



Individual Advanced Research Opportunities Program

Research Report

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Confronting Domestic Violence in Russian Communities: A Needs Assessment for the Health Care Sector

Topic of Research:

The main objective of this research is to better understand the role of health care providers in confronting domestic violence in the Russian Federation. This project aims to identify health care providers' attitudes toward DV in regard to the scope of the problem. The second aim is to recognize to what extent DV has been framed as a medical or public health issue among organizations and campaigns working to end gender-based violence. The third aim is to recognize how health care providers view the medical field's responsibility and capability to address the issue. The final aim is to propose recommendations for further research priorities in the Russian context and offer suggestions for strengthening the coordination of activities by Russian and international activists and policymakers.

Relevance and Contribution to the Field:

While there is still not effective surveillance of the problem of domestic violence (DV) in Russia, as is the case in most countries, research indicates that Russian women are at risk for experiencing violence and the consequences are severe. An estimated 12,000 to 16,000 women are killed by their male partners annually in the Russian Federation¹. It is

estimated that 36,000 Russian women experience DV daily². These available statistics may only be a fraction of the actual number of women who experience violence in the Russian Federation, as underreporting is likely as a result of police reaction, stigma, social acceptability, absence of legislation, and lack of awareness³

A comprehensive response to the DV epidemic in the Russian Federation is not evident from currently available information. The main form of response to DV has been through the implementation of crisis centers and hotlines. There are several nongovernmental organizations (NGO) that have worked extremely hard, often under difficult circumstances, to organize a movement that confronts gender-based violence in Russian society. Nonetheless, the extent of social support services is inadequate given the suspected scope of the problem. Despite documented attempts to change Russian legislation in order to protect women from DV, these laws still do not exist and the police fail to provide adequate protection. Information is lacking on the health consequences of DV in the Russian context. It has been documented in some societies that health care providers play a critical role in identifying and helping women who are experiencing domestic violence. While there is evidence that health care providers in Russia are interested in addressing DV, to date information on their current role and potential contribution to confronting violence is extremely limited.

Approach and Research Methodology:

This research project was a qualitative needs assessment of the health response to domestic violence in three select cities in the Russian Federation from June through August 2005. The first step was to conduct an in-country literature search and informally meet with local activists and researchers. This was followed by a formal series of semi-structured interviews.

In preparation for my research trip I conducted a thorough literature review on gender-based violence and domestic violence in Russia based on English and Russian language sources available from the U.S. In Moscow, I continued this review by accessing journals in the Russian State Library; by meeting with researchers, activists and public health professionals; and by reading the popular press. In St. Petersburg, I continued the literature search. I expanded my original literature search objectives to include health care reform in the RF, because the importance of this issue was expressed in conversations with colleagues and in the interviews of health care providers. The final weeks in Moscow I continued to gather printed materials.

The literature review and initial meetings were followed by a formal series of in-depth, semi-structured interviews. I asked Russian colleagues to review my translated questionnaire, which was adapted from the research protocol provided by Pan American Health Organization (PAHO) "Action to Prevent Family Violence 1995-1997"⁴. I identified a representative of a crisis center in Moscow and the head doctor at a major city hospital for in-depth interviews. I traveled to Voronezh and neighboring Novaya Usman'. In the Voronezh region, I met with an attorney and representatives from other NGOs and state-run social services. I formally interviewed the director of a crisis center, six medical

doctors, a psychologist, and a group interview of gynecologists at a city women's consultation center. In St. Petersburg, I interviewed two medical doctors.

Convenience sampling was used based on contacts from existing NGOs and Russian colleagues in the public health field. Health care professionals were selected only from state-run health care facilities but not exclusive of large hospitals or local polyclinics. When feasible, the interviews were tape-recorded. Given the sensitivity of the topic and other concerns within the medical field, tape recording was not permitted for all of the interviews and note-taking replaced the preferred method in these instances. All interviews were anonymous and conducted in a private space, either a closed office or separate room in a flat. Interviewees were informed that participation was voluntary, confidential and anonymous. Participants received a symbolic gift upon the completion of the interview. Topics for the interview included: professional background information; participants' perceptions of the domestic violence problem in their community; their perceived role in addressing this issue; current referral and surveillance systems in place; knowledge of available resources; and perceived barriers to screening for domestic violence.

Summary of Preliminary Research Findings:

The literature suggests that the Russian definition of domestic violence is in agreement with the standard international definition. A study of Russian women found that more than 80% of respondents suffered from some type of psychological violence by their husbands and 16% of the women surveyed reported constant and severe psychological violence⁵. 5% of the women who experienced DV presented for medical help and 19% sought police protection; however, half of the women reported they needed either medical or police support but did not seek help⁶. There is also evidence that once health care providers began to screen patients they realized the extent of the problem. In the popular press literature, alcohol was been cited as a risk factor for DV⁷. However, the evidence was inconclusive and there was argument that alcohol is a not a root cause of the violence⁸.

The interviews will be transcribed and coded in further data analysis. Nonetheless, some emerging issues can already be identified. The representatives of crisis centers and other NGOs distinguish to varying degrees that DV is a health problem and some have led training for health care providers (as part of the United Nations Population Fund). The potential for development in this area, however, has not been fully realized. One model that has been used by medical doctors in Vladivostok is based on the Family Violence Prevention Fund's program developed in the United States.

The majority of health care providers reported that DV is a problem in Russian society, much like other societies. Some reported risk factors for DV include: alcohol use, drug use, infidelity, collapse of society, democracy and freedom of the individual, and socialization in childhood. It was also commonly reported that there are so many other pertinent problems in Russian society that this is not the time to address DV. It was also noted that Russian women are conditioned to deal with this problem, and it is a national characteristic that Russian women are patient and able to tolerate the situation.

No respondents reported a detailed account of keeping statistics on incidences of DV. A common perception among interviewees was that their role in addressing DV was limited and that DV was, and/or should be, the concern of other trained professional (for example, psychologists). One interview in Voronezh revealed that the most appropriate person in the health care system was the district doctor (assigned to a specific area of a city) because they knew every family and household problems in their area.

It is evident that not all health care providers were aware of existing community resources for women experiencing violence in their homes. Some interviews revealed a general knowledge that hotlines or centers were organized to deal with this problem. In some cases skepticism was expressed in regard to NGOs. It remains unclear if screening for DV is appropriate in the Russian clinical setting given the lack of support services to handle referrals or if the problem lies in connecting support services with health care establishments. Health care providers were not trained to support women experiencing violence and expressed hesitation in doing the work of a psychologist.

Additional barriers to addressing DV in the health care system cited were limited time and lack of financial resources. Health care providers reported on the significant changes happening to the Russian health care system. Of particular concern among respondents was the shift in moving toward general practitioners and away from specialized medicine. Respondents identified DV as a part of a larger problem that contributes to health care professionals' perceived barriers.

Implications for Future Research:

There is a dearth of epidemiological information on domestic violence in Russia. A priority for the research community should be to obtain statistics in order to understand the scope of the problem. One strategy may be to include the health care system as a potential agent in helping to collect data. Currently, the health care system does not seem to keep statistics on DV, but it does have a system in place for keeping records on other health problems. In addition, more information is needed on risk factors for DV. Especially intriguing would be to study the association between alcohol consumption and DV, because of the inconsistencies between doctors' perceptions and the available literature. More information is necessary on the health consequences of domestic violence among Russian women. This information may provide incentive for health care providers to become more involved and to more easily recognize their role in confronting DV.

Formal evaluation of existing DV programs needs to be completed. This includes not only short-term goals being met (which the literature does provide in some instances), but must also focus on long-term outcomes.

Research is necessary to determine the effectiveness of both sensitivity training on issues of DV for health care providers and screening for DV in the health care setting. The urgency of confronting child abuse was expressed in the respondent interviews. This suggests that pediatrics may be an appropriate place for an initial intervention, because respondents acknowledged that family violence is a complex issue, and women's health is also a concern.

Future research may include focus groups with women to describe their attitudes towards health care providers and perceptions relative to DV. There are some examples in the lay literature on women, who have experienced DV, and sociological research provides some quantitative information on social norms, but there does not appear to be in-depth information on social perceptions. Exploratory research among Russian women may provide insights into understanding why women may or may not seek help.

Recommendations for the U.S. Policy Community:

- *The U.S. policy community should contribute to global efforts in pressuring the Russian government to acknowledge domestic violence as a problem worth addressing.*

U.S. policy makers are encouraged to work with the international community to put pressure on the Russian government to recognize the extent and impact of the problem of domestic violence. The U.S. could engage Russia in dialog about the issue and also offer technical assistance in setting up data collection. However, before working bilaterally, the U.S. policy makers should become aware of international efforts currently in place. Domestic violence is also a part of the larger problem of violence. The 'culture of violence' was mentioned in the literature and came up in conversations with colleagues. It is improbable that DV will be adequately addressed and efforts to prevent its occurrence will receive appropriate attention unless there are programs and policies to address all types of violence. It is equally important that the U.S. serve as a positive example in its policies regarding violence and health issues and, provide best practice examples to the international community.

- *U.S. policy makers are encouraged to promote and fund projects that create infrastructure and encourage sustainability.*

It is important that ongoing efforts to adopt legislation, train police officers, develop crisis centers, open shelters and promote hotlines not be abandoned. The medical and public health communities, however, need to be increasingly included into these efforts. U.S. organizations established programs to confront domestic violence (for example IREX, AIHA, FVPPF) present in Russia. It is crucial that these programs continue to be supported and a comprehensive evaluation process to be implemented in addition to increased discussion regarding their sustainability. Policy makers are encouraged to support organizations that promote civil society in Russia.

- *Before implementing or supporting health initiatives it is critical to complete a gender analysis of the proposal.*

U.S. donors should consider requiring a gender analysis of any health program they plan to support and are encouraged to allocate resources to health programs with gender components. The same care should be exercised in developing U.S.-initiated programs. U.S. policy makers should take care in implementing policies regarding health issues, in particular reproductive health, that may put women more at risk for violence.

- *The US may be influential in shaping Russian health care reforms. While this opportunity to share information should be welcomed, this role should be approached with caution.*

As civil society continues to develop in this post-communist country, its potential role in shaping the discourse on the nation's health is tremendous. Opportunities for aiding in this process should be met with excitement, and collaboration among US and

Russian professionals should be supported. A comprehensive public health approach must be applied to confronting intimate partner violence in the Russian Federation. The US global policy community is urged to focus more attention and resources on health when promoting efforts for civil society development. It is critical that any outside program and ideas take into consideration the rich history of Soviet medicine and the pride that health care providers may feel for the past system. It is crucial not to isolate those who may be important allies in fostering social change and offering support to those adversely affected by current political and social transitions. US policy makers should be open to the idea of information exchange, since it is feasible that the US community can learn from the best practices found in the Russian context.

In supporting healthcare reform, US policy makers should encourage health care providers to understand their role in addressing public health and social issues.

¹ Horne S. "Domestic Violence in Russia," *American Psychologist* Vol.54(1):55-61, 1999.

Zabelina T. "*Rossiiia: nasilie v sem'e- nasilie v obshchestve*, [Russia: violence in the family, violence in society]" UNIFEM, UNFPA. Moscow, 2002.

² Naryshkina A. "*Liubov' zla... Ezhegodno zhertvami domashnego nasiliia stanovitsia 14 tysiach rossiianok. Polovina vsekh zhenshchin schitaiut, chto v etom vinovaty alkogolizm, bezdenezh'e i bezrabotitsa sredi muzhchin* [Love is evil... 14,000 Russian women are victims of domestic violence. Half of all women believe that alcoholism, low standard of living and unemployment among men are the reasons]" *Izvestiia (Rossiia)* No.082:1-2, March 14, 2003.

³ Horne 1999, Zabelina 2002

⁴ Shrader E and Sagot, M. Domestic Violence: Women's Way Out. Occasional Publication No.2, Pan American Health Organization, Washington DC, 2000.

⁵ Gorshkova ID and Shurygina II. *Nasilie nad zhenami v sovremennykh rossiiskikh sem'iakh* [Violence against wives in contemporary Russian families]. Moscow: MAKS Press, 2003.

⁶ Ibid

⁷ Ponomareva S. *Kuda bezhat' ot muzhei-deboshirov?* [Where to run from rowdy husbands?] *Molva* No.136, Nov 12, 2002.

⁸ Pisklakova M and Sinel'nikov A. *Mezhdumolchaniem i krikom: istoriia, kul'tura, politika i domashnee nasilie* [Between silence and a scream: History, culture, politics and domestic violence]. M: Eslan, 2004.