

Poster 22 – Attitudes towards domestic violence and help services among Slovenian adolescents

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Background

The role of the medical sector has expanded with increasing recognition that domestic violence is also a public health problem that can be prevented by addressing its underlying causes. Recent suggestions of World Health Organization have clearly stated that health ministry and medical services should have a focal point for the prevention of domestic violence.^{1,0} Although it has been estimated that domestic violence is wide spread in Slovenia, the lack of empirical data of domestic violence prevalence and its consequences, aggravate the precise knowledge on the extension of the phenomenon at the moment.⁰ Unfortunately, there is no widespread awareness of how violent behaviour looks like, which often leads to confusion, formation of taboos and stereotypes and passive tolerance to violent forms of behaviour in community. Beyond all the cost consequences that domestic violence causes each year, there are also enormous health, psychological and social consequences, inflicting not only intimate partners in families, but the most vulnerable parts of the family systems – children, as well. Therefore the routine system that would screen for such abuses should be implemented in health system^{0,0}. In this regard, the understanding of domestic violence awareness and attitudes towards support of domestic violence victims among the population is crucial in designing the effective prevention and intervention programmes in Slovenia.

Aim

The aim of our study was to estimate the extensiveness of domestic violence and the evaluation of attitudes towards different help services among Slovenian adolescents.

Methods

The questionnaire for screening the domestic violence behaviour and attitudes towards different help services was applied on the sample (N=1297) of young adolescents (age 13-15 years), which included 47,5% of males and 52,5% of females from 65 Slovenian primary schools from urban (46%) and from the rural area (54%). Data were analyzed with descriptive statistics, t-tests, ANOVA and chi-square tests with SPSS 13.0 tool.

Results

Attitudes towards domestic violence: Different forms of physical punishment (battering, slapping, pushing, grabbing), psychological punishment (shouting, calling names, insulting, swearing, threatening, not speaking), sexual abuse (forcing into sexual intercourse, rape, forcing to watch intimate parts of a body or erotic pictures), witnessing violent behaviour (between family members, against animals) and witnessing suicidal or auto-aggressive behaviour by family members were mostly recognised among adolescents as patterns of violent behaviour. Nevertheless, males believed, that domestic violence occurs less frequently ($t = -6,2$; $p < 0,05$) and they also found it more acceptable than females ($t = -4,2$; $p < 0,05$). Males were more tolerant to sexual abuse in families than females ($t = -3,6$; $p < 0,05$). Compared to non-victims, the victims of domestic violence believed that domestic violence occurs more frequently ($t = 2,1$; $p < 0,05$).

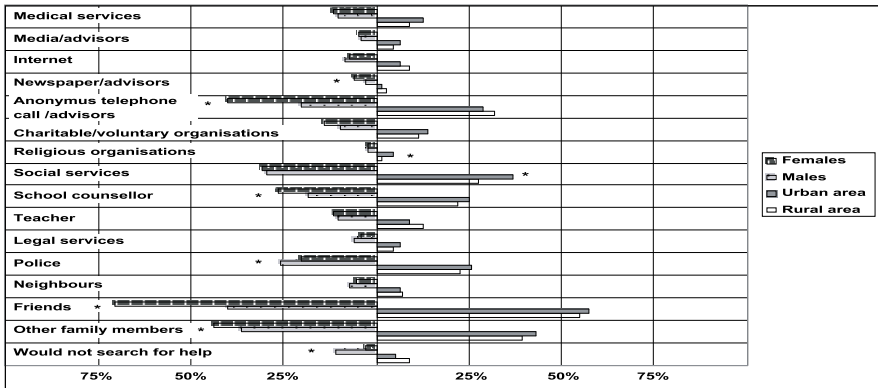
Victims of domestic violence: Analysis of answers to question: ‘Which family member was psychically or physically victimized?’ showed, that 18,7% of all adolescents experienced violence in their own family (38,3% males and 61,7% females). Two groups were excluded from further analysis: adolescents who did not respond to the question (28,5%) and those who answered inconsistently (1,2%). Calculations that were made on remaining sample revealed that 16,8%

of adolescents experienced violence themselves and 9,9% viewed other family members while being violated by family member(s). Female adolescents reported more victims that were close relatives than males (FEMALES: mother: 6,2%; father: 2,3%; MALES: mother: 3,9%; father: 1,9%), while male adolescents recognised more victims in distant family members (grandmother, grandfather, aunt, uncle, other children who were not brothers or sisters). Adolescents from rural area reported approximately twice as much victims of domestic violence when compared with those who lived in urban area, i.e.: URBAN: I was: 4,3%; mother: 3,5%; father: 2,8%; RURAL: I was: 8,2%; mother: 6,5%; father: 1,4%.

Attitudes towards help services: Attitudes towards organisations or individuals that could help juvenile adolescent victims of domestic violence (family members, neighbours, friends, social service, school teachers, school counsellors, medical service, police, country, legal system, volunteers and media) were in general positive among adolescent victims from rural and urban area. Adolescents found them helpful. Significantly different attitudes towards help services were found among victims when compared to non-victims regarding to gender (t-test, $p < 0,05$). When compared to females, males in both groups thought that support from friends, social services, school, medical services and police could be less helpful.

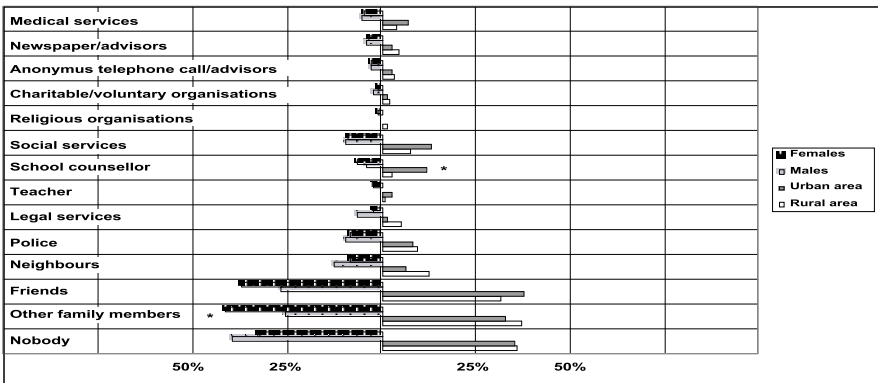
Potentially used help services: To the question: ‘Suppose that you became a victim of any form of violence in your family and that you experienced physical, psychological or material damage. Would you report it?’ 49% of non-victims and 34% of victims answered, that they would report the violence. Male non-victims would be less prepared to report the violence to other family members, friends, school counsellors or anonymous telephone-calls than female non-victims, but more prepared to report it to the police or to the legal services (Picture 1). 13,4% of adolescents would not search for assistance and approximately 20% of adolescents would probably seek assistance by medical service if they were victims of domestic violence. Adolescents from the urban area would use social and also religious services more often than those, who lived in the rural area, whereas adolescents from rural area found social services and mass media more helpful.

Picture 1: Percentages of non-victim adolescents who would probably seek help by different organisations or people, if they were victims of domestic violence (N=670). (- χ^2 ; $p < 0,05$; females vs. males and urban vs. rural area).*



Received help from help services in the case of domestic violence: The support was mostly offered by friends and by other family members, while approximately 70% of adolescents claimed not to receive any assistance (Picture 2). Assistance by health professionals was reported in approximately 10% of adolescent victims. Regarding to gender, females more often received assistance from other family members than males. 2,5% of victims who lived in the rural area and 12% of those who lived in the urban area, received the school counsellor support. However, there were no significant differences between victims who received support from health professionals in the rural and the urban area.

Picture 2: Percentages of adolescent victims of domestic violence who sought help by different organisations or people (N=243). (*- χ^2 ; $p < 0,05$; females vs. males and urban vs. rural area).



Discussion

Our study confirmed some estimation from non-governmental organisations, which deal with domestic violence. Approximately one fifth (18,7%) of adolescents experienced domestic violence. 16,8% of them were victims themselves, whereas 9,9% were witnesses when other family members WERE being violated. Interestingly, the research also revealed, that females were more sensitive to domestic violence which occurred between close family members and were also less tolerant to sexual abuse. The evaluation of victims' attitudes towards different help services showed, that the actual behaviour of adolescents, when faced with the problem of domestic violence, differed from their attitudes. While more than 20% of adolescents, who had never been victims of domestic violence, thought that they would seek assistance by any of cited help services, less than 20% of adolescents, who had really been victims, did so. Although adolescents mostly sought assistance by 'other family members' and 'friends', there were almost 40% of males and more than 30% of females, who did not receive any assistance at all, which should be another matter of community concern. For example, 20% of adolescents would seek for assistance by medical services in the case of domestic violence, whereas 10% of victims actually sought help by health professionals, which clearly shows that there is a recognizable gap between attitudes towards medical services and their practice policies.

Conclusions

The gap between attitudes towards medical support and the actually given support could be the orientation for developing better prevention strategies, i.e.: routine-screening procedures in medical practice for domestic violence in the future. The intervention and protection of a victim by health professionals is especially important when the victim is a child or an adolescent person, since such actions can effectively prevent the outburst of depression, suicide, behavioural problems and, of course, the never-ending story of spreading the violence to the future generations.

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