



RECOGNIZING AND TREATING VICTIMS OF DOMESTIC VIOLENCE
IN HEALTH CARE SETTINGS

RURALITY IN DOMESTIC VIOLENCE RESEARCH: SOME REFLECTIONS

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POND 2015

- Recognizing and Treating Victims of Domestic Violence in Health Care Settings: Guidelines and Training for Health Professionals (POND 2015)
- The Norwegian Financial Mechanism Programme 2009-2014.
- Partners: Medical Chamber of Slovenia, ZRC SAZU, Institute EMMA = Centre for victims of violence (NGO), Social Work Centre Maribor, St. Olavs Hospital, Universitetssykehuset i Trondheim (The Brøset Centre for research and education in forensic psychiatry).
- Goals: Education of health workers based on professional guidelines for responding to domestic violence in health care settings (developed by the Ministry of Health of the Republic of Slovenia in 2015)...
- Products: Establishment of an interdisciplinary educational platform on recognizing and treating victims of domestic violence in Slovenian health care settings...

QUALITATIVE RESEARCH (POND 2015)

- Duration: April to June in 2015
- Selected collocutors: health care practitioners (14) and other professionals (16) living and working in urban (22) and rural environments (8).
- IRQ:
 - How they understand violence in a family,
 - What their experiences at work are with both the victims and the perpetrators of domestic violence,
 - What the obstacles and dilemmas are that they face in their work with them and
 - How they understand domestic violence in rural settings.
- The analysis of transcribed interviews - the issue of 'rurality'

RATIONALE FOR STUDYING DV IN RURAL SETTINGS

- Slovenia: Family Violence Prevention Act (2008)
- European Parliament: Resolution on the situation of women in rural areas of the EU (2008)
 - Clause 19: calls on the MB to take appropriate measures to ensure better protection and support for victims and those at risk of becoming victims of such violence.
 - The rationale: potential sources (risk factors) of violence against rural women...
- Slovenia: National programme of preventing domestic violence 2009-2014 (2009), which among other goals - the importance of accessible programmes for the 'people in farming areas'.
- But, is the geographical isolation in Slovenia the major obstacle to coping with such a complex phenomenon as domestic violence in rural settings?

SHIFTS IN STUDYING DV IN RURAL ENVIRONMENTS

- Most studies on DV and IPV: prevalence, scale, increasing or decreasing levels of the phenomenon in an abstract urban or rural setting (but!) to establish national strategies and programmes of treating DV adjusted to a particular environment
- Emphasizes on identification of ‘**limited areas**’ because of structural constraints and limited availability of resources (e.g. **rural areas**) → limited options in help seeking...
- The **gap** between reporting on DV and the evidence of criminal offences in urban and rural environments; the latter are under-reported in rural areas
- Focusing on the ‘**cultures**’ of such environments → answer on what determines low reporting
- Recently, most authors have identified similarities of ‘rural cultures’ in:
 - ideologies of self-reliance and self-censorship / a rural gender order (a man a breadwinner and a woman a house-keeper) / a belief that a marriage lasts forever, / an unquestioned value of a family and local community cohesiveness, / patriarchal male peer support (e.g. rural hunting and drinking subcultures) /cultures of shame, silence and gossip...
- In sum: in social spaces of ‘**little anonymity**’ but ‘**high acquaintance density**’

RURALITY AS A CONCEPT

- Addresses physical place and a social place (Sims 1998, Weisheit et al. 1994)!
- It is not a specific condition or an indicator of physical space only but a complex concept that addresses unique cultural meanings and understandings which construct rural and remote communities in particular ways and cannot be homogenized.
- Employing rurality, studies provide valuable insights into both the **structural barriers** that keep victims trapped in violent relationships and various **cultures and ideologies** in rural areas that keep perpetrators hidden or prevent victims from disclosing, seeking help or leaving violent relationships or that inhibit service access, delivery and response to violence compared to urban settings.
- These are necessary parts of contextualized messages for creating and introducing appropriate strategies and plans for coping with DV in various rural settings.

RESEARCH RESULTS (POND 2015)

Rural area as an environment where ‘everybody knows each other’:

The truth is that in the village or countryside everybody knows if something happens. That’s why neighbours don’t want to report, and the family hides, doesn’t want to tell us (Nurse in the home care service 3, POND).

Because everybody knows each other, the perpetrator often knows a policeman or somebody from the centre [of social work], and so the problem of domestic violence is minimalized or denied in a way. ‘Oh, come on, everything will be fine’, ‘Do talk to each other’, ‘Oh, they are my neighbours I am not going to intervene’, and so on (Representative of the NGO 4, POND).

You know, especially in the countryside and smaller places where everybody knows that something is going on, the physician, the priest, the teacher, all of them, and everybody helps as they can, nothing changes (Social worker 6, POND).

RESEARCH RESULTS (POND 2015) (CONT. 2)

It is impossible to generalise rural areas:

'In our countryside there are a few farmers. Recently, here have emerged some big farms yet most of the inhabitants are old and retired people' (Family doctor 5, POND);

'Yes, there is some classic rural population and some are urban immigrants, mostly settled on the margin of the countryside' (Family doctor 6, POND);

'It seems to me that there is little rural population, the real farming population. Most of them are semi-farmers and semi-workers' (Psychiatrist, POND);

'The majority of our people work in firms. There are few real farmers' (Nurse in the home care service 4, POND).

RESEARCH RESULTS (POND 2015) (CONT. 3)

Unreliable evidence:

B is the most problematic administrative unit. There is no reporting from there, neither from the police nor from the centre [of social work]. As if there is no domestic violence, which is not the truth, we all know that (Regional coordinator responsible for preventing DV, POND).

High tolerance of DV in rural, still extremely patriarchal communities, which maintain particular expectations towards genders:

A woman in the countryside [...] must be a super woman. Early in the morning, she has to light a fire, and to settle cattle in a stable. Then, she hurries to a job to provide money for the family. In the afternoon, she runs to a field and her flowers on the windows must be the most beautiful in the village. These are the expectations [...]. But if these expectations are not met, then, she hears, 'Oh, you are not good enough. Look at the neighbour's wife, how she is good', 'You are good for nothing' [...]. And these women in the countryside are persistent. They are constantly seeking to comply with such expectations. And when they give up, then there is usually alcohol. They start to drink to ease all these distress they are experiencing because they are also battered, kicked and devalued (Social worker 2, POND).

In such contexts male victims would be even more difficult to recognise...

RESEARCH RESULTS (POND 2015) (CONT. 4)

Health practitioners as a rule treat both the victim and the perpetrator
→ under-reporting:

Now, in the last year my fieldwork is put in order. I work constantly in the same locations in the same place and people do know me and they get older with me [...]. It is a good feeling to know a grandmother in a family, the youth, children, when you know exactly who is handicapped, movable and who is not [...]. I can report the violent relationship to the centre of social work, however, being the only one who has access to their homes they would say, 'Dear lady, we are asking you not to come from Monday on because we don't want to see you anymore in our house. They have the right to do it as I have the right and duty to report their violence (Nurse in the home care service 3, POND).

RESEARCH RESULTS (POND 2015) (CONT. 5)

- There is a lack of housing, job opportunities and support services (NGOs) in rural environments...→ mutual unrealistic expectations (towards health practitioners and victims)
- ‘A theatre in a village’ additionally stigmatizes victims and demotivates them to report crimes.
- The role of priests in the countryside (double messages):
- *Tolerance is still too high, too high. No religion speaks in favour of violence [...]. But when there is violence, it is dependent on each single priest what is his personal attitude towards it (Representative of the NGO 4, POND).*

CONCLUSION

- Countryside as a space where ‘everybody knows each other’;
- Unreliable reporting about the prevalence of DV in certain rural environments;
- High tolerance of DV in certain rural settings;
- Poor recognition of the phenomenon by practitioners of support services who are embedded in the same environment;
- Particular cultures in rural areas through their observations of expected gendered roles in the countryside;
- Importance of a community’s reputation may prevent victims from seeking assistance or leaving violent relationships,
- Structural barriers in the countryside – mostly the lack of available support services, NGOs, and housing.
- Solutions:
- Organization of mobile actions;
- Coordinated response of a community.



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THANK YOU FOR YOUR ATTENTION!