshop was attended by 95 participants consisting of policy makers from various sectors, health professionals, activists and young journalists from 13 European countries. Evidence on examples of good-practice were exchanged and experiences on implementing evidence-based programmes for preventing intimate partner violence, child maltreatment and elder abuse were discussed. This included policy response, multisectoral stakeholder collaboration, primary prevention, capacity building and cross cutting risk factors such as social determinants of health and alcohol misuse.

The workshop identified the following priorities for action:

- Developing comprehensive national policies for prevention of family violence which cover all types of violence and risk groups.
- Strengthening research and evidence-based practice by facilitating the exchange of knowledge and experience across the subregion.
- Increasing capacity in the health and justice sector through the implementation of capacity building tools.
- Strengthening primary prevention measures targeting age specific groups.
- Improving advocacy and developing effective communication strategies to address family violence through the media.

Progress in these areas would strengthen the prevention of family violence in the Nordic Baltic States. WHO wish to thank the Ministry of Health of the Republic of Latvia, the Public Health Agency of Latvia and the Nordic Council of Ministers for coorganizing the workshop and the Government of Norway for their generous support. This report has been prepared by H Bie, E Lapina and D Sethi, and laid out by M Gallitto.

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INTRODUCTION

Violence causes a significant number of deaths and human suffering every year in the WHO European Region, and poses a threat to economic and social development. Violence is responsible for one third of all injury deaths, accounting for some 257 000 deaths and 5.3 million disability adjusted life years (DALYs) lost.

The WHO Regional Committee for Europe resolution EUR/RC55/R9 on the prevention of injuries in the European Region and the Recommendation of the Council of the European Union of 31 May 2007 on the prevention of injury and promotion of safety, have both placed violence and injury prevention on the public health agenda. The 2008 report “Progress in preventing injuries in the WHO European Region” shows that the resolution and recommendation have catalyzed action and that good progress is taking place. An increasing number of countries have developed national policies, strengthened their surveillance systems, implemented evidence-based prevention programmes and engaged in capacity building. The report highlights however a need for the health sector to commit to more widespread policy development and the implementation of effective programmes and to engage with other stakeholders in a multisectoral response to prevent injuries and violence. Whereas this is true of many areas of injury and violence prevention, it is particularly important in the area of family violence prevention, both in consideration of the difficulties that many victims have in making violence known and having access to care and protection, and of the importance of collaboration between the health, justice, education and social/welfare systems in addressing the issue.

In view of the high priority given to violence prevention by health ministries of the Baltic and Nordic countries, a workshop was convened in Riga, Latvia on 8–9 June 2009. The workshop was jointly organized by the WHO Regional Office for Europe, the Ministry of Health of the Republic of Latvia, the Public Health Agency of Latvia and the Nordic Council of Ministers. The workshop was supported by the Norwegian Government. There were 95 participants from 13 European countries representing policy makers from various sectors, health professionals, activists and young journalists.
AIMS OF THE MEETING

The specific aims of the workshop were to:

- discuss the role of the health sector in a multisectoral response in preventing family violence;
- receive the latest evidence on examples of good-practice;
- exchange experiences on implementing evidence-based programmes for preventing intimate partner violence, child maltreatment and elder abuse;
- consider alcohol misuse as a risk factor for and as a consequence of violence;
- debate strategies for a way forward; and
- support the involvement of young journalists from the Nordic and Baltic countries in the public debate on violence.

SUMMARIES OF PRESENTATIONS AND DISCUSSIONS

The workshop consisted of plenary sessions with invited international speakers and included experts from the field of violence prevention from Nordic and Baltic countries. In addition there were breakout sessions to explore examples of best practice of the health sectors engagement in preventing family violence. As an integrated part of the workshop, media training on the prevention of family violence was organized for young journalists from the Nordic and Baltic States, the Russian Federation and Belarus.

The role of health sector in multisectoral response

After the welcome by Dr Inga Smate, Director, Public Health Department for the Ministry of Health of the Republic of Latvia, Mr Nils Olav Stava, the Norwegian Ambassador to Norway, and Ms Francesca Racioppi, a.i. Head of European Centre for Environment and Health, Rome Office, WHO Regional Office for Europe, the workshop started with a session on the role of the health sector in multisectoral response to family violence. The workshop was started with an outlook on preventing family violence in Europe, with a focus on the role of the health systems. The issue of interpersonal violence in families was highlighted as major public health problem and societal threat to the European Region, killing more than 65 000 people annually. There is a 20 fold difference in homicides for children in countries in the European Region. The scale of non-fatal violence is vast but not widely understood. It is however estimated that 5–40% of women have been assaulted by their partners at any time in their life; occurrence of sexual abuse in childhood is as high as 20% in girls; and 4–6% of elderly people living at home are abused. Shared risk factors for family violence are alcohol, substance abuse, parental loss, crime, mental illness, social isolation, household poverty, norms condoning violence, access to weapons and inequalities. Violence in the family is a major concern with far reaching consequences which span across generations. The problem can be overcome by using a public health approach and health systems are central to working with multiple sectors in preventing violence to achieve equity in health.
Violence is a public health problem also in Latvia, with mortality rates for interpersonal violence in children and women being among the highest in the Region. One of the main obstacles in addressing family violence prevention in Latvia is that family violence is not defined in national legislation. Since 2001 violence prevention has been integrated into public health strategy in Latvia, with the aim of achieving a significant and sustainable decrease in injuries, disability and death arising from violence and unintentional injuries by 2010. The newly adopted Program on domestic violence prevention (2008-2011), the State family policy (2004-2013) and the Program for realization of equality of gender rights (2007-2010) address the need for improved data collection, existing legislation, capacity building, intersectoral collaboration and support to victims and their families. In 2007, a national report on Violence and Health in Latvia was developed. The report highlights the need for increased intersectoral collaboration and strengthening the health sector’s response to the prevention of family violence. With the support of WHO and a national intersectoral working group, the Ministry of Health in Latvia has followed-up by developing guidelines for health professionals on addressing intimate partner violence. These are supported by training modules.

The report on violence and health was conducted by the group of Latvian researchers and it was the first of its kind in Latvia. The report included qualitative data collected through field work. The aim of the research was to map how violence is perceived by stakeholders (including the community) at local and national level. The report showed that violence is stigmatized in Latvian society and victims of violence living in rural areas are especially vulnerable to stigma in their local community. The results of the study pointed to essential gaps in violence prevention programs: a thorough assessment of the situation in Latvia was lacking, with few preventive programmes and little case detection. It also showed that many specialists were not opposed to the use of corporal punishment in children’s upbringing. The current socioeconomic situation and budgetary cuts might trigger the already increasing rates of violence in Latvia. Improved legal framework, accurate and valid data is necessary to guide action. The report also proves the necessity of having clear laws to prevent family violence, having governmental policy supported by all actors in the field, stronger multisectoral coordination, capacity building, community based primary prevention programmes targeting youth and children, support for young families and strengthening rehabilitation programmes. The health sector has very important role in de-stigmatizing violence and in strengthening interdisciplinary cooperation. The health sector response needs to be improved through structural changes, the development of guidelines and evidence based research programmes on violence and health.

Violence should not only be left to the justice sector. The interdependence of the health and justice sector in combating family violence should be promoted. Professional work and performance of the health care sector is vital to the success of the justice sector in investigating domestic violence and to bringing these cases to trial. The police needs to understand, improve and extend cooperation with the health sector e.g. having access to health data and better quality forensic assessments. The reversed applies to the health sector, to understand the importance of their work for the judicial sector. For instance, the strong political commitment to address the issue of family violence in Sweden includes a multisectoral-agency approach, with a strong emphasis on capacity building. The Swedish National Police Board has taken a lead in capacity building in the police by developing a national manual on domestic violence, which includes guidance on how to develop good collaboration with local health services, and an
interactive training programme on detection and investigating domestic violence accessible through the internet.

Recognize, protect and act are key words in the new Finnish Recommendations for the prevention of interpersonal and domestic violence (2008). The recommendations give guidance and define activities required by local and regional actors from social and health care services. The objective of the recommendations is to influence public opinion on the seriousness of domestic violence, develop structures and procedures to discourage interpersonal violence, promote coordinated cooperation in municipalities and ensure the availability of professionally managed and coordinated assistance and services within the social and health care system. The municipalities have a pivotal and independent role in the implementation, coordination and monitoring of violence prevention activities, which is an integral part of the municipalities’ welfare strategy, security planning and action plans for social and health care. A multisectoral task force is established in every municipality, with a nominated focal person who participates in regular regional network meetings. Capacity is a major priority, and there is also the need to improve the health sector’s knowledge and training in how to address honour-related violence and alcohol and violence. Well developed violence prevention tools are transferable and that sound practices should be applied in other communities (e.g. Swedish experience). Several aspects of interpersonal violence are rather neglected in prevention programs: family violence in same sex relationships and violence against people with disabilities.

Discussion:

- Prevention of family violence needs to put on the top of the political agenda.
- It is important that violence prevention becomes everyone’s interest and that people realize that violence affects all either directly or indirectly throughout lifetime.
- Cooperation and strong partnerships across sectors and institutions need to be established and integrated in all policy response.
- Effective preventive measures and policies should be subject to continuous monitoring and evaluation. In a time were limited resources are available, it is important that all violence preventive actions are targeted and planned based on evaluation results.
- The importance of having data and clear definitions of family violence in order to have a greater impact on policy development was emphasized.
- It is necessary to share experiences on how to put the issue of violence on the political agenda, and the examples given from Latvia, Finland and Sweden were highly relevant.
- Violence is a new issue on the public health agenda in many countries, therefore relevant tools and effective communication measures should be found to approach policy makers in order to strengthen strategies to address the problem.
- The capacity building tool developed in Sweden for the Swedish police force could be applied elsewhere.
- Important to target often neglected and vulnerable groups in violence prevention such as ethnic minority groups and people living in same sex relationships and capacity needed to be built in the health and justice sector to achieve this.
Preventing intimate partner violence and elder abuse

The public health approach to primary prevention of intimate partner violence and elder abuse requires a clear vision, e.g. “The promotion of safe, healthy relationships to create resilient and flourishing families and communities”. Primary prevention needs to follow a life course perspective and target all levels of the ecological model; personal, relationship, community and societal. There are several key determinants for interpersonal violence, such as sex, young age, previous abuse, behaviour disorders and alcohol misuse. Examples on effective evidence-based preventive interventions from the UK targeting age specific groups include: enabling environments (all ages), developing parenting skills (0–3 years), early intervention with conduct disorders (4–11 years) and emotional disorders (11–18 years). These interventions, aiming at enabling people to connect and function in a social environment, could break the cycle of violence and abuse across the life-course. Tertiary prevention, which is most commonly invested in, needs to be supplemented by primary prevention and secondary prevention, and that the health sector has an important role in primary prevention.

Violence prevention in Norway is characterized by interministerial collaboration and strong policy investments in violence prevention targeting vulnerable groups. Different action plans on intimate partner violence, female genital mutilation, forced marriages, physical and sexual abuse and human trafficking are implemented. Knowledge-based practice based taking into account research, experience and consumer participation is a key principle in policy implementation. Areas of weakness are for elder abuse and youth violence prevention, and access to services for victims of violence and surveillance data could be improved. Child maltreatment has been a particular focus recently with an emphasis on building strong research networks, increasing the evidence-base in policy development and implementing primary prevention activities such as anti-bullying campaigns, mental health programs in schools and parent training programmes. Capacity building for different sectors is a major priority involving both national and regional Centres for Violence and Traumatic Stress.

National public health benefits achieved through the national action plans on prevention of intimate partner violence was reported from Denmark. Some of the key recommendations posed by WHO, Council of Europe and the European Policy Action Centre were used to tackle violence against women. Denmark puts a strong emphasis on multisectoral collaboration and information exchange on violence against women through the Danish Observatory, which is also responsible for ensuring that the Danish government fulfils its national and international commitments to combat violence against women. The goals and achievements of the national action plans are to be evaluated by means of the seven EU-indicators on domestic violence, adopted in 2002 by EU Member States. There are different data sources on violence against women (VAW), both at national and regional level, including criminal statistics, patient registers and shelter statistics. During the last decade, data on VAW has been collected by surveys. Different sources of data show different prevalence of violence against women, which underlines the importance of complementing register data with population based surveys. Trends in partner violence show a decrease from 2.2 in 2000/2002 to 1.6 in 2005/2006, which might reflect the impact of action plans.

Violence against elderly is a common yet frequently under-recognized problem in our society and an important public health issue. There are many and diverse forms of discrimination and
violence against the elderly. Elder abuse in domestic settings is growing and often a hidden problem not recognized by the public or properly addressed by health care providers. The estimated prevalence is 4–6%. Women are more likely to be victims of abuse, but violence against older women remains a taboo and is less visible in society and more difficult to detect and act upon. The EU funded project *Breaking the Taboo* involved studies in Finland, Austria, Belgium, Lithuania and Portugal. It targets health and social service staff, health and social service providers, educational institutions and organizations dealing with abuse. The studies showed that though staff recognises elder abuse, prevalence data are missing and there are a number of barriers to action. Capacity building and guidance are needed, especially targeting home-help workers who are in a unique position to identify, intervene, inform and provide help to victims. Information on how to find local opportunities for help and support needs to be disseminated. The project also involved a number of different awareness raising activities such as a guidebook containing tools to recognize abuse, strategies on how to deal with abuse, and country specific information on seeking help.

Examples of interventions to prevent elder abuse were reported from Norway. Elder abuse is indeed a hidden problem in Norway and there is no data available at national level on the prevalence of elder abuse. The Protective Services for the Elderly in The City of Oslo is a city-wide low-threshold programme for people aged over 62 years who are at risk of violence or abuse. No referral is needed. The service is part of the safety program of the City of Oslo. The service gives support, advice and counselling to victims, register cases involving abuse, coordinates service programmes, disseminates knowledge to collaborative partners and the general population, lectures students in health care studies and provides a national helpline. In 2008, about a third of all enquiries came from the elderly, 25% from the health and social services and 20% from other family members. Data from the service shows that the abuser is most often a son. There is close collaboration with the Ombudsman for the elderly and the National Centre for Violence and Traumatic Stress.

**Discussion:**

- There is a need to increase the policy response on the issues of intimate partner violence and elder abuse in view of the clear evidence of the seriousness of the problem.
- This could be achieved by sharing experience and through intercountry work in the region.
- To overcome the taboo of elder abuse, the media would be helpful in raising public awareness.
- In order to raise debate in the general public, the young journalists were invited to address the issue in media.

**Preventing child neglect and abuse**

Trends in child neglect and abuse in Denmark and Finland were reported, using results from surveys conducted in Finland in 1988 and 2008 and in Denmark in 2002 and 2008. Researchers involved in the surveys are part of a joint Nordic Research Network established to assess the setting up of future framework for Nordic youth surveys on child sexual abuse and exposure to violence outside and in the family. The 2008 school-based surveys in Denmark and Finland
followed the same methodology and provided comparable data between the two countries. Some of the key findings from Finland were; one third of 9th grade students have ever been exposed to violence at home, corporal punishment of children has decreased and girls report more exposure to corporal punishment and have more often witnessed violence at home. Data from Denmark shows that the prevalence of physical violence to youth by parents has decreased from 2002 to 2008 and the percentage of youth witnessing violence against their mother has decreased. The research showed that school based surveys on child abuse that include comprehensive standardized questions and scales, are needed. These help in finding associations between types of violence and health outcomes. The use of internet or laptop based self-administered questionnaires have proven to be efficient and enabled continuous monitoring.

Results from a survey focusing on child maltreatment as a risk factor for impaired mental health and well being among 9th grade pupils in Denmark were presented. The nationwide survey showed that every third boy and less than half of the girls have experienced non-physical violence, while a substantial minority have been exposed to mild or severe physical abuse. 2% of boys and 8% of girls have experienced sexual abuse by adults. The results of the survey show however that exposure to childhood physical and sexual abuse is associated with consistent increase in risks of mental health problems in adolescence. Boys experiencing physical and sexual abuse are more likely to have conduct problems and this is more prevalent and more severe for victims of sexual abuse. Physically abused girls have a higher risk of anxiety and depression, and this is especially evident when the mother is the perpetrator. 50% of the girls experiencing sexual abuse report functioning within the normal range. The long-term effects are however unknown.

An overview of the legislative development of child protection and child rights in Estonia, beginning in the 1990’s, and the organizational structure of service provision for children and families was presented. There is insufficient political support and legislation in the field, partly because of the lack of immediate results. Different surveys among students in Estonia show disturbing figures on mental health problems and high rates of emotional abuse (79%), physical abuse (37%) and neglect (36%). The Tartu Child Support Centre is a multidisciplinary service offered to children suffering neglect and abuse. It provides psychological, social and medical counselling, psychotherapy and acute aid. The centre is conducting training of specialists, supports a network of specialists from the Tartu region and does advocacy work targeting national and local authorities. The centre puts great emphasis on collaboration at local, national and international level, and is conducting research. A key role for medical practitioners in primary prevention is being emphasized.

**Discussion**

- There is a gap between research and implementation.
- More evaluative research using standardized methodology of programmes was needed to build the evidence base.
There is concern that the financial crisis will limit the ability to sustain new initiatives e.g. in Iceland and it was important to emphasize that stopping violence prevention will lead to costs accrued later.

In Denmark, home visitation programs have been a priority primary prevention measure but needed better evaluation.

One of the key conclusions from the high-level meeting in Oslo in April on Health in times of global economic crisis is that support for health systems should not be reduced.

**Alcohol and violence**

There are strong links between alcohol and violence. It is estimated that 56% of all deaths from interpersonal violence and 31% of all suicide deaths are attributed to alcohol consumption in the European Region. Drinking patterns and levels of interpersonal, collective and self-directed violence vary widely throughout Europe. However, across all cultures they are strongly linked. There is a strong association between alcohol consumption and the risk of being a perpetrator of violence and/or a victim of violence and for example, 32% offenders of fatal child abuse have been drinking (Germany). Alcohol is often used as a means to improve socialization and communication but also as a self-administered treatment for stress. Direct effects of alcohol include reduced self-control, poor information processing and reduced recognition of warning signs of confrontation. Violence itself increases the risk of alcohol related harm. Reducing alcohol use at population and individual levels can reduce violence. Effective interventions include: increasing the minimum price of alcohol, limiting sales (e.g. times and density), strict enforcement of age legislation and treatment for alcohol dependence and brief physician interventions. Alcohol affects the entire cycle of violence and action should be taken at different points of the cycle using interventions involving different sectors directed at different levels of the ecological model. Socioeconomic deprivation is another cross cutting risk factor for violence where there is a 6–12 increased risk of being violent from alcohol in deprived areas, and 6–7 times more children hospital admission in poorer children.

The Finnish Security Plan had an inspirational vision of making Finland the safest and most open country in Europe. In Finland, social exclusion is the biggest threat to internal security and alcohol is the largest single cause of violence and unintentional injuries. Alcohol is the most common cause of death in adult population (4,500 deaths per year), and alcohol related mortality increased about 40% from 2003 to 2007. Homicide rates in Finland (2.9 homicides/100,000 habitants) are double that of other Western European countries. In addition Finland experiences an increasing number of assaults and domestic violence linked to alcohol e.g. in 85% of homicide cases, either the offender or victim were drunk. A major political challenge is to combat the increased alcohol consumption in Finland, which has risen steadily since Membership of the European Union in 1995. EU membership has especially made it difficult to maintain “own” alcohol policy based on high prices and limited availability. The government aims at cutting down all alcohol-related effects, not only alcohol mortality, violence, accidents and injuries, but also social exclusion and harm to children as direct or indirect effects of alcohol. Finnish alcohol policy needs to be revised with availability and price as key issues
involving other sectors and the civil society. Legislation, social and cultural aspects of drinking habits need to be studied and addressed.

There are approximately 80 million people with alcohol misuse problems globally, and the European Region has the highest alcohol intake in the world. Alcohol consumption has increased in most of the Nordic and Baltic States the past years. Risk factors of alcohol consumption exist at individual, household, community and societal level – a conclusion based upon comprehensive evidence from studies made in a number of Nordic and Baltic countries. For each single person who abuses alcohol or other substances, there are on average three other persons affected. For example in Latvia, 61% of cases of violent aggression in families were linked to alcohol use; 84% of Norwegians have at some event in life been exposed to inconvenience because of another persons’ alcohol consumption; in Finland every 10th child lives in families where alcohol abuse is one of the main reasons why the child is distressed, live with fear or feels lonely; 80% of the cases of physical abuse in Sweden occur in relation to alcohol consumption; 16% of Danish youth aged 19–35 years had experienced alcohol problems in their family. Information sharing and advocacy are crucial and more Nordic and Baltic studies are needed.

**Discussion**

- Measures were needed to increase the minimum price of alcohol in order to reduce alcohol consumption.
- Alcohol-related problems are associated with specific cultural factors where unhealthy drinking habits are widely spread and socially accepted
- The alcohol industry has a major impact on policy development in many countries.
- Many people are employed in services and industries that would be affected by a decrease in alcohol consumption.
- Governments would need political commitment to challenge the interests of the alcohol industry in order to implement policies which reduce alcohol consumption.
THE WAY FORWARD

Reporting back from the breakout sessions

Reports were presented from the different breakout sessions and the parallel workshop for journalists.

Breakout session 1: Addressing family violence in maternity and child health care services; the use of protocols

Key areas of discussion:

- A common understanding should be reached by health professionals and society at large that no forms of violence (physical, emotional, sexual or due to deprivation and neglect) are acceptable and cannot be regarded as a private affair of any family.
- A standardized questionnaire and proforma should be developed for case detection for intimate partner violence. Adequate training and services need to be made available for the referral of cases of intimate partner violence.
- Training system should be developed, which include training activities for health professionals on a regular basis about interpersonal violence.
- All forms of violence should be included in case detection for interpersonal violence.
- Multidisciplinary cooperation should be improved while dealing with interpersonal violence cases.

Breakout session 2: Child abuse: Early family/parent training programmes and home visiting nurses: The role in prevention of child neglect and abuse

Key areas of discussion:

- In Norway the parent training programmes and health visitation were an important part of primary prevention and were well evaluated.
- The curriculum for training health visitors was well established and could be transferred to other settings.
- Translators were used for ethnic groups, but whenever possible the same ethnic group worker was used.
- In Lithuania paediatric nurses visit regularly and could be trained in positive parenting but help with specific training was needed as was political will.
- In Latvia there is a system of family doctors and primary care nurses; training could be instituted into the system and would need to address the human resources needs.

Breakout session 3: Addressing risk factors: Alcohol and violence

Key areas of discussion were underpinned by a focus on how the issue of alcohol and violence is presented to politicians and policy makers. These included:
Restricting the availability of alcohol by limiting the number of outlets per size of population and by instituting a minimum price per unit of alcohol.

Individual rights and "responsible" drinking – when approaching policy makers a strong argument would be to highlight the freedom of the population from the negative effects of alcohol, such as the freedom not to be a victim of alcohol related violence.

There were gains to society from better regulation of alcohol and advocates had to use this argument.

Research capacity needs to be developed to counter this strength of industry lobbying, and it was suggested that successful experiences developed in the field of tobacco control may be a source of possible inspiration.

Developing advocacy arguments that quantify the economic benefits of controlling alcohol could be a project worth exploring further. Experience from the United Kingdom could be used as an example.

Breakout session 4: Addressing and preventing elder abuse

The following key areas of discussion were reported:

Abuse and neglect of elderly largely remains under-recognized, or treated as an unspoken problem with elder abuse a double taboo, of both being old and abused.

Need to enhance knowledge of what elder abuse consists of in the population and especially in relevant health and social services.

Advocacy work is essential; the World Elder Abuse Awareness Day is an opportunity to raise the issue. Politicians need to be involved.

Elder abuse should have more focus when issues of interpersonal violence are addressed and should be included in the life course perspective of prevention.

Need to involve professional associations for health professional training.

Should establish a Nordic Baltic partnership/collaboration to improve research and the exchange of best practice.

Reporting back from the journalist workshop

Thirteen journalists attended the workshop from 9 countries (Belarus, Denmark, Estonia, Finland, Iceland, Latvia, Norway, Russian Federation and Sweden). Through attendance at the workshop they had become better informed on the subject of violence and health, were trained in effective ways of reporting on violence and health and on how to develop stories to tell. They faced challenges such as finding people who would tell their story, finding experts who spoke in language understandable for the lay public, finding good and understandable technical reports, finding new story angles, persuading editors to take on stories about violence and health and how to balance the need for story telling and ethical consideration. The journalists felt encouraged by opportunities such as the numerous stories to be told, the fact that these highlight a big problem in society, that using success stories were more compelling for editors to
take on, and felt motivated by the fact that they had the potential to change behaviour, help victims and engaging in stories which offered solutions to problems.

At the plenary the young journalists presented some of the stories that they felt inspired to engage in:

- Belarus – Thousands of elderly are beaten by family members and silently suffer at home. Elder abuse is a problem in Belarus.
- Iceland – The financial crisis raises the risk of child neglect and abuse as families are more economically stressed.
- Norway – People are drinking less if the minimum price of alcohol is higher.
- Finland – Different authorities are not collaborating to tackle child neglect and abuse.
- Latvia – More children are abused from inadequate support of governments to families and absence of violence reporting system between health organizations, social services and the police.
- Sweden – Valuable results are kept away from violence investigation because of lack of collaboration between the police and health sector.
- Estonia –The Swedish police is developing new methods to combat violence in cooperation with the health sector.
- Iceland – The health sector can adopt a more effective system to detect and treat victims of domestic violence based on the Swedish model.
- Russian Federation – Women drink more because of pink vodka aggressive advertisement.
- Denmark – Changing alcohol policies will reduce cases of violence but the Danish government is reluctant to do so.

**Closing statement - Nordic Baltic workshop on family violence**

The first subregional workshop Nordic Baltic on family violence was a milestone, which needed to be followed up with other similar workshops. Many countries had shown strong political commitment, catalyzed by the Regional Committee resolution RC55R9, and with strong policy frameworks developed in countries such as Finland, Sweden, Norway and Latvia. The workshop had been an opportunity to learn from successful examples. These involved multisectoral working, both horizontally and vertically and with importance being given to capacity building both at the national and municipal levels. Practitioners faced the challenge of improving advocacy in the area, and there were opportunities that needed to be exploited for making better use of the media. It emphasized the importance of focusing on primary prevention and of making the links between violence prevention policy with that on alcohol and the socioeconomic determinants of health. Some countries such as Finland had a comprehensive plan with no tolerance for violence as embodied in the new state security plan. Dr Dinesh Sethi (a.i. Programme Manager, Violence and Injury Prevention, WHO Regional Office for Europe) expressed a warm appreciation to the other co-organizers, the Ministry of Health of the Republic of Latvia, Public Health Agency, the Nordic Council of Ministers and the Government of Norway.
Conclusions: Key actions for strengthening prevention of family violence in the Nordic Baltic States

During the workshop a number of key actions that could strengthen prevention of family violence in the Nordic and Baltic States were identified. These actions include:

- Develop comprehensive policies for violence prevention.
- Prevention of family violence needs to put on the top of the political agenda.
- There is a need to develop comprehensive national violence policies which cover all types of violence and at risk groups.
- Cooperation and strong partnerships across sectors and institutions need to be established and integrated in all national policy response.
- Effective preventive measures and policies should be subject to continuous monitoring and evaluation. In a time were limited resources are available, it is important that all violence preventive actions are targeted and planned based on evaluation results. Evaluation strategies implemented by the Danish government could be considered applied for assessing impact of national policies in other states in the subregion.
- Examples of violence prevention policies and intersectoral collaboration such as those from Finland and Norway could be assessed for their applicability in other settings.
- Strengthen advocacy and national policy response through subregional collaborative institutions such as the Nordic Council of Ministers and the Nordic Council.
- Strengthening research and evidence based practice.
- Strengthen evidence-based practice by facilitating the exchange of knowledge and experience across the subregion through a follow-up Nordic Baltic workshop on family violence.
- Conduct comparable studies on elder abuse and neglect in the Nordic and Baltic region. Establish a Nordic Baltic partnership to improve research and exchange of good practice and catalyse links between researchers and policy-makers.

Building capacity

- Implement capacity building tools such as TEACH-VIP. There were other promising tools such as the manual on family violence developed by the Swedish National Police Board in training of health students and health professionals and the police in the Nordic and Baltic countries.
- These could enhance capacity in prevention of family violence, including increased knowledge of cross-cutting risk factors such as alcohol and socioeconomic deprivation, in the health and justice sector.
Organize a sub-regional capacity building and mentoring workshop on violence and injury prevention to improve policy development and implementation.

Increase research, information sharing and advocacy between the Nordic and Baltic States on the strong links between alcohol and violence.

**Improving advocacy**

- Prevention of family violence needs to be raised as a public health issue repeatedly to gain the right attention by the decision makers.
- Raise awareness of the vulnerability and needs of the most marginalized groups in society such as ethnic minority groups and increase the health sectors capacity in addressing these.
- Develop effective communication strategies to address family violence through the media.
- Use the WHY-network of young journalists for communicating with the media.

**Focusing on primary prevention**

- Strengthen primary prevention measures targeting age specific groups. Early interventions such as home visitation programmes to prevent child abuse and neglect have an impact on the cycle of violence. Knowledge and experiences of these programmes in countries such as Norway and Denmark should be disseminated to the Baltic States in the context of a strong evaluative framework.
- Support the implementation of effective interventions to reduce alcohol use at population and individual level.
- Establish strong links between national alcohol policies and violence prevention policies in line with the WHO recommendations on combating alcohol related harm on all levels of society.
- Use successful experiences developed in the field of tobacco control for developing research capacity to counter the strength of the alcohol industry lobby.
- Develop advocacy arguments that quantify in economic terms the benefits of controlling alcohol consumption, using experiences developed in the United Kingdom as an example.
- Address alcohol and violence through sub-regional political institutions such as the Nordic Council of Ministers and the Nordic Council.
### ANNEX 1: LIST OF WORKING PAPERS

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
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<tbody>
<tr>
<td>508.8189-01</td>
<td>Provisional List of Working Papers</td>
</tr>
<tr>
<td>508.8189-02</td>
<td>Scope and Purpose</td>
</tr>
<tr>
<td>508.8189-03</td>
<td>Provisional Agenda</td>
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<tr>
<td>508.8189-04</td>
<td>Provisional Programme</td>
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<tr>
<td>508.8189-05</td>
<td>Provisional List of Participants</td>
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<tr>
<td>508.8189-06</td>
<td>TEACH VIP CD with core and advanced lessons on alcohol and violence</td>
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<tr>
<td>508.8189-07</td>
<td>Guidelines for the Nordic Council of Minister's cooperation with Estonia, Latvia and Lithuania 2009-2013</td>
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<td>508.8189-08</td>
<td>Joint Nordic-Baltic Mobility programmes 2009-2013</td>
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<tr>
<td>508.8189-09</td>
<td>Violence and Health: a study on Situation in Latvia - summary</td>
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<tr>
<td>508.8189-10</td>
<td>Review: violence. Situation in Latvia</td>
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ANNEX 2: SCOPE AND PURPOSE

Violence causes every year a significant number of deaths and human suffering in the WHO European Region, and poses a threat to economic and social development. Violence is responsible for one third of all injury deaths, accounting for some 257,000 deaths and 5.3 million disability adjusted life years (DALYs) lost.

The WHO Regional Committee for Europe resolution EUR/RC55/R9 on the prevention of injuries in the European Region and the Recommendation of the Council of the European Union of 31 May 2007 on the prevention of injury and promotion of safety, have both placed violence and injury prevention on the public health agenda. The 2008 report Progress in preventing injuries in the WHO European Region shows that the resolution and recommendation have catalyzed action and that good progress is taking place. An increasing number of countries have developed national policies, strengthened their surveillance systems, implemented evidence-based prevention programmes and engaged in capacity building. The report highlights however a need for the health sector to commit to more widespread policy development and the implementation of effective programmes both in number and coverage and to engage with other stakeholders in a multisectoral response to prevent injuries.

Latvia is one of the countries that has shown great commitment and considerable progress in the field of violence prevention. Violence prevention has been indicated as one of the priorities for collaboration between the WHO Regional Office for Europe and The Ministry of Health of the Republic of Latvia. In frame of this collaboration, a national report on violence and health has been developed. Violence prevention is integrated within public health policy. In 2008 the Program for Prevention of Domestic Violence (2008–2011) was adopted by the Cabinet of Ministers.

The Nordic and Baltic countries have a long history of collaboration and sharing of experience in number areas. In violence prevention Norway has taken a leading role in supporting the expansion of good practices, networking, and capacity building in the Baltic region.

WHO Regional Office for Europe, the Ministry of Health of the Republic of Latvia, the Public Health Agency of Latvia and the Nordic Council of Ministers are jointly organizing the Nordic Baltic workshop on the prevention of family violence with a focus on the role of health sector in multisectoral response. The workshop is supported by the Norwegian Government.

The workshop aims to explore the role of the health sector in a multisectoral response to the prevention of family violence, focusing on particular children, women and elderly. It will examine closely the role of alcohol as a risk factor for violence. The workshop will bring together different actors and stakeholders from various sectors, and will include policy makers, professionals, journalists and activists working in the public health sector in the Baltic and Nordic countries.
The objectives of the workshop will be to:

- discuss the role of the health sector in a multisectoral response in preventing family violence;
- receive the latest evidence on examples of good-practice;
- exchange experiences on implementing evidence-based programmes for preventing intimate partner violence, child maltreatment and elder abuse;
- consider alcohol misuse as a risk factor for and as a consequence of violence;
- debate strategies for a way forward; and
- support the involvement of young journalists from the Nordic and Baltic countries in the public debate on violence.

The workshop will consist of plenary sessions with invited international speakers and include experts from the field of violence prevention from Nordic and Baltic countries. In addition there will be breakout sessions to explore examples of best practice of the health sectors engagement in preventing family violence.
ANNEX 3: PROVISIONAL AGENDA

Day one

Opening session: Welcome
Plenary: The role of health sector in a multisectoral response
  Coffee break
Plenary: Preventing intimate partner violence and elder abuse
  Social Event

Day two

Plenary: Preventing child neglect and abuse
  Coffee break
Plenary: Alcohol and violence
  Lunch
Breakout Sessions:
  Addressing family violence in maternity and child health care services; the use of protocols
  Child abuse: early family/parent training programmes and home visiting nurses: the role in prevention of child neglect and abuse
  Addressing risk factors: alcohol and violence
  Addressing and preventing elder abuse
  Coffee break
Plenary: The way forward – reporting back from the breakout sessions and closing remarks
### ANNEX 4: PROVISIONAL PROGRAMME

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers/Topics</th>
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<tbody>
<tr>
<td>12.00–13.00</td>
<td>Registration and light lunch</td>
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<tr>
<td>13.00–13.30</td>
<td><strong>Welcome</strong>&lt;br&gt;Mr. Juris Bundulis, the Under Secretary of State for Policy Implementing, The Ministry of Health of the Republic of Latvia&lt;br&gt;Ms. Francesca Racioppi, Acting Head of Office, WHO European Centre for Environment and Health&lt;br&gt;Mr. Nils Olav Stava, Norwegian Ambassador to Latvia (to be confirmed)</td>
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<tr>
<td>13.30–15.00</td>
<td><strong>The role of health sector in a multisectoral response</strong>&lt;br&gt;<em>Chairing: Dr. Inga Smate, The Ministry of Health of the Republic of Latvia</em>&lt;br&gt;Preventing family violence in Europe: the role of the health systems&lt;br&gt;Dr. Dinesh Sethi, WHO European Centre for Environment and Health&lt;br&gt;Impact of family violence on public health policy in Latvia, Dr. Jana Feldmane, The Ministry of Health of the Republic of Latvia&lt;br&gt;Violence prevention in Latvia, Dr. Aivita Putnina, University of Latvia&lt;br&gt;Why violence should not only be left to the justice sector, Ms. Abigail Choate, The Swedish National Police Board&lt;br&gt;Recognize, protect and act; multiprofessional cooperation - regional and local involvement, Helena Ewalds, National Institute for Health and Welfare (THL) Finland</td>
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<td>15.00–15.30</td>
<td><strong>Coffee break</strong></td>
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<td>15.30–18.00</td>
<td><strong>Preventing intimate partner violence and elder abuse</strong>&lt;br&gt;<em>Chairing: Ms. Sirkka Perttu, University of Helsinki, Finland</em>&lt;br&gt;Primary prevention strategies in preventing intimate partner violence, Dr. Jo Nurse, Department of Health, England&lt;br&gt;Research, policy and politics – an evidence approach to intimate partner violence, Dr. Freja Ulvestad Kärki, Directorate for Health, Norway&lt;br&gt;National action plans on prevention of partner violence; implementation of national health, Dr. Karin Helweg-Larsen, National Institute of Public Health, Denmark&lt;br&gt;Breaking the Taboo: violence against elderly in families - recognizing and acting, Dr. Minna-Liisa Luoma, National Institute for Health and Welfare (THL) Finland&lt;br&gt;Preventing and tackling elder abuse in Norway, Ms Synøve Minde, Protective Services for the Elderly, The City of Oslo</td>
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<td>18.30</td>
<td><strong>Social event</strong> (Radisson SAS Daugava)</td>
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<td>09.00–10.30</td>
<td><strong>Preventing child neglect and abuse</strong></td>
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<td><em>Chairing: Dr Robertas Povilaitis, Vilnius University, Lithuania</em></td>
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<td></td>
<td>Trends in child neglect and abuse in the Denmark and Finland, Dr. Noora Ellonen, Nordic Research Group on Child Abuse</td>
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<td>Impaired mental health and well being among 9th grade pupils victims of abuse in and outside the home, Dr. Karin Helweg-Larsen, National Institute of Public Health and Prof. Helmer B Larsen, University of Copenhagen, Denmark</td>
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<td>Preventing Child Abuse in Estonia, the experiences of the Tartu Child Support Centre for Abused Children, Dr. Ruth Soonets, Estonia</td>
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<td>Discussions</td>
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<td>10.30–11.00</td>
<td><strong>Coffee break</strong></td>
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<td>11.00–12.30</td>
<td><strong>Alcohol and violence</strong></td>
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<td><em>Chairing: Dr. Maris Taube, Public Health Agency, Latvia</em></td>
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<td>Alcohol and violence – a neglected link in prevention strategies?</td>
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<td></td>
<td>Prof. Mark Bellis, Liverpool John Moores University, England</td>
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<td>Deregulation of alcohol policies – experiences from the Northern dimension</td>
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<td>Permanent Secretary Ritva Viljanen, Ministry of the Interior, Finland</td>
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<td>Alcohol and harm to others, Mr. Per Gunnar Dahl, the Nordic Council of Ministers</td>
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<td>Discussions</td>
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<td>12.30–13.30</td>
<td><strong>Lunch</strong></td>
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<td>13.30–15.00</td>
<td><strong>Breakout sessions</strong></td>
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<td>• Addressing family violence in maternity and child health care services; the use of protocols</td>
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<td><em>Chairing: Ms. Sirkka Perttu, University of Helsinki, Finland</em></td>
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<td>• Child abuse: Early family/parent training programmes and home visiting nurses: The role in prevention of child neglect and abuse</td>
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<td><em>Chairing: Ms. Astrid Grydeland Ersvik, Norwegian Nurses Association</em></td>
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<td>• Addressing risk factors: Alcohol and violence</td>
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<td><em>Chairing: Prof. Mark Bellis, Liverpool John Moores University, England</em></td>
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<td></td>
<td>• Addressing and preventing elder abuse</td>
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<td><em>Chairing: Ms. Elen Fosheim Bogstad, Protective Services for the Elderly, The City of Oslo</em></td>
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<tr>
<td>15.00–15.30</td>
<td><strong>Coffee break</strong></td>
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<tr>
<td>15.30–16.00</td>
<td><strong>The way forward – reporting back from the breakout sessions and closing remarks</strong></td>
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<td><em>Chairing: Dr. Dinesh Sethi, WHO European Centre for Environment and Health</em></td>
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ANNEX 5: FINAL LIST OF PARTICIPANTS

Belarus
Ms Kseniya Novozhilova, Journalist
Ms Natalia Pisareva, Journalist

Belgium
Mr Goedele Schoukens, Flemish Government, Belgium

Denmark
Ms Marie Thesbjerg, freelance reporter

Estonia
Ms Katri Eespere, Ministry of Social Affairs of Estonia, Estonia
Dr Tiina Juhansoo, Tallinn Health Care College, Estonia
Ms Kristiina Luht, Ministry of Social Affairs of Estonia, Estonia
Mr Meelis Suld, Estonian Public Broadcasting

Finland
Ms Helena Ewalds, National Institute for Health and Welfare (THL), Finland
Ms Erika Gabrielsson, Radio news editor
Mr Mikko Lampikoski, Police Department, Finland
Ms Minna-Liisa Luoma, National Institute for Health and Welfare (THL), Finland
Ms Heidi Mann-Haatanen, Ministry of Social Affairs and Health of Finland, Finland
Mrs Minna Piispa, Ministry of Justice of Finland, Finland
Ms Ritva Viljanen, Ministry of the Interior of Finland, Finland

Iceland
Ms Jenny Ingudottir, The Iceland public health institute, Iceland
Ms Una Sighvatsdottir, Journalist

Latvia
Ms Maria Abolina, Newspaper "Latvijas avize"
Ms Alona Babica, Ministry of Education and Sciences of Latvia, Latvia
Ms Elina Celmina, Ministry of Welfare of Latvia, Latvia
Mr Zigmunds Dundurs, Ministry of Justice of Latvia, Latvia
Ms Agnese Limanane, Riga municipal police, Latvia
Ms Alina Lisina, reporter
Ms Nadezda Mazure, State police of Latvia, Latvia
Mr Kristaps Petermanis, Ministry for Children, Family and Integration Affairs of Latvia, Latvia
Ms Elina Petrovska, Ministry of Education and Sciences of Latvia, Latvia
Ms Julija Prohozaja, Reporter
Dr Inese Tone, Riga City Council, Latvia
Ms Kristine Veispale, State inspectorate for protection of children’s rights, Latvia

Lithuania
Ms Rolanda Adliene, State Mental Health Centre, Lithuania
Ms Indre Brezgiene, Ministry of Health of Lithuania, Lithuania
Dr Ramune Meziene, Ministry of Health of Lithuania, Lithuania
Dr Robertas Povilaitis, Vilnius University, Lithuania
Ms Jurgita Sajeviciene, State Mental Health Centre, Lithuania

Norway
Mr Kjetil Horgmo, Norwegian Directorate for Children, Youth and Family Affairs, Norway
Ms Freja Ulvestad Kårkí, Norwegian Directorate of Health, Norway
Ms Line Nersnaes, Ministry of Justice of Norway, Norway
Mr Nils Olav Stava, Ambassador, Royal Norwegian Embassy
Mr Amund Trellevik, Journalist

**Russian Federation**
Ms Elnara Petrova, Journalist

**Sweden**
Ms Abigail Choate, Swedish National Police Board, Sweden
Ms Li-Lian Ahlskog Hou, Freelance reporter

**United Kingdom of Great Britain and Northern Ireland**
Professor Mark Bellis, Liverpool John Moores University, United Kingdom of Great Britain and Northern Ireland
Dr Jo Nurse, Department of Health of England, United Kingdom of Great Britain and Northern Ireland

**Temporary Adviser**

Ms Ieva Baidekalna, Riga Stradins University, Latvia
Ms Noora Ellonen, Police College of Finland, Finland
Dr Karin Helweg-Larsen, National Institute of Public Health, Denmark
Ms Jautrite Karashkevika, State Agency, Latvia
Professor Helmer B Larsen, University of Copenhagen, Denmark
Ms Jevgenija Livdane, Riga Stradins University, Latvia
Mr Lars Møller, Center for journalistisk kompetenceudvikling, Denmark
Ms Giulia Pastori, Azienda ULSS 20 Verona, Italy
Ms Svetlana Polukarova, The Riga Clinical Children's University Hospital, Latvia
Ms Bridget Penhale, University of Sheffield, United Kingdom of Great Britain and Northern Ireland
Ms Sirkka Perttu, University of Helsinki, Finland
Ms Avita Putnina, University of Latvia, Latvia
Dr Ruth Soonets, Mental Health and Suicidology Institute, Estonia
Ms Anita Villerusa, Riga Stradins University, Latvia
Ms Velta Volksone, Latvia State Centre for Forensic and Medical Examination, Latvia

**Representative**

**ASSOCIATION SKALBES- CRISIS CENTRE**
Ms Dace Beinare, Latvia

**ASSOCIATION OF LATVIAN OBSTETRICIANS AND GYNAECOLOGISTS**
Dr Dace Rezeberga, Latvia

**NGO TALLINN WOMEN'S CRISIS CENTRE**
Ms Ulle Kalvik, Estonia

**NORWEGIAN NURSES ASSOCIATION**
Ms Astrid Grydelan Ersvik, Norway

**NORWEGIAN CENTRE FOR VIOLENCE AND TRAUMATIC STRESS STUDIES**
Ms Randi Saur

**PROTECTIVE SERVICES FOR THE ELDERLY**
Ms Elen Fosheim Bogstad, Norway
Dr Synove Minde, Norway

**REFORM - RESOURCE CENTRE FOR MEN**
Mr Ulf Rikter-Svendsen, Norway

**RESOURCE CENTRE FOR WOMEN 'MARTA'**
Ms Annele Tetere, Latvia
Mr Juris Dilba, Latvia
THE LATVIAN ASSOCIATION FOR FAMILY PLANNING AND SEXUAL HEALTH
Ms Iveta Kelle, Latvia

THE LATVIAN ASSOCIATION OF GYNAECOLOGISTS AND OBSTETRICIANS
Ms Ieva Briedite, Latvia

THE LATVIAN ASSOCIATION OF LOCAL AND REGIONAL GOVERNMENTS
Mrs Silvija Simfa, Latvia

THE OFFICE OF THE OMBUDSMAN, LATVIA
Mr Maris Burbergs, Latvia

HOSTS

MINISTRY OF HEALTH OF LATVIA
Mrs Jana Feldmane, Ministry of Health of Latvia, Latvia
Dr Liga Serna, Ministry of Health of Latvia, Latvia
Ms Inga Smate, Ministry of Health of Latvia, Latvia
Dr Skaidrite Vasaraudze, Ministry of Health of Latvia, Latvia

PUBLIC HEALTH AGENCY
Ms Laura Bundule, Public Health Agency, Latvia
Dr Maris Taube, Public Health Agency, Latvia
Dr Karolina Klavina, Public Health Agency, Latvia
Dr Una Martinsone, Public Health Agency, Latvia
Dr Toms Pulmanis, Public Health Agency, Latvia
Dr Ieva Slosberga, Public Health Agency, Latvia
Dr Daiga Sidorovica, Public Health Agency, Latvia
Ms Liga Sulca, Public Health Agency, Latvia

NORDIC COUNCIL OF MINISTERS
Mr Per Gunnar Dahl, Nordic Council of Ministers, Denmark
Mr Imants Gross, Nordic Council of Ministers, Latvia
Ms Daina Mezecka, Nordic Council of Ministers, Latvia
Mr Bo Herald Tillbergm, Nordic Council of Ministers, Lithuania

WORLD HEALTH ORGANIZATION

WHO Regional Office for Europe
Ms Hedda Bie, Technical officer for Violence Prevention, Violence and Injury Prevention
Ms Francesca Racioppi, Head, a.i., WHO European Centre for Environment and Health, Rome Office
Ms Cristiana Salvi, Communication Officer, Partnerships and Communication, WHO European Centre for Environment and Health, Rome Office
Dr Dinesh Sethi, Programme Manager, a.i., Violence and Injury Prevention team
WHO European Centre for Environment and Health, Rome Office

WHO Headquarters office, Geneva
Ms Alison Gehring, Violence and injury prevention and disability

WHO country office in Riga
Ms Egija Lapina, National Professional Officer on Violence and Injury prevention
Ms Madara Antone, Administrative Assistant

MEETING SECRETARIAT
Ms Cristiana Chiapparelli, Communication assistant, Partnerships and Communication, WHO European Centre for Environment and Health, Rome Office
Ms Manuela Gallitto, VIP team secretary, WHO European Centre for Environment and Health, Rome
ANNEX 6: EVALUATION OF QUESTIONNAIRES RESULTS

The evaluation is based on questionnaires received from 28 respondents. This showed that 93% of respondents assessed the meeting to be either good or excellent. All respondents felt that the objectives of the workshop were met. The session on alcohol and violence was found to be most useful. 96% of respondents said the presentations met their expectations and 89% of respondents said that the presentations will be useful for their work. Suggestions were made to have more and smaller breakout sessions, fewer presentations and more discussions in plenary to enhance the exchange of experiences and knowledge.

1. 93% of respondents assessed the meeting to be 4 and above. Of the 28 respondents to this question, 14 thought the meeting was excellent (score 5) and 12 very good (score 4).

Overall assessment of workshop

![Overall assessment of workshop chart]

2. In response to the question asking respondents to list the topics or aspects of the meeting that they found most interesting and useful, the three most frequent responses were alcohol and violence, interpersonal violence and child neglect and abuse.

Useful topics/aspects of workshop

![Useful topics/aspects of workshop chart]
3. 93% of respondents reported that the objectives of the workshop were met.

![Achievement of workshop objectives chart]

4a. 27 out of 28 respondents said that the presentations met their expectations.

![Presentations meeting participants expectations chart]
4b. 89% of respondents said that the presentations will be useful for their work and 68% found these to be either mostly or definitely useful.

5. In response to the question asking respondents how the meeting could have been made more effective the most frequent answers were more and smaller break-out sessions, fewer presentations and more discussion in plenary.

6. Other personal comments and suggestions included dissemination of workshop recommendations to policy makers in the Nordic and Baltic countries and uploading of Power Point presentations on the web.
ANNEX 7: CD WITH PRESENTATIONS

The power point presentations given in plenary and breakout sessions in the workshop are included in the CD enclosed.
On 8–9 June 2009 the WHO Regional Office for Europe, the Ministry of Health of the Republic of Latvia, the Public Health Agency of Latvia and the Nordic Council of Ministers jointly organized the Nordic Baltic workshop on the prevention of family violence with a focus on the role of health sector in multisectoral response, in Riga, Latvia. The workshop was attended by 95 participants consisting of policy makers from various sectors, health professionals, activists and young journalists from 13 European countries. Evidence on examples of good-practice were exchanged and experiences on implementing evidence-based programmes for preventing intimate partner violence, child maltreatment and elder abuse were discussed. This included policy response, multisectoral stakeholder collaboration, primary prevention, capacity building and cross cutting risk factors such as social determinants of health and alcohol misuse.

The workshop identified the following priorities:

- Developing comprehensive national policies for prevention of family violence which cover all types of violence and risk groups.
- Strengthening research and evidence-based practice by facilitating the exchange of knowledge and experience across the subregion.
- Increasing capacity in the health and justice sector through the implementation of capacity building tools.
- Strengthening primary prevention measures targeting age specific groups.
- Improving advocacy and developing effective communication strategies to address family violence through the media.

Progress in these areas would strengthen the prevention of family violence in the Nordic Baltic States.