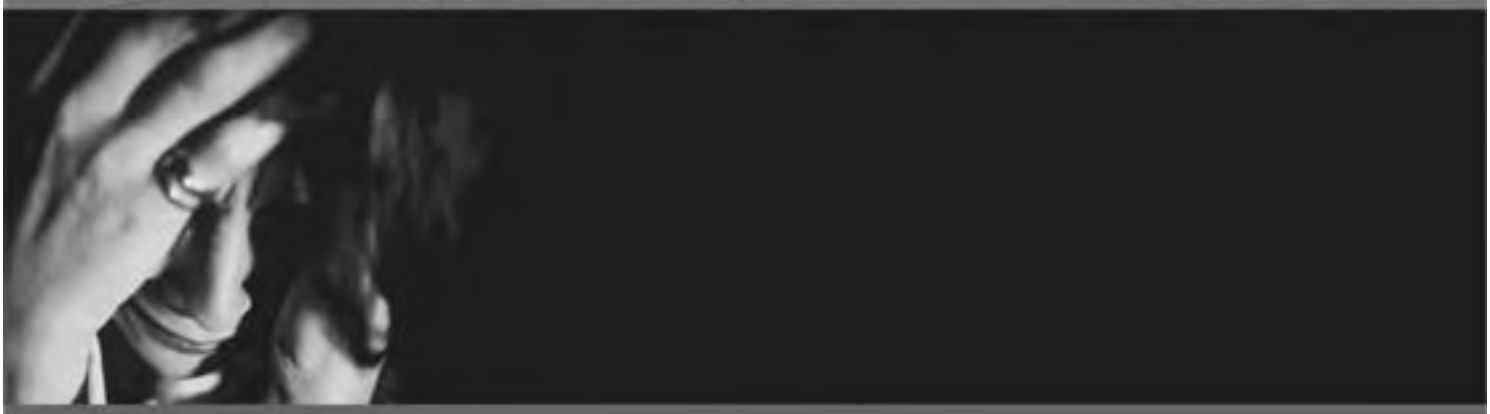
Armenia Country Document Series 3

VIOLENCE AGAINST WOMEN AS A PUBLIC HEALTH CONCERN



NATIONAL MEETING

April 29,30 and May 2, 2003
Hotel Armenia
Yerevan, Armenia

National Meeting

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Proceedings

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Acknowledgements

This report summarizes the proceedings of the National Meeting on Violence Against Women (VAW) that took place in Yerevan, Armenia on April 29-30 and May 2, 2003. The Ministry of Health (MOH) together with PRIME II, a United States Agency for International Development (USAID)-funded reproductive health (RH) project sponsored the meeting. A team of national and international experts in reproductive health, violence prevention, primary health care and social services planned and facilitated the meeting. The core team included the following members:

- Karine Saribekyan, Director, Maternal and Child Health Department, Ministry of Health
- Ruslana Gevorkyan, Advisor to the MOH on Media Affairs
- Karine Hakobyan, Deputy Minister, Ministry of Social Security
- Constance Newman, PRIME II Headquarters, Gender Initiative Coordinator
- Mary Ellsberg, Program Leader, Gender, Violence and Human Rights, Program for the Appropriate Technology in Health (PATH), a PRIME II partner agency
- Rebecca Kohler, PRIME II Armenia Country Director
- Iren Sargsyan, PRIME II Armenia Gender-Based Violence Program Coordinator
- Hayk Gyuzalyan, PRIME II Monitoring and Evaluation Specialist

We extend our gratitude to all those who assisted in the planning and organization of the National Meeting on VAW, particularly the director and staff at the women's consultation in Polyclinic 8 in Yerevan and the non-governmental organization (NGO) representatives who advised and supported the initiative including Susana Vardanyan from the Women's Rights Center, Susana Aslanyan from the Maternity Fund of Armenia, and Hasmik Gevorkyan from Trust Foundation. We also acknowledge the ongoing support and guidance PRIME II receives from Prof. Razmik Abrahamyan in ensuring our program most effectively meet the reproductive health needs of Armenian families. We also would like to express our appreciation to the staff and consultants of PRIME II who diligently worked to ensure the success of the meeting: Sona Oksuzyan, Irina Avchyan, Gohar Karapetyan, Michael Grigoryan, Rafael Tsarukyan; Ani Mativosyan and Anahit Marianyan**.**

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List of Acronyms

ASTP	Armenian Social Transition Program
DV	Domestic Violence
FM	Family Medicine
GOAM	Government of Armenia
GBD	Gender Based Violence
MIA	Ministry of Internal Affairs
MFA	Maternity Fund of Armenia
MOH	Ministry of Health
MOSS	Ministry of Social Security
NIH	National Institute of Health
NGO	Non-Governmental Organization
PRSP	Poverty Reduction Strategy Paper
PATH	Program for Appropriate Technology in Health
RH	Reproductive Health
SMU	State Medical University
UN	United Nations
UNDP	United Nations Development Program
USAID	United States Agency for International Development
VAW	Violence Against Women
WHO	World Health Organization
WRC	Women's Rights Center
YSU	Yerevan State University

Executive summary

The Ministry of Health (MOH) of the Government of Armenia (GOAM) and the Gender-Based Violence (GBV) Program of PRIME II hosted a 3-day *National Meeting on Violence Against Women (VAW) as a Public Health Concern* in April-May 2003. USAID sponsored the meeting that consisted of a daylong policy and advocacy dialogue on VAW among more than 100 representatives of the Government, the public health sector, the Ministry of Social Security (MOSS), law enforcement bodies, the United Nations (UN), international agencies and non-governmental organizations (NGO). The objectives of the Stakeholders Meeting were to:

- **Day 1:** Sensitize political/policy leaders and project implementers to VAW as a public health issue internationally and in Armenia; and secure support for the MOH/PRIME II VAW project.
- **Days 2 and 3:** Increase sensitivity of participants to gender issues and VAW women at a personal and community level; create consensus around the MOH/PRIME II project goal, objectives, activities, roles and responsibilities, expectations of providers, measures of project success and monitoring methods and tools; and create a network of agencies and individuals who will provide technical and political support to the project.

On the first day, representatives from national and international organizations presented research and programmatic perspectives about the issues surrounding violence against women, including its causes and consequences, international best practices, local realities and interventions to address the problem. The second and the third days brought together a smaller group of approximately 30 stakeholders and implementers to become better acquainted with the issues surrounding VAW and the role of health facilities in addressing it and to reach consensus on the project goals, activities and expected outcomes.

Overall, the tone and the level of discussion suggested that Armenian society recognizes the existence of VAW and is prepared to increase efforts to prevent VAW. Throughout the meeting, participants made salient points and raised outstanding issues that should be addressed if Armenia is to move forward toward preventing VAW. These points are summarized below:

- Since 1998, the Government of Armenia has acknowledged that violence against women is a national problem. Armenia has signed on to various international conventions addressing violence against women and has approved a National Action Plan on Improvement of Women's Status. Further. In December 2002 the National Assembly of the Republic of Armenia adopted the State Law on People's Reproductive Health and Reproductive Rights that specifically mentions women's right to be free from violence.
- A growing number of NGOs, research institutions and individuals recognize that VAW and family conflict is a social problem that affects the health and well-being of Armenian communities and advocate for the elimination of all forms of VAW, including physical, emotional, sexual and economic.
- According to Republic of Armenia Constitution and Laws, each person is entitled to protection from all types of violence, including sexual exploitation, forced pregnancy, abortions, sterilization and other violations of RH. The recently revised Criminal Code of Armenia regulates all types of physically violent acts and their subsequent punishments. However, no specific legislative acts regarding the prevention of VAW exist. While the new Code does include reference to trafficking of women, it does not say anything specifically about domestic violence (DV). Given the unique nature and negative consequences related to VAW, a specific law and related regulatory acts should be developed that protects women from domestic violence.

- Different sectors within the public and private spheres -- including law enforcement, health and social sectors, local NGOs, international agencies, media, schools and other community structures -- should work together to prevent VAW and to help women who experience violence.
- Under current law, health providers have an obligation to report any suspected acts of violence. In practice, health providers rarely do report such cases, for a variety of reasons, including a belief that police intervention will not be effective. It was noted by international VAW expert Mary Ellsberg that mandatory reporting to the police or justice system officials is not a good idea in that it takes the decision away from victims and may lead to an escalation of violence. In addition, MOH and NGO representatives observed that mandatory reporting is a violation of medical ethics and the professional expectation of confidentiality. In practice, this obligatory reporting serves as a barrier for women to disclose potential situations of violence to health providers and as a disincentive to health service providers to provide needed support to their clients.
- VAW should be recognized as a public health challenge. As such, health professionals should have better knowledge, more supportive attitudes and informed practices related to VAW. Health professionals should ascribe to strict medical ethics and confidentiality in all spheres, but especially as it relates to issues associated with violence against women and family conflict.
- Focus group discussions with clients and health service providers produced recommendations for a positive role of service providers and the government in addressing VAW (see Appendix G).

Introduction

In April 2003, the MOH of the GOAM and the PRIME II project, funded by USAID, launched a program on Gender-Based Violence in Armenia. The goal of the program is to improve the response to VAW with the RH sector. The specific program objectives include the following:

PRIME II/MOH project objectives

- Increase awareness among health professionals regarding VAW as a public health concern.
- Improve knowledge, attitudes and practices of health providers related to VAW.
- Increase cooperation between the health sector and other agencies helping women who experience violence (including shelters, social, legal and psychological counseling services).
- Improve the readiness of a health facility to support identification and management of VAW.
- Improve the perceived quality of services.

The MOH together with PRIME II selected Polyclinic # 8 in Arabkir District, Yerevan as the demonstration site for the program on VAW. Physicians and nurses working in the Women's Consultation of the polyclinic are directly involved in the program, which will include quality improvement training and expansion of health promotion activities.

As part of this program, the MOH and PRIME II sponsored the *National Meeting on VAW as a Public Health Concern* on April 29-30 and May 2, 2003 at Hotel Armenia in Yerevan. The objectives of the National Meeting were the following:

Meeting objectives

- **Day 1:** Sensitize political and policy leaders and project implementers to VAW as a public health issue internationally and in Armenia; and secure support for the MOH/PRIME VAW project.
- **Days 2 and 3:** Increase sensitivity of participants to gender issues and violence against women at a personal and community level; create consensus around MOH/PRIME II project goal, objectives, activities, roles and responsibilities, expectations of providers, measures of project success and monitoring methods and tools; and create a network of agencies and individuals who will provide technical and political support to the project.

The first day of the National Meeting was organized as a series of plenary sessions involving short presentations by expert panelists followed by discussions. More than 100 participants attended the meeting representing the MOH, MOSS, the Ministry of Internal Affairs (MIA), health facilities, law enforcement bodies, the UN, non-governmental organizations (NGO), international agencies, Shirak and Lori Marz health departments and media. During the meeting, participants discussed the priority issues related to VAW in Armenia and made recommendations for future actions to prevent VAW.

During the second and third days of the meeting, a smaller group of approximately 30 project stakeholders and implementers focused on learning more about the causes and consequences of VAW and on reaching consensus on the PRIME II project objectives, activities and expected results. Participants of these smaller participatory sessions included health professionals from Polyclinic # 8 in Yerevan, NGOs working in the sphere of domestic violence, MOH and MOSS representatives and PRIME II staff and consultants. This group of project stakeholders served as the first meeting of a potential network of agencies and individuals who can support women living with violence. Outcomes included recommendations for training, development of client education materials and ways to strengthen the community network (see Appendix G).

Session summaries

Session 1: Welcome and introductory remarks

Rebecca Kohler, PRIME II Armenia Country Director, hosted the opening session by welcoming the participants and outlining the overall goals of the meeting.

Tatul Hakobyan, Deputy Minister of Health, opened the meeting by apologizing to Armenian women on behalf of men for any violence perpetrated against them. Mr. Hakobyan recognized that violence is a problem in Armenia and worldwide, stating that while violence in all societies is inevitable; it must be prevented by open dialogue, transparency and concentrated prevention efforts.

Karine Hakobyan, Deputy Minister of Social Security, Chair of the Intersectoral Commission on Improving the Status of Women began her remarks by stating that Armenia has made progress in the area of VAW over the last few years. She acknowledged that in the past Armenians denied the existence of the problem but that the facts prove that it in fact does exist. She pointed to research that clearly shows that Armenian women experience physical, sexual and psychological violence. Further, she stated that while the reasons for violence vary, one thing is obvious: the social-economic situation of the country assists in worsening problem of violence. Ms. Hakobyan also addressed the issues of women's trafficking and mentioned a new program of action recently submitted to the government for approval. Lastly, the Deputy Minister mentioned the important role of early childhood education in encouraging new approaches for interaction between men and women.

Diane Cullinane, USAID Civil Society Specialist, illustrated to participants the global nature of domestic violence and brought home the realities of the day-to-day lives abused women lead. She continued by expressing USAID's hope that Armenian health providers and managers will contribute to supporting women to overcome situations of violence. She outlined the kinds of programs that USAID supports throughout the world and in Armenia to eliminate VAW including public awareness campaigns, psychological counseling, support groups, legal advice, shelters and programs that work with health professionals. She applauded the work that civil society is undertaking to address the problem of domestic violence and recognized the interest and willingness of the government of Armenia to form a partnership with NGOs to support these efforts.

Kristina Henchen, United Nations Development Program (UNDP) Program Officer, emphasized the importance of human rights as a concern for all nations, and that VAW is a serious breech of those rights. She quoted from the 1995 Beijing Platform of Action where VAW constitutes a violation of basic human rights and is an obstacle to the achievement of the objectives of equality, development and peace. Ms. Henchen noted that violence is a worldwide problem in all socio-economic and educational strata, and that it cuts across cultural and religious barriers, impeding the rights of women to participate fully in society. Finally, she outlined the three programmatic areas where UNDP is contributing to supporting women's human rights and equality, including the Poverty Reduction Strategy Program (PRSP) , the protection of human rights and counter trafficking of human beings.

Constance Newman, PRIME II/Chapel Hill, North Carolina Gender Initiative Coordinator, presented a model whereby different sectors within the community, including media, education, legal, health, religion, can play a constructive role together in solving the problems of violence. Ms. Newman also introduced the objectives of the national meeting.

Session 2: International perspectives on VAW

VAW as a public health problem

Mary Ellsberg, PRIMEII/ PATH program leader for gender, violence and human rights, Washington DC

Ms. Ellsberg presented a global overview of VAW as a public health problem. VAW exists in all countries. Around the world at least one out of three women is beaten, coerced into sex or otherwise abused during her lifetime. Further, she indicated that while men may experience violence, that women are most at risk at home and from men they know, usually a family member or spouse. Violence for women begins early and continues throughout their life cycle. While violence cuts across all economic strata, women of lower socio-economic status are at increased risk for violence. VAW is widespread in cultures where exist strictly defined gender roles and where men consider rudeness, honor and dominance of women and children as an ordinary way of solving the problems or resolving conflict. Despite the fact that men also can be exposed to violence, VAW prevails in families and has serious and long consequences on women's health. Over the last ten years, epidemiological studies have concluded that violence increases risk of fatal and non-fatal health outcomes including homicide, suicide, maternal death as well as unwanted pregnancy, chronic pain, gynecological disorders, and low birth weight babies. Further, abused women are more likely to use health services, increasing the cost of health care.

Session 3: VAW in the Armenian context: NGO perspectives

This panel session focused on the role of the NGO sector in better defining the problem of VAW in Armenia and developing appropriate, culturally-specific approaches to helping women living with violence. Representatives from three leading NGOs working in the spheres of gender and domestic violence presented the results of their research and programs.

Susanna Vardanyan, Director, Women's Rights Center (WRC)

Ms. Vardanyan briefly introduced the history of WRC and how they got involved in the problem of VAW. As Ms. Vardanyan stated, the issue of VAW is sensitive. In Armenia, the stereotype is that family conflict is a private issue, the family is a closed unit, and any problems within the family need to be solved privately. Further, people are not aware of the reality of VAW and do not understand the nature of the problem. The first WRC programs addressing VAW in the public sphere began in 1998. In 2001, WRC conducted a small study that indicated that domestic violence is among the most common forms of VAW, with 61% of the respondents having experienced some form of physical, emotional or sexual violence sometime in their lives. Ms. Vardanyan shared with the participants the stories of several women who use their services including an example of a 23 year old women with two children whose husband beat her so violently that her nose broke and ear membranes ruptured. As Ms. Vardanyan stated DV is a more widespread phenomenon in urban areas as compared to rural areas (according to the WRC report, 24% of women in urban areas had experienced DV, whereas in rural areas the figure was 14%). The WRC helps women through support groups, a hotline, psychological and legal counseling. As part of her presentation, Ms. Vardanyan made several recommendations to the government of Armenia including the following:

- Consider DV as a challenge requiring immediate intervention.
- Implement its obligations to the international treaties and other agreements ratified by the GOAM.
- Assist to NGOs to address the needs of women who experience violence.
- Develop a National Program on prevention of VAW, targeting the development of preventive and protective measures and follow-up actions.

Hasmik Gevorkyan, Director, Trust Foundation

Mrs. Gevorgyan presented the objectives and activities of Trust, an NGO founded in 1989 focusing on gender research. Initially the organization ran a crisis center with a "hotline" providing on-phone counseling services. Since Trust began, they have received more than 40,000 telephone calls. Ninety percent of the calls were people with suicidal thoughts and up to 65 percent were women experiencing some type of domestic violence. Based on their work, the organization identified various forms of VAW. However, in Armenian society, only regular beating and rape are considered violence while other forms such as institutional, economic or emotional violence are considered acceptable. Ms. Gevorgyan indicated that health providers are in the ideal position to identify the cases of violence and to assist in directing women to appropriate professional psychological and emotional assistance. Ms Gevorgyan emphasized the importance of breaking of social stereotypes and preconceived attitudes of women's relations with men. In her view, promotion of gender education in schools and advocating for gender equality is critical to preventing family conflict among future generations.

Susanna Aslanyan, Director, Maternity Fund of Armenia (MFA)

Dr. Aslanyan supported the previous speakers in acknowledging the existence of VAW in Armenia. Dr. Aslanyan underlined the necessity of prevention of VAW through mass media, community and the health sector response to the problem. She reiterated that national traditions and stereotypes are often used to justify VAW and that it is problematic and harmful to women. Further, she stated her view that all forms of violence, not only physical violence, should be considered as violence in Armenia society, and action should be taken to address it. Dr. Aslanyan promoted the role of health specialists and social workers in assisting women who experience violence, suggesting that advice from neighbors and relatives may not be helpful in ultimately resolving family conflict. MFA recently established a "Hope Center" (Crisis Center) and "Mother and Child House" (shelter) where victims of domestic violence can receive such services.

***Session 4:* The role of the health sector in addressing VAW**

VAW within general health policy
Dr. Karine Saribekyan, Head of Maternal and Child Health Unit, Ministry of Health

Dr. Saribekyan began this session by referring to different international declarations and conventions signed by Armenia that promote the health and well-being of women and children for guidance on how the issues of VAW are addressed worldwide and for what the government of Armenia has committed itself to undertaking as part of signing on to these international agreements. Among the documents mentioned include the International Convention on Elimination of All Types of Discrimination against Women (see Appendix G) and the Declaration "Let's Create a World for Children." Dr. Saribekyan acknowledged that little is known about the exact prevalence and forms of violence in Armenia; however, some studies of limited and unrepresentative sample sizes have been conducted that suggest a growing problem. For example, in the late 1990s, 1,000 women were interviewed about their experiences with violence. More than two-thirds indicated that they had suffered physical or psychological violence in the home, streets or workplace. She introduced data from the 2000 Demographic and Health Survey that found men's and women's attitudes toward wife beating and the reasons to justify wife beating varied widely by region and even nationally, the percentages were quite high. Further, Dr. Saribekyan stated that VAW is not only part of a national mentality, but is a worldwide phenomenon currently being addressed by such international bodies as the World Health Organization (WHO) and the UN. In 1996, the WHO General Assembly adopted a resolution on a program to eradicate VAW. In 1998 the same organization adopted a Policy Document for Children Protection and VAW Prevention; and in 2002, they published the

WHO Global Report on Violence and Health to increase awareness of the scale of violence worldwide and to promote actions directed at primary prevention of violence, expansion of cooperation and information exchange on violence prevention. Dr. Saribekyan cited the UN Secretary General Koffi Anan's definition of violence: "Violence against women is a global problem... and it continues to increase. Very often the woman expects the greatest threat at home or in an ordinary environment…." Dr. Saribekyan encouraged the health sector to work collaboratively with other sectors such as the Government of Armenia, international organizations, local NGOs, communities and law enforcement bodies. She also commented that health providers should be more aware of their rights and duties regarding reporting of cases of violence to law enforcement bodies. Lastly, she recommended that health providers expand their role in visiting the homes of families who may be at risk for conflict.

What can health providers do?
Mary Ellsberg

Ms. Ellsberg introduced experiences from around the world where health providers and communities are engaged in prevention of violence against women. Ms. Ellsberg pointed out that the problems and challenges for VAW prevention are similar in all countries, and often focus on the following issues:

- The health sector lags behind the legal sector in addressing violence
- Lack of health providers' technical expertise
- Lack of privacy in the health provider and client interaction
- Health personnel are overburdened and cannot afford the additional time to counsel women
- National stereotypes and limitations
- Many women do not share their problems with health providers
- Mandatory reporting to the police or justice system officials is not a good idea in that it takes the decision away from victims and may lead to an escalation of violence
- Relevant policies norms and protocols do not exist

Ms. Ellsberg summarized the following lessons learned and international recommendations for prevention of VAW with the health sector generally and for providers.

- Health providers and facilities must coordinate their work with other institutions working to prevent violence and help women who live with violence
- Mechanisms for identification and referral of women experiencing violence must be institutionalized
- Efforts to change social norms must be taken
- Procedures that ensure all health providers are minimally sensitized to the problem
- Create a friendly atmosphere during the client's visits and try to detect violence by asking women about violent relations in their families
- Provide appropriate care to victims of violence, including treating, documenting the cases for court examination, clinical care, recording women's state of health
- Develop a safety plan, which will allow women to realize that they are not passive victims
- Inform women about their rights
- Use NGO's services and when necessary, refer women to an appropriate NGO.

Legal issues for protection of women against violence
Sergey Arakelyan, Professor of Law Department of Yerevan State University

Mr. Arakelyan began by mentioning that the 12th century Criminal Code of Mkhitar Gosh prohibits violence against women and imposes criminal penalties on anyone committing violence against women. He went on to say that the main prevention measures of VAW are now fixed in the Armenian Constitution and international conventions adopted by RA. The Constitution guarantees protection of all women's rights, including sexual rights. As mentioned above, there are several international conventions protecting women that were adopted and ratified by the RA that are an integral part of Armenian Law and that prevail over interstate regulations (See Appendix G, Arakelyan's presentation). Further, offences and subsequent punishments are regulated by the Republic of Armenia Criminal Code while the Civil Code regulates family conflict. Armenia adopted a new Criminal Code in 2002. While the articles correspondent to international norms for human rights protection and encompasses provisions on issues such as trafficking of women, the new code does not distinguish between women's and men's rights and does not specifically mention or protect women against domestic violence. There are also no legislative acts on prevention of violence against women in Armenia and Mr. Arakelyan promoted the drafting and adoption of such a law. Mr. Arakelyan mentioned several legal challenges related to VAW. For example, law enforcement representatives are indifferent towards family conflict and prefer not to mediate in them. In turn, victims themselves do not wish to appeal for help for the same reasons that were mentioned by other speakers including negative social repercussions and national traditions and norms. At the extremes, women do sometimes opt for divorce to end violence. With regard to an expanded role for health providers in detection of violence in families, Mr. Arakelyan raised several points:

- Health providers' are obligated to inform the law enforcement about suspected or visible traces of violence in clients, even in cases if clients deny they were exposed to violence or do not wish to enter the legal system. Law enforcement determines whether a crime or civic offense has occurred (NB: This point raised considerable debate among participants, since such mandatory reporting violates medical/professional ethics, disempowers women and may lead to an escalation of violence).
- Health providers can offer psychological counseling to women and help them consider whether or not to law enforcement is an appropriate solution for them.

Lastly, Mr. Arakelyan underlined the necessity of proper application of existing Laws. He suggested that many mechanisms for protection of women's rights already exist, but very often they are ignored or people are not informed about them.

Perceptions of Health Providers and Clients Towards Integrating VAW in the Health Sector
Hayk Gyuzalyan, PRIME II Armenia Monitoring and Evaluation Officer

Mr. Gyuzalyan presented the results of a small study on VAW conducted in Yerevan and Gyumri by PRIME II. The research involved assessment of one health facility in each city and interviews with NGOs working in VAW. At each facility, health providers and clients participated in focus group, health providers were interviewed, and information was collected from the facility about client use and existing equipment. PRIME interviewed representatives from 22 organizations that provide assistance and support to women experiencing violence. These organizations render legal, medical, psychological counseling, vocational training, and charity services. Some of them also have shelters for abused women. The types of violence registered by those organizations include physical violence, psychological violence, domestic violence from family members, other than husbands, sexual harassment in childhood, rape and trafficking.

As expected, the research found that health facilities are not currently prepared to fully assist women who experience violence. Staff member are not trained or designated to help women and providers nor are they very aware of the various issues related to VAW. During discussions with clients, it became apparent that almost all participants in some stage of their lives had experienced violence, including psychological pressure and even forced abortion. Attitudes towards violence among the group members varied. Some of them accepted that violence is inevitable for women while others did not accept this notion. However, most group members had no awareness about the organizations that could help them. Participants in the focus groups acknowledged that currently health providers played little role in helping women who experience violence. However, many individuals felt that health providers could support women if they had positive attitudes toward helping clients generally and if they could assure confidentiality. The focus group discussion results support previous points about the importance of assuring confidentiality of communications between providers and clients.

Concluding remarks

Karine Saribekyan from the MOH offered concluding remarks and put forth recommendations to meeting participants. Her recommendations are summarized below:

Recommendations:

- VAW should be recognized as a public health issue, and not only a legal one.
- A law preventing VAW should be developed and adopted which would include revising the expectation of health care provider mandatory reporting of suspected cases of physical violence related to domestic violence.
- Adherence to medical ethics and strict confidentiality among health providers should be promoted and providers should be held accountable for violations.
- Activities of different sectors should be well coordinated through creation of structures in each sector to address needs of women who live with violence.
- The knowledge, attitudes and skills of health providers' on detection and management of cases of violence should be improved.
- Traditional values should not be ignored when developing VAW prevention programs or drafting laws.

Preview of the Next Two Days: Constance Newman, Coordinator of the PRIME II Project Gender Initiative, introduced the "Coordinated Community Action Model" a multisectoral response to violence against women (see Appendix H), in her explanation of the objectives of the following two days of the Stakeholders' Meeting. She also mentioned Article 4g of the Declaration on the Elimination of Violence Against Women, which recommends support services for victims of family violence, and directs states to work to ensure that women subjected to violence and their children receive "specialized assistance, health and social services, facilities and programs as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation".

Days 2 and 3: Project planning meetings

A two-day planning meeting for key project stakeholders and implementers took place immediately following the national meeting on April 30 and May 2, 2003. Approximately 30 individuals representing the pilot site polyclinic, NGOs and government participated in the planning sessions.

Basic introduction to gender and VAW

The first day of the planning sessions focused on sensitizing participants towards the underlying gender issues surrounding the problem of violence and creating a common understanding of VAW. Meeting facilitators organized a series of interactive exercises including brainstorming, small group work, case studies, and group discussion. The objectives for the first day's work included the following:

- Help participants better understand the concept of gender versus sex, including distinctions between biological and socially constructed differences.
- Encourage participants to think about the different kinds of actions that can constitute violence and to recognize that violence can take many forms and can be perpetrated by many individuals including spouses, relatives and supervisors in the workplace.
- Challenge existing beliefs and attitudes about violence and to identify areas of consensus and disagreement within the group.
- Understand some of common dynamics experienced by victims of domestic violence, as well as barriers to obtaining support.
- Examine critically the quality of services available to abused women in the community and to propose specific activities that the health facility and community can implement to improve the response to VAW.

Introduction to the PRIME II Project

PRIME II project staff led a discussion about the project objectives and expected measures of success in order to clarify the parameters and focus of the project. The facilitators used this opportunity to reach consensus on the overall direction of the project and the general roles and responsibilities of different parties. The project will involve various technical inputs including the following:

- Training of providers and managers
- Development of clinic protocols for identifying, treating and referring women
- Development of educational and outreach materials such as posters and booklets
- Possible reorganization of services as needed to meet the needs of women who experience violence
- Development of a monitoring system to track women who disclosure violence and are referred
- Introduction of community outreach activities
- Establishing relationships with NGOs and other government agencies working in VAW

Participants were asked to make recommendations and suggestions on various elements of the program. The group work focused on the following technical issues:

Appropriate mechanisms for monitoring changes at the clinic: Recommendations focused on the health service provider's screening for VAW at least once with a new or continuing client, educating clients and referring them for appropriate services; as well as ensuring the confidentiality of all information through an encoding system and introducing special forms and reports rather than using existing ones.

Culturally appropriate approaches to identifying women at risk for violence. The group recommended the indirect rather than direct ways to identifying women. Different suggestions included the following:

- Asking questions like "How is the situation in your family?"
- Evaluating the appearance of the woman
- Avoiding use of the term "violence"
- Assessing the economic status of the client. For example, if a client cannot pay for medicines it may be an indicator of economic violence

- Patronage by nurses who pay home visits could be instructed to look for signs of violence and conflict in the homes

Increasing cooperation between health sector and other agencies working in VAW: Recommendations included developing brochures with addresses of all services or organizations where women could find support and creating a network of all VAW concerned organizations and institutions. PRIME responded by informing participants that a directory of community VAW resources has already been drafted and will be distributed to the two sites assessed inYerevan and Gyumri.

Design of training programs: Participants suggested implementing a training program over a period of months that would not require health providers to be absent from the client for long periods of time. The topic areas for training should include legal issues, how to psychologically support women, basic information on traumatology, and family planning.

Education and outreach: Client education should take place at different levels including individual, family, group (maternity school) and community.

Media representation

The Ministry of Health and PRIME II organized a press briefing on April 28, 2003, the day before the National Meeting to orient members of the press toward the objectives of the national meeting and to promote a dialogue in the media about the issues surrounding violence against women. Twenty-four participants representing 14 different media outlets (including television, radio and print) attended the event. During the briefing, short speeches were given by Dr. Karine Saribekyan, Mary Ellsberg, and Rebecca Kohler. In addition, 13 media organizations participated in the actual National Meeting itself. These include the following agencies:

Newspapers:
- *Hayastani Hanrapetutyun (Republic of Armenia)*
- *Health News (Lratou), Golos Armenii* and *Yerkir*

News Agencies:
- *Noyan Tapan*
- *Armenpress*

TV Stations:
- *Armenia*
- *EuroNews*
- *Arm1*
- *Prometevs*
- *Shant*
- *Avetis*
- *National Radio*

After the National Meeting newspapers published articles about the event, the problem of VAW, and about the programs and activities of Intrah/ PRIME II project. Presentations of MOH and PRIME II representatives were broadcast the evening of the meeting on news programs. The majority of coverage was positive; however, two articles had a negative perspective on VAW and the role of international organizations in influencing the debate about the existence of VAW in Armenia. It was later learned that one journalist who wrote from a negative perspective did not attend the press briefing or the series of meetings.

Appendices

A. Agenda
B. List of Participants
C. Press Release
D. Sample Press Report
E. UN Definition of VAW
F. Violence and CEDAW. General Recommendations # 19
G. Plenary Presentations
H. Coordinated Community Response Model
I. VAW readiness assessment data analysis

Appendix A

AGENDA

Day 1: April 29, 2003

9:30 -10:00: Registration

10:00-10:30 Welcome/Opening Remarks

- Tatul Hakobyan, Deputy Minister of Health
- Karine Hakobyan, Deputy Ministry of Social Security; and Chair of the Intersectoral Commission on Improving the Status of Women.
- Diane Cullinane / USAID
- Constance Newman, PRIME II
- Amal Medani/ UNDP

International and national perspectives on VAW

10:30-11:00 Dr. Mary Ellsberg

"Violence Against Women as a Public Health Problem - A Global Overview"

11:00 – 11:30 Coffee Break

The Armenian Context

11:30- 12:30 Panel "*What do we know about violence against women in Armenia*?"

Dr. Susanna Vardanian, Woman's Rights Center

Dr. Hasmik Gevorgyan, "Trust" Charity NGO

Dr. Susanna Aslanyan, Maternity Fund of Armenia

13:00-14:00: Lunch

The role of the health sector in addressing violence against women

14:00-14:30 Dr.Karine Saribekian, Head of Mother and Child Health Protection Department, MOH:*"The role of VAW within the context of general health policy."*

14:30-15:00 Dr. Mary Ellsberg

"What can health providers do to help women living with violence?"

15:00-15:30 Coffee Break

15:30 –16:00 Sergey Arakelyan, Lawyer, Yerevan State University

"Legal Means of Women's Protection Against Violence"

16:00 – 16:30 Dr. Hayk Gyuzalyan, Sociologist, Yerevan State University.

"Community and Provider Readiness to Integrate VAW in Health Services ".

16:30- 16:45 Dr.Karine Saribekyan, Head of Mother and Child Health Protection Department, MOH: *"Concluding Remarks"*

16:45- 17:00 Discussion

17:00 Preview of the next two days

April 30

9:30 -10:00	Registration
10:00- 10:15	Introduction to workshop *Presentation of schedule, goals of workshop, program, etc., ground rules*
10:15- 10:30	**Presentation of participants** *Activity 1 Presentation*
10:30- 11:00	**Concept of Sex/Gender** *Activity 2 – Defining Sex/Gender*
11:00- 11:30	*Activity 3 -Institutional influence on gender*
11:30-12:00	Coffee Break
12:00-12:30	**Overview of gender based violence:** definitions, prevalence, characteristics *Activity 4 - What is gender based violence?*
12:30-13:15	**Causes and consequences of gender based violence:** ecological framework, health effects. *Activity 5- Myths and Truths about Violence* *Presentation of pre-post questionnaire results*
13:15- 14:00	Lunch
14:00-14:45	**The dynamics of abuse.** *Activity 6 – How do women experience violence? Candies in Hell*
14:45- 15:45	**Where can abused women in our community go?** *Activity 7 – Who can help Ana?*
15:45- 16:00	Discussion

May 2 , 2003

9:30 -10:00	Registration
10:00- 10: 15	Review of conclusions from previous day
10:15- 11:00	Where can abused women in our community go? *Activity – Who can help Ana?*
11:00-11:15	Discussion
11:15- 11:30	Video
11:30- 12:00	Coffee Break
12:00- 13:30	Division of the roles. *Group work and discussion in plenary*
13:30- 14:30	Lunch
14:30- 15:00	**Goals of PRIME GVB project in Armenia**. *Recommendations for program area.*
15:00- 16:00	**Monitoring and evaluation:** Validation of indicators for success *Presentation and discussion of possible measures of success*
16:00- 16:15	Break
16:15- 17:15	**Planning the next steps:** Training, protocols, IEC materials, support and consultation. *Group work to discuss ways to collect information.*
17:15- 17: 30	Concluding remarks. *Discussion in plenary*

Appendix B

List of Participants

April 29, 2003

	Organization	Proposed Names	Total Number
1	PRIME	Constance Newman, Mary Ellsberg, Rebecca Kohler, Hayk Gyuzalyan, Iren Sargsyan, Sona Oksuzyan, Michael Grigoryan, Karina Bagdasarova, Irina Avchyan, Gohar Karapetyan	10
2	USAID	Anna Grigoryan, Diane Cullinane, Rene Esler, Anna Hovhanessyan	4
3	MOH	Tatul Hakobyan, Karine Saribekyan, Ruslana Gevorgyan, Karine Simonyan	4
4	MOSS	Karine Hakobyan, Lala Gazaryan, Armine Tanashyan	3
5	Government, Health Department	Vigen Shahinyan	1
6	Shirak Marz Health Department	Nadya Vardanyan	1
7	UNFPA	Zara Mnatsakanyan	1
8	AIHA	Ruzan Avetisyan	1
9	ASTP	Brian Kerney, Rousanna Stepanyan	2
10	MSF-Belgium	Tido van Schoen-Angerer, Zaruhi Sargsyan	2
11	ABA/CEELI	Valentina Pogosyan, Narine Gasparyan	2
12	UNDP	Kristine Henschen	1
13	Armenia Legislation Strengthening Program DA/DAI	Eleanor Valentine	1
14	CRS	Zaruhi Tonoyan	1
15	Save the Children (Vanadzor)	Nune Hovsepyan	1
16	Project Harmony	Marina Malkhasyan	1
17	US Peace Corps/Armenia	Armen Tiraturyan	1
18	Jinishian Memorial Foundation	Zaruhi Janibekian	1
19	University of California	Armine Ishkanyan	1
20	Armenian International Women's Association	Hasmik Davtyan	1
21	Armenian Center for human rights	Ruzanna Avagyan	1

	protection after Sakharov		
22	“Akunq” Center for Ethnosociological Studies	Mihran Galstyan	1
23	Advocates for Promotion and Human Rights	Zaruhi Postangyan	1
24	“Areg-73” Scientific-Cultural Association	Astghik Manukyan	1
25	Armenian Caritas (Gyumri)	Anahit Mkhoyan	1
26	“Ajakits” Charity Union (Gyumri)	Heghine Mkrtchyan	1
27	“Arevamanuk” Foundation (Gyumri)	Avetik Ginetsyan, Armine Gmur-Karapetyan	2
28	“Our Lady of Armenian” Convent (Gyumri)	Lilit Kostanyan	1
29	International union of Armenian advocates (Bar Union)	Marina Janoyan	1
30	Children’s Health Care Assosiation	Naira Gharakhanyan	1
31	Erebuni Women’s Wellness center	Karine Sarkisyan, Emma Haroutiunyan	2
32	Maternity Fund of Armenia	Susanna Aslanyan, Irina Aslanayn	2
33	Martuni Women’s Community Council	Anahit Gevorgyan	1
34	NGO Training and Resource Center	Margarit Piliposyan Jina Sargizova	2
35	Public Health Training and Research Center	Irina Bagdasaryan	1
36	“Open Society” NGO	Anna Malkhasyan, Gohar Hovsepyan	2
37	“Shogher” NGO	Hasmik Aslanyan	1
38	“Tatev-95”Phychological Support and Counseling Center	Anahit Tevosyan	1
39	“ Trust” NGO	Hasmik Gevorkyan, Susanna Khachatryan	2
40	Union of women lawyers	Aida Iskoyan	1
41	Union of Psychological and Social Assistance	Nune Hovsepyan	
42	Women’s Rights Center	Susanna Vardanyan, Armine Nikogosyan	2
43	Women children and family psychological, social and judicial help union	Anna Osepyan	1
44	“Women for Green Way for Generations” NGO	Karine Manukyan Lusine Zakaryan	2
45	Yerevan State University	Sergey Arakelyan, Robin Mak-Nish, Michael Hambarzumyan, Anna Voskanyan, Armine Sahakyan	5
46	“Berlin”Mother and Child Health	Anahit Gazaryan	1

	Center (Gyumri)		
47	Polyclinnic #8	Efrosia Hahapetyan, Karina Azatyan, Armine Haroutunyan, Naira Martirossyan, Ajkush Sharapchyan, Naira Sargsyan, Goar Stepanyan, Marina Nanyan, Tatevik Begoyan, Armine Badikyan, Areknaz Igityan, Irina Khlkhatyan, Narine Simonyan, Satik Nahapetyan	14
48	Med-Info	Rita Abrahamyan	1
49	“Arabkir” district’s social services	Mariya Hambarzumyan	1
50	Court of Achapniak and Davidashen districts	Elizaveta Danielyan	1
51	Translators	Anahit Marianyan, Aram Ohanyan	2
52	Hayastani Hanrapetutyun (Republic of Armenia)	Anahit Haytayan.	1
53	Lratou (NewsletterMOH)	Susanna Thokmagyan	1
54	Armen-Press	Elmira Bagdasaryan	1
55	Hayastan 1, TV station	Anna Margaryan	1
56	Armenia, TV station	Mary Haroutunyan	1
57	EuroNews/ArmNews, TV station	Margarita Ghazaryan	1
58	Arm, TV station	Hasmik Martirosyan.	1
59	“Shant”, TV station	Lilit Agsalyan	1
60	“Avetis” TV station	Armenui Khaylamazyan.	1
61	National Radio	Rita Petrossyan	1
	Total		**106**

April 30, 2003

#	Organization	Name of participants
1.	MOSS	Armine Tanashyan
2.	“Arabkir” district’s social services	Adrine Nikoyan
3.	YSU, Law Department	Sergey Arakelyan
4.	Yerevan Municipality (police)	Lusine Hayrapetyan
5.	International Union of Armenia Advocates(Bar Union)	Marina Janoyan
6.	Women’s Rights Center	Armine Nikogosyan
7.	“Trust” NGO	Susanna Khachatryan
8.	Maternity Fund of Armenia	Irina Aslanyan
9.	“Tatev-95”Phychological Support and Counseling Center	Anahit Tevosyan
10.	Public Health Training and Research Center	Irina Bagdasaryan
11	Polyclinic # 8	Efrosia Nahapetyan
12.		Karina Azatyan
13.		Armine Haroutunyan
14.		Naira Martirossyan
15.		Ajkush Sharapchyan
16.		Naira Sargsyan
17.		Goar Stepanyan
18.		Marina Nanyan
19.		Tatevik Begoyan
20.		Armine Badikyan
21.		Areknaz Igityan
22.		Irina Khlkhatyan
23.		Narine Simonyan
24.		Satik Nahapetyan
25	“Avetis” TV station	Armenui Khalamasyan
26	PRIME II	Constance Newman
27.		Mary Ellsberg
28.		Rebecca Kohler
29.		Hayk Gyuzalyan
30.		Iren Sargsyan
31.		Irina Avchyan
32.		Karina Bagdasarova
33.	Translators	Anahit Marianyan
34		Ani Matevosyan
	Total	**34**

May 2, 2003

#	Organization	Name of participants
1.	USAID	Edna Jonas
2.	MOSS	Armine Tanashyan
3.	“Arabkir” district’s social services	Marina Hambarzumyan
4.	YSU, Law Department	Sergey Arakelyan
5.	YSU, Social Department	Anna Voskanyan
6.	Women’s Rights Center	Susanna Vardanyan
7.		Armine Nikogosyan
8.	“Trust” NGO	Susanna Khachatryan
9.	Maternity Fund of Armenia	Irina Aslanyan
10.	“Tatev-95”Phychological Support and Counseling Center	Anahit Tevosyan
11.	Public Health Training and Research Center	Irina Bagdasaryan
12.	Polyclinic # 8	Efrosia Nahapetyan
13.		Karina Azatyan
14.		Armine Haroutunyan
15.		Naira Martirossyan
16.		Ajkush Sharapchyan
17.		Naira Sargsyan
18.		Goar Stepanyan
19.		Marina Nanyan
20.		Tatevik Begoyan
21.		Armine Badikyan
22.		Areknaz Igityan
23.		Irina Khlkhatyan
24.		Narine Simonyan
25.		Satik Nahapetyan
26.	“Avetis” TV station	Armenui Khalamasyan
27.	PRIME II	Constance Newman
28.		Mary Ellsberg
29.		Rebecca Kohler
30.		Hayk Gyuzalyan
31.		Iren Sargsyan
32.		Irina Avchyan
33.		Karina Bagdasarova
34.	Translators	Anahit Marianyan
35.		Ani Matevosyan
	Total	**35**

Appendix C

PRESS RELEASE, Dated April 29, 2003

United States Agency for International Development (USAID) Mission to Armenia Representative Diane Cullinane and RA Ministry of Health Representative will open a ***National Meeting to Launch a Project to Improve Health Sector Response to Violence Against Women (VAW).*** The National Meeting is scheduled for April 29 at the Armenia Hotel (from 9:30-17:30) and will be followed by a ***two-day planning meeting for project implementers*** at Armenia Hotel (April 30, May 2 from 9:30 to 17:30).

Several studies demonstrate the seriousness of violence against women, including domestic violence and trafficking, both worldwide and in Armenia, the 2000 Armenian Demographic and Health Survey found that attitudes about wife-beating as justified are indicative of women's lower status reflecting tolerance towards a behaviour that has devastating consequences for women's health and well-being. Recently, the 2002 report on Armenia's Compliance with the Convention for the Elimination of all Forms of Discrimination Against Women (CEDAW) found domestic violence as an area of concern under the convention's article 12 on discrimination in the field of health care. The report states that "domestic violence is a serious, widespread issue with few available remedies. No shelters exist for domestic violence victims." However, Armenia has been responding dynamically to the problem of violence against women: The Government of Armenia developed a "National Platform for Action on the Improvement of the Status of Women for 1998" whose goals were the eradication of violence against women and the protection of women's health, with an action plan that included consulting services for women suffering from violence. Today, there are several NGOs working in the area of VAW in Armenia whose activities include review of legislation to protect women who are victims of violence, provision of legal and psychological support services and the establishment of new facilities that can house temporarily women who have lived with violence.

The Ministry of Health (MOH) and the PRIME II project is organizing the National Meeting to sensitize political, policy and social leaders to violence against women as a public health issue internationally and in Armenia; and to secure support for this project from leaders in both the public and private sectors, including the Ministries of Health, Social Security and Internal Affairs, the judiciary and NGOs who can be active in improving the health sector's response to violence against women. Key presentations at the National Meeting will be made by Deputy Minister of Social Security Mrs. Karine Hakoubyan, who chairs the Intersectoral Commission on the Improvement of Women's Status; Dr. Karine Saribekyan, Director of the Maternal and Health Unit of the MOH; and Dr. Mary Ellsberg, an expert in violence against women of international renown, brought to Armenia through the PRIME II Project.

The National Meeting will bring together up to 100 international and national professionals in health, social services, legal and NGO sector to discuss priority issues in Armenia and to make policy and program recommendations to the Ministry of Health for action to strengthen health services. Speakers will address following topics: International perspectives on VAW; the Armenian context; the role of civil society, multisectoral approach to address VAW: the role of health providers in helping women living with violence; perceptions of health providers and clients towards integrating VAW in health sector services; legal and policy challenges for the health sector's response; and future perspectives for the Ministry of Health response in Armenia. On the two days following the National VAW Meeting, project implementers will meet at "Armenia" Hotel to reach consensus around the project activities, desired health provider response, the actions and materials necessary for an adequate health facility response to VAW and how to develop a network of agencies and individuals who will support VAW activities.

Appendix D

Hayastani Hanrapetutyun (Republic of Armenia)
Anahit Haytayan

VIOLENCE IS FIRST OF ALL HEALTH ISSUE

PRIME II project is implementing programs on the improvement of maternal and child health jointly with USAID. The National Meeting on "Violence Against Women (VAW) as Public Health Issue" organized in "Armenia" Hotel, was PRIME II's initiative.

What types of violence exists in the world, particularly in Armenia? The aim of the meeting is to conduct an open dialogue about the violence of girls and women in Armenia and observe it as a public health issue. It also refers to the role of health system for prevention, disclosure and elimination of its consequences.

According to the Head of Mother and Child Protection Department Mrs. Karine Saribekyan, 10 years ago our society was denying this problem and it was impossible to imagine even that it is possible to organize a meeting on that issue. But it doesn't mean that there is no violence in our country, but that domestic violence has internal character. At the same time, our country is currently a member of United Nations, a number of conventions are ratified and strict liabilities are defined.

It appears that there is no definition of violence in our legislative documents. Penalties are defined towards violence in the draft of the new Criminal Code, but there is not clear definition of violence in the legal area yet.

As PRIME II Project Manager Constance Newman and International Expert Mary Ellsberg mentioned, one of three women is being beaten or is experiencing violence in the world. One of four has experienced sexual violence during her youth. If men are being killed or experience violence during wartime or street fights, women are often due to violence in their families, which seems to be the safest and quiet place.

Mrs. Saribekyan represents data from WHO Report on "Violence and its Consequences" issued several months ago. 1,6 million people become victims of violence every year. Among people of 15 – 44 age, 14 % of men and 7% of women dies from violence. Daily 1424 people are killed in the world, every one second suicide is committed and 35 people die in the result of military actions. There are not such data in Armenia yet. It is known only that in 2002, 36 women who experienced violence have applied to the court. These are the highest indicators during the last years, but it doesn't' show the real picture.

During the last two years a number of NGOs in Armenia have made studies on this issue, have implemented different projects on protection of women against violence, have built shelters and created hot lines.

April 29, 2003

Health News (Lratou)
Susanna Tokmagyan
THE BEST NATIONAL TRADITIONS ARE PREREQUISITS FOR STABLE FAMILY

In the aim of implementation of the project "Violence Against Women", RA Ministry of Health jointly with PRIME II conducted National Meeting where participated 100 international and national experts from health, social and legal services and public organizations.

National Meeting discussed priority issues existing in Armenia. RA Ministry of Health represented the recommendations related to the project and the policy targeted at the strengthening of health services. The speakers discussed the following topics – "International perspectives of Violence Against Women

(VAW)", "Armenian context", "The Role of Civil Society", "Multisectoral Role of VAW Solution and Health Issues related to the Problem" (the role of the providers in assisting the women who experienced violence, awareness of providers and their clients in integrating VAW problem within the services of health area, policy development and perspectives). During the 2-days work of the program, the organizers tried to obtain mutual agreement on the program activities, expected response from providers, provision of necessary health services and relevant material, as well as development of the network of assisting organizations and individuals.

RA Deputy Minister of Health Tatul Hakobyan greeted the participants of the meeting and based on the peculiarities of the discussed problem, expressed a wish to see more men in the meeting room who bear responsibility of the problem of violence against women. Taking the opportunity, as a representative of masculine gender, he apologized to all the women who had ever experienced violence.

Assessing the worldwide actions taken against violence, he mentioned that although there is a big progress but its volume is not so large. Moreover, it exists not only in the developed countries, but also in civilized countries. According to him, the sources of violence should be sought in violence and that violence is inevitable. It can be prevented by an open dialogue, transparency analysis and other prevention methods.

According to RA Deputy Minister of Social Security Karine Hakobyan, Armenia has made a progress in this area. We confess that there exists such a problem also in Armenia, which has been denied as a problem irrelevant to Armenian reality, especially for the Armenian families. But the facts prove vice versa.

"Today domestic violence exists as a sad reality in Armenia, the main victims of which are women. The studies show that women experience physical, sexual and psychological violence. The reasons of violence are different, but one thing is obvious. Social-economic situation of the country assists in worsening of violence", said Karine Hakobyan and added, "we have to admit that it is such an area where there is no precise statistics and it is difficult to provide any data due to our traditions and that the family is a close zone".

In this situation, the role of the public organizations, which deal with issues of women's protection and direct assistance to women in violence, is very important. Today many people know that there exists a "Special service of trust telephone line", which renders legal and psychological free consultancy.

Meetings are organized with the women living in violence. Women can meet directly with consultants, psychologists and lawyers.

There is another service called "Crisis Center" which provides efficient consultancy for women who experienced violence.

It is envisaged to regulate state statistics on crimes against women in order to have full information on violence, develop a network for providing professional social assistance to women who experience violence and the relevant legislation.

Unfortunately, trafficking of people is wide spread in Armenia which includes violence and from which suffer first of all women and children. Activities are carried out also in this direction. Now the program "Against trafficking and exploitation of people, especially women and children" is ready and is submitted to the Government for approval. RA Deputy Minister of Social Security mentioned the important role of education, which should be started from childhood with physiological delicate approaches always mentioning that it is not allowed to beat girls or women.

The main conclusion is that we should be optimistic and solve the problem without extremities.

Representatives of USAID and UNDP talked about violence against women, its health consequences and achievements of the last 20 years, as well as the role of providers.

Violence against women exists in all the countries. It is wide spread in cultures where exist strictly defined gender roles and where men are related to rudeness, honor or prevalence and punishment of women and children is an ordinary way of solving the problems. Women are due to violence in all ages. Despite the fact that men can also be victims of violence, violence against women prevails in the families and has serious and long consequences on women's health. According to the statistics, one of 3 women experience gender violence during her lifetime. But women don't like to discuss it and are ashamed of their status.

Studies in 50 countries show that for example, in Ethiopia every second woman is being beaten in the family, in Ukraine – 18%, in Brazil – 10%, in Peru – 23%, etc. Poverty is one of the reasons and consequences of violence, i.e. risk factor. Under such conditions the role of providers is very high as the victims apply first of all to the providers. The providers can and are obliged to disclose, treat and educate women who experienced violence, taking into account that violence can be physical, psychological and emotional. It needs relevant training which will assist in defining the status of women and make changes in it which will reduce the number of crimes. Improvement of services for the victims of violence can be implemented through the development of national policy on violence, learning aids and development of norms, paying attention to gender violence.

Managers of 3 NGOs made speeches which represented the results of their studies and own approaches to the problem.

The results of sociological surveys conducted by Women's Rights Center (WRC) (where exists hot line and services of Crisis Center" since 1998) show that 60,6% of women experience violence, from which 32,6% - psychological violence, 22% - physical violence. During the last 6 months there were 860 telephone calls in this Center, from which 30 did not have any relation to violence, 29% experienced psychological violence and 20% - physical violence. According to WRC, they provided also pshycologist's and lawyer's services when needed. WRC has developed some recommendations and submitted to the Government. It was mentioned that Armenia joined all the international initiatives concerning this issue, improvement of legislative area against domestic violence. But it is not accepted now explaining that there exists Criminal Code.

According to the surveys conducted by the Chairman of Charity NGO "Trust" Hasmik Gevorgyan, violence is first of all a result of discrimination, then community pressure (pressure within the frames of accepted traditions), economic (with the help of economic levers), physical, sexual, psychological, etc.

According to 41,5% of the respondents, the reason of violence is within the person himself/herself, 38% - lack of domestic education and 13% - lack of justification of public norms and traditions.

As to the Chairman of Maternity Fund of Armenia Susanna Aslanyan, the law should define interference of providers in cases of violence. At the same time, she raised a question, what specialists are entitled to "interfere in the family affairs"?

Although the issue of violence is not studied fully in Armenia yet, the facts indicate the existence of the latter. Listening and talking to the participants, they made a conclusion that steps should be undertaken in this direction emphasizing the importance of prevention.

But I think that there is one important factor. We should not blindly imitate western "mechanisms". Let us not forget that except violence we have also good family traditions, which is the reason for maintenance of many Armenian families. Maybe we can rely on these good traditions and transfer our experience to others.

May 2, 2003

Noyan Tapan
Inga Zaraphyan

HEALTH SYSTEM CAN CONTRIBUTE TO RESOLUTION OF PROBLEMS CONNECTED WITH VIOLENCE AGAINST WOMEN

YEREVAN, April 29 (Noyan Tapan). Karine Hakobyan, the Deputy Minister of Social Security, said during the forum entitled "Violence against Women as a Health System Issue", which was held on April 29 in Yerevan, that violence in families, whose main victims are women become a sad reality in Armenia: reasons are different, but it is obvious that the heavy socio-economic situation reigning in the country further contributes to the aggravation of this phenomenon. The forum was organized upon the initiative of the RA Ministry of Health and the "Prime II" program of the U.S. Agency for International Development.

Karine Hakobyan mentioned that now the Ministry is elaborating the "Improvement of Women's Conditions and Increase of their Role in Society" national program, within the framework of which the state statistics about crimes committed against women will be compiled and corresponding legislation will be improved.

Dianne Cullivan, a USAID representative, mentioned that the phenomenon of violence against women recognizes neither nation, nor age, it is present in all countries around the globe. Studies reveal that violence has consequences for health. In this view, the health system can play a considerable role in disclosing violence committed against women and in reducing related health risks.

Public organizations that organized centers for women's protection, telephones of confidence, etc. with the support of international donors have mainly attended to this problem in Armenia so far.

April 29, 2003

Noyan Tapan
Inga Zaraphyan

DOMESTIC VIOLENCE PROBLEM, THOUGH LATENT, IS STILL PRESENT IN ARMENIA, EXPERTS SAY

YEREVAN, April 28 (Noyan Tapan). International organizations try to enhance the role of Armenian state structures in the campaign against violence against women. The RA Ministry of Public Health and the "Prime II" project (USAID) set up a forum dedicated to the issue.

The problem of domestic violence is present in Armenia, though it has a latent character, the forum organizers stated at a press conference on April 28. Mainly, public organizations deal with the issue in Armenia. Those organizations set up a center of women protection, hotlines for those in need of assistance with assistance provided by international donors.

Only 30 cases linked with domestic violence were registered

in Armenia in 2002 while the research by public organizations reveals that the number of such cases is incomparably larger, the RA Ministry of Public Health Mother and Child Health Protection Department head Karineh Saribekyan stated. The Ministry official stated that the violence issue is closely related to the issue of health, in particular, women's reproductive health, the birth rate and, at times, the death rate. Instances of birth of defective children from women who had suffered psychological or physical violence, cases of suicide among teenagers who had suffered violence were registered. The international expert Mary Alsberg pointed out that according to the UN data every fourth woman was attempted at rape at least once in childhood.

Policlinics conducting patronage of children and pregnant women and the institute of a family doctor can play a vital role in exposing rape cases and rehabilitation women and children Karineh Saribekyan believes.

The "Prime II" Rebecca Kochler stressed the necessity of the appropriate instruction of the medical personnel to work in families on the aforementioned problem.

The legislation must be improved and mechanisms of implementation of laws must be worked out, and, most importantly, the population awareness should be raised so that women knew the threat violence imposes to their health and ways to protect themselves, Ms. Saribekyan stated.

April 28, 2003

Yerkir (Country)
Naira Poghosyan

DO NOT DETERIORATE ARMENIAN FAMILY

“Millions of girls and women become victims of violence in the result of their gender and unequal position in the society. Young girls in our country are deprived of freedom. Women experience violence by their husbands”. These issues were discussed yesterday in the National Meeting organized by RA Ministry of Health and PRIME II project organized in “Armenia” Hotel.

There was an impression from the noisy discussion of some NGOs that men are heartless beasts in Armenia who always torture poor women. The absurd reached its peak when the Chairman of Charity NGO “Trust” Hasmik Gevorgyan called mother in laws batterers as well, as if the latter are not women. She also announced that boys are fed better than girls in Armenian families (can you imagine that it is said about Armenian mothers).

When some of the participants tried to remind about our national traditions and ethnic psychology, Mrs. Gevorgyan, Chairman of Women’s Rights Center Susanna Vardanyan and Chairman of Maternity Fund of Armenia Susanna Aslanyan said that before being Armenians they have to speak about humane ideas. “Why does the woman can complain when her neighbor offends her and not complain when the violence is from her husband”, they asked and talked about building shelters for such women. These NGOs just want to receive grants even by deteriorating the families.
And all these issues were presented to UN and OSCE as a reality. We cannot say that there is no violence in our country at all. But if there is some, it is represented in an exaggerated way by some NGOs.
And as for the Ministry of Health, it will better deal with reproductive health of women, which is currently a serious problem.

April 30, 2003

Appendix E

"Declaration on the Elimination of Violence Against Women," adopted by the UN General Assembly , 1993

"Any act of gender-based violence that results in/ or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life".

The UN definition refers to spousal battering and rape, trafficking in women, forced prostitution and rape during warfare.

COUNCIL OF EUROPE
April 30, 2002

- Violence occurring in the family or domestic unit, including, inter alia, physical and mental aggression, emotional and psychological abuse, rape and sexual abuse, incest, rape between spouses, regular or occasional partners and cohabitants, crimes committed in the name of honour, female genital and sexual mutilation and other traditional practices harmful to women, such as forced marriages.
- Violence occurring within the general community, including, inter alia, rape, sexual abuse, sexual harassment and intimidation at work, in institutions or elsewhere trafficking in women for the purposes of sexual exploitation and economic exploitation and sex tourism.
- Violence perpetrated or condoned by the state or its officials
- Violation of the human rights of women in situations of armed conflict, in particular the taking of hostages, forced displacement, systematic rape, sexual slavery, forced pregnancy, and trafficking for the purposes of sexual exploitation and economic exploitation.

Appendix F

Violence and CEDAW:

General Recommendations No.19

- The original United Nations Convention on the Elimination of all forms of Discrimination Against Women does not specifically mention violence, but among the UN and participating nations there was a recognition that violence against women constitutes an abuse of their human rights. In 1992 the U.N Committee on CEDAW (which is charged with the duties of reporting on compliance and making recommendations) proposed " General Recommendation No.19" which notes:

- " Traditional attitudes by which women are regarded as subordinate to men or as having stereotyped roles perpetuate widespread practices involving violence or coercion, such as family violence and abuse, forced marriage, dowry deaths, and acid attacks. Such prejudices and practices may justify gender-based violence as a form of protection or control of women. The effect of such violence on the physical and mental integrity of women is to deprive them of equal enjoyment, exercise, and knowledge of human rights and fundamental freedoms.
  By identifying violence as a human rights issue CEDAW helps create a combating violence against women.

Appendix G

PLENARY

PRESENTATIONS

Karine Hakobyan

Deputy Minister of Social Security

Domestic violence became a sad reality of today's Armenia, the victims of which are mainly women. Results of investigations have revealed that women are exposed to physical, sexual and psychological violence. The reasons are different, but what is obvious is that the hard socio-economic situation in the country worsens the situation still more.

We should also accept, that this is an area of investigation that does not have accurate statistics because of difficulty to provide it.

In this situation, the public organizations involved in the protection of women's rights and the provision of immediate support to assaulted women begin playing an especial role. This support mainly includes:

- Hot-line trust service, which provides free-of-charge legal and psychological consulting.
- Individual meetings with assaulted women. Women can directly meet with consultants, psychologists and lawyers.
- "Crisis Center", which is an institution, that provides an active and effective support to assaulted women.

Currently the national program on "Improving the Wellness of Women and Raising their Community Role in the Republic of Armenia" is being developed, which envisages several actions directed at struggling against domestic violence in the republic. Particularly it includes:

- Regulation of the state statistics on crimes in women to receive full and objective information on different types of violence in women.
- Creation of the list of specialized institutions involved in the provision of social support to assaulted and vulnerable women.
- Improvement of the law, which protects women suffered from crimes, including assaulted women.

We also have to add to this the recent spread of trafficking in the republic, which includes some types of violence that first of all affect women and adolescents. Some works are being carried out in this direction. Presently the program "Against Trafficking and Exploitation of People, Particularly Women and Children" developed by the Ministry of Social Security is ready and submitted for the approval of the Government.

OBJECTIVES OF THE PROJECT

- Constance Newman, PRIME II

THE COORDINATED COMMUNITY ACTION MODEL

The objectives of the project are to

- Increase awareness among health sector professionals regarding violence against women as a public health problem;
- Improve the knowledge, attitudes and practices of health workers related to violence against women;
- Increase cooperation between health sector and other agencies helping victims of domestic violence (including shelters, social services, legal and psychological counseling services);
- Improve the readiness of the health facility to support identification and management of VAW; and
- Improve the (perceived) quality of services

Violence Against Women as a Public Health Problem: A Global Overview

Mary Ellsberg, Ph.D.

Senior Program Officer

PRIME II/Program for Appropriate Technology in Health

Goals of the Talk

To provide an understanding of how common violence against women is, its causes, and how it affects the health of women and children.

- Around the world, at least one out of three women is beaten, coerced into sex or otherwise abused during her lifetime

- Women are most at risk at home and from men they know, usually a family member or spouse

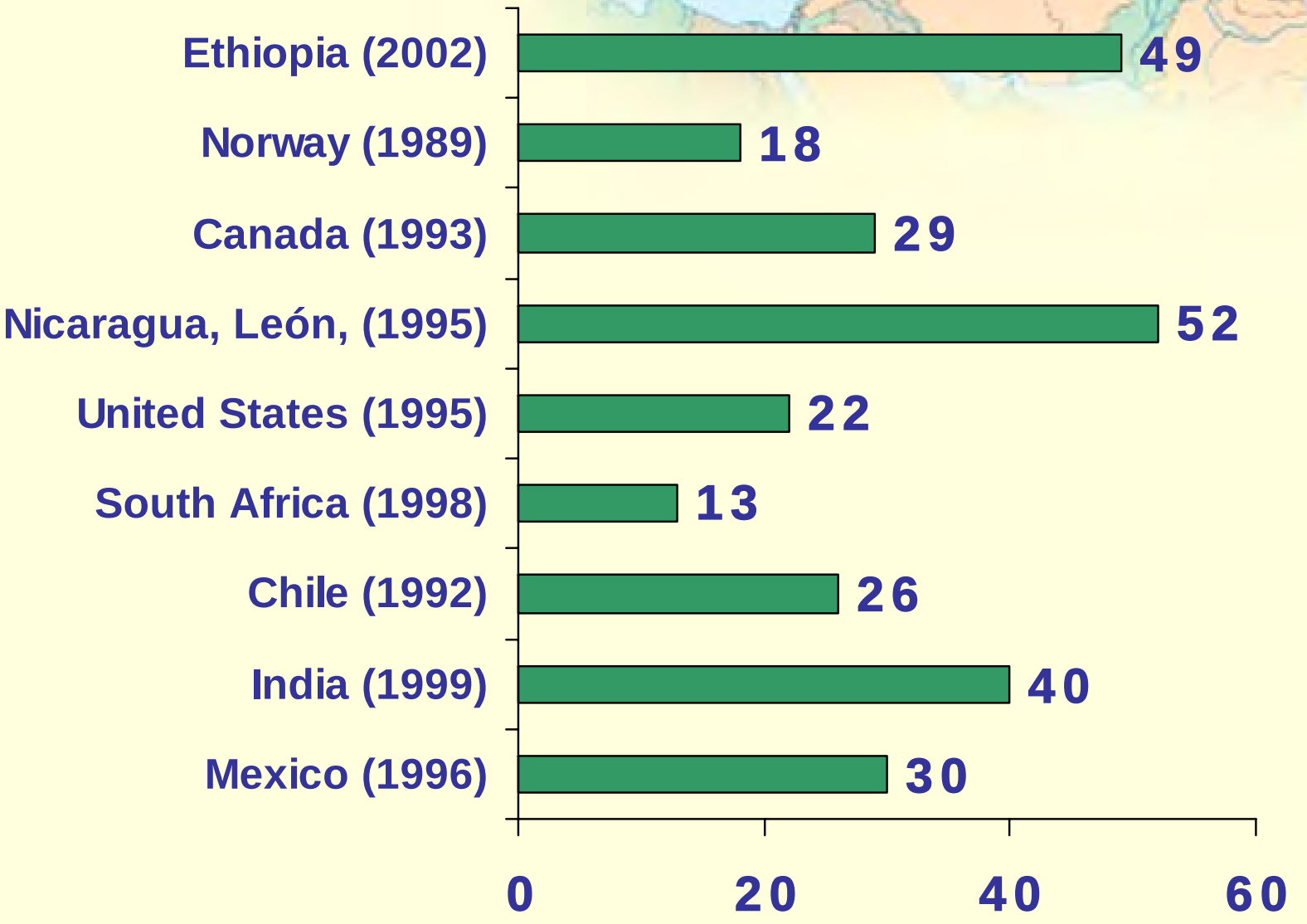
Violence begins early…

- selective abortion
- female infanticide
- neglect, malnutrition
- sexual abuse
- child prostitution
- forced early marriage

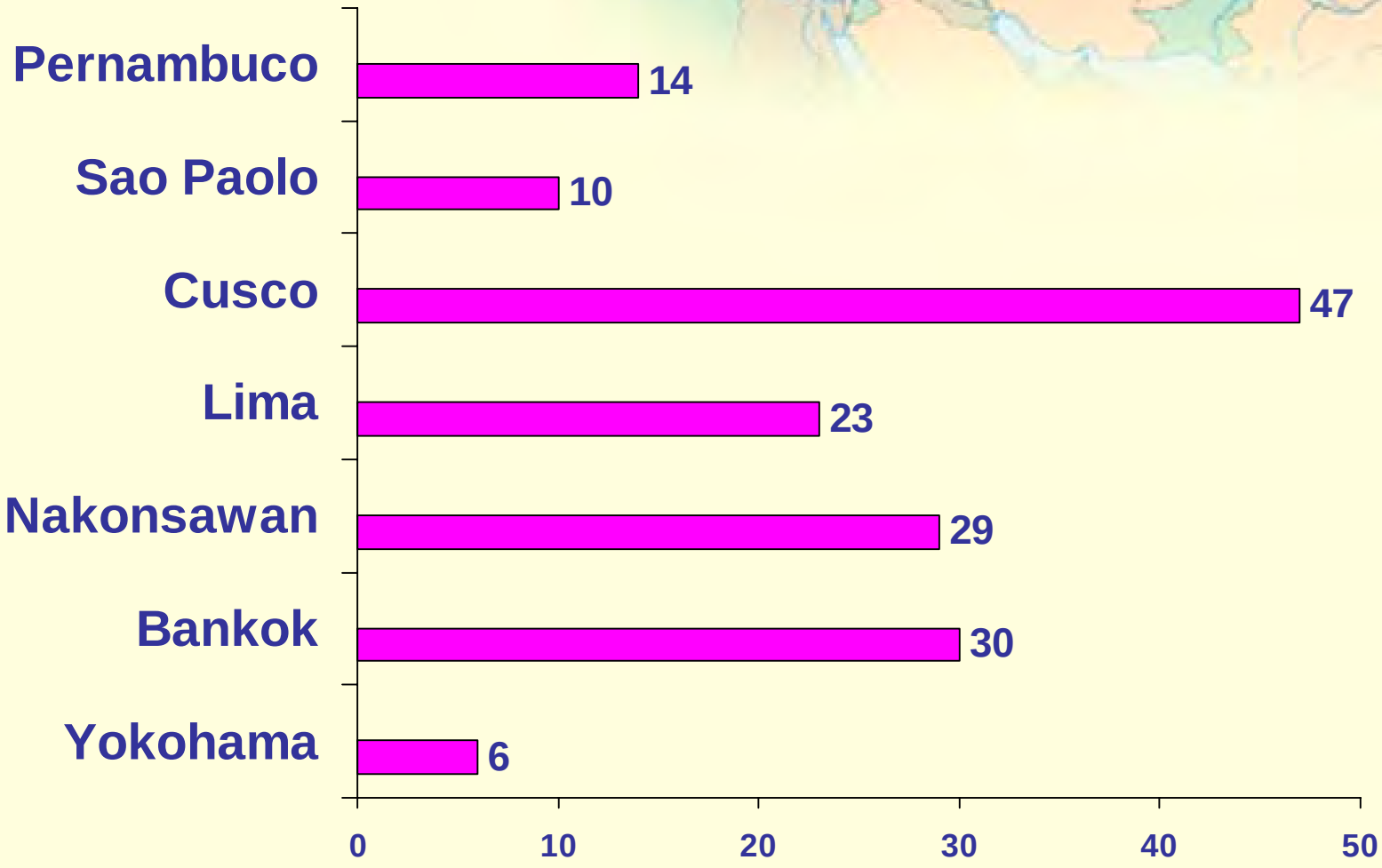
And continues throughout the life cycle…

- physical partner abuse
- dowry related violence
- coerced sex (within marriage or outside)
- forced prostitution & trafficking
- sexual harassment at work and at school
- violence in war

Prevalence of intimate partner violence

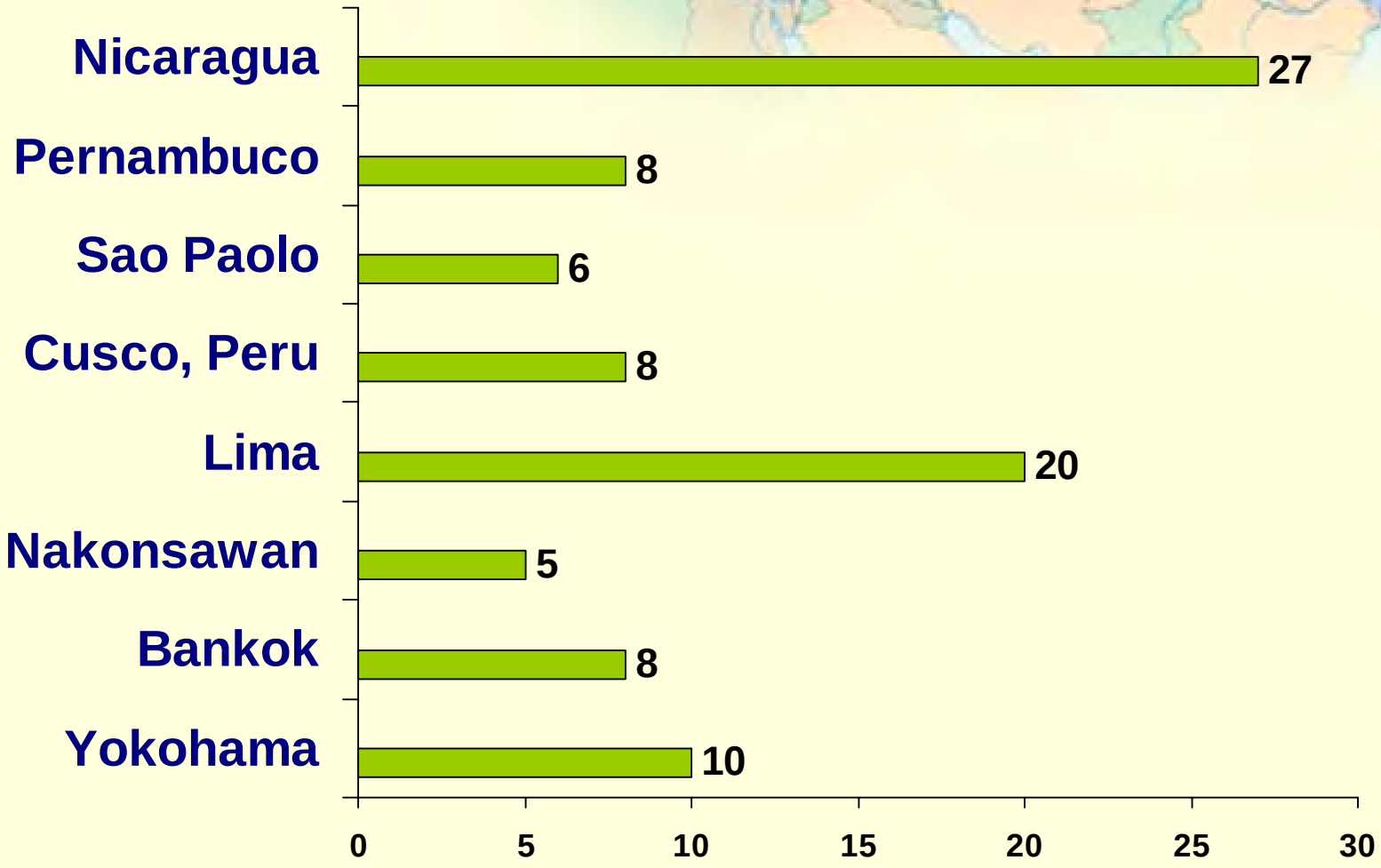


Forced sex in marriage is common…



(WHO , 2002)

As well as sexual abuse in childhood…



(WHO , 2002)

Physical violence is often accompanied by emotional and sexual violence

When I didn't want to have sex with my husband he simply took me by force… When he came home drunk he would beat me and do what he wanted with me. I fought with him, but what could I do against a man who was stronger than me?

Ana Cristina

He used to tell me, “you’re an animal, an idiot, you are worthless.” That made me feel even more stupid. I couldn’t raise my head.

I would think, could it be that I really am stupid? After a point, he had destroyed me with blows and psychologically

Ana Cristina

Lower socio-economic status increases the risk of violence

- Although violence cuts across all socioeconomic groups, women living in poverty are at greater risk for violence
- It is yet unclear what about the experience of living in poverty accounts for this finding

Violence is a product of gender subordination

- Norms of male entitlement and ownership of women
- Male control in wealth in the family
- Notions of masculinity tied to male dominance/honor
- Male control in decision making

Violence is related to jealousy and control

He didn't always beat me, but he was constantly saying, "what man have you been with now?" and "where are you coming from?"

Sometimes I would come home from the hospital and fall asleep and then he would put a pistol to my head and say, I heard you were seen with such and such a doctor…

Maria Dolores

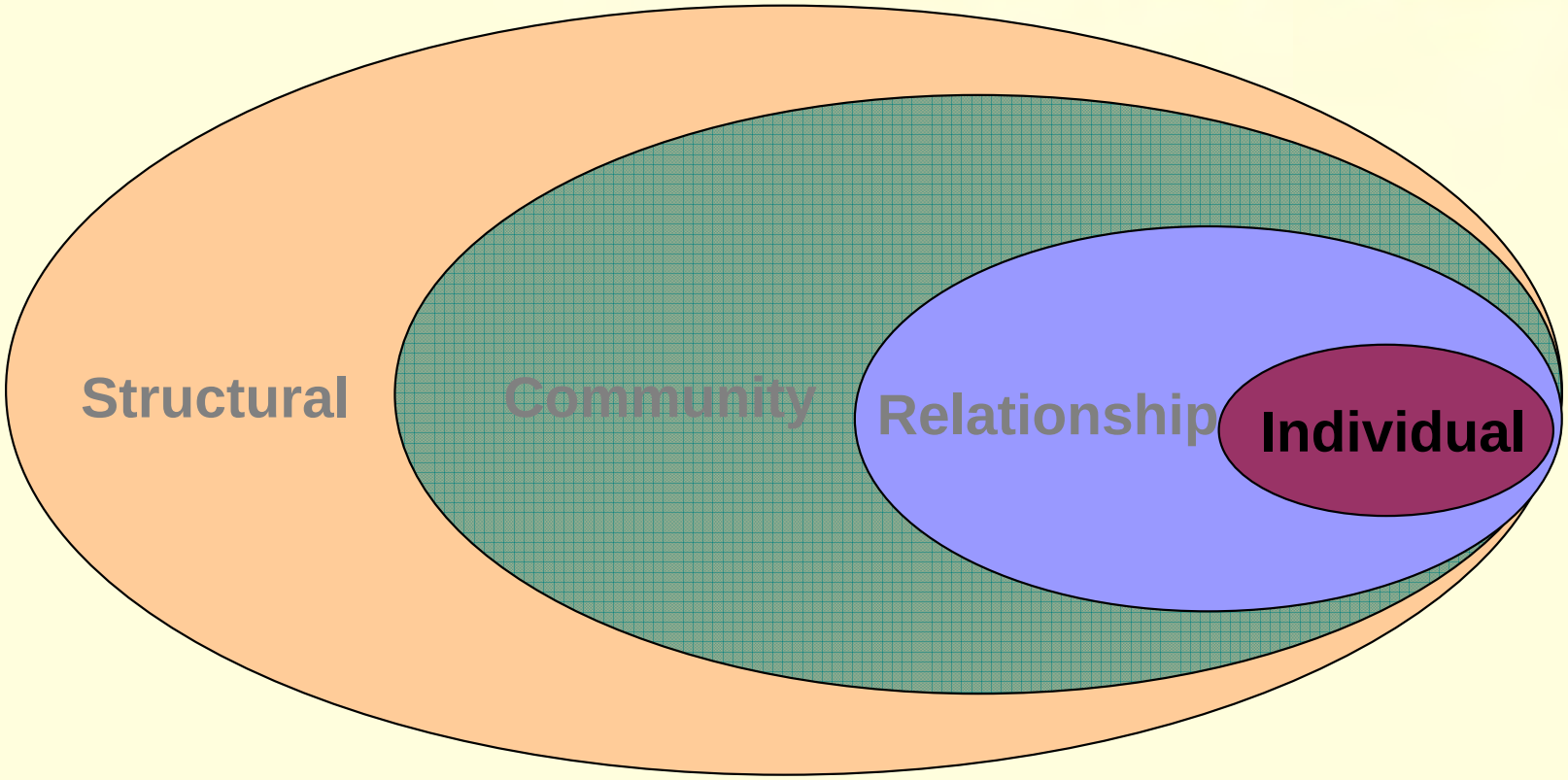
Beating as “discipline”

- In large parts of the world, wife beating is conceptualized as a form of “correction” or chastisement
- Beating is acceptable as long as it is for “just cause”
- Acceptability depends on who, does what to whom, for what reason

Approval of wife beating if woman refuses sex

	Percent
Egypt	
Urban F	57
Rural F	81
Armenia	
Males	9.0
Females	6.5
Israel (Arab)	
Males	28

A framework for understanding the causes of violence



Health Consequences of Violence

Violence increases risk for …

- Fatal Outcomes
  - homicide
  - suicide
  - maternal deaths
  - AIDS-related deaths
- Non-fatal outcomes
  - physical
  - mental
  - injurious health behaviors
  - reproductive health

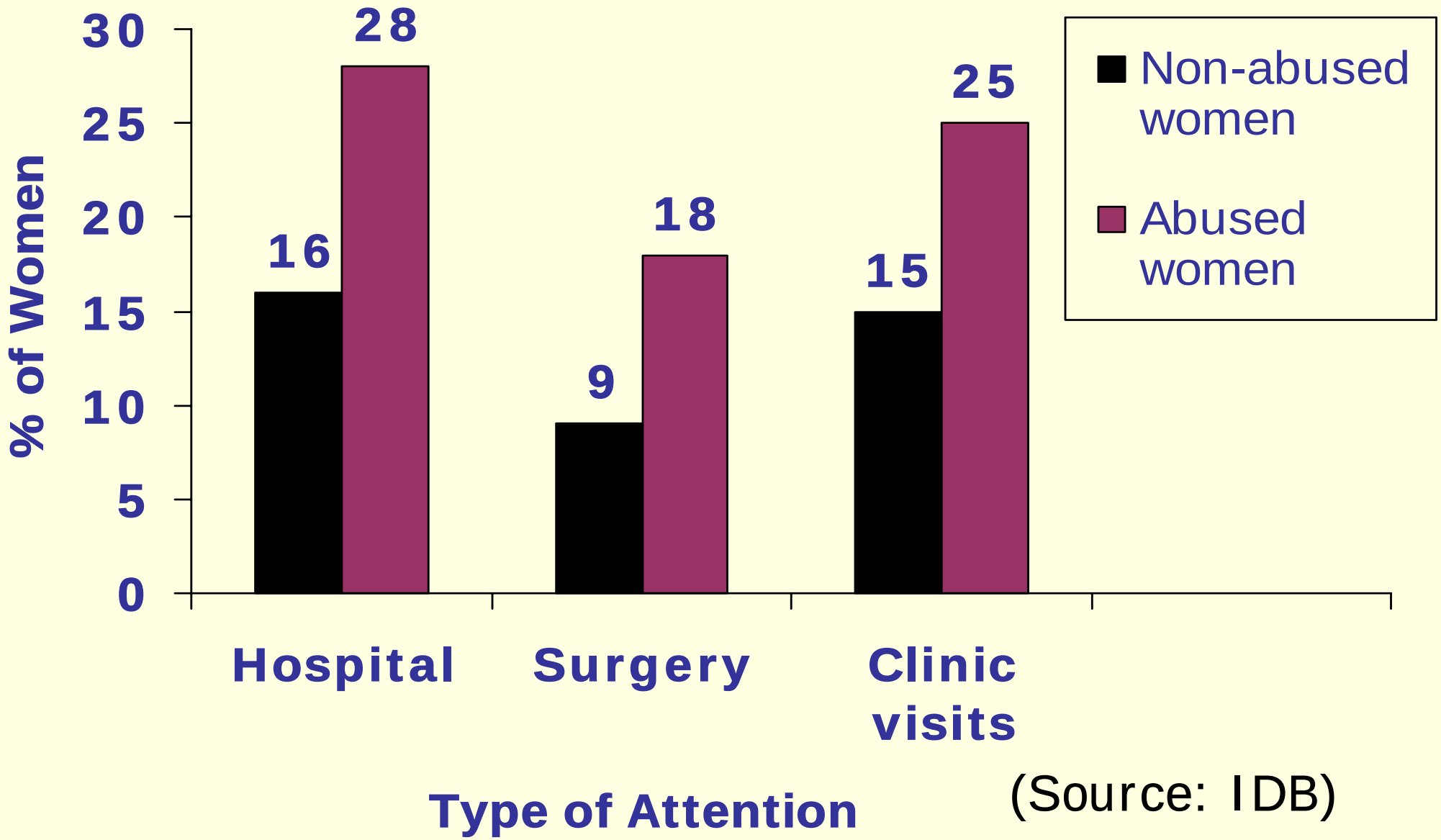
For example:

- unwanted pregnancy
- chronic pain syndromes
- injury
- depression
- alcohol/drug use
- STDs/HIV
- Irritable bowel syndrome
- gynecological disorders
- low birth weight

Violence is a risk factor for health problems

- Compared to non-abused women, women who have been victimized have:
  - more physical symptoms
  - reduced physical functioning
  - worse subjective health
  - more life-time diagnoses
  - higher health care utilization
- Severity of abuse correlates with severity of symptoms

Violence and use of health services in Managua, Nicaragua



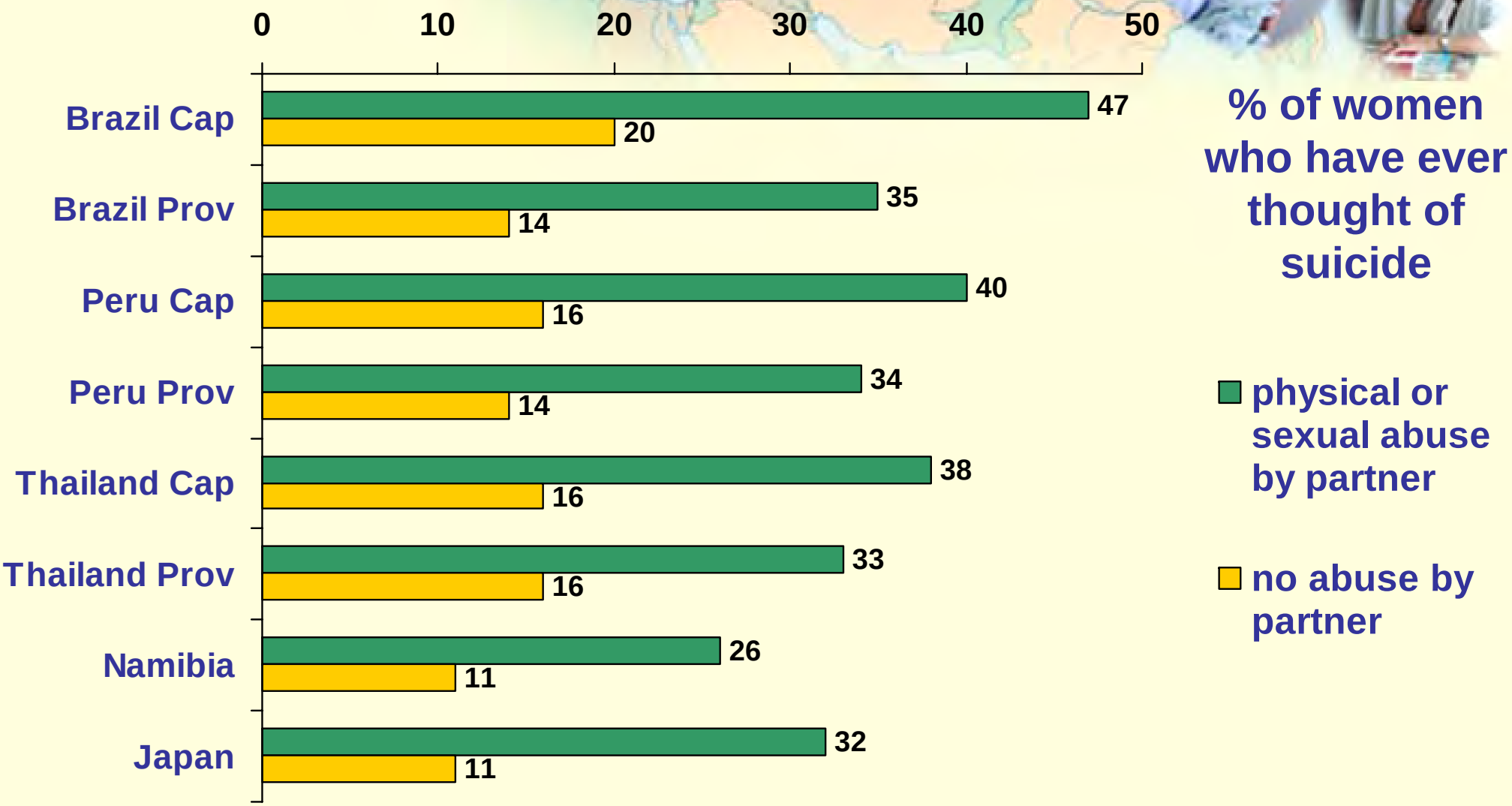
(Source: IDB)

Women who are physically or sexually abused by their partners are more likely to report:

- Problems with walking
- Difficulties with daily activities
- Recent pain
- Problems with memory
- Recent dizziness
- Vaginal discharge

Source: WHO, 2003

Violence and suicidal ideation



Violence contributes to adolescent pregnancy and sexually transmitted infections

Childhood sexual abuse → Greater likelihood of teen pregnancy, STIs

↘ Increased "risk" behaviors such as sex with many partners, unprotected sex

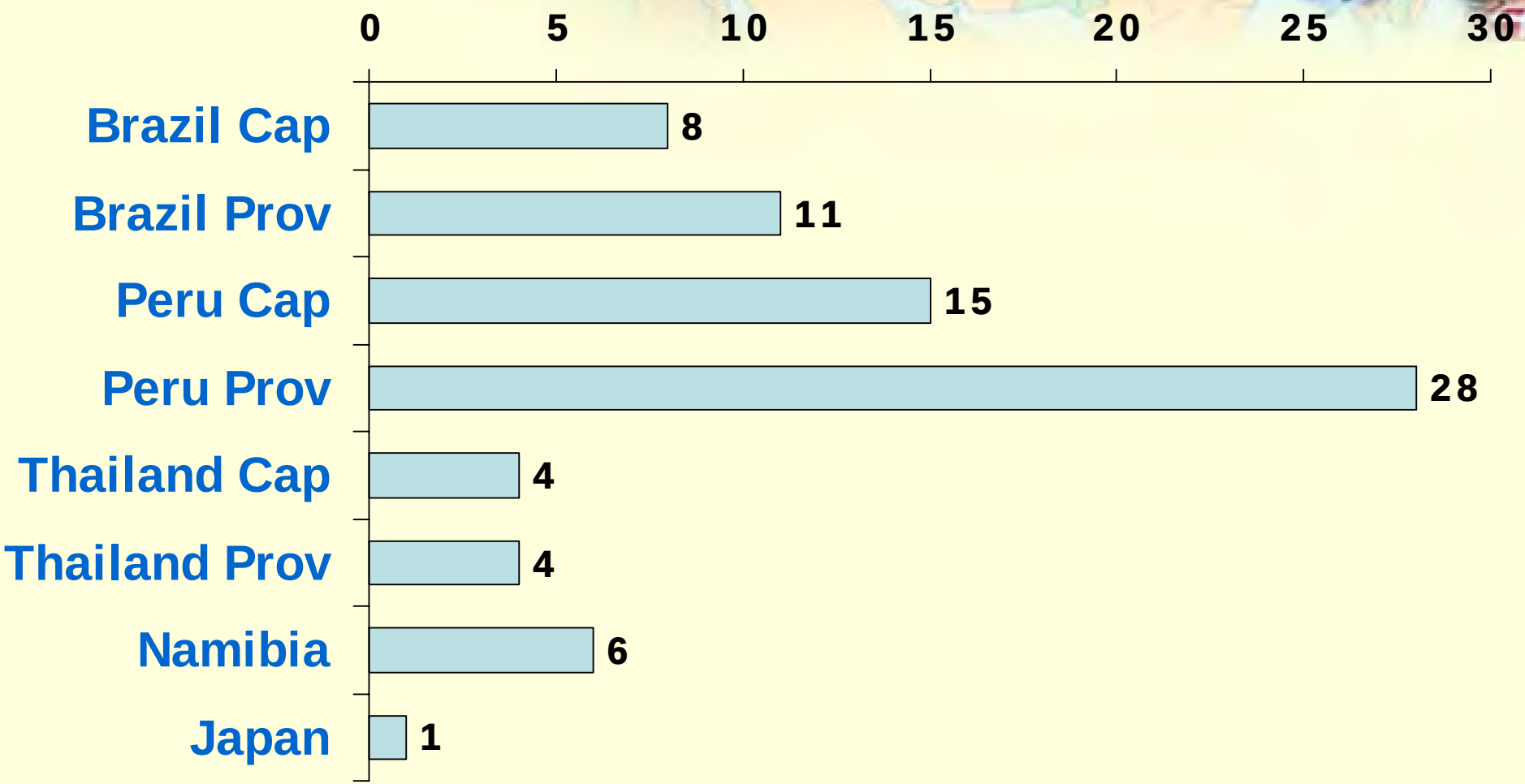
↓ Younger age at first intercourse

Violence increases risk for other gynecological problems

A history of sexual violence has been associated with:

- vaginal bleeding
- vaginal discharge
- painful menstruation
- sexual dysfunction
- pelvic inflammatory disease
- chronic pelvic pain

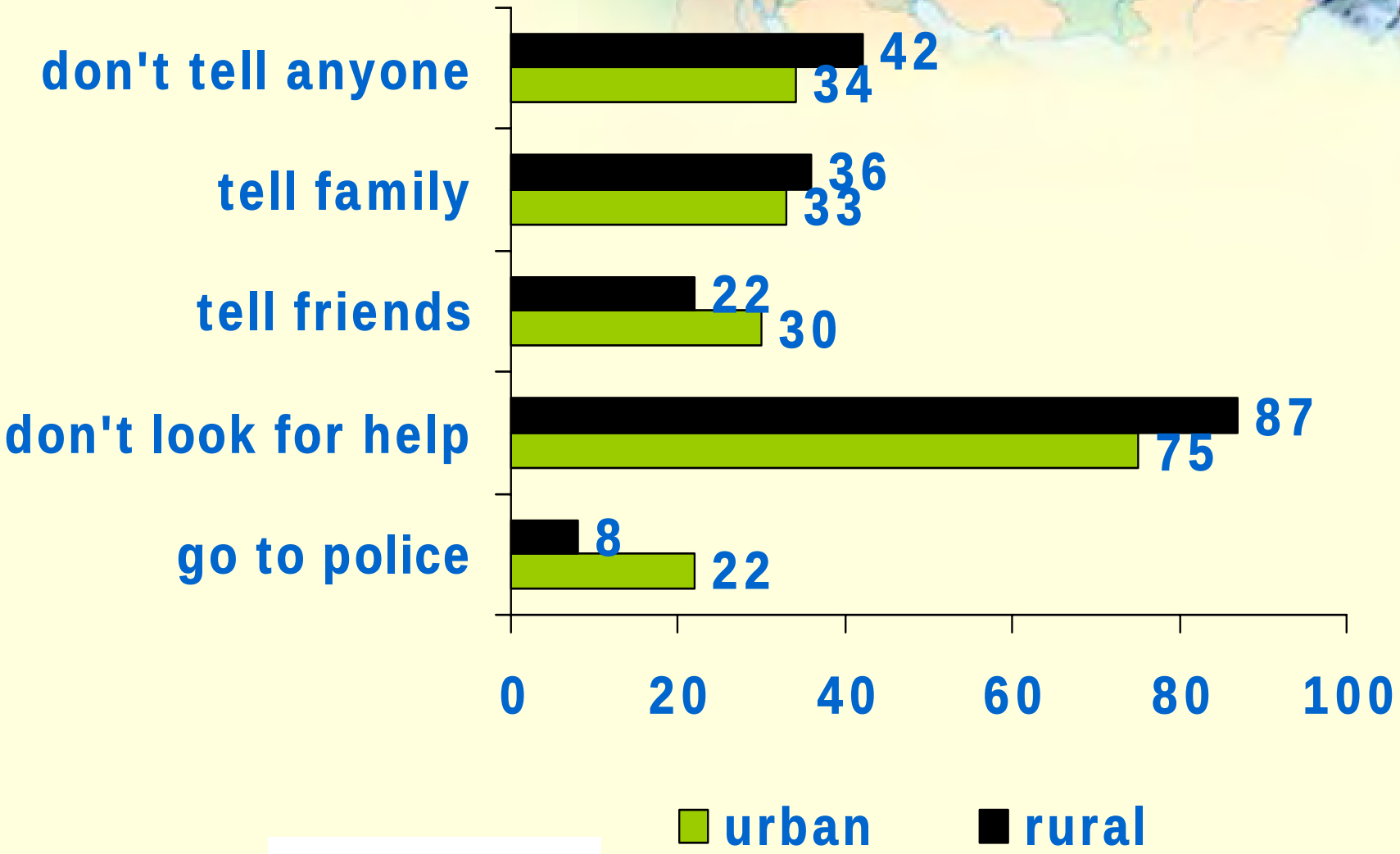
Many women suffer violence during pregnancy



Violence leads to negative pregnancy outcomes

- late entry into prenatal care
- increased smoking and substance use
- vaginal and cervical infections
- premature labor
- miscarriages/abortions
- bleeding during pregnancy
- low birth weight

What do women do when they suffer violence?



source: DHS 98

I had no one…

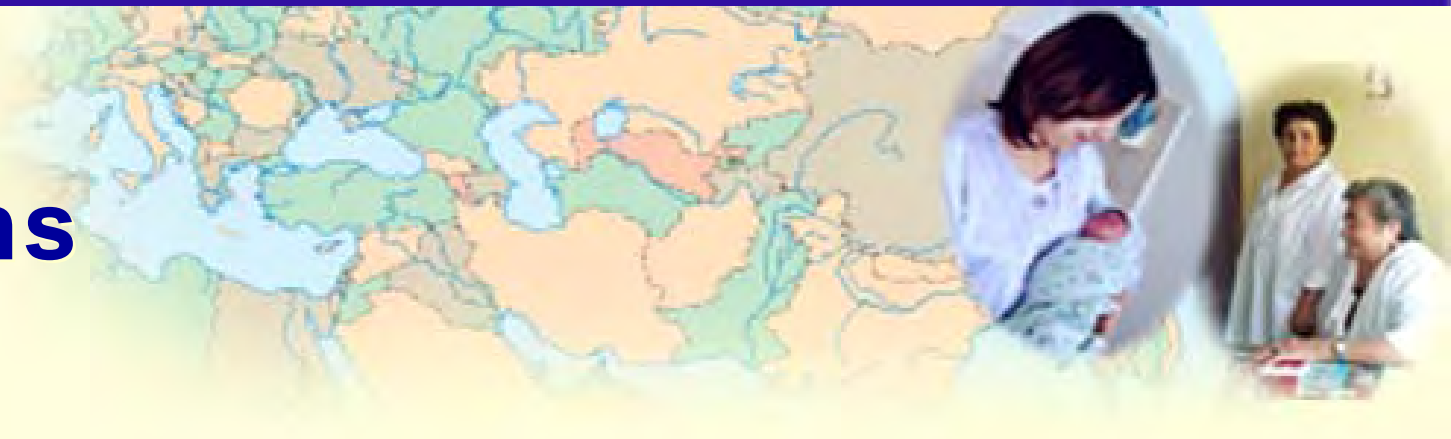
If I had had some help, I believe that I would have left my husband earlier. I wouldn't have stayed for five years, but I had no place to go and no one to tell me what to do…

Ana Cristina

Do you think you're the only one this happens to?

My mother would tell me, "Do you think you're the only one this happens to?" and she would tell me not to leave him.

My mother-in-law would say to me, "you have to put up with hiim and keep the marriage together. Remember that he is your husband and the father of your children."



Conclusions

- About one in three women around the world have been beaten or sexually abused
- Physical and sexual abuse is a major cause of ill-health and disability among women
- Most women do not receive the support they need

What can we do?

The health care setting is an opportunity for intervention…

…and presently it is a lost opportunity

Training objective

Improve performance of rural nurses and midwives in Maternal and Child Health Care

DOMESTIC VIOLENCE IN ARMENIA

Susanna Vardanyan
Women's Rights Center

Interest towards the Problem of Domestic Violence in Armenia

- International conferences:
  - Women's 4th Worldwide Conference in Pekin, 1995
  - International Conference "Violence, Abuse and Citizenship", Brighton, 1996

Early Disclosure of the Problem

- Small inquiry of 1997.
- First steps of “Hot Line”.

The Role of International Assistance

- “Outside attempts of intervening” into the Armenian family.
- Exaggeration of the problem for the purpose of involving financial means.

WRC Approaches

- Violence against women is not only Armenia’s problem, but a problem worldwide.
- We seek resources for solving real problems and not the resources seek us.

Why the Problem of Domestic Violence is not accepted in Armenia

- Soviet mentality
- Family as a close institution
- Traditions
- Lack of information

National Sayings

- Policeman’s test
- The woman is a wool ...
- Beating of the husband...

Legends and Facts

- No difference between violence in general and domestic violence
- Women are to blame for experiencing the violence
- Domestic violence is not a crime but a quarrel

A Story from Our Book

- 22 years old, mother of 2 children, living in the village. She was beaten severely by her husband and father-in-law. For saving her life she has escaped...

Another Story

- 40 years old, mother of 2 children. She is being regularly beaten by her alcoholic husband. She has to continue living with him for not depriving the children from their father and also for not having any other place to live.

According to Data of “Sociometer”

60.6% of women experience violence from which

- physiological – 32.6%
- physical – 22.1%
- sexual – 5.9%

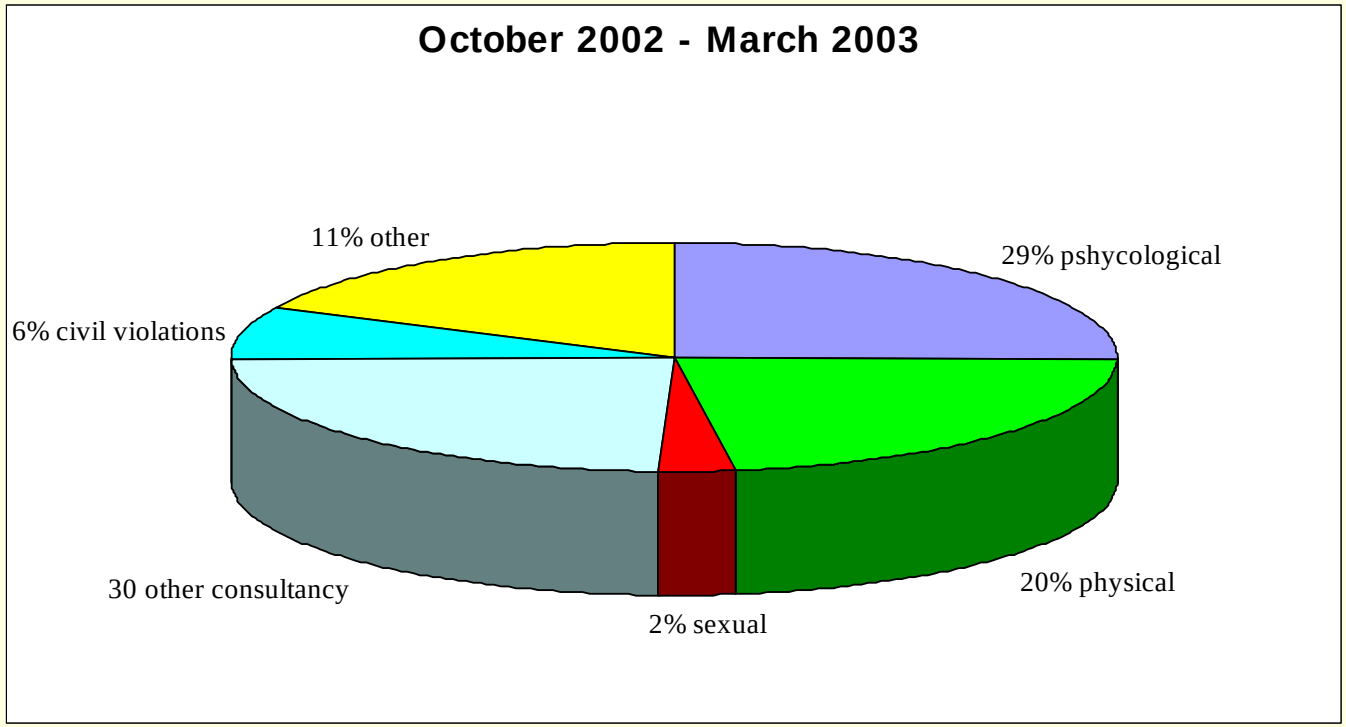
- big cities – 24.0%
- medium cities – 22.4%
- villages – 14.2%

*According to “Sociometer”, WHO and WRC data

WRC’s Response to the Problem

- Hot Line
- Crisis Center
- Cooperation
- Educational programs
- The first shelter

Data of WRC Crisis Center



Women’s Assistance Groups

- group work
- mutual assistance
- art therapy

Funding from Different Sources

- European Commission
- US Government
- International Funds
- UN office

Recommendations to the RA Government

- Consider the problem of domestic violence as an urgent an important problem
- Implement the obligations approved by international documents
- Assist to the non-government sector, particularly the NGO’s dealing with domestic violence
- Develop a national program of violence against women targeted at the preventive, protection and follow-up measures.

Hasmik Gevorgyan
“Trust” NGO

Violence Against Women as Multisectoral Phenomenon and its Prevention

Opportunities in Armenia

Domestic Violence in Armenian Content

- **1. The content of callers' problems**
- **The character of callers' problems in "Trust " SWSRC.**
- During the period of 1989-2003 Trust received more than 40 000 calls.
- 90 % callers with suicidal thoughts, had gender based problems. 65% of them experienced domestic violence.

- **2. Research Data Analysis**
- The following data is based on the researches and case studies, conducted in “Trust”.
- **The recognition of violence**
- The violence can take place on different levels. It can be expressed in different ways.
- The research, which was done in 1998, checked appearance of different levels of violence and its anticipation:

- **Institutional violence** – discrimination, restrictions of applying to social agencies by gender standards.
- **Community violence –** pressure that is implemented by using the adopted social norms and traditions towards the representative of any gender.
- **Economical violence –** use of economic levers for limiting women's freedom.
- **Physical violence –** injuries.
- **Sexual violence –** sexual act without desire
- **Psychological and emotional violence –** definite behavior or verbal contact with the purpose of humiliation, frightening, control and blackmail.

- In the frames of the survey 400 women have been interviewed. The initial interviews were held with the clients of hospitals and polyclinics, then the women who experienced violence have been interviewed by snow-ball method. According to their answers, the following conclusions cab be made:

The responses of the abused women on a concept of violence

- Different types of institutional, community, economic, psychological and emotional violence were not considered as violence.
- Physical violence was divided into two parts – to kick and to beat. Kicking is considered usual and regular beating process was observed as a real physical violence.
- The rape of women of extramarital status is considered sexual violence and sexual abuse of husband towards his wife - is a usual thing.

How do you thing, **is the use of physical strength acceptable in solving the conflicts within the family?**

- The respondents gave the following answers to this question:
- 5,0 %- Yes, it is acceptable.
- 9,6% - More “yes” than “no”.
- 2,9% - It is not acceptable.
- 81.0%- Not acceptable.
- 1,5% – I can’t answer

When the husband beats his wife, it is considered

- 51,0% – weakness
- 15,0%- expression of self-estimate
- 13,8 %– expression of prevalence
- 10,6 %– demonstration of strength
- 2,9 %– expression of love
- 6,7%- other answers

- Is the use of **physical strength towards women acceptable?**

- 25,5% - Yes
- 71,8% - No
- 2,6 % - I can’t answer
- We gave the following question to the respondents who accepted the use of physical strength:

In what cases do you accept using of physical strength?

- 36,4% – In case of woman’s betrayal.
- 27,3% - Non-obedience of woman.
- 6,5 % - When the husband is under the alcohol influence.
- 28,6% - Other answers
- 1,3% - I can’t answer

Domestic violence manifestation and the victims of violence

- In 2001 there was a survey held in Yerevan on “Prevention of Domestic violence”. The members of the survey consists of representatives of two genders who were selected according to the family status and family records.
- The survey showed that men restrict women to do the following:
- **every third woman** is restricted to work;
- **every third woman** is restricted to select friends;
- while speaking to **every third woman** they use offensive expressions;
- **every fourth woman** is restricted or deprived of financial means;
- **every sixth woman** is restricted in the selection of her interests;
- **every seventh woman** enters into sexual relations without he own wish;
- **every ninth woman** is being beaten;
- **every ninth woman** is restricted to carry out decision on family planning.

Reasons of Violence

- Why do people do violence?
- 41,5% /37% of women and 47,5% of men find that **human beings are disposed to violence.**
- 38 % /47% of women and 28,5% of men find that **violence is the result of family breeding.**
- 13% /10,5% of women and 16% of men find that **violence is the result of society norms and traditions.**

The illustrative approaches for causes of domestic violence

- There are two approaches, which explain the main causes for domestic violence. These two approaches are expressed in the above answers.

Psychological approach

- where individual psychological features, which include individual psychopathology, explain the violence. Pshycopatology includes such behavior as hipermasculinism. “Hipermasculinic behavior is manifested by extreme courage, coarse behavior and cynicism which is accompanied by aggressiveness and special severeness in adolescents. Such adolescents are ashamed of tenderness and escape of everything related to “women’s” affairs and interests. The main characters of such a behavior are ignoring and coarse attitude towards women and sadistic manners in sexual relations”.

Socio-cultural features explain sociological approach.

- The behavior norms, values and stereotypes approved within the society force the use of violence as a necessary means of athletic behavior. This approach ensures that people are not born with features of violence, but learn them during socialization.
-
- As it is seen, domestic violence has comprehensive character the ways of domestic violence should make an important part of social policy. For the purpose of increasing the social alertness, a number of seminars were held in the frames of the program “Prevention of Domestic Violence” with three important groups. These groups are including doctors, teachers and lawyers.
- Let us observe, how can the prevention of domestic violence be implemented? Health, education and justice institutions are the influential bodies that can assist in the formulation of public opinion, gender socialization and violence prevention.

Health Sphere
Violence identification. Medical and Emotional Support to victims of violence

- Violence screening, medical and emotional assistance.
- During the analysis of the cases of violence during the workplace, the following facts are present.
- A visit to the doctor by the woman who experienced violence is observed as the only shelter as it is culturally accepted.
- In many cases, the woman who experienced violence applies to the doctor by fabricated symptoms, thus hiding the main problem.
- The woman who experienced violence has ambivalent emotions. On one hand she wants to share her emotions on violence, on the other hand she suffers from the feeling of shame and not being understood.
- The woman who experienced violence has a feeling of acute panic and fear.
- The cases of rape are frequently hidden from the fear of public opinion.
- Domestic violence can be the main motive of suicide.
-

- The existing facts of institutional violence and alertness towards the victims of violence.
- Non-alert attitude of the doctor can bring to the strengthening of the victim’s role.
- Medical institutions can deepen the reputation of the woman. For example, the reputation of single mothers and unfriendly attitude in the maternity hospital.
- In the described cases of violence there exist also sexual harassment by the medical personnel, which brings to alienation.
- Pseudo-screening of pregnant women and practice of abortions.

RA Ministry of Health

The Problem of Violence in the Context of General Health Policy

Speaker: ***Karine Saribekyan***

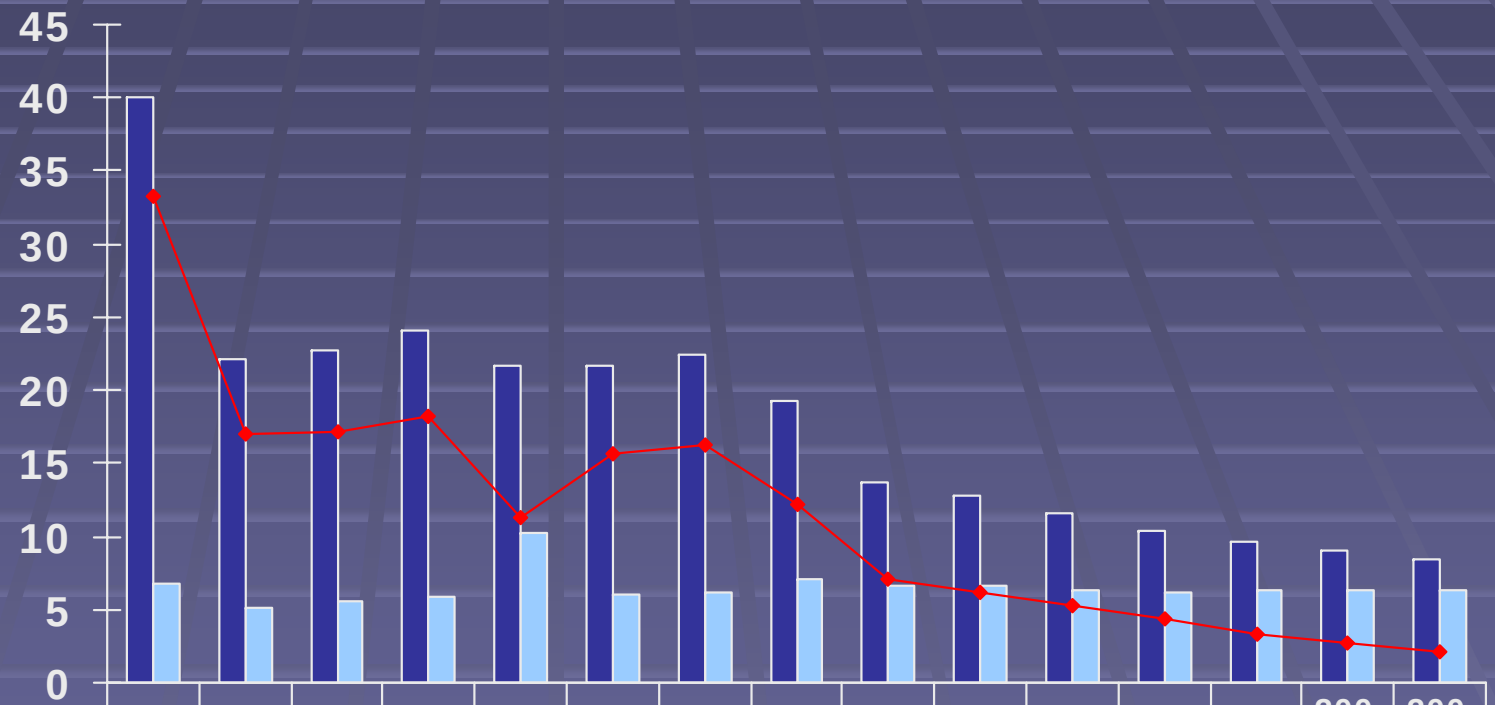
Prevalence of Children and Women's Problems in International Documents

- Adoption of International Convention on "Elimination of All Types of Discrimination against Women" by UN in 1967.
- Ratification of "Children's Rights International Convention" by United Nations in 1989.
- Adoption of Pekin Declaration and Actions' Platform in 1995.
- Adoption of political declaration in the special session of UN devoted to women's problems.
- Approval of regional document on reproductive and sexual health strategy by CIS European Office in 2001.
- Declaration "World that is useful for children" and Action Plan of 2002-2015 was adopted in the special session of UN Chief Assembly devoted to children's problems.

Women's Problems and RA MOH Actions

- Presentation of the National Report of 1995 and 2002 on International Convention on "Elimination of all types of discrimination".
- Approval of Reproductive Health strategy in 1996 by RA MOH collegium.
- Approval and implementation of Reproductive Health Improvement program in 1997.
- Approval of National Action Plan of "Improvement of Women's Status" by RA Government in 1998.
- Approval of strategy document on Mother and Child Health Protection by RA MOH in 1999.
- Development of National Policy document on Population Health Protection.
- Adoption of RA Law on "People's Reproductive Health and Rights" by the National Assembly in 2002.

INDICATORS OF BIRTH RATE, MORTALITY AND NATURAL GROWTH (per 1000 of population), ARMENIA 1960-2000

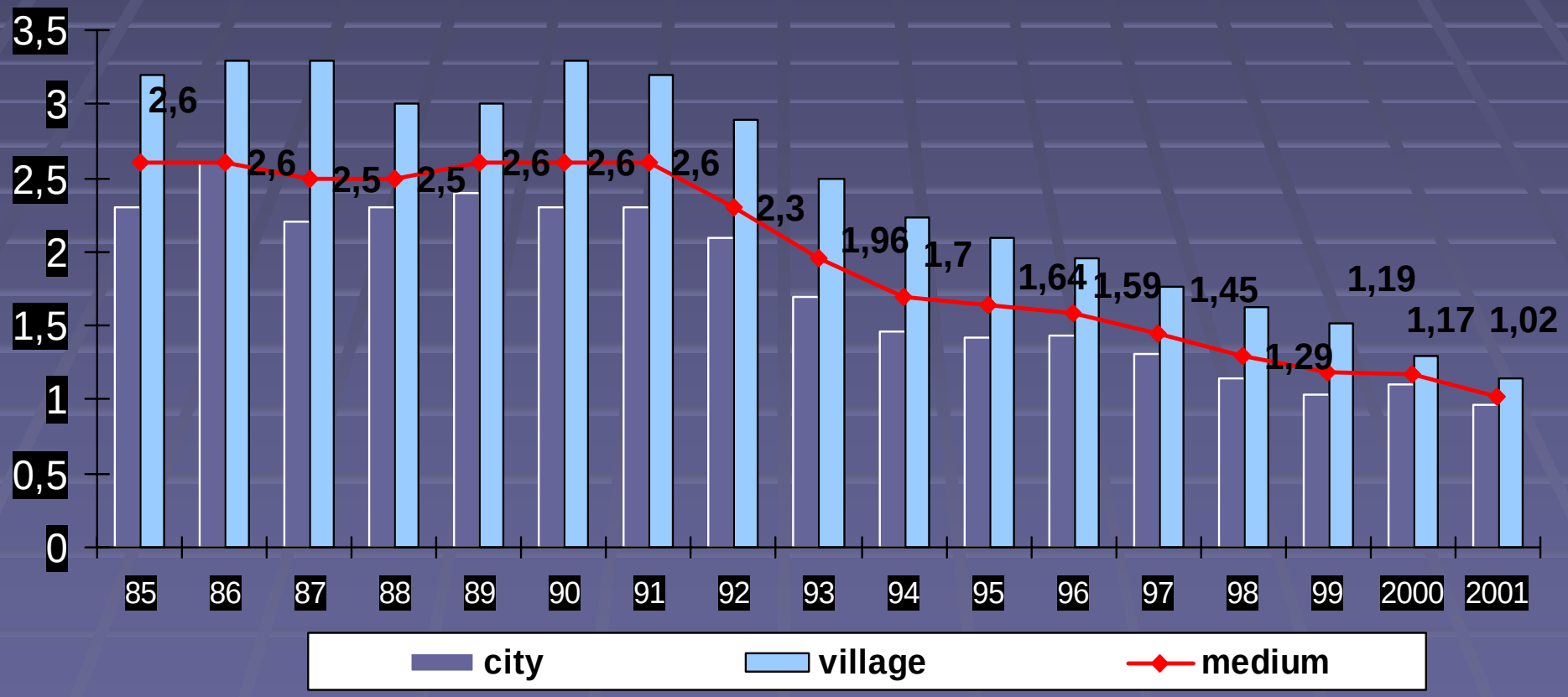


	60	70	80	85	88	89	90	92	94	96	97	98	99	2000	2001
LIFE BIRTH	40,1	22,1	22,7	24,1	21,6	21,6	22,5	19,2	13,7	12,8	11,6	10,4	9,6	9	8,4
MORTALITY	6,8	5,1	5,5	5,9	10,3	6	6,2	7	6,6	6,6	6,3	6,1	6,3	6,3	6,3
NATURAL GROWTH	33,3	17	17,2	18,2	11,3	15,6	16,3	12,2	7,1	6,2	5,3	4,3	3,3	2,7	2,1

SOURCEª RA NATIONAL STATISTIC SERVICE

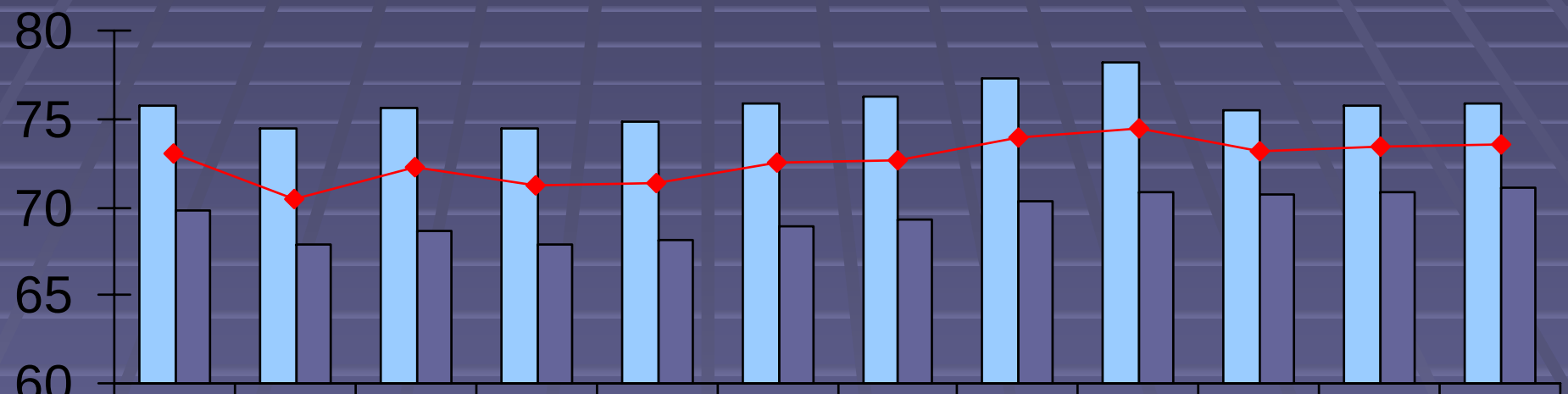
General Indicator of Fertility,

1985-2001, Armenia



Source: National Statistic Service

Expected Medium Life Duration 1985-2000, Armenia

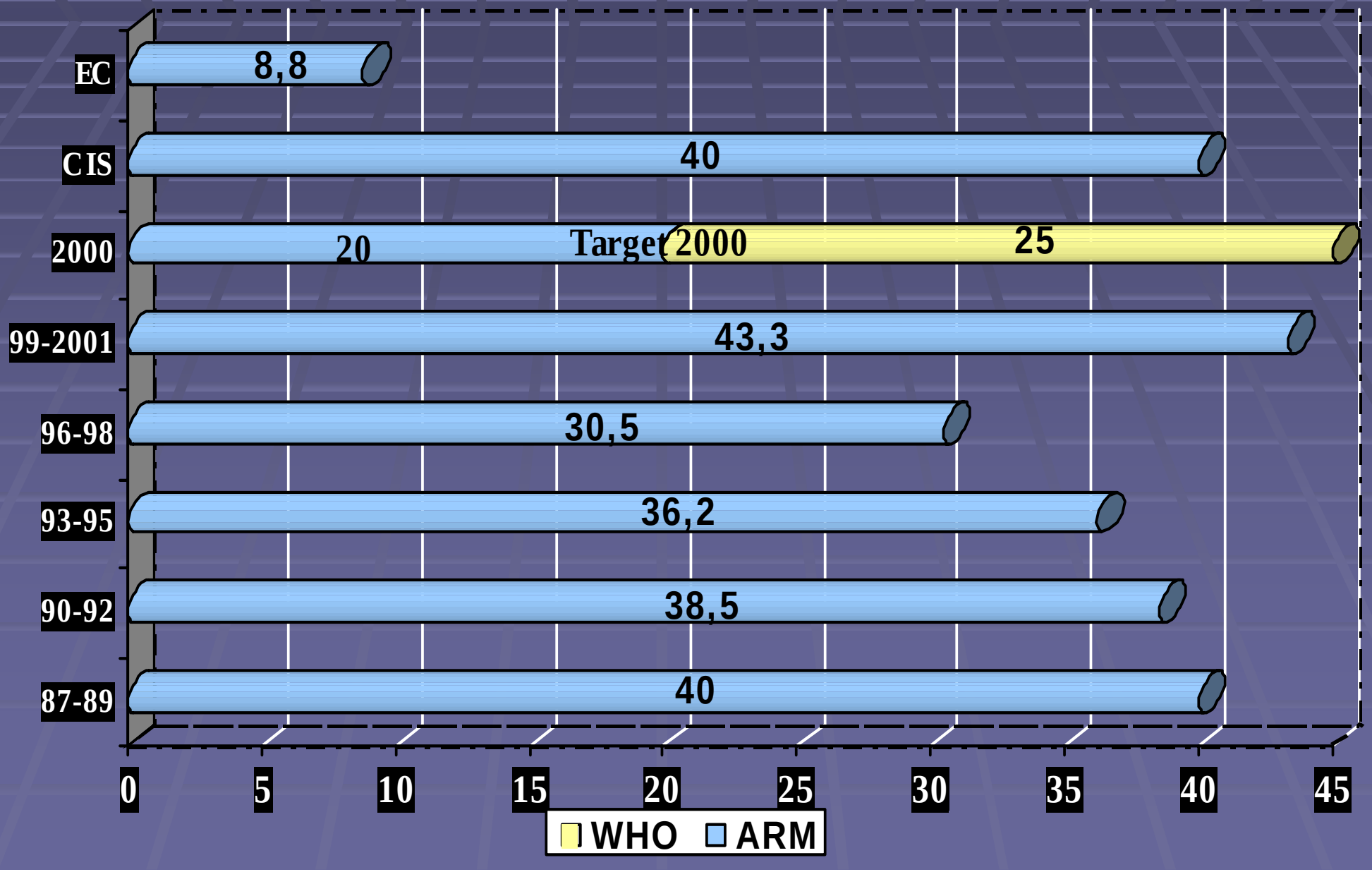


	1985	1990	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Women	75,7	74,4	75,6	74,4	74,87	75,9	76,2	77,3	78,2	75,5	75,8	75,9
Men	69,8	67,9	68,7	67,9	68,1	68,9	69,3	70,3	70,8	70,7	70,9	71,1
Medium	73	70,4	72,2	71,2	71,38	72,5	72,6	73,9	74,5	73,2	73,4	73,5

Source: RA NATIONAL STATISTIC SERVICE

Maternal Mortality in Armenia, 1987-2001

(towards 100.000 life births)



Children's Mortality in Dynamics, Armenia, CIS

(Death number of children from 0-1years of age towards 1000 life births)

VIOLENCE AND WORLD HEALTH OTGANIZATION

- ***Adoption of Resolutions 49.25 and 50.19 by WHO Assembly in 1996.***
- ***First WHO Regional Conference devoted to Children's Protection strategy in 1998.***
- ***Approval of the regional document on "Reproductive and sexual health" by WHO European Office in 2001.***
- ***WHO World Report on "Violence and Health" in 2002.***
- ***Development of the document on "Strategic Directions of Children's and Adolescent Protection " in 2003.***

VIOLENCE...

WHO report on “Violence and Health

VIOLENCE IS A COMPLEX PROBLEM RELATED TO THINKING AND BEHAVIOUR STEREOTYPES WHICH ARE FORMULATED BY THE INFLUENCE OF DIFFERENT FACTORS OF FAMILY, PUBLIC AND NATIONAL TRADITIONS ....

What is violence…..

VIOLENCE IS A COMPLEX PROBLEM RELATED TO THINKING AND BEHAVIOUR STEREOTYPES WHICH ARE FORMULATED BY THE INFLUENCE OF DIFFERENT FACTORS OF FAMILY, PUBLIC AND NATIONAL TRADITIONS ….

Gro Harlem Bruntland

What is violence…..

Violence against women is a global problem... and it continues to increase. Very often the woman expects the greatest threat at home or in an ordinary environment….

Koffi Anan

Situation in the World

- *every year more than 1.6 million people die from the consequences of violence*
- *violence is the main reason for adolescent mortality from 15 to 44 years, from which men - 14% and women - 7%*
- *every day average number of murder victims make 1424 people, that is 1 person in a minute*
- *once in every 40 seconds one person commits suicide in average*
- *each hour 35 people dies in the result of war actions*
- *60 million girls are not born (interrupted pregnancy) for sexual affiliation*

WHO Global Report on “Violence and Health”

Action Tasks (9…)

- *Create, implement and monitor the national action plan for violence prevention.*
- *Data dissemination on violence scale.*
- *Define priorities for study of reasons and consequences.*
- *Promote the actions directed at the primary prevention.*
- *Assist in the increase of victims of violence response.*
- *Expand the cooperation and information exchange on violence prevention.*
- *….*

SITUATION IN ARMENIA ???

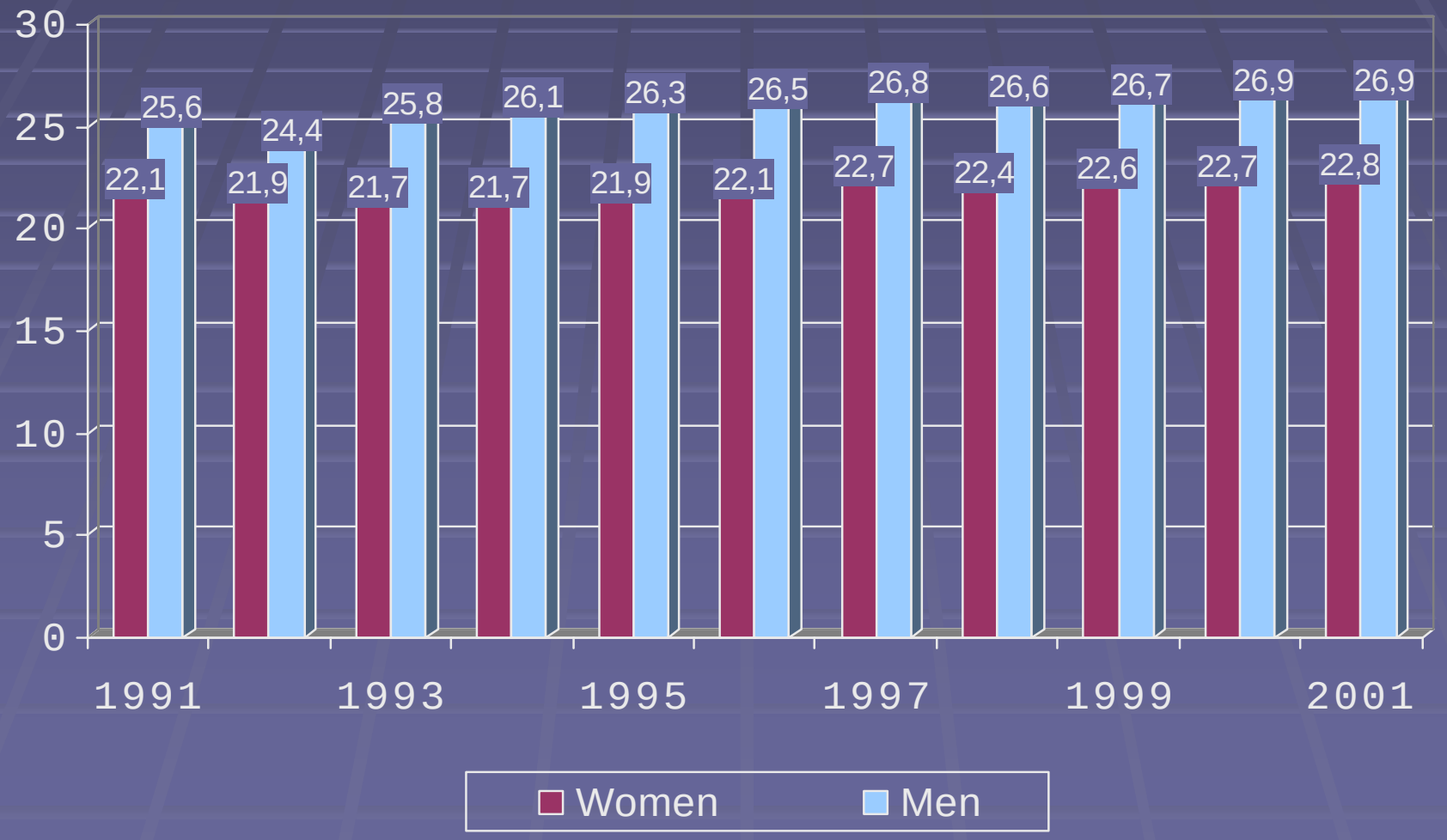
Possible Sources of Information Collection

- official statistics
- special surveys

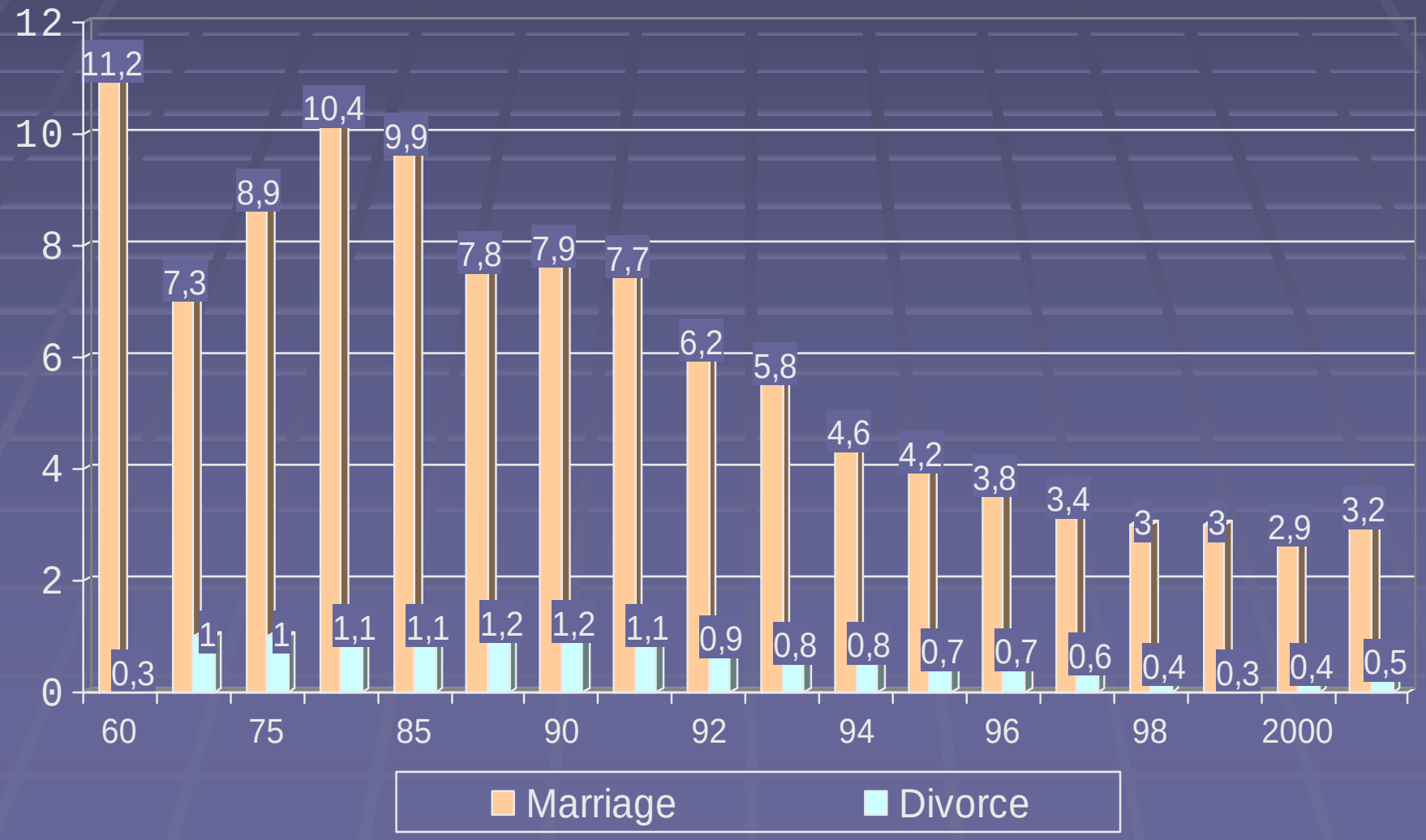
  - survey of households

  - survey of facilities

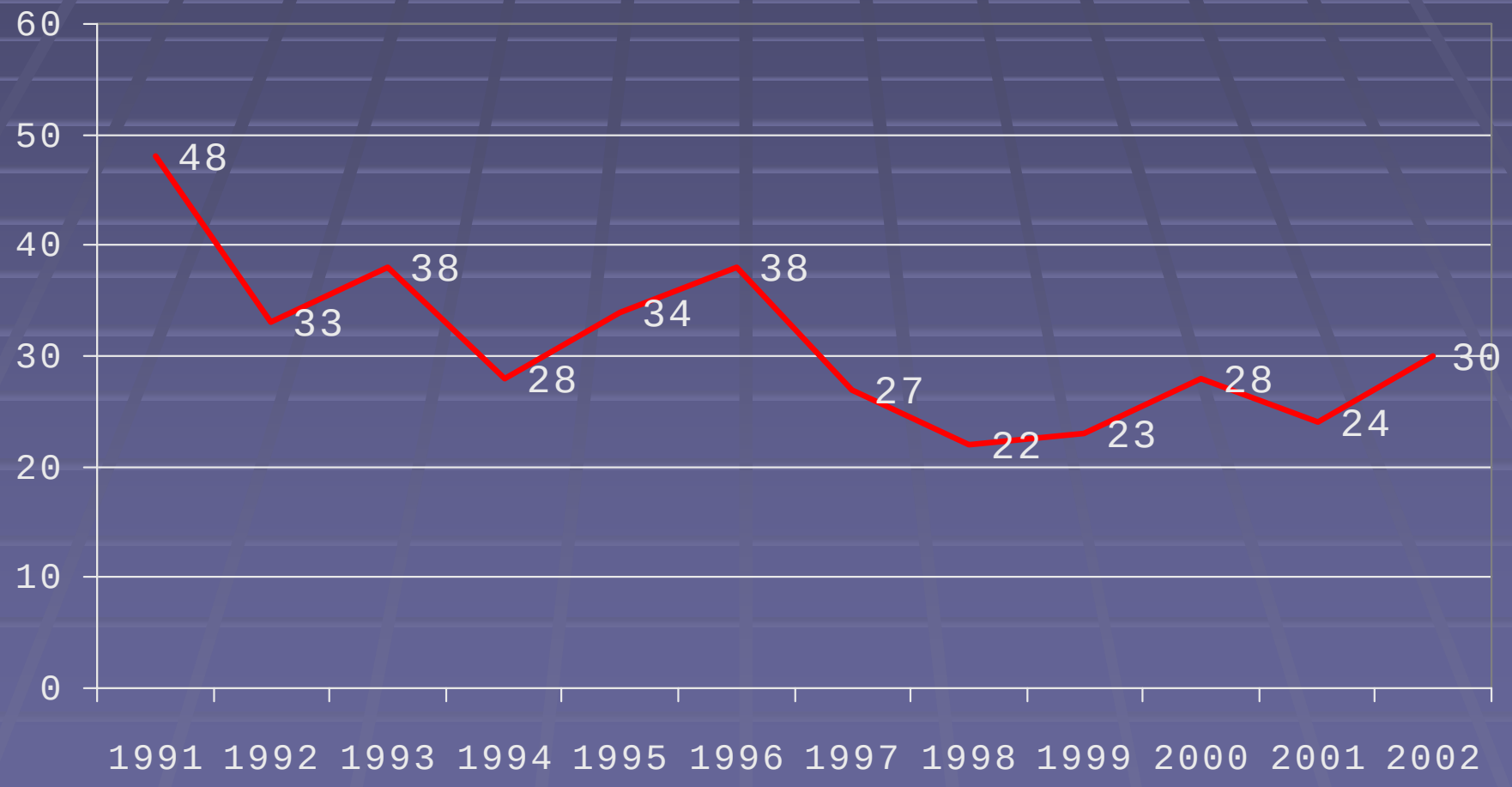
Average Age of First Marriage, Armenia, 1991-2001



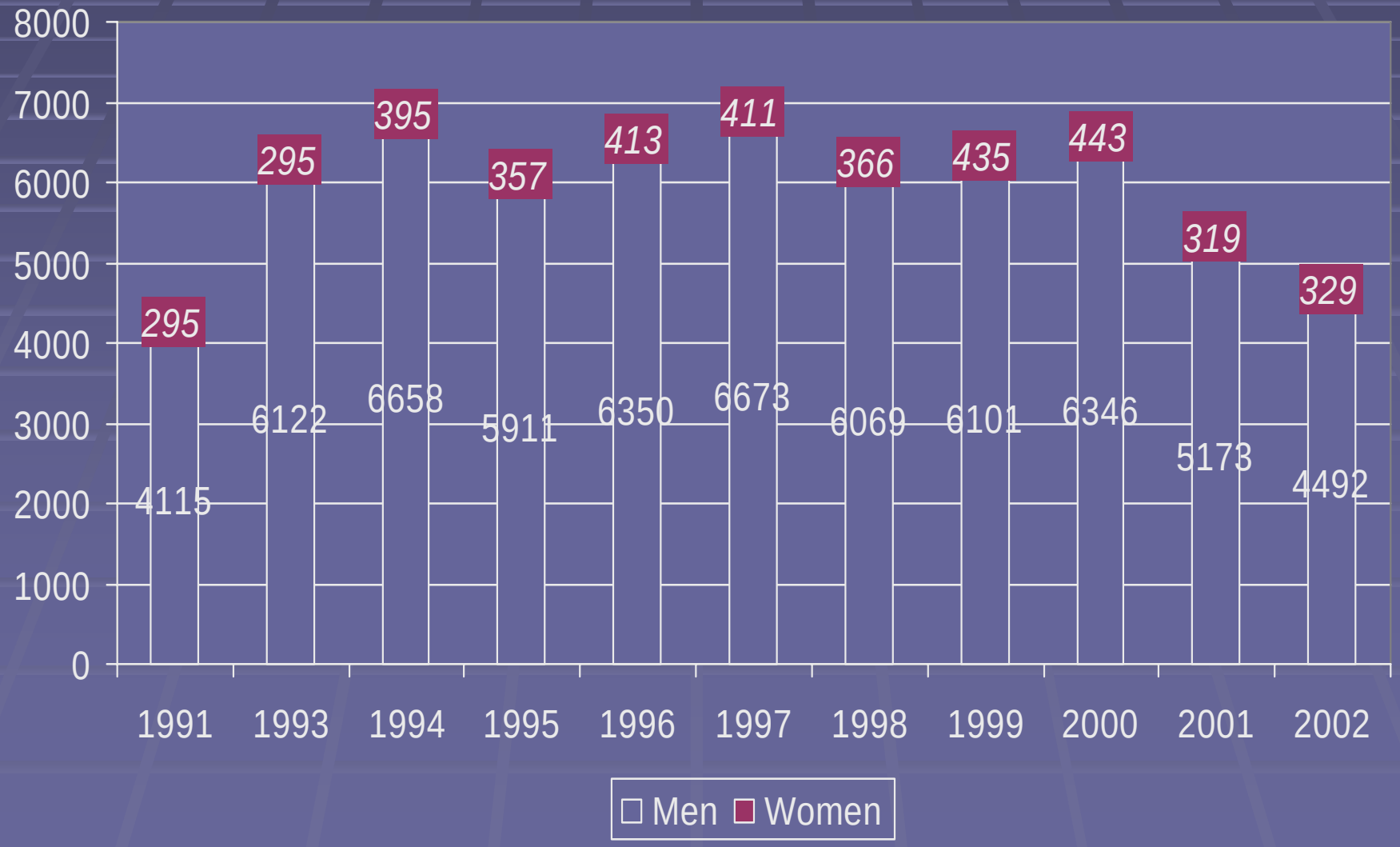
Average Indicator of Marriage and Divorce, Armenia, 1960-2001 (towards 1000 of population)



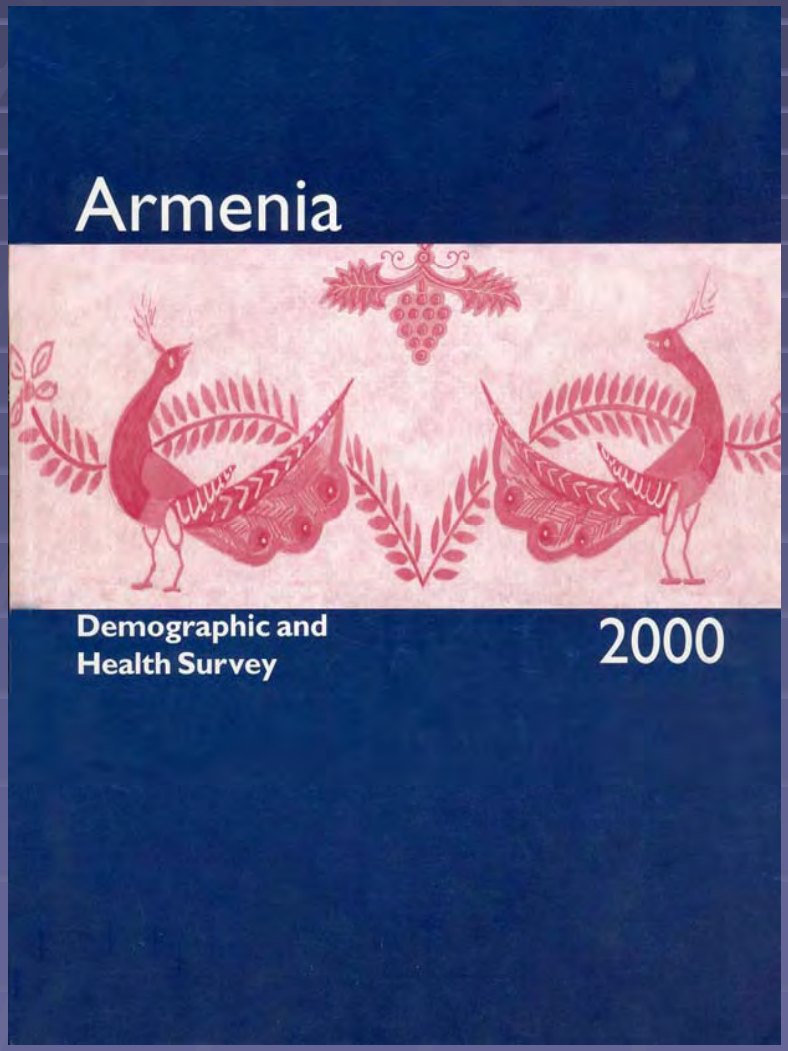
Rape and Dynamics of Attempted Rape, Armenia, 1991-2002



Sexual Dynamics of the Convicted People, Armenia, 1991-2002



Survey of Demographic and Health Issues, Armenia, 2000



I agree at least with reason justifying beating

women - 32 %

men - 42 %

rural areas - 52 %

urban areas - 38 %

By Marzes

Gegharkunik - 68 %

Kotayk - 9 %

SITUATION IN ARMENIA

Five reasons justifying beating:

- burns the food - 5%/6%
- argues with the husband - 14%/4%
- leaves the house without warning - 20%25%
- ignores the children - 27%/25%
- refuses sexual relations - 7%/9%

DHS, “attitude towards beating of women”

RA LEGISLATION

1. RA Criminal Code
2. RA Law on “Children’s Rights”
3. RA Law on “Reproductive Health and Rights”

Article 4: Human rights related to reproductive health

According to RA Constitution and Armenian laws, each person is entitled

- to be protected from all the types of violence, including sexual exploitation and violence, forced pregnancy, abortions, sterilization and other violations of reproductive health.

What has been done

RA Ministry of Health

World Health Organization

UNICEF

Training Course “Violence against women”

August 20-22, 2002

What is the Role of Health System in the Prevention and Disclosure of Violence?

The health system, which is often related to the consequences of violence, can serve as an active and valuable cooperating tool for the violence prevention.

Four Main Principles of Public Health towards Violence

- disclosure
- study of reasons
- study of prevention measures and ways
- implementation of actions (including awareness)

Violence is a “health burden” for personal health, health systems and State finances (Brown and Hamilton, 1999)

- programs for the victims of violence and its implementation against mental health, alcoholism and drug addiction
- health care of the victims (including long-term disability)
- expenses of criminal justice system for punishing the guilty and punishment implementation
- expenses of social security costs from the protection of social work provision and law violations...
- .....

Levels of Violence Prevention

- Primary prevention – “general services” for the whole population
- Secondary prevention – “targeted services” for the population with high risk
- Tertiary prevention – “specialized services” for the families or institutions (after the cases of violence and their ignorance)

Cooperation

International Organizations

RA Government

Communities

Non-government Organizations

Responding to violence against women: The role of the health sector

Mary Ellsberg, Ph.D.

Senior Program Officer

PRIME II/Program for Appropriate Technology in Health

Why is violence invisible in the health sector?

- Providers don’t ask
- Women don’t tell

Barriers to Addressing Violence

- Lack of technical competence
- Institutional constraints -- lack of time, privacy and professional recognition
- Lack of coordination among services and the justice system

Cultural biases and stereotypes

- South African study found that female nurses felt that women “provoked” violence; male nurses reported a long list of reasons that justified wife beating, including disobedience and neglecting household duties.

- Male nurses felt that married women could not be raped and that wife beating was a means to enforce discipline and express love.

Medical "culture" as barrier

"When the doctor attended me, I explained to him what happened, that I had been beaten and I said, 'My husband is outside in the hallway and I need you to call a policeman to help stop him before he beats me again." The doctor answered that his wasn't his problem…He just said, 'Take this for the swelling,' and left me alone in the room."

-- Panamanian Woman

PAHO Ruta Critica Study, 1998

Barriers to disclosure for women:

- Shame
- Fear of reprisals
- Feeling that the provider doesn't care
- Feeling that nothing can be done

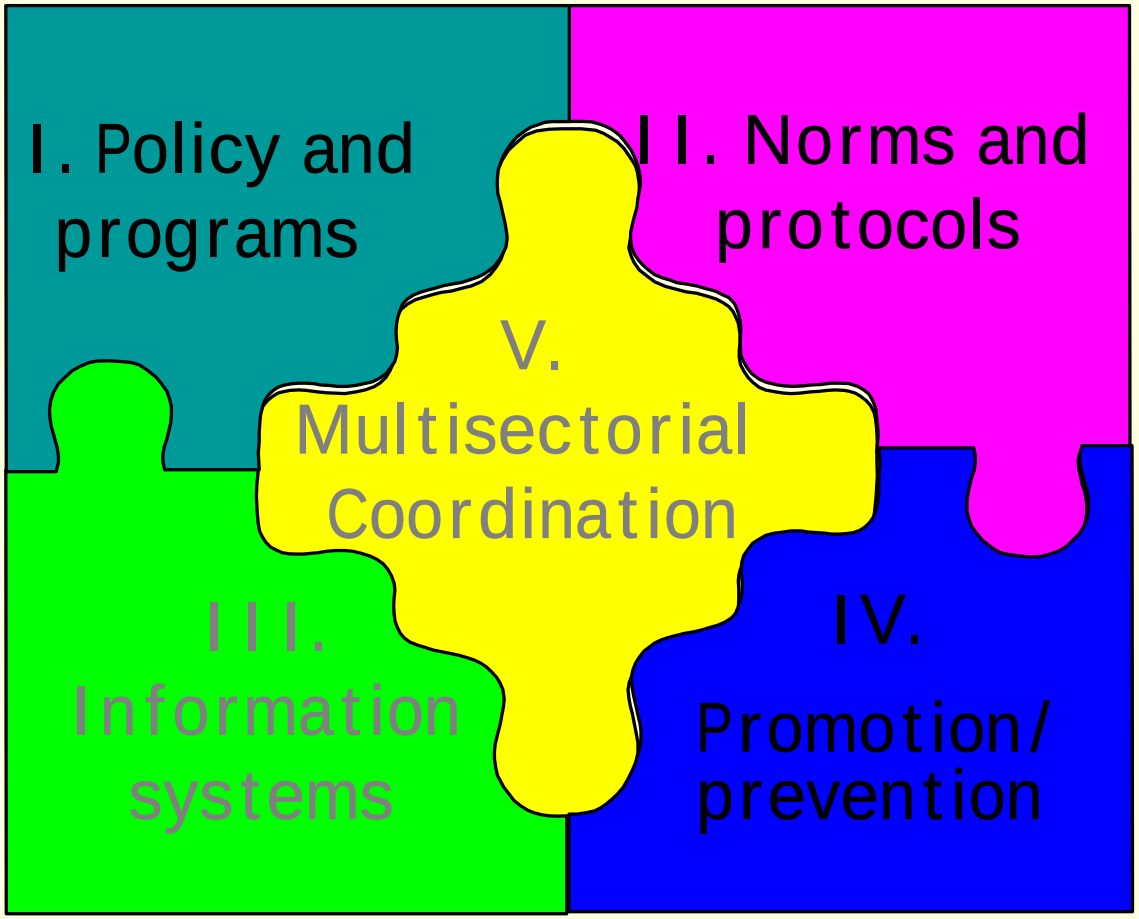
Some Guiding Principles: First do no harm…

- Programs have an ethical responsibility to ensure at least minimal awareness/sensitivity to this issue among providers and policymakers
- Need to integrate violence into undergraduate curricula for medical and nursing students

Ensure women's safety and autonomy

- Ensure that new or existing policies and programs do not compromise women's safety and/or undermine their autonomy
  - mandatory reporting laws for health providers
  - spousal consent requirements for family planning
  - insensitive approaches to partner tracing

A integrated response involves...



I. Policy and programs

Institute a national policy

- Physical & sexual abuse is a public health problem
- Health sector has an obligation to care and support victims
- Obligation of health providers to coordinate with other local actors to support victims of violence and make appropriate referrals

II. Norms and protocols

A graduated response to violence:

- First do no harm
- Integrate issues of gender, coercion and abuse horizontally into existing health initiatives
- Undertake explicit efforts to address coercion/ abuse

Integrate attention to violence into select health programs

- Adopt a “systems” approach to institutional change, (in addition to training, change procedures and evaluation criteria)
- Confront underlying attitudes and beliefs
- Monitoring and supervision are critical

Identifying abused women: What is the best strategy?

- Ask all women about abuse at all visits
- Ask only when there are signs of violence
- Screen routinely in strategic programs (emergency, reproductive health, mental health, etc.)

The special role of RH Programs

- Violence and power issues affect women's reproductive and sexual health and decision making
- Maternal health providers are strategically placed to help connect women with available support services

The special role of RH Programs (cont.)

- Survivors of abuse often have reproductive health needs that presently go unattended (e.g. emergency contraception, STD screening, access to abortion in cases of rape, etc)

- Provider attitudes can either facilitate safety and healing or "revictimize" clients through judgmental or indifferent behavior.

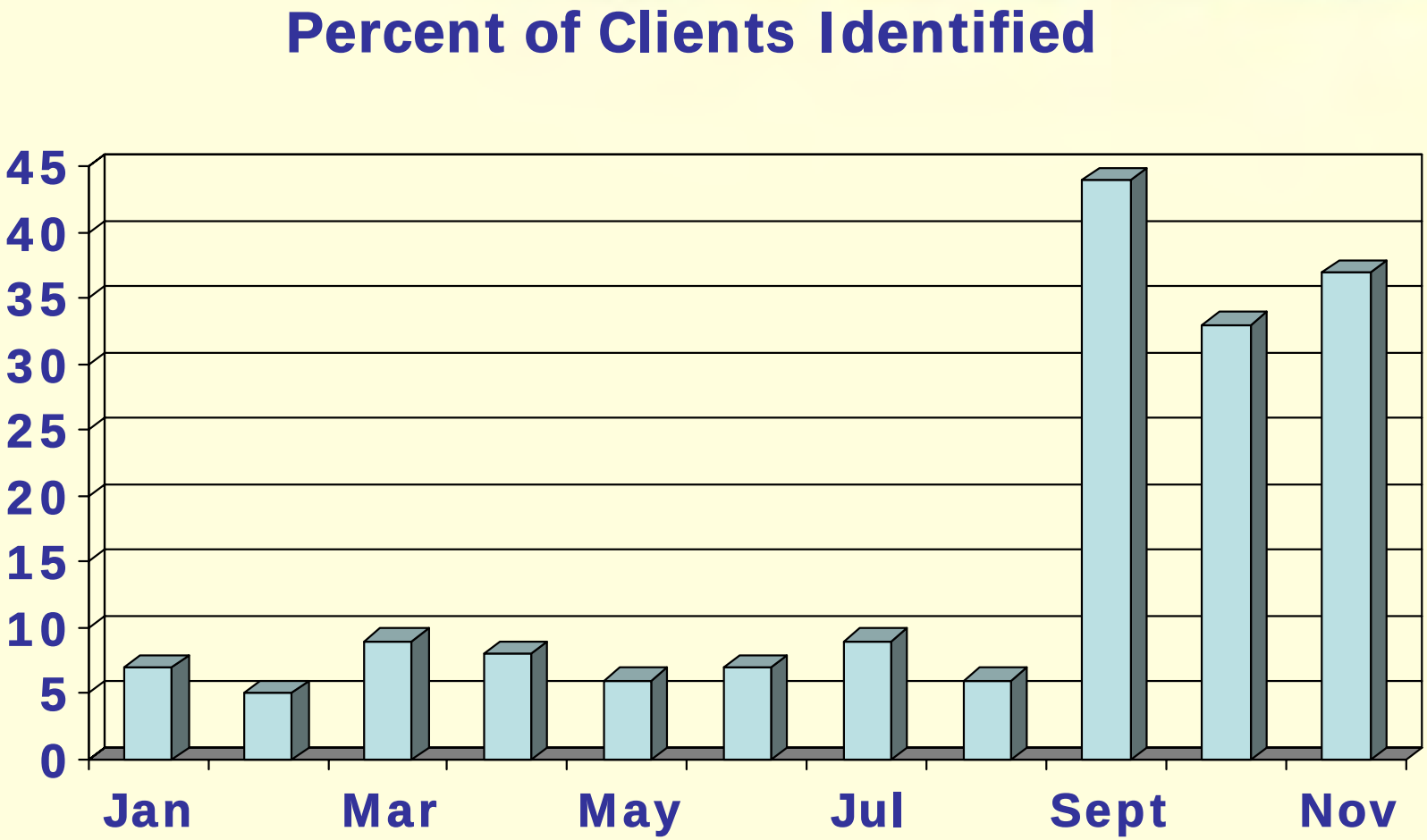
How to ask about abuse?

" Sometimes when I see an injury like yours, it's because somebody hurt them. Did that happen to you?"

"Has your partner ever hit you or physically hurt you?"

"Has he ever forced you to have sex when you didn't want to?"

Impact of screening tool on detection: PLAFAM, Venezuela



If she says yes, then what?

- Risk assessment
- Provide appropriate care
- Document woman's condition
- Develop a safety plan
- Inform women of their rights
- Refer to local resources

Assess for immediate danger

- Ask, “Is it safe for you and your children to go home now? Do you have friends or family that could help you?”

- Use danger assessment to detect risk factors for severe violence (guns, substance abuse, etc.)

Provide appropriate care

- In many settings, health workers refuse to examine victims because they do not want to be called into court.

- Most “police cases” are referred to forensic doctors who see their role as collecting evidence rather than providing care

Adjustments in clinic-level practice

- Re-orient FP and STD/HIV counseling to emphasize the degree to which women can control sexual encounters
- Eliminate implied or actual requirements for spousal consent for FP
- Promote the availability of Emergency Contraception in cases of forced sex
- Consider integrating sexual history taking or abuse assessment into select RH encounters

Document women's condition

- Record symptoms or injuries as well as history of abuse.
- Chart should clearly identify the offender and relationship to the victim
  - In Johannesburg, South Africa a review found that in 78% of intentional injury cases, the provider failed to record the identify of the offender

Be specific...

NOT,

“Blunt trauma to head”

BUT,

“Victim was beaten in the head with a bat by ex-husband.”

Develop a safety plan

- Keep a bag packed with clothes and important documents
- Develop a signal to let children know when to leave or go for help
- Tell a neighbor or family member about the abuse and ask for support

Inform women of their rights

- "You do not deserve to be hit or threatened"
- "Domestic violence is a problem affecting many women"
- "Domestic violence is against the law"
- "There are people and organizations that can help you."

Refer to local resources

- Ask about needs for legal, psychological or medical support, and refer her to appropriate available services.
- Increasing number of services are available worldwide through women's NGOs and governments.
- Reframe role of provider from "curing" or "fixing" the problem to providing support

III. Information systems

Monitor changes in services

- Epidemiological surveillance is useful for assessing:
  - how many victims of violence are being identified in the health sector
  - quality of care provided
  - program planning
- It is <u>not</u> useful for determining how common violence is in the population (prevalence)

Is mandatory reporting a good idea?

- To centralized health planners for the purposes of monitoring - Yes

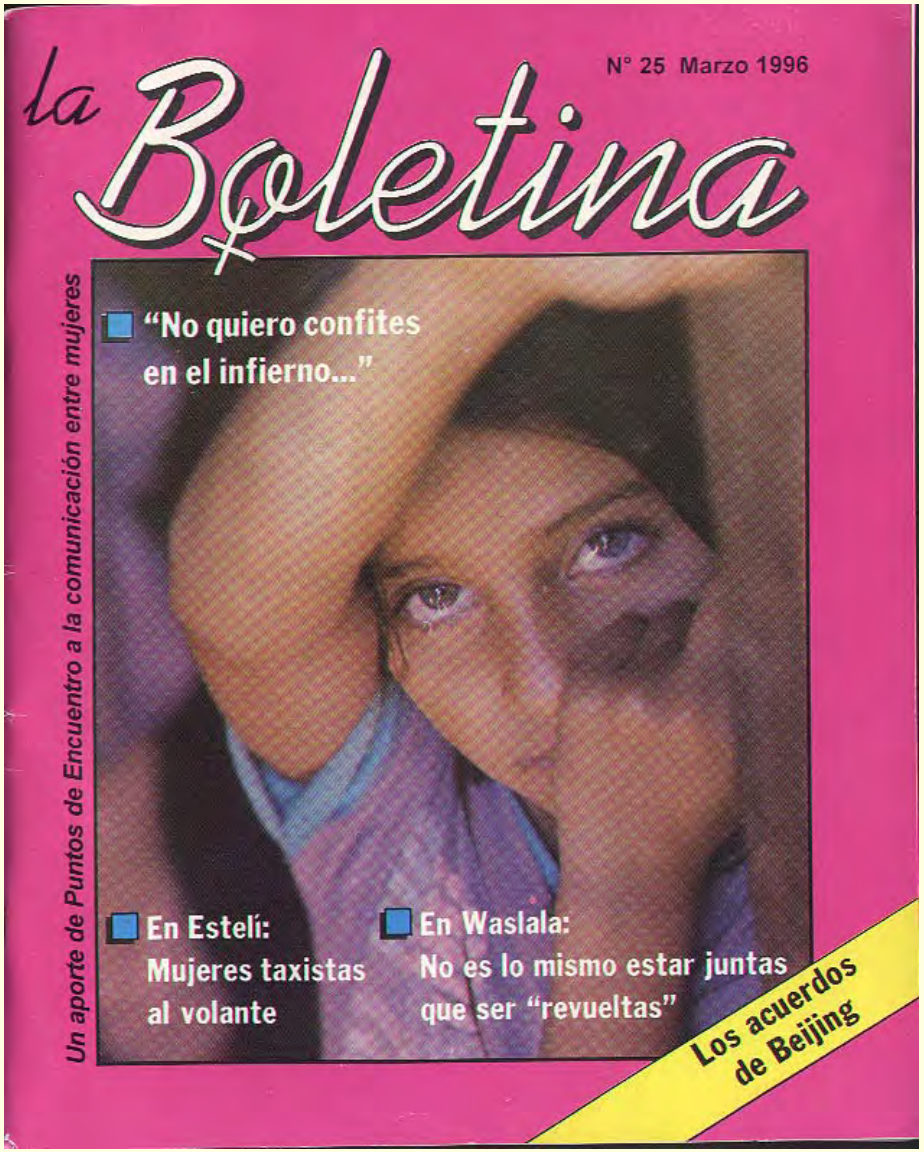
  (But remember, this will not reveal the true magnitude or socio-demographic profile of the problem)

- To police or justice system officials -- No

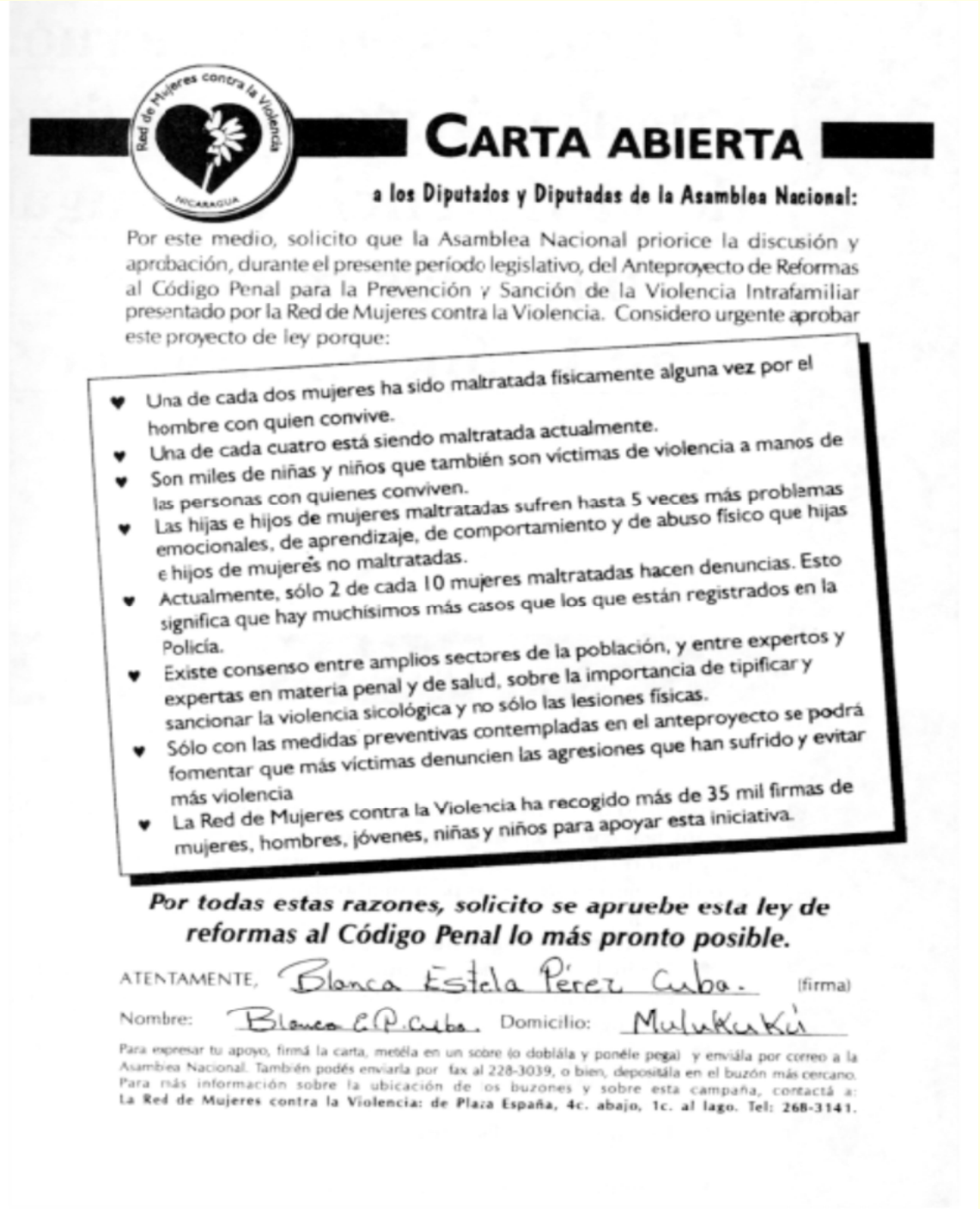
IV.

Moving beyond the clinic

Breaking
the silence



Legislative reforms



Red de Mujeres contra la Violencia
NICARAGUA

CARTA ABIERTA

a los Diputados y Diputadas de la Asamblea Nacional:

Por este medio, solicito que la Asamblea Nacional priorice la discusión y aprobación, durante el presente período legislativo, del Anteproyecto de Reformas al Código Penal para la Prevención y Sanción de la Violencia Intrafamiliar presentado por la Red de Mujeres contra la Violencia. Considero urgente aprobar este proyecto de ley porque:

- Una de cada dos mujeres ha sido maltratada físicamente alguna vez por el hombre con quien convive.
- Una de cada cuatro está siendo maltratada actualmente.
- Son miles de niñas y niños que también son víctimas de violencia a manos de las personas con quienes conviven.
- Las hijas e hijos de mujeres maltratadas sufren hasta 5 veces más problemas emocionales, de aprendizaje, de comportamiento y de abuso físico que hijas e hijos de mujeres no maltratadas.
- Actualmente, sólo 2 de cada 10 mujeres maltratadas hacen denuncias. Esto significa que hay muchísimos más casos que los que están registrados en la Policía.
- Existe consenso entre amplios sectores de la población, y entre expertos y expertas en materia penal y de salud, sobre la importancia de tipificar y sancionar la violencia sicológica y no sólo las lesiones físicas.
- Sólo con las medidas preventivas contempladas en el anteproyecto se podrá fomentar que más víctimas denuncien las agresiones que han sufrido y evitar más violencia
- La Red de Mujeres contra la Violencia ha recogido más de 35 mil firmas de mujeres, hombres, jóvenes, niñas y niños para apoyar esta iniciativa.

Por todas estas razones, solicito se apruebe esta ley de reformas al Código Penal lo más pronto posible.

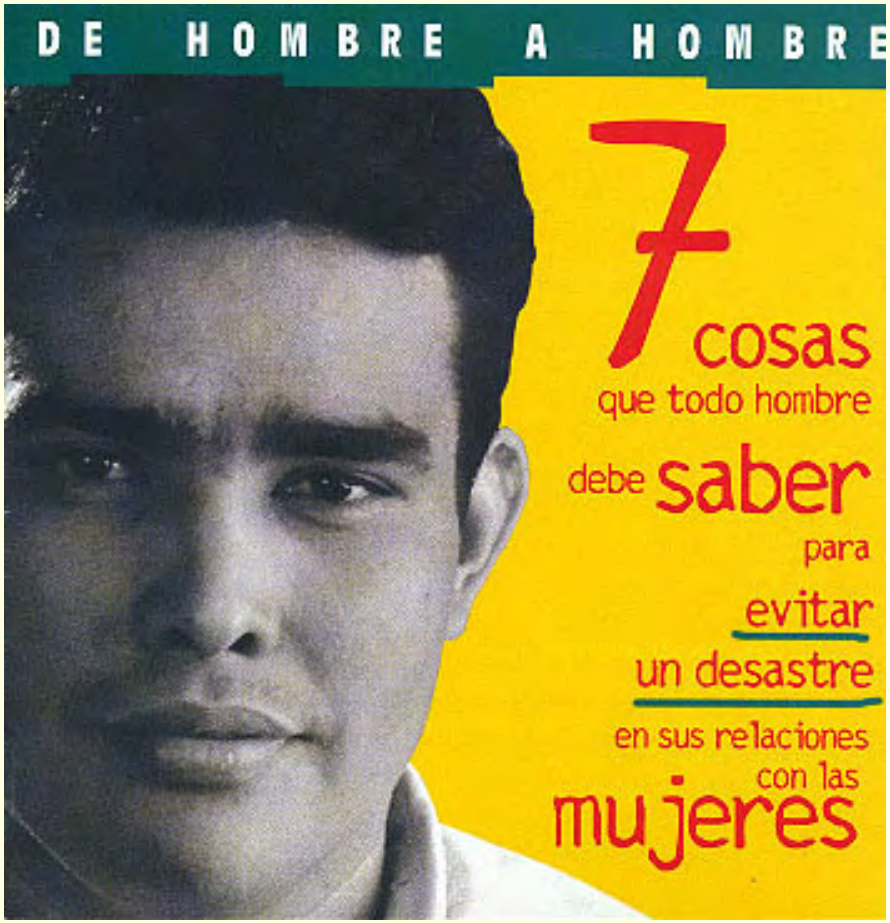
ATENTAMENTE, Blanca Estela Pérez Cuba. (firma)

Nombre: Blanca E.P. Cuba. Domicilio: Mulukuku

Para expresar tu apoyo, firmá la carta, metéla en un sobre (o doblála y poníle pega) y enviála por correo a la Asamblea Nacional. También podés enviarla por fax al 228-3039, o bien, depositála en el buzón más cercano. Para más información sobre la ubicación de los buzones y sobre esta campaña, contactá a: **La Red de Mujeres contra la Violencia: de Plaza España, 4c. abajo, 1c. al lago. Tel: 268-3141.**

Changing social norms

Reaching out to men



Dos desastres nacionales

El huracán Mitch	La violencia contra las mujeres
• En todo el país, 1 de cada 4 personas sufrió daños por el huracán.	• En todo el país, 1 de cada 3 mujeres ha sido golpeada por su pareja.
• 1 de cada 4 familias afectadas perdió su casa.	• 2 de cada 5 mujeres maltratadas recibieron golpes estando embarazadas.
• 1 de cada 5 personas quedó muy afectada emocionalmente por el huracán.	• 1 de cada 3 mujeres que ha sido maltratada por su pareja sufre de problemas emocionales.

3 de cada 5 personas en las zonas afectadas por el Mitch opinan que la violencia contra las mujeres se mantiene igual o aumentó después del huracán.

Evitemos que un desastre aumente otro desastre

Fuentes: Propuesta ante la Reunión de Estocolmo para la Reconstrucción y Transformación de Nicaragua. Coordinadora Civil para la Emergencia y la Reconstrucción • Auditoría Social para la Emergencia y la Reconstrucción. Coordinadora Civil para la Emergencia y la Reconstrucción. CIET Internacional • Encuesta Nicaragüense de Demografía y Salud 1998. INEC-MINSA-DHS • Violencia Doméstica y problemas emocionales entre mujeres nicaragüenses. Elsberg, M.; Caldera, T; et al. American Psychologist, enero 1999.

And to youth

V. Multisectorial Coordination

- National and local levels
- Concrete plans and bilateral agreements
- Plans should provide for:
- expedited referrals between institutions
  - free consultations/treatment for victims
  - enhanced coordination between courts (criminal and family), health sector, advocacy response)
  - enhanced focus on prevention

Conclusions

- Partner abuse and sexual coercion have a grave impact on the health of women and children
- Health programs need to respond appropriately:
  - sensitizing providers,
  - institutionalizing mechanisms to identify and refer women experiencing abuse
  - providing appropriate care
  - changing social norms towards violence

LEGAL AND POLICY CHALLENGES FOR THE HEALTH SECTOR WHEN RESPONDING TO VIOLENCE AGAINST WOMEN

Sergey Arakelyan
YSU, LAW Department

- The 12th century Criminal Code of Mkhitar Gosh prohibits violence against women and imposes criminal penalties on anyone committing violence against women

- There has been an increase recently in the cases of violence against women.

  The difficulties of the transitional period has negatively impact Armenian population and, particularly, women. As a result, women suffer from violence more frequently. As a result children, women and elderly have become the most vulnerable strata of society.

- The legal grounds for prevention of violence against women are the following:

The Constitution of the Republic of Armenia

Criminal, civil, criminal procedure, civil procedure and administrative offence codes

Other legislative and sub-legislative acts

Constitutional Means To Protect Women Against Violence

- The analysis of RA acting Constitution gives grounds to assume that all legal guarantees for elimination of discrimination against women are set in Armenia.

  The Constitution of the Republic of Armenia and relevant international legal acts are the first guarantors of women’s rights and legal interests

- Gender equality is guaranteed by the RA Constitution and is protected by other legislative and sub-legislative acts. Any gender discriminative actions contradict the state laws.

- Article 15 of RA Constitution states that “Citizens have all the rights, liberties and responsibilities envisaged by the Constitution and laws irrespective of their nation, race, sex, language spoken, religion, political or other views, social origin, property or other conditions”

- Article 16 of the Organic Law States that “Everyone is equal before the law and is equally protected by the law without any discrimination”

- In the last several years RA ratified several international legal documents related to the protection of women's rights, which, according to the article 6 of RA Constitution, are integral parts of the legal system of our country and prevail over the interstate legislation. Some of these are:

- Convention for "Elimination of all Types of Discrimination Against Women" (includes directions to members to not invoke any custom, tradition or religious consideration to avoid obligations with respect to elimination)

- International convention about "Civic and Political Rights"
- Convention on "Social, Economic and Cultural rights"
- Convention about "Discrimination in the Fields of Labor and Employment", etc.

- As an important progress in the improvement of legal means for women’s protection against violence the membership of Armenia in the Council of Europe, acquired on January 25, 2001 and the ratification of the European Convention “About Human’s Rights and Principal Liberties” of 1950 with a range of protocols should be mentioned.

- The state assumed an obligation to accept the rule of the law, as well as the principles according to which anyone being under RA mandate must use his/her rights and principal liberties

- Thus, the Constitution of the Republic of Armenia and relevant international legal acts are therefore the first guarantors of women’s rights and legal interests.

Criminal Law as a Means to Protect Women Against Violence

- The Criminal Code of our country envisages legal norms for protection of human rights in general.
- This means, that there is no division of these norms into separate ones for men’s and women’s criminal-legal protection

- As far as the main bulk of incidents of violence against women contains a high level of public danger which are provided for in RA Criminal Code, an extreme importance of legal means for struggle against criminally punishable cases should be mentioned

- To meet the requirement of the Council of Europe, the National Assembly of RA needs to adopt a new Criminal Code in the near future, that should conform to international standards for human rights protection

- The final draft of the criminal code has had two hearings. Provisions of the draft law related to crimes which include different types of violence against women include the following

- One of the positive attainments of the draft is the inclusion in it of an article establishing responsibilities for trafficking, according to which trafficking is defined as “Hire, transportation, delivery, hiding or receipt of people for the purposes of their involvement in sexual exploitation or forced work through violence, threats to use violence, delusion, usage of their dependent state, blackmail, threats to destroy or to damage their property, if this is done in abusive purposes.

Laws include:

- **Different kinds of murder (articles 99–103)**
- **Driving a person to a suicide (article 104)**
- **Different ways and extents of health injury (articles 105–109)**
- **Beating and torturing (article 110)**
- **Raping and sexual actions of forced nature (articles 112–1121)**
- **Forcing a woman to sexual relations (article 113)**
- **Forcing a woman to make an abortion (article 121)**
- **Avoiding to pay alimonies or children's maintenance allowances (article 124)**
- **Stealing a person and his/her illegal deprivation from marriage (article 130)**
- **Slander and offences (articles 131–132)**
- **Threats to kill, to inflict serious body injuries or to destroy property (article 223)**
- **Den-keeping and poncing (article 226), etc.**

Challenges in protecting women against domestic violence

- There are no specific laws that protect women from violence that occurs in the family by husband or partner
- Representatives of the law (e.g., local inspectors) may consider domestic violence to be normal, not a serious crime, or that an abused woman has done something to deserve it.
- Local inspectors may ask a man to sign a statement promising not to assault his wife again. The paper acts as an alternative to criminal or administrative penalties and *carries no legal sanction*. It's effectiveness depends on whether the man is open to moral suasion and the ability/willingness of the local inspector to monitor the case.

Challenges in protecting women against domestic violence

- In some cases, local inspectors may actively influence women to use the signed statement rather than to lodge a complaint. They may try not only to reconcile the disputing parties, but also to convince an assaulted woman not to complain against her assaulter, *thereby often infringing the provisions of the law and their right to effective remedy for human rights violations*.

- Women may choose not to complain because of fear of losing children or income, or desire to keep family intact
- (*NB: Particularly in those cases when the facts of felony become known, irrespective of the fact whether the suffering party has submitted a complaint or not, appropriate bodies* ***must*** *institute legal proceedings against the offenders*).

- Investigation of court practices in Armenia also reveals that judicial bodies approach problems related to family conflict in ways that favor non-meddling in family intimate relations, and to impose lighter sentences on batterers in support of family preservation or reconciliation, even in cases of long term abuse of a woman
- There is a lack of societal and legal support for victims of domestic violence which leaves little choice but for a woman to remain in violent relationship and keep abuse to themselves
- Because of difficulties in obtaining a legal remedy and protection for domestic violence many women seek divorce as a solution

- According to the article 183 of RA Criminal Code in response to complaints of suffering parties legal proceedings can be instituted only in the following cases:

Part 1 of the Article 109. (intended light injuries, that did not cause a short-term deterioration of health or a slight, but stable loss of capacity for work)

Part 1 of the Article 110. (intended hitting or beating, as well as other forced actions for inflicting physical pain)

Challenges in protecting women against domestic violence

- Typical injuries sustained by a victim of domestic violence are usually classified as “light injuries” (cuts, scratches, black eyes, bruises) by forensic experts, and subsequently by prosecutors, who determine how to charge the abuser.
- Lighter charges minimize the significance of long-term domestic assaults and carry light penalties that do not act as a deterrent to future acts of violence.

Challenges in protecting women against domestic violence

- The majority of domestic violence cases are charged under the criminal and administrative provisions that carry the lightest of penalties

- Legal system tends to focus on spousal reconciliation rather than penalizing acts of abuser

Challenges to protecting women from violence

- Decree C-240570 of the Ministry of Health and Ministry of Internal Affairs obliges doctors to report to the police cases involving symptoms of violence (e.g., beating, bruises)
- Health workers may believe that domestic violence is a private matter and not one to be discussed with patients
- Doctors may not report cases of suspected violence because a patient asks her not to
- Doctor or patient may not believe that police will be able to help the patient or that the legal system cannot protect the patient

Summary of challenges

Women are not aware of what rights they have

Constitutional and criminal law protections are not enforced

There are no legal means to specifically prevent violence against women in Armenia

Recommendations

- Effective prosecution of batterers
- Educating women about their rights
- Training law enforcement, judicial and health personnel about violence and related laws
- Domestic violence units in the police to respond to problems of domestic violence
- Civil penalties that remove batterer (e.g., temporary restraining order)
- Counseling, support and shelters for victims of domestic violence

Conclusion

- The highest importance of development, adoption and implementation of RA Law “About Prevention of Violence Against Women” within the system of legal means for women’s protection

PRIME II

Improving the performance of primary providers in family planning and other reproductive health care around the world

PRIME II

Community and Provider Readiness to Integrate VAW in Health Services

Hayk Gyuzalyan

Survey methodology

- Study sites:
  - Yerevan
  - Gyumri

- November 2002 (January 2003)

Survey methodology

INSTRUMENTS

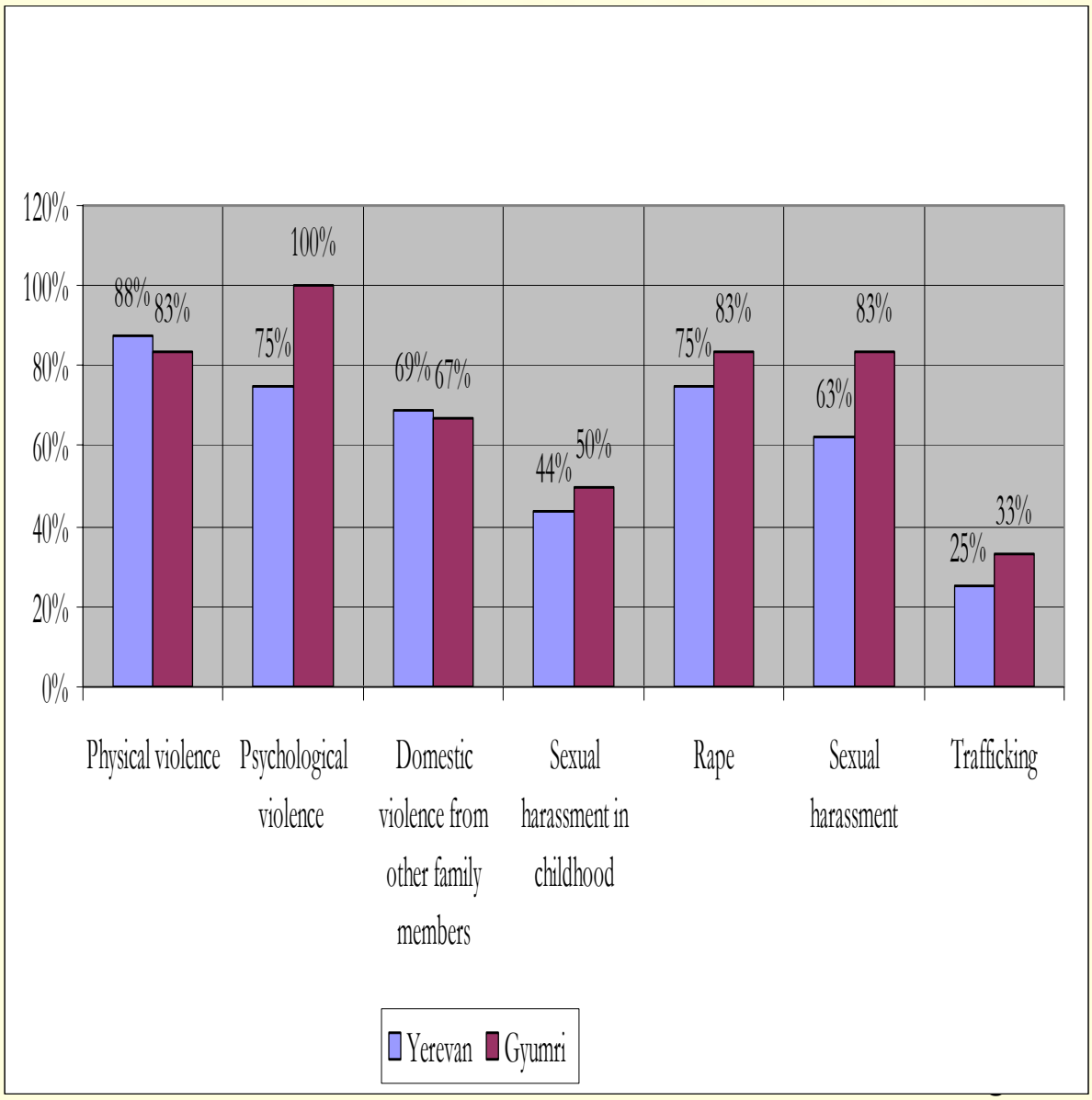
- Community Resource Scan
- Record Review Form
- Facility Inventory
- Questionnaire on Knowledge and Beliefs Related to VAW
- FGDs with clients
- FGDs with providers

Community Resource Scan

- 39 organizations contacted, 22 NGOs representatives interviewed in Yerevan and Gyumri
  - 16 in Yerevan
  - 6 in Gyumri
- Standardized interview conducted with a questionnaire
- Interview duration 30-45 min

Types of violence addressed by NGOs

Community Resource Scan



TYPES OF SERVICES

Community Resource Scan

- Full array of services available
  - Legal services (16 org-s)
  - Medical services (8 org-s)
  - Psychological counselling (13 org-s)
  - Vocational training (12 org-s)
  - Shelters (4 org-s)
- Few organizations providing charity services

COOPERATION with HEALTH SECTOR

Community Resource Scan

- Vast majority (>90%):
  - Readiness to cooperate
  - High levels of collaboration among NGOs
  - Public health organizations should intervene in VAW issues
  - Interested in cooperating
  - Had contact with government agencies

Facility Readiness: Adequacy of Facility Environment to Support the Detection and Management of VAW.

Facility Inventory

- No member of staff designated or trained to deal with VAW
- Readiness to start the project

- Composite score:
  - Gyumri: 52%
  - Yerevan: 54%

PROBLEM RECOGNITION

Client FGDs

- Almost all members have some experience of violence
- Some accept violence while others do not
- Little awareness of organizations assisting women who experienced violence
- Members specified forced abortion and psychological pressure

'Psychological pressure is a necessary part of marriage in Armenia…'

'98%, if not 100% of women in Armenia experience violence'

'… it is done in Armenian family, that the husband should be strict with the wife and should control her visits to friends, parents, her expenses, the way she brings up children'

'…most often they suffer [and do not leave], do not divorce for children, so children are not left without a father'

CURRENT ROLE OF PROVIDER

Client FGDs

- Role of provider currently: intervention depends also on personality of provider
- Doctors should report to police, but rarely do so
- The clients would share more, if not the fear of lack of confidentiality

'The only thing doctor can do is to ask whether the woman wants to report to police or not. It is the only option. Doctors are very constrained in this matter'

'Doctor heals the consequences of the violence, in the most difficult cases reports to police…'

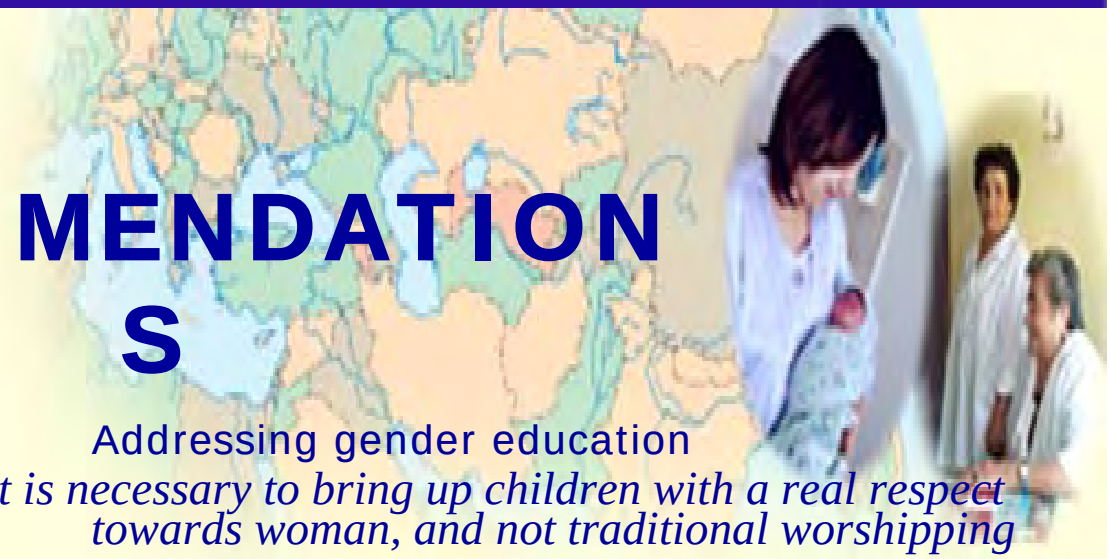
'Husband started beating his wife right in the clinic, after finding out about the undesired pregnancy, and doctors only asked not to do that in the clinic.'

RECOMMENDATIONS

THE ROLE OF PROVIDER

Client FGDs

- Primary responsibility: medical treatment
- Support emotionally
- Help with advice
- Maybe, intervention, meeting with spouse, if done professionally
- In case of heavy injuries report to police



RECOMMENDATIONS

Client FGDs

- Addressing gender education

'It is necessary to bring up children with a real respect towards woman, and not traditional worshipping in words, and humiliation in action'

'Children should be taught that in schools'

- The need for State to introduce alternative ways of solving the problem

'The State may create special family centres where people may get assistance in their problems, including the problem of violence, and where she can come with her husband'

- Health providers should have their role in addressing the issues

'Doctors should ask everybody about VAW in their families, the way it does not create complications for the client'

'If this will constitute the responsibilities of the doctor, the husbands and other family members will react much more relaxed'

- There must be a change in the way the police and courts operate

'The State should create laws which will make people who committed violence bear corresponding punishment, and the enforcement agencies will observe the order'

RECOGNITION

Provider FGDs

- Recognition of violence as a problem.
- Need to pay attention to different forms of violence, e.g. restriction on freedom to move
- Types of violence which doctors most often come across: forced abortion, rape
- Providers often suspect violence, but clients rarely talk about it
- Husbands being not the only perpetrators of violence

'I have a client that refused to come for a visit today, because there was nobody at home except her, and she is not allowed to go to doctor alone. Isn't it an example of violence?'

CURRENT ROLE OF PROVIDER

Provider FGDs

- Providers ask questions if they suspect violence, but they never insist, especially if they do not know the client personally
- Providers feel constrained by current regulations and job expectations in relation to VAW

'We are not asking, and they are not telling'

'Doctors want to insure themselves from getting into trouble, only in these cases they do report to police'

'Given the options that we have it is better not to report than to report'

RECOMMENDATIONS

Provider FGDs

- VAW should be handled, but not in all cases by police
- Need to pay attention to different types of violence
- Readiness to assist women in violent relations
  - within the family context
  - need for training in VAW
- Need for better cooperation between different agencies

'The only thing doctor can do is to ask whether the woman wants to report to police or not. It is the only option. Doctors are very constrained in this matter'

'Yes, I understood that it was a case of violence, but I couldn't do anything. It is just not possible.'

Possible Measures of Success* for the VAW Project and Related Indicators

Hayk Gyuzalyan, PRIME II

*(*May need to add indicators related to new provider performance, such as "Improved client/provider interaction"*

Measure 1

Increased *awareness* among health sector personnel of violence as a public health problem

Indicator 1

- % of providers who can state three signs that a client is at risk of violence (B2/10)
- 68.4%

Measure 2

Improved *knowledge, attitudes and practices* by health workers

Indicator 1

- % of providers who state that managing domestic violence is not a part of their job (C5/26)
- 47.4%

Indicator 2

- % of service providers who know there is a high incidence of violence against pregnant women (16.1)
- 10.5%

Indicator 3

- % of providers who can name 3 elements of a safety plan (B7/15)
- 0%

Indicator 4

- Providers' perception that (s)he could help a victim of violence (C9/30)
- 63.2%

Indicator 5

- Number of new and continuing clients asked by provider about suspected violence
- 0 clients

Indicator 6

- Number of clients educated by provider about domestic violence
- 0 clients

Indicator 7

- Existence of one or more service providers during all shifts who are able to conduct basic VAW crisis intervention
- 0

Indicator 8

- Existence and use of protocols by providers for the identification/ treatment/education/referral of victims of violence
- 0

Measure 3

Increased *cooperation between health sector and other agencies* helping victims of violence against women

Indicator 1

- Number of service providers aware of at least one organization in the community that assists victims of violence (B4/12)
- 5.2%

Indicator 2

- Number of clients disclosing violence who are referred by provider to a support service
- 0

Indicator 3

- Number of meetings between the health facility and representatives of community support services working in VAW
- 0

Indicator 4

- Number of referrals made from the health facility to community VAW support services working
- 0

Measure 4

Perceived *quality of services*

Indicator 1

- Existence of staff trained to respond to victims of violence against women
- 0

Indicator 2

Clients' perception that provider plays a positive role in providing services related to VAW

Measure 5

Adequacy of facility to support the identification and management of VAW

Facility Readiness: Adequacy of Facility Environment to Support the Detection and Management of VAW.

Facility Inventory

1	The facility has one (or more) written protocol(s) for the screening and management of subjects of violence	No
2	The facility has an RH consultation area that ensures **privacy**	Yes
3	All relevant staff received in-depth training in the detection and management of VAW	No
4	At least one service provider designated and able to carry out basic crisis intervention in case of violence	No
5	There is a mechanism for documenting whether a client has been screened using the VAW screening tool	No
6	The facility has a directory of organizations that provide VAW-related services	No
7	The facility manager and/or staff met with representatives from other organizations working in the area of VAW	No
8	The facility has health education materials related to VAW available for client distribution	Yes

THE COORDINATED COMMUNITY ACTION MODEL: MULTISECTORAL RESPONSE TO VIOLENCE AGAINST WOMEN

- This model demonstrates ways in which communities can act together to support battered women and children and hold batterers accountable for their behavior.

Source:

From the “Coordinated Community Action Model” of the Domestic Violence Institute of Michigan.

THE COORDINATED COMMUNITY ACTION MODEL

GOVERNMENT

- Enact laws which define battering as criminal behavior.
- Enact laws which provide courts with progressive consequences in sentencing.
- Adequately fund battered women's service agencies and violence prevention education.
- Commute sentences of battered women who kill in self defense.
- Heavily tax the sale of weapons and pornography to subsidize sexual and physical violence prevention and intervention efforts.

SOCIAL SERVICES PROVIDERS

- Design and deliver services which are responsive to battered women and children's need.
- Require staff to receive training on the etiology and dynamics of DV.
- Oppose the "pathologizing" of DV and exclusive control of the "field" by "degreed professionals".
- Shift the focus from "trying to keep the family together at all costs" to safety of battered women and children.
- Utilize methods to help identify DV.

HEALTH CARE SYSTEM

- Develop and utilize safe and effective methods for identification of DV.
- Provide referral, education and support services to battered women and their children.
- Refrain from overly prescribing sedative drugs to battered women.
- Utilize accountable documentation and reporting protocols for DV.
- Devote a percentage of training equitable to DV cases handled.

JUSTICE SYSTEM

- Regularly disclose relevant statistics on DV case disposition.
- Utilize methods of intervention which do not rely on the victim's involvement.
- Devote a percentage of training equitable to DV cases handled.
- Vigorously enforce batterer's compliance and protect women and children's safety, with custody, visitation and injunctive orders.
- Adopt a "pro-arrest policy".
- Provide easily accessible and enforceable protection orders.

EDUCATION SYSTEM

- Support and educate teachers to recognize and respond to symptoms of DV in students lives.
- Teach violence prevention, peace-honoring conflict resolution and communication skills.
- Acknowledge gender bias in teaching materials and develop alternatives.
- Require education about relationships at all levels.
- Teach that it is the civic duty of all citizens to oppose oppression and to support those who are oppressed.

CLERGY

- Speak out against DV from the pulpit.
- Routinely assess for DV in premarital and pastoral counseling.
- Seek out and maintain a learning and referral relationship with the DV coordinated community response system.
- Oppose the use of biblical or theological justification for DV.
- Reject patriarchal dominance as a preferred social pattern.

MEDIA

- Prioritize subject matter which celebrates peace and nonviolence.
- Spotlight efforts which promote nonviolence.
- Devote an equitable proportion of their media “product” to battered women and children’s needs.
- Educate about the dynamics and consequences of violence, not glorify it.
- Cease labeling DV as “love gone sour”, “lover’s quarrel”, “family spat”, etc.
- Stop portraying the batterer’s excuses and lies as if they were the truth.

EMPLOYERS

- Condition batterers continuing employment on remaining non-violent.
- Intervene against stalkers in the workplace.
- Safeguard battered employee's employment and careers by providing flexible schedules, leaves of absence, and establishing enlightened personnel policies.
- Provide employment security to battered employees.
- Provide available resources to support and advocate for battered employees.

Appendix H

THE COORDINATED COMMUNITY ACTION MODEL:

MULTISECTORAL RESPONSE TO VIOLENCE AGAINST WOMEN

Appendix I

ARMENIA VAW READINESS ASSESSMENT DATA ANALYSIS

Hayk Gyuzalyan
Monitoring&Evaluation Specialist, PRIME II

Background information. Two facilities were selected for conducting the violence against women readiness assessment: Department of Women's Consultation in Polyclinic #8, Yerevan (director Efrosya Nahapetyan) and Department of Women's Consultation in 'Berlin' Medical Center, Gyumri (director Anahit Ghazaryan). In each facility a focus group discussion with physicians, a focus group discussion with nurses and midwives and a focus group discussion with clients were conducted. Besides, in each facility providers' client registries were scanned and facility equipment preparedness was checked. Additionally, a standardized interview with a questionnaire with all providers was conducted in both facilities.

Focus groups with providers. Identification of the problem. VAW was not considered a big problem in **'Berlin'**, providers were more inclined to see the violence cases as something which depends on the socio-economic situation in the country, and made an effort to justify the behaviour of men. However, providers mentioned that violence does not occur often in their practice and in Armenia in general. This proves that providers do not regard certain cases as violence, and also lack of desire to tell about these cases. Both factors could become an obstacle for realization of the program. Providers of **Polyclinic #8** showed better awareness of the VAW problem, mentioned types of violence other than physical, and perpetrators of violence other than husbands. Most doctors agreed that they had had cases in their career, when they were suspicious of clients experiencing violence, but the supposed victims denied this probability. Compared to 'Berlin' clinic, focus groups were much less inclined to justify violent behaviour.

Reporting violence. Doctors of **'Berlin'** stated that they did not report to police about light injuries, especially if the woman did not admit the case. More generally, doctors found that they should not report to the police in any case, if the woman protests. In Polyclinic #8 providers usually asked more questions to the client if they were suspicious, but never insisted. The general attitude was that there should be something done in this regard in the legislative field. Providers were confident that the cases should be dealt with somehow, but not by police forces. Providers believe that the police would not efficiently solve the problem of violence, and that this case should not be made public, unless there is a very serious threat to the health and life of a woman or a child.

Job expectations. Providers in both facilities expressed readiness to cooperate with other organizations providing violence related assistance under certain conditions – that doctors are not obliged to intervene directly or do anything else that could bring to negative consequences from the side of community towards doctors. There was a need felt for a clearer job expectations, not all providers were confident what to do exactly in particular case (except for heavy cases implying direct harm to the health or life). All four groups agreed that there should be some procedures and regulations at least on the level of facility regarding VAW issues.

Organizational support. Providers in both groups in Polyclinic #8 were very supportive of the director of Women Consultation. General feeling was that there will be no problems communicating with a client. Doctors in both sites were more confident in that than the nurses/midwives but overall impression was positive.

Knowledge and skills. Most providers have had trainings in the course of the last year, but none of them has had training in the field of violence treatment. There was a distinctive expressed desire to pass training on this matter, and to have some guidelines and methodical literature on handling violence cases.

Policy. It would benefit everybody if health organizations had to deal with the VAW issues, however a few people reminded that it also matters how exactly the interference will be done and whether it will accepted by the community/ clients/ their families or not. In some groups a statement

was sounded that the facility providing this type of service to women, could find itself in a difficult situation in relations with public. They find that any interference should be made in a way as to ensure that no feelings of public/community/ clients are hurt, because by and large community opinion would be that this is the matter of inner family relations.

Focus groups with the clients. There were two focus groups carried out with clients: one in each facility. The clients were chosen randomly, representing all providers[1]. In order to create an atmosphere of trust and confidence, the focus groups were conducted by female members of the research group.

VAW Services and Assistance. General Services. To the question about possible referring organizations clients responded they do not know any organization or a person who can and who *wants* to help a woman in this situation. Some said that they had heard of some organizations defending women's' rights, but do not know exactly where to go and how to contact them. The general opinion was that any assistance of this kind of organizations could be accepted only in that case if it is provided confidentially. Participants mentioned that it is necessary to work also with the husband and/or his family, not only the wife. Regarding their personal or friends' experience of violence, clients told that in most cases violence is tolerated *'for family', 'so that children are not left without a father'*.

Health Services. According to **both groups** the main activity of doctor should be related to medical services, rather than related to the *causes* of trauma or disease, i.e. they see the main activity of the doctor in the elimination of the consequences of the violence. At the same time both groups mentioned that the doctor very often can give a good advice, support emotionally, but it depends more on the personality of the doctor.

Policy. Most respondents of **Polyclinic #8** spoke about necessity of either creation of state centers of family work, or at least preparation of legislative field for their activity, the changes in the way police stations and courts function, which at present ignore women's interests. **'Berlin' clinic** clients were more pessimistic about what state can do: *'there is little hope that the State will want and will be able to change something, our upbringing should be changed'*.

Providers' Pre/Post Questionnaire on Knowledge and Beliefs Related to Violence Against Women. This instrument was pre-tested in November, 2002 and applied in January-February, 2003, following concerns regarding increased awareness of providers at the period of a public campaign "16 Days Against Violence". The general trend is that the staff of Polyclinic #8 showed attitudes less tolerant towards VAW than the staff of 'Berlin' Centre. Also, doctors scored better than midwives. However, the knowledge section showed little difference between the sites: doctors of Polyclinic #8 performed slightly worse than their colleagues from 'Berlin' Centre, whereas midwives did better.

Evaluation of facilities. Quality of care. In both facilities there was a separate room with a table and two chairs, where a confidential conversation between a provider and a client could be held. However, there was never felt a necessity to have a separate room for that. Also, in neither facility a special member of staff was dealing with VAW problems. Polyclinic #8[2] had a position of a psychologist some time ago, which is vacant now, and which was underused, which was clear from focus group discussions with both providers and clients.

In both facilities doctors knew in which cases emergency contraception should be prescribed, but in Polyclinic #8 there was very little amount of the drugs, and 'Berlin' Medical Center did not have this type of contraception at all. Overall scores (number of 'yeses' divided by the total items) of the facilities did not differ much from each other: 52.3% for 'Berlin' Medical Center and 53.9% for Polyclinic #8. Heads of both facilities expressed readiness to start the project, and were very cooperative. The general impression from focus group discussions with providers was that in

[1] Each doctor's registry was scanned and clients were randomly chosen from the list: client number 1 with the first doctor, then subsequently applying 5 steps: client number 6 in the registry, number 11, number 16, etc. Accordingly, client number 2 was picked at the registry of the second doctor, then number 7, etc. All clients were called by phone and invited to interview. In case she could not make sure that she would be able to attend the meeting, the calls were made beginning from the next number in the registry.

[2] Not only its Department of Women Consultation.

Yerevan both doctors and nurses know more about the problem, understand better the aspects of VAW issues, and are more ready for cooperation.

NGOs dealing with VAW. NGOs were selected using the snowball sampling technique – having an initial list of organizations, in the end of the interview respondents were asked to name other organizations, which, in their opinion, were dealing with VAW issues. 39 non-for-profit organizations were contacted, and 22 interviews were carried out. 6 out of 22 interviewed were based in Gyumri, the rest were in Yerevan.

Among **types of services** provided by the organizations, the most common were legal and psychological counselling, however loosely defined by the organizations themselves. 18 organizations provide **referral services** for women experiencing violence, 16 out of 18 inform the referral agency, that they have referred a client to it. Most organizations provide referrals for medical services and legal counselling, and very few refer to charity organizations.

The main **source of income** for NGOs operating in this field is grants. Very few organizations (2 out of 22) mentioned member fees as the primary source of funding, and another 3 organizations mentioned that as a secondary source of funding, it seems to be more actual among unions of lawyers and bar associations – all three organizations interviewed mentioned it as a source of funding. Only one organization mentioned a for-profit affiliate as a source of funding[3].

All but two organization leaders found that there is a space for health organizations to intervene in the VAW issues. Some organizations appeared to think that the international organizations are intervening in the national mentality and ruining the Armenian family, so they say that they are ready to deal with domestic violence issues in cooperation with international organizations, but it is they that should define the ways and approaches to the problems and kinds of services provided. All organizations without exception expressed readiness to cooperate with Ministry of Health and other health institutions.

Registries. The data received by this tool is relatively poor, since the registries reflect a limited number of items. The number of clients in the service area is 17500 for Polyclinic #8 and 4000 for 'Berlin' Medical Centre. The data collected includes 4 months: August to November 2002. Registration forms of 5 doctors in 'Berlin' and 8 doctors in Polyclinic #8 were reviewed.

[3] According to RA legislation, NGOs do not have any privileges in terms of entrepreneur activity (e.g., tax relieves), and do not have right to register an official for-profit affiliate.

RA Ministry of Health

Karine Saribekyan

CONCLUDING REMARKS

1. Violence is not only legal, but also public health problem.
2. Violence increases “health burden” by its results.
3. Health system has a key role in disclosure and prevention process of violence.
4. Improvement of awareness and professional skills of providers can serve an efficient means of minimization of the “burden”.
5. Increase of public and women’s awareness is very important in addressing violence against women.
6. The role of NGO’s is very essential in the process of implementation of prevention and assistance programs.
7. Establishment of social-psychological mechanisms and counseling (improvement of medical services).
8. Provision of polite and confidential services (problem of entitlement).
9. Traditional values should be taken into account in the process of development of programs on violence against women (involvement of ethnographs).
10. Review of legislation.

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The Problem of Domestic Violence in the Context of Women's and Children's Health Care

Family is a compound social institution with a variety of problems of socio-economic, legal and psychological nature. It as a mirror reflects changes in modern society and simultaneously acts as the main carrier of patriarchal stereotypes and traditions formed from century to century. An anomalous opinion about men's and women's roles in families, the concept of a man's right to beat his wife or to threaten her have struck deep roots in many societies. Unfortunately, sometimes home becomes the place where discrimination towards women is brightly manifested. For many women, home ceased to be a shelter. They rather fear of everyday brutality of their husbands' and relatives' hands, than the strangers' assaults.

In general, the cases of domestic violence are not registered in Armenia, which means that they are left not only unpunished but also tolerated in silence by victims themselves and the society in general. Absence of insistent public campaigns, insufficient coverage of the problem in mass media and incomplete participation of specialists involved in it brings to consideration of the problem in the context of a private family issue. However, high material and moral price we pay for the consequences of violence against women and children emphasizes the necessity of finding ways for solving this problem.

The problem of violence has been insufficiently investigated in Armenia, but the data available evidence that any violence leaves marks and its negative influence is reflected on the personal psychology of victims and brings to the development of many functional disorders and organic changes in the state of their health. Thus, according to MFA investigations, the majority of assaulted women (62,8%) worry about development of psychological changes, 1/3 of women (30.2%) have impairment in the state of their health, 25.6% of women experience loss of work capacity. Many physicians (therapeutics, pediatricians, surgeons, traumatologists, neuropathologists, cardiologists, gynecologists, etc.) in their everyday work undoubtedly render medical services to patients with different diseases in the development of which violence may play not the last role. In this respect, an extreme necessity of revealing family relations in the process of anamnesis collection and detecting the most important elements of physical, psychological and sexual violence, that naturally are an additional load for doctors, is accentuated. However, just the doctors, due to their professional delicacy, are able to notice complicated family relations as the basis of the disease and reveal them to the maximum extent.

Local NGO's and international organizations also play important roles in the health protection of people assaulted in their families. These organizations became active initiators of solving this problem through conducting of wide information-educational campaigns and creation of crisis centers. Currently, the Maternity Fund of Armenia conducts approbation of two structural subdivisions – the Crisis Center "Hope" and "Mother and Child House", the activities of which are targeted at providing of overall assistance to victims of domestic violence.