AIHA Partners Respond to Intimate Partner Violence in Their Communities

By Kathryn Utan

Intimate partner violence (IPV)—physical, mental, and sexual abuse of women by an intimate male partner or ex-partner—is the most pervasive form of violence against women worldwide, according to studies conducted by WHO and the World Bank. This form of abuse transcends all ethnic, cultural, religious, educational, and socioeconomic boundaries, and involves the systematic use of force, threats, and intimidation intended to subordinate one partner to the other.

Physical and sexual abuse affects millions of women and girls worldwide, yet, according to the recent United Nations publication, "The World's Women 2000: Trends and Statistics," the problem is known to be seriously under-reported. Despite this fact, WHO research shows that more than 40 population-based, quantitative studies conducted in 24 countries spanning four continents indicate that between 26 to 52 percent of all women have been physically abused by their partners at some time during their lives. Furthermore, WHO notes that many studies show women's experience with violence has direct consequences not only for their own well-being, but also for that of their families and communities.

"The health of women matters foremost to women themselves, [but also] to their families, communities, and societies," Dr. Gro Harlem Brundtland, director-general of WHO, said to the United Nations Commission on the Status of Women March 3, 1999. "Indeed, the health of women is a fundamental pillar that underpins sustainable development."

As more and more political leaders, community activists, and healthcare providers come to see the numerous adverse physical and mental consequences of IPV, many AIHA partners have responded by initiating programs and services geared toward helping victims break free from the cycle of violence that has all too often been masked by silence and shame.

Since July 1999, AIHA has provided training to increase awareness of issues related to IPV to physicians, nurses, psychologists, social workers, and other healthcare providers in the NIS and CEE. These practitioners then put the concepts and skills they learn to use in Women's Wellness Centers (WWCs), primary care clinics, hospital emergency rooms, and other healthcare facilities throughout the region.

Noting that incidents of both physical and psychological violence have been reported in Armenia, Dr. Karine Sarkisyan, director of the Erebuni WWC in Yerevan, explains, "IPV is not a private issue—it is a national problem that must be addressed jointly by healthcare providers and law enforcement agencies. We have a long way to go to develop effective preventive programs and establish crisis centers and shelters for critical cases."

In most instances, Sarkisyan says, the victims of IPV do not report the abuse to any legal or medical institution. "First of all, women are very often not well-informed about their rights. Another problem is that the majority of women are economically dependent on their abusers—if they leave, they will have no way of supporting themselves or their children."

Yet another problem victims face is the fact that violence against women is often accepted as part of the natural order of things. This and other myths about domestic abuse—that women provoke violence and are to blame if they are battered; that battery is an expression of a man's love; male dominance is normal; and even that violence should not split up a family—act as barriers that prevent victims from seeking help and healthcare providers from responding adequately to these women's needs.

These all too common misconceptions can be one of the greatest challenges to healthcare providers seeking to assist victims and educate their communities, according to Angelina Akhvlediani, a psychologist at the WWC in Kutaisi, Georgia. "In our community, the problem of IPV is rather serious. According to gender stereotypes, the women is often thought to have provoked the incident—even women themselves can fall into this mindset and come to see the abuse as a normal fact of life."

Many communities are just coming to realize that this type of abuse is far from the status quo. Commenting on the situation in Romania, Dr. Otilia Casian, director of the WWC in Iasi, notes that the issue has only recently been recognized as a serious public health concern. "Prior to the last few years, IPV was very superficially treated in our community. It wasn't something that was discussed so most women simply suffered in silence."

The victims and perpetrators of domestic abuse are not the only ones likely to deny the existence of the problem—the tendency to bury the issue extends to all members of the community including many in the healthcare profession. LeeAnn Ranieri, coordinator of the Domestic Vi-

olence Resource Center at Magee Women's Hospital, member of the Moscow/Pittsburgh partnership, and a frequent trainer at IPV workshops, says that she often encounters a great deal of denial among trainees—even those from medical professions. "In such cases, I try to challenge their thinking by asking if perhaps IPV is an issue we choose to keep silent and hidden," Ranieri says. "By exploring the myths, as well as the healthcare workers' attitudes and beliefs, we can discover small ways they can begin to assess the women they see in their practice and address IPV with those who need it."

WHO's Women's Health Development program, initiated in 1995, advocates the incorporation of domestic violence issues into health promotion activities at the community level, and Sarkisyan agrees with this approach. "The most effective way to address the issue of IPV is to make it a topic of concern for the entire community by organizing lectures, meetings, and educational outreach programs that convey the message that such abuse is happening and is not acceptable." Dr. Nadezhda Petukhova, chief physician at City Children's Hospital #1 in Astana, Kazakstan, also advocates involving local law enforcement, judicial, and civic groups in the effort to educate the community. "Our programs are actively aided by organizations such as the Association of Young Jurists of Kazakstan and Ana Alykyny—a support group for single mothers."

Chisinau Partners Adopt a Multidisciplinary Approach

One of the first AIHA partnerships to address the issue of IPV, the Dalila WWC in Chisinau, Moldova—in collaboration with the US State Department and CONNECT-US/RUSSIA in Minneapolis—sent a multidisciplinary team of doctors, psychologists, local administrators, judges, prosecutors, and policemen to Minnesota in September 1998 with the goal of establishing a model domestic violence prevention plan for their country. After completing a two-week training course, the team returned to Moldova and set to work organizing a national conference on the issue as well as implementing programs such as training courses for healthcare providers, police, and lawyers, as well as school and community educational outreach seminars, according to Dr. Boris Gilca, director of the Dalila WWC. The team also helped establish two support centers for abused women, pushed for legislation that would protect victims and punish their abusers, and supported the creation of "Partners for Community," an NGO dedicated to the prevention of IPV.

CONNECT-US/RUSSIA was also instrumental in the three-day, AIHA- sponsored Domestic Violence Conference in July 1999. Held in L'viv, Ukraine, the workshop was designed to define IPV, to teach screening techniques, and to discuss appropriate responses. For more information, see "Women's Healthcare Pro-viders Learn to Screen for Domestic Violence" in the August 1999 issue of *Connections* (www.aiha.com).

By approaching this complex issue not simply from the perspective of healthcare professionals, but also incorporating the viewpoints of public policy-makers and the legal, educational, and religious communities, the team has been able to create a strong network of support for the victims of domestic abuse. "The support center in Chisinau operates as part of the Dalila WWC's services and provides patients with psychological counseling on different types of abuse, medical evaluation and treatment, and legal assistance to victims. We also have a telephone hotline service women can call for information and legal assistance," Gilca explains (see "Telephone Hotlines Offer Comfort, Support, and Advice to Women in Need," page 49). "Through our multidisciplinary approach, we were able to attract the support of both the mayor of Chisinau and the first lady of Moldova. With their new commitment to the prevention of IPV, these two leaders are helping establish a shelter for abused women in Chisinau where our AIHA partners will contribute their time and expertise."

Keeping the community informed about IPV and the services available to victims is an important part of prevention and is also a joint effort, according to Gilca. "Our multidisciplinary teams discuss the subject on radio talk shows and are interviewed for newspaper articles. At the Dalila WWC, we produce a monthly newsletter and provide patients with pamphlets and brochures—city

A PUBLIC HEALTH APPROACH TO DEALING WITH IPV

Step 1: Surveillance—define the problem using quantitative and qualitative research methods.

Step 2: Risk Factor Identification—what is the cause of the problem, who is most likely to suffer abuse, and what are possible preventive measures?

Step 3: Intervention and Evaluation—develop specific procedures; assess and document their efficacy within target populations.

Step 4: Implementation—Put the most effective methods into action.

Healthcare workers seeking to incorporate IPV screening and counseling into the services they provide should keep these four steps in mind when developing and implementing programs.

Source: "Violence Prevention: A Public Health Priority," WHO (1998).

policemen even distribute small cards with information about our programs to women throughout the community."

Dubna Partners Work to Raise Community Awareness

IPV is widely recognized as a problem in Russia, yet, as in other countries, overcoming the prevailing myths and misconceptions that shroud the issue is often the most difficult step. Despite this, partners from the city of Dubna's health administration, hospitals, and WWC have joined with representatives from the police force, schools, and a number of civic organizations to develop an IPV response system as well as several preventive services. The entire effort is coordinated by Yuri Komendantov, deputy mayor of Dubna.

"In our community, we regard IPV as a very serious problem and have so far found that educational programs are one of the most effective ways of addressing the issue," says Oksana Filimonova, director of the Dubna WWC. "There are many organizations here that participate in our educational efforts and, together with our La Crosse partners, we hope to offer more services and preventive measures in the future." According to Filimonova, keeping the public informed by holding seminars, distributing brochures and other materials, and enlisting the aid of local media to spread details about IPV issues and where victims can get help are all key elements of Dubna's approach to this pervasive problem.

Recognizing that IPV often goes hand in hand with alcohol and drug abuse, the staff at Rebirth Center—a substance abuse treatment facility in Dubna—routinely includes the topic of partner abuse in its educational outreach programs on substance abuse and has a number of brochures, booklets, and other materials that address the issue. Dr. Olga P. Vasiutina, head physician at Rebirth Center, notes that their specialists discuss IPV in seminars that are given in schools throughout Dubna and in the nearby cities of Dmitrov and Zaprudnia. "We also provide counseling and therapy for victims of IPV when it is connected with substance abuse and hold meetings of support groups such as Alanon."

Barb Pretasky, project coordinator at Lutheran Hospital in Wisconsin and member of the Dubna/La Crosse partnership, explains that three main goals the partners hope to achieve through their IPV program are creating an effective community awareness and education campaign, implementing methods of dealing with IPV within the judicial system, and creating a shelter for victims of domestic abuse.

Odessa Partners Strive to Break the Cycle of Violence

Breaking through cultural barriers, long-held misconceptions, and the web of silence that shrouds the issue of IPV is definitely the most difficult part of addressing the problem, admits Dr. Svetlana Posokhova, director of the WWC established through AIHA's Odessa/Coney Island partnership. "We want people to recognize the fact that partner abuse is a real problem and realize that it is something that can be changed. In some cases, we must start with the victims themselves . . . many of them have become so used to abuse that they think it is normal."

To begin the process, staff at the Center are developing a variety of educational and community outreach programs as well as producing flyers, posters, and booklets on the subject. They also expect to air informative television programs on issues relating to women's health—including IPV—starting in September 2000. "We are currently exploring a number of methods to address the problem and have already established a Women's Hotline. We decided to make the hotline a top priority because of the number of calls related to IPV which the Center receives," Posokhova explains (see "Telephone Hotlines Offer Comfort, Support, and Advice to Women in Need," page 49).

Noting that it is still too early to gauge the effectiveness of the IPV programs at the Odessa WWC, Posokhova underscores her Center's plans to work together with local healthcare providers and authorities, media outlets, and civic organizations to educate the community. "A key element of our success will be getting people to understand that physical, emotional, or sexual abuse does occur and is not acceptable. When people are no longer afraid to discuss the subject, they can begin to change."

Kathryn Utan is AIHA's staff writer.

SAMPLE SCREENING QUESTIONS FOR IPV

Because violence is so common in women's lives, it is important to ask every female patient about IPV. Here are some sample questions:

Have you ever been hit or abused by your partner?

Sometimes when I see a woman with an injury like yours it is because somebody hit her. Did this happen to you?

You mentioned that your partner drinks alcohol. Does he ever become violent?

Broaching the subject of IPV is often very uncomfortable for both practitioners and patients. Questions such as these—which are neither judgmental nor confrontational—can make a woman living in an abusive situation realize that she is not alone and encourage her to discuss her problems openly and without fear of stigma.

Source: WHO Violence Against Women Information Pack (July 1997).