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Cross-Cultural Perspective on Attitudes Towards Violence Against Women

Executive Summary

Violence in close partner relationships is the most common form of violence experienced by women worldwide. It is a complex phenomenon often bearing long term health consequences for women. Understanding of the wider social context and culture specific factors that support violence is necessary to implement effective preventative intervention. We first list existing literature findings of studies investigating attitudes towards violence against women. Afterwards we propose 9 measures that would help increase understanding multi-stakeholder institutional responses to violence against women.

Introduction

Extensive research has investigated violence against women and girls and underlying causes and risk factors associated with violence perpetration and victimization (Heise, 2011).

Attitudes towards domestic violence is acceptable and culturally normative among the most significant factors associated with the likelihood of perpetration and social responses to perpetration (Khawaya et al 2008). Women who believe that domestic violence is acceptable and normative are more likely to blame themselves for the violence, and to experience long-term mental health problems, and less likely to report the problem to civil authorities or other family members (Neville et al 2004). People who regard domestic violence as a cultural norm tend to respond with less empathy and support to victims (Pavlou et al 2001) hence it's not surprising that attitudes to and beliefs about domestic violence are related not only to its prevalence but also to community responses to the violence.

Attitudes towards domestic violence perpetrated against women are multifactorially determined. Social norms and beliefs about traditional gender roles shape attitudes and can be intergenerationally transmitted (Flood et al 2009). The patriarchal hegemony generally supports attitudes that women's behaviors are the triggers for their partners' violent behaviors and that men are justified to 'discipline' their wives for transgressions (Glick et al 2002). In

addition, experiencing or witnessing violence increases tolerance of violence and children who witness violence perpetrated by their fathers towards their mothers are more likely than those without this experience to believe that violence is appropriate and justified.

There has been progress in the quantity of interventions in diverse settings (health care, justice systems, and social campaigns to address violence against women and girls worldwide). The first generation of interventions mainly focused on provision of support services for survivors of violence and focused on reducing incidence of violence and protecting the victims. A second generation of programming, mainly in low-income and middle-income countries, has had a greater focus on violence prevention and understanding on mechanisms underlying violence perpetration (Ellsberg et al., 2015).

Sociocultural theories of violence suggest that violence against women reflects attitudes propagated by the dominant social group and is affecting all aspects of social interactions. Understanding the range of attitudes towards violence against women is vital for understanding of its underlying mechanisms and developing more effective prevention measures. Ellsberg et al has shown that multisectoral programs that engage with multiple stakeholders seem to be the most successful in transforming deeply entrenched attitudes and behaviors. They have been successful in challenging the acceptability of violence

and addressing the underlying risk factors for violence including norms for dynamic between genders, the acceptability of violence, and women's economic dependence on men. They also support the development of new skills, including those for communication and conflict resolution (Nayak, 2003).

In conclusion, an analysis conducted by WHO with the London School of Hygiene and Tropical Medicine and the South Africa Medical Research Council used existing data from over 80 countries and found that: men are more likely to perpetrate violence if they have low education, a history of child maltreatment, exposure to domestic violence against their mothers, harmful use of alcohol, unequal gender norms including attitudes accepting of violence, and a sense of entitlement over women.

Women are more likely to experience intimate partner violence if they have low education, exposure to mothers being abused by a partner, abuse during childhood, and attitudes accepting violence. In this regard, this report formulates 9 policy recommendations in order to promote understanding of socio behavioral mechanisms perpetuating domestic violence.

Role of Culture

Social and cultural norms are maintained by number of intrinsic and extrinsic pressures (Durlauf SN, 2008). Threats of social disapproval or punishment facilitate the process of internalizing norms. Cultural and social norms do not have to reflect individual's attitudes

(positive or negative feelings towards an object or idea) and beliefs, although they may influence these attitudes and beliefs if norms become adopted intrinsically. Social norms vary considerably between cultures, so, behavior acceptable to one social group or culture may not be tolerated in another.

Collectivistic cultures tend to emphasize maintaining favorable judgment by others at whatever cost (e.g., Ting-Toomey & Kurogi, 1998). In the context of domestic violence, collectivism plays a role with the importance of face-saving may result in abused women being less likely to publicly acknowledge or seek help for abuse from their partners (Khanh et al 2017).

Another important element of culture includes Power Distance, which refers to the belief among less powerful members of a society that social power is inherently unequally distributed, and that this is a fundamental part of reality that needs no justification; Power Distance tends to be higher in traditional cultures (Hofstede et al., 2010). In regards to domestic violence this belief, in conjunction with collectivist perspective that men are positioned higher on the social hierarchy than women, may result in women believing that a husband's behavior, even abusive behavior, always is justified; i.e., whatever the husband does to the wife, he must have had justification as he is in a higher status position and hence always right.

Generally, traditional beliefs that men are expected to control women's behavior, or control them financially could potentially expose women to violence (Mitra A, 2007). There is additional evidence supporting the idea that societies that have a more positive attitudes towards alcohol consumption (as a social facilitator) are also more forgiving towards domestic violence (I., 2001), (EG, 2002). Alcohol is then used as a justification for violent behavior as well as victim blaming.

Several studies have investigated the relations between such cultural beliefs and domestic violence (e.g., Prospero, Dwumah & Ofori-Dua, 2009; Thuc & Hendra, 2010).

Examples of Cultural and Social Norms Supporting Different Types of Violence:

A man has a right to "correct" or discipline female behavior (e.g. India (Go, 2003), Nigeria (Adegoke TG, 2008), China (Liu M, 1999).

Physical violence is an acceptable way to resolve conflicts within a relationship (e.g. South Africa (Jewkes, 2002)).

A woman is responsible for making a marriage work (e.g. Israel (Espanioly, 1997)).

Intimate partner violence is a taboo subject (e.g. South Africa (Fox, 2007)) and reporting abuse is disrespectful)

Divorce is shameful (e.g. Pakistan (Hussain, 2008)).

Updating and implementing legal framework that addresses domestic violence is vital in fast pacing societies. There are considerable legislative differences between countries that addresses domestic violence and how the same legislation is enforced. It has been observed that when evaluating effects of legislation research findings should be carefully interpreted and consider that observed increase in offences could be due to change in penal system rather than immediate effect of legislation(Organization, 2009).

Multicentric study on violence against women in 51 countries around the world that participated showed that (a) both sexism and acceptability of general violence in social relationships were positively related to acceptability of inter-partner violence (IPV) and (b) the highest levels of acceptability of IPV were found among individuals who reported positive attitudes toward the use of violence in other social relationships (Herrero, Rodriguez, & Torres, 2016).

In an EU level study Garcia et al showed that some forms of violence against women are perceived as "not very serious" or considered "inevitable", including verbal and physical assaults, controlling behaviors, or even forced sex. Attitudes reflecting acceptance and tolerance of violence are evident particularly in the context of dating, more common among men and boys. Disaggregated information suggests that these types of attitudes are more common among older, less educated males (Garcia et al, 2015).

Victim-blaming attitudes are shown to be widespread and more common among men, the older, the less educated, and minority groups. A significant number of respondents preferred not to get involved even if they were aware of a case of violence against women (“not my business”, or “it is a private matter” were among the reasons for not intervening) (Garcia-Moreno et al., 2003).

Roadmap

Domestic violence is multifaceted phenomenon and exploring its contributing factors could be conducted at an individual, relational, group, community, and macro (cultural) levels. Averages between countries provide only an initial approach to understanding the factors that shape attitudes. An appropriate understanding of both between and within-country variations in attitudes towards violence against women (and in prevalence as well) will need complex multilevel analyses that considers the effect and relative influence of multiple factors working at different levels, but also the complexity of their interactions.

Recommendations

1. Promote Gender Equality and Women’s Human Rights

Advocacy for gender equality and human rights, and monitoring of national progress towards international commitments, needs to be strengthened. Few examples of the evolution of international agreements: 2010: The Security Council adopted

Resolution 1960, reaffirming commitments to addressing sexual violence in conflict. 2011: Council of Europe Convention on preventing and combating violence against women and domestic violence adopted as the second legally binding regional instrument on violence against women and girls. 2013: Member States adopt agreed conclusions during the 57th Commission on the Status of Women on the prevention and elimination of all forms of violence against women.

2. Establish, Implement and Monitor Multisectoral Action Plans to Address Violence Against Women

Countries that are developing national action plans for violence prevention – a key recommendation in the World report on violence and health – should focus on relevant sectors (e.g. health and social services, religious organizations judiciary). It is important that a formal mechanism is created and provided with enough resources to coordinate multisectoral efforts and supported by local governments. E.g. according to the US Bureau of Justice, the rate of intimate partner violence in the USA fell by 53% between 1993 and 2008 and the number of intimate partner homicides of women decreased by 26%. Many experts attribute this decline to the Violence against Women Act (VAWA), first authorized by Congress in 1994, which provides funding for many of the programs mentioned above. The Act originally authorized US\$1.6 billion in funding in 5 years and has been re-authorized three more

times since then. A study of more than 10 000 jurisdictions between 1996 and 2002 showed that jurisdictions that received VAWA grants had significant reductions in the numbers of sexual and aggravated assaults compared with jurisdictions that did not received VAWA grants.

3. Engage Social, Political, Religious, and Other Leaders in Speaking Out Against Violence Against Women

Raising awareness about the problem of violence against women, challenging commonly held misconceptions and norms, and shaping the discussion in ways that promotes positive change is a shared responsibility of all community members. Action plans led by multidisciplinary multi sectoral teams that include broader perspective of addressing violence are shown to be more effective than a single actor or sector.

Council of Europe Recommendation (2002) of the Committee of Ministers to member States on the protection of women against violence. These efforts have certainly had an impact in Council of Europe member States and have contributed to increased intervention on the part of State authorities. State interventions range from the adoption of laws, including the introduction of criminal offences covering different forms of violence against women, and national action plans to the provision of specialized services and access to effective protective measures under civil and criminal law. As member States have increasingly developed more

sophisticated intervention systems, the best practice examples have revealed that a comprehensive approach to preventing and combating all forms of violence against women is essential in any attempt properly to address the issue. Drawing on international and European standards and case-law, as well as on best practices and lessons learned at national level, the Istanbul Convention is the most recent and far-reaching development in this long line of initiatives. The Convention provides a condensed and detailed blueprint for action, to prevent violence against women, prosecute perpetrators and protect women and girls. Article 7, paragraph 1 of the Convention therefore explicitly requires under that comprehensive and coordinated policies should be adopted and implemented so as to permit a holistic response to all forms of violence against women and domestic violence covered by the treaty. These include domestic violence, psychological violence, sexual violence and rape, forced marriage, female genital mutilation, stalking, forced sterilization, forced abortion and sexual harassment. As the explanatory report to the Istanbul Convention points out, Article 7, paragraph 1 requires States parties to “devise and implement policies (comprising) a multitude of measures to be taken by different actors and agencies and which, taken as a whole, offer a holistic response to violence against women”.

4. Develop Systems for Data Collection and Monitoring of Violence Against Women, and the Attitudes and Beliefs That Perpetuate It

Monitoring incidence of violence and developing methodology for measuring the effectiveness of prevention programs requires close collaboration with academic community. World Health Organization has established a long track-record of developing research methodologies for studying violence against women. E.g. The Injury surveillance guidelines developed by WHO and CDC provide practical advice on collecting systematic data on injuries, according to international standards. National statistics offices and relevant ministries, particularly health and justice, as well as organizations providing services for women, should ensure that data are collected in a way that respects confidentiality and safety of its respondents.

Most recently Council of Europe has highlighted a need for a comprehensive network in combating domestic violence. Article 1 of the Istanbul Convention refers to the need to “design a comprehensive framework” and the need to “effectively co-operate in order to adopt an integrated approach”. Co-ordination of data collection is part of the duties of official bodies to be established as specified in Article 10. Co-operation between these official bodies can assist these developments. Further, the parties to the convention are to provide the independent expert body responsible for monitoring the implementation of the

Istanbul Convention (the Group of Experts on Action against Violence against Women and Domestic Violence) with the data and other information collected, to assist their work.

Data gathering process has been entirely operationalized and are as follows: The sex of the victim (in order to know if the violence is against women) and the sex of the perpetrator; the relationship between perpetrator and victim (in order to know if the violence is by a domestic relation); the age of the victim (in order to know if the victim is a “minor”) and the age of the perpetrator; geographical location. In order to be able to build a comprehensive framework that facilitates cooperation between relevant agencies, data needs to be gathered at each point using all three of the following units of measurement: f number of victims (and percentage of population that are victims); f number of events (crimes or incidents) (and proportionate to the population size); f number of perpetrators (and percentage of population that are perpetrators). Ideally, further information would also be collected to assist analysis, such as: f disability; f other (e.g. migrant or refugee status); f whether the violence took place the previous year (or during some other relevant time period, including over a lifetime).

Data needs to be collected in both administrative and survey forms. Administrative data is usually gathered during the routine functioning of public services when victims of violence ask for help. Surveys of the general population enable information to be

gathered about the many victims who do not report to or use public services as well as those that do. Research is needed in order to make sense of this data, to discover the causes and consequences of violence against women and domestic violence, and to analyze the effectiveness of measures taken. Conviction rates are explicitly mentioned in the convention as one of the subjects which should be researched. In addition, data collection needs to be mindful of the need to protect privacy

5. Develop, Implement and Evaluate Programs Aimed at Primary Prevention of Domestic Violence

To highlight issues of domestic violence South Africa has introduced innovative method of introducing soap opera series on radio and in print. Following an 8-month interval of the broad range intervention a decrease in acceptance of intimate partner violence was reported and an increase in accountability of communities around the country in prevention and reporting of domestic violence.

Media services reporting on domestic violence cases should be based on facts and allow survivors to speak freely about the problem and available support services. Additional efforts should be introduced in reducing the shame and stigma related to survivors of domestic violence by encouraging community to provide additional support to survivors (safe houses, mental health assistance. Media campaigns that engage men to denounce violence and its acceptability have been successful in promoting

alternative masculine behavior that doesn't rely on misogyny.

Primary interventions that change structures and norms in a society or culture, that support violence against women could be generally understood as universal and targeted. Universal interventions focus on media campaigns that promote social norms of safety, equality and respect. Promoting gender equity by changing behavioral norms in schools and workplaces. Advocacy campaigns to change images of women, gender roles and violence in the media. Promoting women's economic opportunities. Targeted interventions are focused on bystander training emphasizing development use of prevention skills. Skills training for new parents focused on developing skills for equal and respectful relationships.

6. Make Physical Environments Safer for Women

Depending on the risk factors identified and the available resources, safety issues in large urban areas are resolved through use of advanced video surveillance and facial recognition systems. Even smaller scale interventions such as improved lighting or police presence are shown to help prevent cases of violence in public spaces.

Although violence in the private domain is now widely recognized as a human rights violation, violence against women and girls, especially sexual harassment in public spaces, remains a largely

neglected issue, with few laws or policies in place to prevent and address it.

Most prominent initiative was UN Women's Global Flagship, "Safe Cities and Safe Public Spaces," builds on its "Safe Cities Free of Violence against Women and Girls" Global Programme, launched in November 2010, with leading women's organizations, organizations, UN agencies, and more than 70 global and local partners. It is the first-ever global program that develops, implements, and evaluates tools, policies and comprehensive approaches on the prevention of and response to sexual harassment and other forms of sexual violence against women and girls across different settings.

UN Women's Safe Cities and Safe Public Spaces Global Initiative continues to generate a number of innovative results through partnerships with mayors' offices, national governments, women's groups and other community partners. In Cairo, Egypt's Ministry of Housing, Utilities and Urban Development adopted women's safety audits to guide urban planning, and more than 100 youth agents of change (50 per cent young men and 50 per cent young women) have been engaged and are leading transformative activities in schools and other settings in the program intervention sites to promote respectful gender relationships, gender equality, and safety in public spaces.

Another example is of Port Moresby's National Capital District that has taken steps to improve

women's safety in local markets, including budget allocations which ensure that the needs of women and men are considered across different municipal departments.

7. Develop a Comprehensive Health Sector Response to the Various Impacts of Violence Against Women

It is expected of healthcare providers to actively engage in advocating for prevention and providing health services for women who have experienced violence and provide an integrated response that includes all levels of care (emergency services, reproductive health services such as antenatal care, family planning, and post-abortion care, mental health services). Training of emergency nurses to recognize victims of domestic violence has been effective in providing support to victims to seek additional help.

A recent systematic review of interventions based in primary care found that 76% of 17 included studies showed an improvement in at least one measured outcome, including improvement in health-related quality of life and increased safety-promoting behaviors (Bair-Merritt et al 2014). Included studies were largely of United States origin, with only one study originating in South Africa, one in Peru and one in Hong Kong. The WHO has recently published clinical and policy guidelines for responding to domestic violence and sexual violence, synthesizing the best available evidence to increase the prominence of domestic violence as a health concern.

On a policy level, the guidelines recommend integrating services into existing structures as far as possible, as well as having multiple models of care appropriate for different levels, but prioritizing primary care. These recommendations are all based on very low-quality evidence, reflecting the relative lack of quality evaluations of health system responses. The guideline outlines minimum requirements for an appropriate health sector response, including having clear local policies and protocols, ensuring supportive management including financial resources, providing comprehensive care as well as resource materials, working intersectorally, providing appropriate monitoring and evaluation and providing support for carers.

Inquiring about and discussing violence in specific cases during healthcare encounters (selective screening or case-finding) has been recommended as an alternative approach (Joyner et al 2012) followed by more complex, individualized interventions (Jewkes et al 2012). This approach has been demonstrated to be feasible, with a cluster randomized controlled trial showing that training and support can significantly increase the number of women identified and referred to services in the absence of universal screening (Feder et al 2011).

Several trials of IPV interventions in primary care have recently taken place, most of them in developed countries, utilizing doctors, nurses and lay providers to deliver interventions either on or off-site (Hegarty

et al 2013). These interventions commonly use empathic approaches and attempt to empower women by helping them to understand their situation, improve their safety and access community resources.

8. Use Reproductive Health Services as Entry Points to Identify and Support Women in Abusive Relationships, and for Delivering Referral or Support Services

It is important to invest in training of primary healthcare providers in recognizing and responding to cases of domestic violence and to ensure their safety and privacy.

While there is no intervention that currently prevents abuse, there are crisis and support services available for abused women, as well as some programs designed to educate women directly about minimizing their risk for violence and harm during pregnancy and at other times; however, information about such programs is not always widely disseminated. Resource information for abused women can be made available through health care practitioners and can be targeted at other locations frequented by mothers of young children, such as WIC and Head Start programs and day care providers. However, public information about intimate partner violence has unique presentation requirements in order to be accessible to abused women in a way that allows them to preserve their privacy. Information regarding the risk factors and warning signs of abuse, as well as the options and resources

available to abused women in local communities, can be presented in ordinary brochures and posters, and on small "safety cards" that fit in a pocket. These ideally would include a local or toll-free phone number that women can use to seek further assistance. In addition to being put in practitioners' waiting rooms, the Family Violence Prevention Fund suggests that safety cards can be placed in bathrooms and examination rooms, available to everyone.

Conclusion

Attitudes towards violence against women may be influenced by a number of individual and social background characteristics (e.g. age, gender, educational level, ethnic or religion background, minority or immigrant status). This is the case for attitudes such as public awareness of violence against women as a social problem, acceptability and perceived severity, gender stereotypes and sexist attitudes, victim-blaming attitudes or knowledge of resources and support services for victims. In general, little knowledge or negative attitudes were more common among males, the older, the less educated and with lower income. In some cases, variations within countries across different socio-demographic groups were larger than variations across countries. Large scale surveys are still dominant methodological resource in investigating domestic violence to identify and understand variations across countries and different sectors of society. Addressing and preventing violence against women requires

multisectoral efforts and it is important that states take responsibility for the safety and well-being of all their citizens.

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