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Violence Against Women: Mental Health And Human Rights Issue In The Aftermath Of War

Violence against women is one of the most extensive forms of violations of human rights in our contemporary world and a substantial barrier to women's equality. Since a violent society produces violent families, the issue of violence against women in the post-war period is an important social problem. In our country it should be considered with special attention since the society has faced two parallel processes which could lead to increased violence - transition and war.

Violence against women in countries in transition

The study "Women and gender in countries in transition: A UNICEF perspective" provided a good overview of the impact of transition on children and women. The survey that was undertaken in more than 20 countries, regardless of many differences, came to the following conclusions:

- Under communism, violence against women was largely under-recognized and undocumented.
- Data and evidence have remained fragmentary during transition, although there are reasons to believe that violence against women in its many forms has increased.
- In most parts of the region, the changes of the transition have been accompanied by a spreading sense of lawlessness and growth in crime, including homicide. The expanding culture of violence expose women to even greater risks than earlier.
- Violence is not treated seriously by the criminal justice system.
- New forms of violence against women have appeared as weapons of war in ethnic conflicts in region – hundreds of thousands women were victims of rape and forced pregnancy (UNICEF, 1999).

The current situation in Croatia regarding domestic violence

Seven years ago, in an earlier study, UNICEF described the situation in Croatia regarding family violence as follows:

The transition from a Communist regime to free market system and other political changes in Croatia have brought negative changes for women, especially in social and economic spheres. ... Traditional concepts of the women as wife and mother are being revived.... At the same time, there is no legal protection against violence and harassment in matrimonial relationship. All types of abuse within the family are hidden.

The war in Croatia has directly affected the lives of many women. There are hundreds of widows whose role in family has become more complex and demanding. Wounded husbands with changed habits (and sometimes personality) are imposing new family rules that wives have to adjusted to (UNICEF, 1994).

What has changed since then?

1. *There is an increased number of reported cases of violence against women.*

The data from the Counseling Center for Women for the period from 1997 to 1999 show that, of the 6050 women that have asked for help there, 57% asked for it due to family violence. Even more alarming are the joint figures from four female organizations (SOS- Telephone for Women and Children Victims of Violence, Autonomous Women House Zagreb, B.a.B.e. (Legalina – legal phone line) and the Counseling Center Women), which have at the end of year 1997 compiled their figures and showed that of 17,673 phone calls 14,210 (80.4%) of them concerned violence. Regardless of whether the women sought help because support was more accessible or due to real increase in family violence, this data alarmingly and clearly identify the need of a systematic social action to decrease family violence (Mamula, 1999).

The finding that there has been a 35.6% increase (from 5,830 requests in year 1995 to 9,276 requests in 2000) in the number of requests for police intervention due to family violence can indicate both a real increase in family violence in the post-war period and an increased readiness of the police to intervene.

2. *It is not clear if the prevalence of domestic violence is increasing in the post-war period, since only recently the statistics started to be compiled.*

The war probably increased the risk for family violence due to high proportion of war veterans who suffer from posttraumatic stress disorder, poor economic situation and increase of unemployment in the post-war period, generally higher tolerance for violence in the society and increased proliferation of fire-arms in the population. At the same time many women have increased their independence because during years of family displacement or with husbands away at the front, they had to develop new roles within a family. This has exposed the women to higher risk of abuse later on.

Let us look at what the women themselves think about the impact of war on family violence. Study of 116 female textile workers, of which 34% have returned to their communities, after being displaced for years, has shown that 6.9% found that the war reduced family violence, 12.9% found that it has stayed the same, 32.8% find that family violence has increased a little, while most of the women (44%) thought that it has increased a great deal because of the war (Pastuoviæ, 1999).

3. *Mandatory and transparent system of reporting domestic violence in police, social welfare and public health. is not in place.*

4. *At the beginning of 2001, after six years during which legislation in Croatia was less protective for the victims of domestic violence than before, some changes in the Criminal Code and Family Code improved the protection of women victims of violence. The significant*

push for that were changes in the Family Code from 1996 in which for the first time in Croatia it was clearly stated that violence among adult family members is forbidden.

5. *The governmental plan for supporting women survivors of domestic violence is very poor. The range of services is small and collaboration with non-governmental agencies is not sufficient. The government started only recently to support financially some non-governmental women groups and activities.*

6. *There is an increasing awareness of high rate of domestic violence in the society. This is mainly a result of public campaigns run by non-governmental organizations.*

- As a part of the project “Stop violence against women” the Center for Women Victims of War has carried through a study on a sample of 500 male and female participants. The following was found (Belamariæ, Kovaèeviæ and Neuner, 2000):
- The majority of participants (86.8%) approve of bringing into public the issue of violence against women, and 84.6% think that women are not appropriately protected from violence.
- However, 25.8% of the respondents think that there are situations in which it is acceptable for a partner to beat a woman and 44.2% know personally a woman victim of violence.
- A considerable number of participants believe in myths about violence: 50% consider that violence is most common against women that are uneducated and poor and 43.6% of them believe that men who do not drink are rarely violent to their partners.
- Women are more aware of the problem of violence and show less tolerance to violence than men.
- People with better education and of middle/higher material status state report less tolerance to violence.
- Participants that have a personal contact with a woman who is a victim of violence are more aware of the problem, less convinced of stereotypes and have more knowledge about violence against women.

7. *Different cultural myths and beliefs play a contra-productive role in changing public, governmental and even professional response to women abuse.*

Recent studies have shown that a number of myths regarding family violence, which are typical of the Western civilization at the end of the twentieth century, also exist in Croatia. To all those myths the following is common:

- Downplaying the significance of the problem and denial of social responsibility for tolerating family violence,
- Holding the victim responsible for the violence,
- Finding external circumstances which can “explain” the violent behavior of the man,
- Accepting the situation as it is and lack of belief in the possibility of change.

A study carried out as part of the training program “Violence against women in the family” has shown with which myths professional care providers agree most (N=100). These myths are: “Violence and love don’t go together”, “Alcohol and drug abuse are the causes of family violence” and “If a victim leaves its abuser the violence will stop” (Ajdukoviæ and Pavlekovia, 2000).

A research in five textile factories in Croatia has shown that 23.3% of the women disagree, and 30.2% only partly agree with the statement: “Men and women are equal”. In accordance with that, 34.5% of the women agree with the statement: “The man is the head of the family”, while 28.4% agree with the statement “A woman should watch her big mouth so that the man would not beat her and to preserve peace and quiet in the house”, and “Stick came from the paradise” (Pastuoviæ, 1999).

8. *Issues of domestic violence are not a part of curriculum for training different helping professionals (i.e. social work, medicine, and psychology).*

9. *Generally speaking, the community is reluctant to accept responsibility for domestic violence.*

Interdisciplinary training

Starting from this, our aim was to develop and interdisciplinary training program for dealing with domestic violence at the community level. The program aimed at: (1) Raising the awareness and sensitivity for violence against women among the social workers and primary health care providers and other significant helpers in a community; (2) Increasing their knowledge, recognition abilities and basic skills when dealing with domestic violence survivors; (3) Clarifying the referral procedures and strengthening the cooperation with other human services at the community level.

The four-day training program was completed by groups of beneficiaries in Croatia (N=116). It was developed and implemented by the Society for Psychological Assistance, a Croatian mental health non-governmental organization in collaboration with Admira, the Dutch NGO.

Training format

The training format was based on an experiential learning model, using participatory small groups that were preceded by short lectures on specific topics. The participants were split into smaller groups (up to twelve members) that remained the same during all the workshops and had its own trainer.

Efforts were made to invite two to three participants from a particular institution, so that they could support each other in their everyday practice and disseminate the new ideas in their institutions. The priority was given to the participants from parts of the country that did not have much opportunity for continuous training because of the war, from the resettlement areas, and the areas with high concentration of refugees. Therefore the training was carried out in three different regions of Croatia.

Curriculum outline

The training curriculum included the topics listed bellow.

Day 1: Types of family violence

Risk factors for violence against women

Violence within family and violence that occurs in society affecting the family

Intergenerational transmission of violence
Clarification of values, social norms and attitudes towards violence against women
Recognition and diagnosis of (sexual) abuse

Day 2: Battered women syndrome

Dynamic of sexual abuse
Health, psychological, social and legal consequences of sexual abuse
Interviewing abused woman
War-related sexual abuse of women

Day 3: Basic counseling skills with women victims of violence

Basic crisis intervention skills and victim protection
Referral - criteria and procedures
Inter-professional collaboration at the community level in dealing with family violence
New public mental health approach to prevention of family violence

Follow-up session:

Clarification of issues and consultation
Case presentation and supervision

Experiences of integrating the new knowledge and skills into daily work

Discussion on opportunities and limitations of dissemination
Further values and roles clarification
Evaluation and recommendations

Beneficiaries

The professional background and field of work of the participants are presented in Table 1. Although the target group were social workers and primary health care workers (medical doctors and home visiting nurses), during the first seminar it became obvious that some police and local NGO participation would be very useful to strengthen the local community networking. Therefore additional effort was made to have these representatives in the latter seminars. Thus, the participants came from centers for social work, community medical health centers, police, and local non-governmental organizations.

Table 1. Participants by professional background (%) (N=116)

Medical doctor	29.3
Home visiting nurse	27.6
Social worker	26.7
Psychologist	8.6
Lawyer	5.2
Special educator	2.6

Program evaluation

Training efficiency

At the end of each seminar, the participants were asked to complete an anonymous evaluation of the quality of seminar implementation and of immediate outcomes. It was assessed by an instrument that included eight items with 5-point scale ranging from 1 (poor, not at all) to 5 (excellent, completely) and two open-ended questions.

The results show that efficiency of workshop implementation was rated very high. The score for the first two items, that refer to the effectiveness of workshop for improvement of daily professional work was somewhat lower (average 4.29 and 4.26).

The qualitative part of evaluation form showed that participants found the training to be very useful, especially the work in small groups. Regarding the content of future trainings they suggested to have as a guest a woman with the history of abuse, to include watching video presentation on this topic, to have same cases that are discussed in all sub-groups and than to present the outcomes. As well they suggested including representatives from even more institutions in a community, such as church and the media. Since the participation at the seminar was voluntary, they suggested to find a way to include in the future people that are not sensitive regarding violence against women. As well they suggested having more media coverage of the seminar. They stressed importance of the follow-up meetings.

Training effectiveness

Specific instruments were developed and administered to document the impact of the training on raising professional competence in working with abused women. The Professional Attitudes and Competence in Working with Domestic Violence questionnaire (PACWDV) was administered three times – at the beginning of the training, at the end of the training and three months after the training was completed, during the follow-up meeting. The PACWDV consists of eleven statements describing attitudes, reactions and feeling of competence in work with cases of domestic violence. The participants assessed each item on a 5-point scale. The relative frequencies of their answers are shown in Table 2 (next page).

As one can see, in meeting abused woman professionals very often react with anger (50%) or they feel helpless (28.4%). Different defense mechanisms influence their capacity to help domestic violence survivors, i.e. 23.9% of respondents stated that abused women are not really ready to change their life situation, so they do not get seriously involved in such cases. Another 39.3% stated that their organization is not obliged to care for abused women, which is really surprising having in mind their professional background - community centers for social work or primary health care centers.

In order to asses the impact on the training participants, their responses were transformed in a way that higher results indicated more positive attitude toward abused women and higher sense of professional competence in direct contact with family violence survivors. Results on eleven scales were summed-up and the possible range of scores was from 11 to 55.

Table 2. Professional Attitudes and Competence in Working with Domestic Violence. Relative frequencies (%) of answers (N=100) at the beginning of the training “Violence against women”.

1 –disagree
 2 – partially disagree
 3 – neither disagrees nor agrees
 4 –partially agree
 5 –agree

ITEM %	1	2	3	4	5
The majority of abused women are not really ready to change their situation, so I do not get seriously involved in such cases.	10.4	26.1	30.4	20.0	13.0
Although I am a professional, I have no rights to intervene in a family in which a woman is abused, because this would intrude upon family privacy.	53.9	23.5	17.4	4.3	0.9
Unless a woman starts talking about abuse, even if it is obvious that she was abused it is better not to start talking about it.	65.8	18.4	9.6	4.4	1.8
I can get angry if a woman does nothing to protect herself from repeated violence.	14.9	20.2	25.4	28.1	11.4
The violence generally upsets me; I do not like to watch it even on television, so that I avoid listening to details about violence to which a woman has been exposed.	37.4	24.3	20.0	10.4	7.8
I avoid questions such as “Is it safe for you to go home? To whom can you turn for help?» because if an abused woman has no safe place to go to, I cannot help her anyway.	48.2	23.7	18.4	5.3	4.4
The most I can do is to comfort an abused woman and explain that many other women experience much worse things in their marriage.	58.3	20.9	11.3	6.1	3.5
I always recognize if a woman who came for other complaints is actually being abused.	4.3	18.3	47.0	23.5	7.0
When I meet an abused woman, I feel a little helpless, because I do not know how to help her.	9.7	23.0	36.3	20.4	10.6
The organization I work for is not obliged to care for abused women; there are others that should do this.	24.3	19.1	28.7	18.3	9.6
I am not sure whom and how can help an abused woman, and where could I refer her.	31.3	20.0	31.3	9.6	7.8

Table 3. Immediate impact of training on attitudes and feeling of professional competence in domestic violence cases (N=96).

	Mean	SD
First assessment (beginning of training)	39.89	5.77
Second assessment (end of training)	42.16	6.65

t=3.96, p>0.00

The data indicate that the training had immediate impact on increasing the feeling of competence and raising more positive attitudes toward women survivors of domestic violence. The individual item analysis showed that due to the training participants (1) changed their understanding of the abused woman readiness to change her situation in a way that they became more ready to get seriously involved in such cases; (2) their feeling of helplessness was decreased; (3) they perceived their organization more as obliged to take care of abused women, and (4) they were more sure who and how can help abused women in their local community. The crucial question was if such changes would persist in a real life situation. Therefore the same questionnaire was applied after three months during the follow-up meeting. The total number of participants at the follow-up meetings were 47 and data analyze was done only for them.

Table 4. Long-term impact of training on attitudes and feelings of professional competence in domestic violence cases (N=47).

	Mean	SD
First assessment (beginning of training)	40.16	5.18
Second assessment (end of training)	42.67	5.98
Third assessment (after three months)	42.38	5.96

$$t_{1,2}=2.58, p = 0.01$$

$$t_{2,3}=0.05, p = 0.96$$

The data showed that the change was persistent over time, meaning that the training had long-term impact on professionals' attitudes and feeling of competence in working with women survivors of domestic violence.

At the end of seminar the participants were asked to jointly develop a plan of action. Its objectives were to (1) disseminate knowledge to other colleagues in their organizations, (2) establish at least one new personal contact with a representatives of some relevant organization or a group at the community level, and (3) to make a small but concrete change in working with abused women.

The follow-up meetings showed that those participants that came (41% of the original group) were very successful in meeting these objectives. All of them informed their colleagues and disseminated training materials. Some of them even gave professional lectures at meetings of their regional professional organizations. All of them established new professional contacts at the community level. There were some communities in which participants succeed in organizing regular monthly meetings of community social workers, field visiting nurses and family doctors in order to exchange their experiences in dealing with domestic violence. They also reported changes in their work, i.e. higher awareness for the issues, improved readiness to address the issue when they only suspected domestic violence, better understanding of psychology of abused women and their behaviors, etc. These changes were also documented by the quantitative evaluation results.

Conclusion and recommendations

1. The transition countries have a unique opportunity to incorporate a broad-based community strategy to address violence against women as a part of their reforms.

2. Domestic violence must be strictly defined in criminal law and more vigorously pursued by justice system. It should be approached as serious violation of basic human rights and within the framework of the UN Declaration on the Elimination of All Forms of Discrimination against Women (1993).
3. Victims of violence need to be treated more sensitively and supported in legal, health and social system. Avenues must be developed to allow women to leave abusive environments and to allow society to intervene in the situations of risks with an eye to prevention.
4. The evaluation data of a training program indicated that the training of care-providers had immediate impact on increasing their feeling of competence and raising more positive attitude toward women survivors of domestic violence.
5. Domestic violence proved to be an appropriate and important subject for community training programs that jointly involved disciplines such as social work, public health, law, psychiatry, psychology, police.
6. Having participants from different organizational and professional environments facilitated the effective use of mental health and human rights training paradigm. Participants demonstrated that they could serve as valuable resources to each other and important sources of information and facilitate further collaboration in the community.
7. In further activities additional focus should be given to education of the all involved in domestic violence – abusers, victims but also professionals and broader community including decision makers at all levels. The latest one should increased responsibility of the state for combating domestic violence.
8. Experiences from other countries in transition and/or countries that went through armed conflicts regarding domestic violence should be exchanged. Common experience should serve as a starting point for broader actions in region for combating domestic violence.

Literature

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