

Crisis centers and health care providers: working together to prevent violence against women

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Violence against women in Russia

- In the Russian Federation Fifth Periodic Report to the Committee on the Elimination of Discrimination Against Women (CEDAW, 2002) The Russian Government reported:

“Cruelty and violence towards women, especially routine violence in the family, remains a serious problem. Every year 14,000 Russian women die at the hands of their husbands or other relatives. Sociological surveys show that 30 percent of married women are regularly subjected to physical violence. The situation is exacerbated by the lack of statistics and indeed by the attitude of the agencies of law and order to this problem, for they view such violence not as a crime but as a "private matter" between the spouses. (p. 38)

Violence against women and health issues

- Serious long-term health problems for women as a consequence of violence could vary from obvious physical injuries to psychological issues like panic attacks, nightmares, neuroses etc.
- Physical injuries become more frequent and severe with each next act of violence
- Higher risk of beginning or increased domestic violence against pregnant women (A woman said in the telephone conversation: my fetus is shaking inside me because of the beating)
- Threat of injuries and trauma of the future child.

The significance of health care providers role

- Nizhni Tagil Crisis center “Lana” found in their study that 70% women come first to a doctor and 30% to the police after being a target of violence.
- There are 2027 reproductive health clinics (zhenskie konsultatsii) and 200 family planning centers in Russia that are often the only source of information for women during pregnancies about sexual and reproductive health, safe motherhood, child rearing, etc.
- In the year 2000 in Irkutsk Crisis center for women reported that 93% of injured that came to the regional Medical Expertise Bureau were women victims of domestic violence at the age between 20 and 40
- Sexual Assault Recovery Center “Sisters” believes that most of healthcare providers are not aware of significance of their role in the treating of domestic violence and sexual assault victims (33% of healthcare providers that participated in the survey think that the approach of the doctor can influence the domestic violence situation, 28% - do not think so).

Crisis centers for healthcare

ANNA – Crisis Center for women in Moscow:

- Crisis Center ANNA has launched National Initiative on health care and domestic violence (1999-2002)
- The experts from ANNA in collaboration with experts from Irkutsk Crisis Center and medical experts have developed the model of co-operation between Crisis Centers for women and health care Institutions (with pilot areas based in Moscow and Irkutsk);
- The experts from ANNA in collaboration with medical experts have developed the model for the educational program on the domestic violence prevention in health care Institutions;
- The experts from ANNA have developed, tested and published educational materials reflecting the topic of women's health and domestic violence.

Crisis centers and healthcare

Barnaul Crisis Center (Women's Alliance):

- Actively works with medical doctors since 1999 and conducted a number of seminars and conferences together with health care providers.
- Case study #1: A woman came to the Crisis center because she was severely beaten by her husband who was a medical doctor himself. It happened when she was 8 months pregnant and because most of injuries were in the area of her stomach she had to have an immediate Caesarian Section. After the baby was born her husband continued beating of the woman and she decided to get a divorce. Even after divorce he continued stalking her and with a support of the Crisis Center this woman was able to protect herself and her child and start a new life. Initially the woman came to the Crisis Center with the reference of her doctor.

Crisis centers and healthcare

Nizhni Tagil Crisis Center “Lana”:

- Crisis Center “Lana” conducts regular monitoring of medical doctors response through the analysis of Crisis Centers questionnaires filled by the victims.
- Crisis Center “Lana” conducts education of medical doctors in order to improve their response especially in filling the medical records registration of violence against women crimes.

Crisis centers and healthcare

Irkutsk Crisis Center for Women:

- Irkutsk Crisis center for women has participated in a two-year training program conducted by ANNA, including taking part in the training sessions first as participants and now as trainers;
- Crisis center staff has done a mass media campaign together with medical doctors on domestic violence;
- Representatives from the Center spoke at the meetings of the staff for different medical clinics in the city;
- The Crisis center published brochures and booklets for health care providers about domestic violence;
- Crisis Center also conducts regular monitoring of medical doctors response through the analysis of Crisis Centers questionnaires filled by the victims.

Crisis centers and healthcare

Sexual Assault Recovery Center “Syostry” – Moscow:

- The Center has conducted a project “Educational program: collecting medical evidence in cases of domestic and sexual violence. Recommendations for the medical doctors”
- The staff of the Center has developed a training program for the health care providers regarding treatment of sexual assault victims. “Sisters” has done a training for medical staff in 10 medical institutions in Moscow;
- The center raised the issue of medical expertise in cases of sexual assault as collecting evidence for the criminal procedures
- November 29, 200 the Center conducted a conference “The role of the medical personnel in collecting evidence for sexual assault cases”

Next steps in collaborating with health care institutions (recommendations):

- Training for healthcare providers should be mandatory in order to make everyone aware of domestic violence as a significant and dangerous for the society problem with a sever consequences for victims and children-witnesses;
- Health care Institutions should start a screening program in order to identify domestic violence victims at the possible earliest stage;
- Health care providers should be trained to be able to collect evidence very thoroughly and be sensitive to the victim's needs;
- Health care institutions need to establish close co-operation with Crisis centers for women in order to be able to provide victims with support more efficiently and be a part of multidisciplinary model of response to domestic violence.