Written submission from North West Pro Life (ANI0402)

Executive summary

- The United Nations International Covenant on Civil and Political Rights (UN ICCPR) Article 6.1 states “Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.”

- Unborn children are human beings as UN ICCPR Article 6.5 states “Sentence of death shall not be imposed for crimes committed by persons below eighteen years of age and shall not be carried out on pregnant women” as two lives would be lost for pregnant women.

- Northern Ireland is devolved and has different laws from the rest of the United Kingdom where its abortion law keeps women and unborn children safe and is a reflection of the country’s respect for human life, especially disabled children, often based in religious faith. Babies are alive today precisely because of Northern Ireland’s milieu.

- Women in European Union member states where long-term relationships are promoted, including marriage and often based in religious faith, experience significantly less prevalence of domestic and non-partner violence than women in the United Kingdom. No European Union member state with a proportionally high population of post-abortive women has a low prevalence of gender-based violence.

- The consequences for women of abortion are not being sufficiently examined and acknowledged including that of increased suicide risk and domestic violence, and possible elevated levels of violence in society as a whole that could be evident in Northern Ireland should the law be changed to permit more grounds.

- Foetal and fatal foetal impairment is overwhelmingly not the reason for Northern Irish women travelling to England and Wales for abortion, nor is rape the reason in the United States, where every person has equal value and case studies do not provide the full picture.

- Changes in law could lead to a “slippery slope” where abortion is permitted on any grounds and to a narrative where termination of unborn babies with minor impairments or any unwanted pregnancy becomes the norm.

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2 Ibid.
Abortion is almost completely preventable through the promotion of long-term relationships including marriage (consistently around 4 out of 5 women undergoing the procedure in England and Wales are not married) or through adoption or, by informed choice, preventing conception through the use of two methods of contraception (evidence shows just over 50% of induced reproductive loss in England and Wales in 2016 was due to contraceptive failure).

Therefore, Northern Ireland’s current law permits abortion on sufficient grounds. The United Nations Committee for the Elimination of Discrimination Against Women (CEDAW) and similar organisations seeking the advancement of women should shift their focus to that of preventing abortion and greater understanding of the reasons why women face discrimination and ill-treatment where the evidence from studies and across the European Union, with the United Nations Department of Social & Economic Affairs, indicates an increase in rates of abortion may be counter-productive for women that could negatively affect Northern Ireland.

**Introduction**

My name is David Earley and I am the Director of North West Pro Life, an organisation that seeks to educate the public on this subject. I have previously resided in the Republic of Ireland and visited Northern Ireland on occasion. It is a beautiful country and all of the people I met were friendly.

I wrote to Ms. Maria Miller MP (Chair, Women and Equalities Minister) and others in August 2017 with most of the evidence outlined in the Executive Summary. Following my letter showing the UK to have the 5th highest prevalence of serious physical and/or sexual violence against women in the European Union in 2014 (but with no certainty that it was the reason), the issue of gender-based violence became apparent in British society, Parliament and many other countries.

A UK university professor has said my findings “open up further areas for research”, and it would represent a paradigm shift on this subject if a causal link between abortion and violence against women was established. My reason for making this submission is to improve women’s and unborn babies’ life chances.

1. **Northern Ireland**

1.1 Northern Ireland is a province of the United Kingdom with a population of over 1.8 million people. It had the lowest gender pay gap in the UK in 2017 and was the happiest place in the UK in 2017 with the Office of National Statistics reporting on

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3 [https://www.pwc.co.uk/who-we-are/regional-sites/northern-ireland/press-releases/women-in-work-index.html](https://www.pwc.co.uk/who-we-are/regional-sites/northern-ireland/press-releases/women-in-work-index.html)
28 November 2018 “compared with both the UK and the other countries, people in Northern Ireland continued to report better average ratings across all personal well-being measures.”

1.2 Religious belief forms an important part of people’s daily lives where these beliefs are consistent with UN ICCPR Article 18.1 – “Everyone shall have the right to freedom of thought, conscience and religion. This right shall include freedom to have or to adopt a religion or belief of his choice, and freedom, either individually or in community with others and in public or private, to manifest his religion or belief in worship, observance, practice and teaching.” During my visits to Northern Ireland I was repeatedly struck at the number of religious faith buildings, of all denominations, and where the 2011 UK Census found “41.5% of the population identified as Protestant/non-Roman Catholic Christian, the biggest of these denominations being the Presbyterian Church (19%), the Church of Ireland (14%) and the Methodist Church (3%), 41% as Roman Catholic, and 0.8% as non-Christian, while 17% identified with no religion or did not state one.”

1.3 Respect for human life, in all its forms, is inherent in many faith-based beliefs with the Roman Catholic Church setting out “human life must be respected and protected absolutely from the moment of conception. Direct abortion, that is to say, abortion willed either as an end or a means, is gravely contrary to the moral law. The inalienable rights of the person must be recognized and respected by civil society and the political authority.”

1.4 Marriage and long-term relationships are prized in Northern Ireland with the BBC “Relationships” webpage in October 2014 detailing “Fewer young unmarried people in Northern Ireland cohabit than their counterparts in England, Wales and Scotland. This can be attributed to religion and religious up-bringing, as well as strong family and community ties. First marriages last longer in Northern Ireland than in the rest of the UK. As might be expected in a country that is a bastion of marriage, the divorce rate in Northern Ireland is the lowest in the UK. The average duration of marriages that end in divorce in Northern Ireland is around 16 years. This compares with an average of around 11 years in the rest of the UK. Overall Northern Ireland is 'younger' than the rest of the UK with more children and fewer pensioners.”

2. Evidence from the European Union and United Nations to suggest a possible link between abortion and violence against women

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7 Census 2011
8 The Vatican, [no date], Catechism of the Catholic Church I. Respect for Human Life, http://www.vatican.va/archive/ENG0015/__P7Z.HTM#-2C6
9 http://www.bbc.co.uk/relationships/tv_and_radio/love_map/ukmaplove_nireland.shtml
2.1 Chart 1 includes data from the European Union’s Agency for Fundamental Rights (FRA) “Violence against women” survey (2014)\(^{10}\) to suggest religious belief is a factor in reducing incidence of physical and/or sexual gender-based violence. Other belief systems may act to reduce incidence. It also shows the five EU member states with the strictest abortion laws rank in the five lowest country-prevalence of this form of gender-based violence (see Appendix A and Appendix B). The survey found an estimated 13 million women experienced physical violence in the course of the 12 months before the survey interviews and an estimated 3.7 million women experienced sexual violence in the course of 12 months before the survey interviews across the EU.

2.2 The FRA survey differs from others as “A definition of violence was also not provided during the survey interview to avoid restricting women’s understanding of violence to a fixed definition, rather specific acts or situations involving different forms of violence were described in detail in the course of interviews.”\(^{11}\) (see Appendix C) so that comparisons in other surveys between countries where definitions of violence could differ, such as rape, must be treated with caution. Box 2.1 (Appendix C) includes ‘forced sexual intercourse’ that may be understood as a definition of rape included in prevalence figures.

2.3 The FRA survey includes an anonymous self-completion component (assumed to be the sum of experiences) indicating women were not more or less likely to disclose their experiences of gender-based violence between EU countries (except for Hungary). It states, “there is no correlation between the prevalence of various forms of violence and the additional contribution of the self-completion mode [as opposed to the face-to-face interview].”\(^{12}\) The UK and Denmark, with amongst the highest prevalence, would add 1 to 2 percentage points as would Austria and Spain, amongst the lowest.

2.4 Other factors suggested by the FRA are alcohol consumption and exposure to risk. The FRA states “the correlation between the experience of violence by two perpetrator groups (partner and non-partner) [Figure 2.3 below] suggests the existence of underlying factors which may be related to the extent of violence in a country”\(^{13}\) indicating abortion and religion can be possible factors not considered in the survey.

2.5 Chart 2 shows a correlation between prevalence of physical and/or sexual violence against women and the rate of abortion per 1,000 women by EU member state. I believe this can be read as tending to the proportion of post-abortive women in a country (where laws have been in place for some time) and where under-reporting can increase correlation.

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\(^{11}\) FRA, Violence against women, p.10.

\(^{12}\) FRA, Violence against women, p.33.

\(^{13}\) FRA, Violence against women, p.31.
2.6 Northern Ireland’s extremely low rate of abortion is part of the UK’s figure used by the UN of 14.2 per 1,000 women but where the rate in England and Wales since at least 2002 according to Department of Health Abortion Statistics has been between 16-17 per 1,000 women. There were 13 terminations of pregnancy in Northern Ireland in 2017\textsuperscript{14} whilst there were approximately 190,000 abortions to residents in England & Wales in 2017\textsuperscript{15} (see point 4.8).

2.7 Chart 2 tends to confirm a religious influence on preserving the life of unborn children and an effect on reducing the incidence of gender-based violence amongst female populations also seen in Chart 1.

2.8 Figure 2.3 tends to confirm Chart 1. It suggests the upbringing of boys is an important predictor of their future behaviour towards women as the gradient of the graph is equal for both partner and non-partner prevalence (approximately 45 degrees) and that marriage and long-term relationships are not the reason for domestic violence per se since this form of relationship is especially promoted in the EU countries with the lowest prevalence as shown.

\begin{figure}
\centering
\caption{Relationship between the prevalence of partner and non-partner violence since the age of 15\textsuperscript{ab}}
\includegraphics[width=\textwidth]{figure23.png}
\end{figure}

\textsuperscript{a} Correlation coefficient 0.724, \textsuperscript{b} Based on all respondents (N = 42,002),

\textsuperscript{a} Source: FRA gender-based violence against women survey dataset, 2012

\textsuperscript{a} https://www.health-ni.gov.uk/news/northern-ireland-termination-pregnancy-statistics-2016-17

Chart 1 - Relationship between the prevalence of gender-based violence and Catholic (and Orthodox) population (%) by EU member state

Correlation coefficient -0.763

Second lowest rate of abortion

EU member states with the strictest abortion laws and limits
Chart 2 - Relationship between the prevalence of gender-based violence and rate of abortion per 1,000 women by EU member state

Women who have experienced physical and/or sexual violence by any partner and/or non-partner since the age of 15 (%) 

Rate of abortion per 1,000 women

Predominantly Catholic-majority EU member states

(UN Dept of Social & Economic Affairs 2010)
Correlation coefficient 0.440; n=25; no data for Cyprus, Luxembourg and Malta; UK rate of abortion includes Northern Ireland
3 Mental and physical health concerns and other consequences of abortion for women

3.1 A Finnish study (2015) found women are six times more likely to commit suicide following an abortion than after giving birth at 34.7 per 100,000 abortions compared to 5.9 per 100,000 births and three times the rate compared to non-pregnant women at 11.3 per 100,000-person years.\textsuperscript{16}

3.2 The Academy of Medical Royal Colleges in its 2011 study ‘Induced Abortion and Mental Health’ found that “the rates of mental health problems after an abortion were higher when studies included women with previous mental health problems than in studies that excluded women with a history of mental health problems” and recommends “it is important to consider the need for support and care for all women who have an unwanted pregnancy because the risk of mental health problems increases whatever the pregnancy outcome.”\textsuperscript{17}

3.3 A North East of England study of clinics found participants undergoing abortion were six times more likely to be the subject of domestic violence than women preparing to give birth at 5.8\% versus 0.9\% likelihood respectively.\textsuperscript{18} Although few cited domestic violence as a contributing factor, there are many different reasons for abortion as listed by the US Guttmacher Institute in a 2005 study such as being unmarried, can’t leave a job to take care of a baby, and/or husband or partner does not want another baby amongst others.\textsuperscript{19}

3.4 Other consequences for women should the law be changed in Northern Ireland over time is an anthropological concern of terminating the most intelligent girls by women to maintain “high-flying” careers and the sex-selective abortion of girls thereby harming women’s advancement.

4 Foetal impairment in England & Wales and rape in the United States is overwhelmingly not the reason for abortion but termination for these reasons could become the norm

4.1 Foetal impairment was the reason for around 2\% of the abortions in England & Wales in 2017\textsuperscript{20} and has been consistently so since at least between 2011-2016 meaning around 98\% of unborn children aborted during that period were healthy. The proportion

\textsuperscript{17} Academy of Medical Royal Colleges, 2011, Induced Abortion and Mental Health [PDF file], Available at: https://www.aomrc.org.uk/wp-content/uploads/2016/05/Induced_Abortion_Mental_Health_1211.pdf
\textsuperscript{19} Guttmacher Institute, 2005, Reasons American women have abortions [PDF file], Available at: https://www.guttmacher.org/journals/psrh/2005/reasons-us-women-have-abortions-quantitative-and-qualitative-perspectives, p.113.
\textsuperscript{20} Department of Health, 2018, Abortion Statistics, p.4.
of fatal foetal impairments is not provided in official Department of Health statistics only that the foetus is described as “handicapped/seriously handicapped.”

4.2 Time spent with babies with life-limiting impairments can be precious for many parents and each human has equal value irrespective of their physical form, mental capability, or nature of their conception. Northern Ireland’s treatment of such babies is a righteous example to the rest of the world.

4.3 706 unborn babies in England and Wales in 2016 were aborted due to survivable Down’s Syndrome, 177 with spina bifida, and 9 unborn babies because of cleft lip and palate.

4.4 Of the 724 women travelling to England & Wales for abortion from Northern Ireland in 2016, ground E – that the child is seriously handicapped - was the reason for 1.8% (13) of abortions. 84% were unmarried or relationship not stated.

4.5 Rape Crisis Network Ireland’s Statistics and Annual Report (2015) gives evidence that “of the female survivors attending Rape Crisis Centres in 2015 who were raped when they were aged eight or over, 5% became pregnant as a result of the rape.” 48% (26) of the 5% of survivors’ babies were kept by the female parent or adopted whilst 24% (13) had their pregnancy terminated, with 28% being stillborn/miscarriage. A baby conceived by rape has committed no crime.

4.6 The US Guttmacher Institute (2005) in two studies from 1987 and 2004 found rape was a contributory reason for abortion in 1% of respondents. Rape was the most important reason for abortion in less than 0.5% of respondents in the 2004 study and 1% in 1987.

4.7 However, Chart 2 gives indication that permitting abortion on grounds of rape could increase the prevalence of this form of sexual violence since men could consider it likely they would not have to pay for a child.

4.8 Abortion laws in Portugal were changed in 2007 to allow the procedure up to 10 weeks’ gestation. The rate of abortion in 2006 was 0.66 per 1,000 women (representative) but was 9.99 per 1,000 women (representative) in 2015 - a 15-fold increase.

4.9 Case studies of unborn babies with foetal impairments can receive disproportionately more exposure in the media and so present a misinformed view of the reality of abortion to the public which is that around one in five pregnancies in England & Wales in 2016 were aborted (185,596 abortions, and 696,271 live births according to the Office for National Statistics) compared to around one in thirty-three pregnancies in

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21 Prior to the 2015 Abortion Statistics ‘seriously handicapped’ was described as ‘handicapped’ so that an unborn baby with a cleft lip and palate is now categorised as ‘seriously handicapped’.


23 Department of Health, 2017, Abortion Statistics, Table 12g


25 Guttmacher Institute, 2005, Reasons, p.113-114.

26 https://en.wikipedia.org/wiki/Abortion_in_Portugal

27 http://www.johnstonsarchive.net/policy/abortion/ab-portugal.html
Northern Ireland in 2016 (20 terminations of pregnancy, 29 724 women travelled to England & Wales for abortion, 30 and there were 24,076 live births according to the Northern Ireland Statistics and Research Agency (NISRA)).

4.10 Therefore, the danger for Northern Ireland should there be changes in law for fatal foetal impairment and rape is that it can be used as a “slippery slope” argument, which is that a premise at one time considered unthinkable can become accepted through a series of steps, where unborn babies with minor impairments (described as “seriously handicapped” in England & Wales) and those conceived through rape are not kept as the norm and the possibility of abortion on any grounds in the province in future increases.

5 Promotion of marriage, adoption, and better reproductive health advice and agency can almost completely prevent abortion

5.1 As in Northern Ireland, promotion of marriage can reduce the incidence of abortion. Consistently the Department of Health Abortion Statistics for England & Wales shows around 4 out of 5 women undergoing abortion are unmarried and was around 82% in 2017. 32

5.2 Guttmacher (2005) found that “women who were married, who were in the highest income category and who were employed had reduced odds of saying they could not afford a baby.” 33

5.3 Adequate adoption services in countries like Northern Ireland can reduce requests for access to abortion services. Data from England and Wales showed approximately 32,000 children started to be looked after and approximately 32,000 ceased to be looked after during the year to March 31st 201634 indicating adoption is a viable option for women with an unwanted pregnancy in countries with sufficient and appropriate resources.

5.4 Guttmacher (2005) found when 38 women in a sample were interviewed face-to-face “more than one-third….concluded it [adoption] was a morally unconscionable option because giving one’s child away is wrong” yet fewer than 1% of the 1,209 women in the quantitative survey “would not consider or did not favour having a baby and giving it up for adoption.” 35

30 Department of Health, 2017, Abortion Statistics, Table 12a
31 https://www.nisra.gov.uk/publications/birth-statistics
33 Guttmacher Institute, 2005, Reasons, p.115.
35 Guttmacher, 2005, Reasons, p.117.
5.5 The British Pregnancy Advisory Service (BPAS) carries out around 30% of abortions in England & Wales and found in 2017 that 51.2% were due to contraceptive failure. However, only 15% of women and couples attending reproductive health clinics in England and Wales in 2016 were given the most effective method of contraception, the long-acting reversible hormonal implant (99.95% effective against pregnancy in both perfect and typical use), despite being recommended by NICE. This may be in part due to availability.

5.6 I am not aware of the reproductive health services available in Northern Ireland but around half the 14 methods of contraception available can result in the loss of the human embryo, including the contraceptive hormonal implant (as can the pill, IUDs, injectables, and emergency contraceptives among others - see the NHS contraceptive website) specifically by failure to attach to the endometrium (the third mechanism of action). 76% of women used at least one method of contraception in a survey in Great Britain in 2006 according to the Family Planning Association. Therefore, if not avoiding pregnancy naturally and only through informed choice, there is a moral imperative to the least amount of harm to embryos under a utilitarian argument compared to the current contraceptive issuing in the UK, where the contraceptive implant appears to prevent ovulation (the primary mechanism of action) for the first two years of its three-year maintenance period with ovulation rare in the third year. Use of a second barrier method greatly reduces the chance of conception compared to any other methods. Balanced against the pain and suffering for women and couples of the unintentional reproductive loss of a child due to contraceptive failure under current issuing this course of action may be justified for that of informed choice.

Recommendations

- Judges, legal authorities, organisations and the Committee seeking guidance on this subject must do so from established universal United Nation’s Human Rights Articles, into force 23 March 1976, that includes rights to life and freedom of religion.

- Northern Ireland at present is a happy, compassionate society with great respect for human life in all forms. The Committee must consider the mental and physical health consequences for women in Northern Ireland as well as possibly more domestic and gender-based violence if the law is changed resulting in more terminations.

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36 https://www.bbc.co.uk/news/health-40520235, (sic “one quarter” in BBC headline)
39 Family Planning Association, 2007, Contraception: patterns of use factsheet [PDF file], Available at: http://www.fpa.org.uk/factsheets/contraception-patterns-use
40 https://en.wikipedia.org/wiki/Etonogestrel_birth_control_implant, #Mechanism of action
• The Committee can understand the role of religion in effecting men’s behaviour towards women where the evidence suggests upbringing, promotion of long-term relationships including marriage, and fewer induced reproductive losses act to reduce women’s ill-treatment by men, thereby respecting and acknowledging the part religion plays in Northern Ireland.

• The evidence is that women and couples are not responsible for around half of abortions in England and Wales because of contraceptive failure. Therefore, it is incumbent on countries to prevent abortion (and embryo loss compared to current contraceptive issuing) by available means, including adoption, and for the reasons described thus reducing calls for changes in the law.

• Abortion for fatal foetal impairment and rape in Northern Ireland should not be permitted, either via the UK Government or devolved powers, to uphold the right to life as per the current law. Women’s qualitative experiences of abortion in Northern Ireland, whilst often traumatic and sad, must be seen by the Committee in comparison to the quantitative evidence of the subject as a whole where small changes in law could lead to normalisation of the procedure, more grounds, and more unnecessary abortions.

December 2018

Appendix A – FRA survey data for physical and/or sexual violence by EU member state

Table 2.1: Women who have experienced physical and/or sexual violence by current and/or previous partner, or by any other person since the age of 15, by EU Member State (%)

<table>
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<th>Previous partner</th>
<th>Any partner (current and/or previous)</th>
<th>Non-partner</th>
<th>Any partner and/or non-partner</th>
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Notes:
- a Out of all women who were married, living together with someone without being married, or involved in a relationship (without being together) at the time of the interview (n = 30,075).
- b Out of all women who had, in the past, been married, living together with someone without being married, or involved in a relationship (without being together) at least once (n = 26,876).
- c Out of all women who were married, living together with someone without being married, or involved in a relationship (without being together) at the time of the interview or at any time in the past (n = 46,101).
- d Out of all respondents (N = 42,002).

Source: FRA gender-based violence against women survey dataset, 2012

© European Union Agency for Fundamental Rights, 2014
### Appendix B – Sources for Catholic and Orthodox population percentages in the EU

Accessed 30 June 2017

<table>
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<th>EU code</th>
<th>Ca+Or pop (%)</th>
<th>Source link</th>
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Ca+Or = Catholic and Orthodox population percentages
Appendix C – FRA survey questions for categories of violence

Box 2.1: What the survey asked – physical and sexual violence

Physical violence
Since you were 15 years old until now/in the past 12 months, how often has someone:
• Pushed you or shoved you?
• Slapped you?
• Thrown a hard object at you?
• Grabbed you or pulled your hair?
• Beaten you with a fist or a hard object, or kicked you?
• Burned you?
• Tried to strangle you or smother you?
• Cut or stabbed you, or shot at you?
• Beaten your head against something?

Sexual violence
Since you were 15 years old until now/in the past 12 months, how often has someone:
• Forced you into sexual intercourse by holding you down or hurting you in some way? (IF NEEDED)

Box 2.2: Self-completion questionnaire

After the survey interview, respondents were asked to answer on paper ‘yes’ or ‘no’ to the following six statements:
• My partner or an ex-partner has been physically violent against me.
• My partner or an ex-partner has been sexually violent against me.
• Since I was 15 years or above, somebody other than my partner or an ex-partner has been physically violent against me.
• Since I was 15 years or above, somebody other than my partner or an ex-partner has been sexually violent against me.
• When I was under 15 years old, somebody was physically violent against me.
• When I was under 15 years old, somebody was sexually violent against me.

Box 4.1: What the survey asked – psychological violence

How often does your current partner/did any previous partner ever...
• try to keep you from seeing your friends?
• try to restrict your contact with your family of birth or relatives?
• insist on knowing where you are in a way that goes beyond general concern?
• get angry if you speak with another man? (or another woman, if the partner is a woman)
• become suspicious that you are unfaithful?
• prevent you from making decisions about family finances and from shopping independently?
• forbid you to work outside the home?
• forbid you to leave the house, take away car keys or lock you up?

How often would you say that your current partner has/had any previous partner ever...
• belittled or humiliated you in front of other people?
• belittled or humiliated you in private?
• done things to scare or intimidate you on purpose, for example by yelling and smashing things?
• made you watch or look at pornographic material against your wishes?
• threatened to take the children away from you?
• threatened to hurt your children?
• threatened to hurt or kill someone else you care about?

Box 6.1: What the survey asked – harassment

Now some questions about experiences that women may have. At times you may have experienced people acting towards you in a way that you felt was unwanted and offensive. How often have you experienced any of the following? How often has this happened to you in the past 12 months?
• Unwelcome touching, hugging or kissing?
• Sexually suggestive comments or jokes that made you feel offended?
• Inappropriate invitations to go out on dates?
• Intrusive questions about your private life that made you feel offended?
• Intrusive comments about your physical appearance that made you feel offended?
• Inappropriate staring or leering that made you feel intimidated?
• Somebody sending or showing you sexually explicit pictures, photos or gifts that made you feel offended?
• Somebody indecently exposing themselves to you?
• Somebody made you watch or look at pornographic material against your wishes?
• Unwanted sexually explicit emails or SMS messages that offended you?
• Inappropriate advances that offended you on social networking websites such as Facebook, or in internet chat rooms?