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Autor(en): **Leskošek, Vesna**

Objekttyp: **Article**

Zeitschrift: **Schweizerische Zeitschrift für Soziale Arbeit = Revue suisse de travail social**

Band (Jahr): - **(2015)**

Heft 17

PDF erstellt am: **06.08.2024**

Persistenter Link: <https://doi.org/10.5169/seals-832444>

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Vesna Leskošek

Violence against women in Slovenia: lessons to be learned from the victims of domestic violence

Abstract

This article focuses on the theme of violence against women in the home and tackles the dilemma of how, despite the development of measures to address domestic violence in Slovenia and at EU level, women continue to under-report this crime, primarily due to their distrust of institutions and their ability to protect them. Based on comparative research, a number of concrete recommendations on how this situation might be addressed by social work and within social policy are made.

Introduction

Violence against women is a topic that received considerable research attention over the past decades, largely thanks to the recognition that an efficient action needs to be based on data that are specific to the local environment, but also internationally comparable. Measures against violence have been taken on both the EU level and national levels. The main research question in this article is why, despite many positive changes in the political sphere and the legislations aimed towards a better protection of the victims of violence, women still refrain from reporting it. The problem can be perceived on both the EU level and in Slovenia which is here used as a case study. The author relies on several surveys on the violence against women that were conducted in the EU and Slovenia. The results show that victims of violence do not feel sufficiently safe to report violence to various institutions responsible for dealing with such cases, because they believe the latter would not protect them adequately or support them in opting out of a violent relationship. Such conviction is a result of insufficiently coordinated work of individual sectors that are obliged to take action against violence. This finding is important for social workers, since it proves that theoretical knowledge about violence is not sufficient in itself – it needs to be accompanied by a sensitive handling of the victim throughout the long

recovery process. It should be oriented towards enabling victims of violence to regain the control over their lives which they have lost during the time spent in a violent relationship.

While in the past violence against women was mainly treated as a violation of human rights, the contemporary studies have shown that violence is also a serious problem for public services (Tjaden/Thoennes 2000, p. 59). Research studies have shown that violence in the private spheres of life and partnerships seriously affect women's health and social status. The consequences are both short- and long-term. Violence may result in physical injuries and cause psychological problems, but it also has long-term effects and represents a risk factor in many diseases and medical conditions (Krug et al. 2002, p. 100). Women who have suffered violence in childhood or in intimate relationships report health problems more often than women without such experience. The findings of international research studies suggest certain common traits of the impact of violence on health (ibid., p. 101). These are as follows:

- › Impacts on health last much longer than violence itself.
- › The more serious the violence, the greater its impact on the physical and psychological health.
- › Prolonged experience of violence and of various forms of violence causes a cumulative effect.

Violence causes bodily damage but even more often it progressively impacts women's psychological health. On the other hand, psychological problems (exposure to stress, fear, threats, humiliation, escalation of the feeling of hopelessness) often have consequences for physical health that are manifested as various medical conditions, for example headaches, hypertension, heart and coronary diseases and the like. Poor health usually leads women to resort to tranquilizers, and there is also quite strong correlation between alcohol and drug consumption and exposure to violence (Ellsberg/Heise 2005, p. 9). Violence therefore has consequences not only for women as direct victims but it indirectly affects their children, relatives, their social and supportive networks. It also affects public services such as social, health- or other services that deal with violence. Consequently, it has a significant impact on public finances too, so it must become a noteworthy point of departure when shaping public policies and services (Day et al. 2005).¹ An effective prevention of violence reduces violence-related costs and improves the health and satisfaction of women, meaning that an investment in violence prevention is much more efficient than elimination of its consequences.

Social work is largely tied to the public sector. Social workers rely on legal provisions regulating violence handling, and this significantly influences their manner of work. Over the past decades, most of the European states passed specific laws or amended national penalty codes with a view to preventing and eliminating violence more efficiently and punishing the perpetrators (Feasibility study 2010). The measures taken to this end engage many public services that are obliged to cooperate to achieve greater efficiency and ensure greater safety for the victims. In most of the European countries, it is the social services that are responsible for efficient action and cooperation with the police, the judiciary and NGOs.

Slovenia made an important step when it passed the Prevention of Domestic Violence Act and adopted the National Programme on Prevention of Family Violence 2009–14. Furthermore, the specifically named offence of domestic violence and legal protection orders that are either explicitly designed for cases of domestic violence against women or have been modified to permit their being issued against an intimate partner or ex-partner were added to the Penal Code. A ban can be imposed directly by the police on site. Slovenia has special police units to deal with domestic violence against women. Police officers are trained to deal with women victims of violence. There were 50 such police officers reported for 2012 (EIGE county fiche 2012).

In Slovenia, the legal advice, which includes applying for an injunction or a civil protection order, filing for divorce, resolving issues related to child custody or contact with the child is available partially free of charge to women victims of domestic violence, and is available in most regions of the country. There have been important advancements made in tackling the problem of specialized support services to women victims of domestic violence. There is legal provision made for perpetrators programs.

Taking this fact as a point of departure, in this essay I will look into how efficient public services are in preventing violence against women. I will focus primarily on the attitude of women who experienced violence to public services and their handling of the situation. The data were gathered in the Slovenian research study conducted in 2009 on violence in partnerships and intimate relations (Leskošek et al. 2010), and in the study that explored the work of institutions dealing with domestic violence (Filipčič et al. 2011). The first-mentioned study sought to establish how women respond to violence, how and to what extent they look for help, and how much they trust public services. The method used was a questionnaire sent by post to 3 000 women aged 18 to 80 years. The sample was represent-

ative of the general population and prepared by the Statistical Office of the Republic of Slovenia. The second study looked into the impact of amended legislation on cooperation among various public services in an attempt to establish whether the changes improved the handling of violence. We wanted to know how the victims of violence perceive and assess the interventions of social workers, how much they trust them and, on the other hand, which options social workers have to efficiently prevent violence and ensure safety for the victims and other related persons, particularly children. The method used was the analysis of secondary data like court and social services files, decisions made by court (up to the Supreme Court), statistical data and articles on the cases. Interviews were conducted with representatives of different institutions.

For greater relevancy, we will compare local and international data. A comparable study was conducted across all EU states by the European Agency for Fundamental Rights on violence against women (hereinafter FRA 2014). The methodology used was structured face to face interview with approx. 1 500 women aged 18 to 74 years from each country. The basis for this study was the EP Resolution on the elimination of violence against women (dated November 26, 2009) and other efforts of the EU towards the same goal. Both institutions pointed out that there is no regular collection of comparable data on violence against women in the EU. Although several EU member states conducted relevant studies, the results are either incomparable or outdated. FRA's task was to update data while using the collection method that would make them comparable across the entire EU. A specific feature of this study is that it has not placed violence in the family context but rather started from the assumption that violence against women is a problem that prevents gender equality. Despite the encouraging developments in the legal area, the data collected in this pan-European study revealed that most of the women who experience violence do not report it to the police or another institution offering support for the victims. Consequently, most of the victims never come in contact with the judiciary or other services, meaning that many women in Europe fail to fulfil their needs or exercise their rights.

Facts and figures: a comparison between Slovenia and EU states

Violence against women (hereinafter VAW) is an important issue in social work. During the early stages of development, social work concentrated on the basic knowledge; for example, dynamics of the circle of violence, its characteristics, phases, myths about it, facts, recovery, counselling, sup-

porting services and the like (for example Dobash/Dobash 1979; Crowell/Burgess 1996; Bass/Davis 1988; Walker 1979). Today, these areas are well researched and a fact that has been proven many times is that violence is gender specific and not culture specific. The FRA study has shown that this still holds true and that the level of violence against women in European countries is rather high.² In the course of the 12 months preceding the survey, an estimated 13 million women in the EU experienced physical violence and 3.7 million women experienced sexual violence. One in three women (33 %) has experienced physical and/or sexual violence since the age of 15. Around 8 % of women have experienced physical and/or sexual violence in the 12 months before the survey interview. Out of all women who have a (current or previous) partner, 22 % have experienced physical and/or sexual violence by a partner since the age of 15 (FRA 2014, p. 21). FRA pointed out that the low prevalence of violence in certain EU countries (Bulgaria, Poland, Slovenia, Croatia, Spain etc.) is very likely a result of the non-recognition of violence or a higher tolerance of it. The highest level of violence has been recorded in the countries that boast a long tradition of gender equality (e.g. Denmark, France, the Netherlands). A possible explanation is that awareness of violence among the women in these countries is high and they are accordingly more willing to talk about it. The research has shown that women experience violence throughout their life, from early adolescence to old age. Although the victim group also includes educated women and women with high income, it is more often experienced by women who stated that their income can hardly cover the household expenses. However, the difference between the two groups is not high: 23% of women with lower education levels and 20% of those with high education have experienced violence since the age of 15. Small differences were also established with respect to the area of living. Most women who experienced violence live in suburban areas as contrasted to urban areas and the countryside.

There are certain differences between FRA (2014) data and those gathered in the Slovenian national study (Leskošek et al. 2010), but this is above all a consequence of differences in sample sizes and methodologies applied. Both studies were qualitative. The questionnaires largely corresponded to each other, but there were differences in the formulation of certain questions and this had influence on the data collected. The FRA study is certainly more reliable, since the sample was twice as large than in the Slovenian research (1 501 out of 3 731 for FRA compared to 752 out of 3 000 for Slovenia), which is definitely a consequence of the manner of data col-

lection. In FRA, personal interviews were conducted, while in the Slovenian research the respondents sent their answers by post. While the postal method undoubtedly yields fewer answers, it enables greater anonymity. FRA data for Slovenia show that 22% of women have experienced physical or sexual violence in their partnership or outside it. The Slovenian study has shown that 23% of women have experienced physical violence and 5.9% experienced sexual violence since the age of 15, a percentage that is higher than that established in FRA. Data for the last 12 months are similarly not comparable, since the number of respondents in the FRA study was too small – only 2% answered the question about violence in partnership and 3% about violence in general. The Slovenian study has shown that in the past 12 months, 5.9% of women experienced physical violence, and 1.5% experienced sexual violence. Around 1% of women experienced both physical and sexual violence. Psychological violence within partnership (current or past) was experienced by 34% of women according to FRA, and by 49% according to the Slovenian survey. However, this difference can be attributed to the manner of formulating the question, since women participating in the Slovenian study were asked about violence experienced in the family of origin as well. The FRA study also looked into stalking – 14% of women have experienced it since the age of 15, and 3% of women in the last 12 months.

The Slovenian research yielded a higher percentage of women with experience of violence than FRA. While differences in question formulations may have contributed to the discrepancy, it seems that the biggest reason is the different data collection method. Personal interviews do not ensure desired anonymity, so women are more likely to say nothing about violent incidents. However, as mentioned earlier, personal interviews ensure a larger number of conducted and valid interviews (Walby 2005).

We also sought to establish how many women in Slovenia still persist in a violent relationship, what their reasons for persistence are, and conversely, what reasons led those who ended such relationships to do so. Furthermore, we wanted to know what action they took to reduce or prevent violence and in what ways violence damaged them in other areas of life. In the spring of 2009, that is, at the time when the survey was conducted, 6.9% of Slovenian women, or 1 in 14 women, still lived in a violent relationship. An important reason they stated for persisting, was the answer that the process of opting out of such a relationship is long-lasting (19.2%). In general, the most frequent answers were those suggesting that the decision to per-

sist in a violent relationship was influenced by psychological, emotional or relation-specific reasons (attachment to the perpetrator, children, experience of violence in childhood). Respondents were worried as to how their departure would affect the children and the family, where they would go and how they would survive without income or a place to live. On the other hand, the most frequent reason given for ending a violent relationship was the recognition that a violent partner would not change (45%), followed by the escalation of violence (24.3%).

Contrary to the common belief, women who experience prolonged violence invest much time and effort to prevent it. They spend a lot of time assessing the risks and making plans to improve their safety. In most cases, they reported behaviours that could be described as avoidance strategies. These are usually most exploited during the periods of escalating tensions, before violent outbursts. A smaller number of them reported behaviours that could be described as protective strategies and these are probably practiced during violent outbursts.

Consequences of violence

The consequences of prolonged violence affect both the physical and mental health of women. WHO cites violence against women as one of the most serious health problems (WHO, Fact sheet N°239 2011). The findings of the Slovenian national survey also show that violence has significant influence on women's health. The general data, irrespective of violence, show that women are frequently physically overburdened, for example, they are tired, stressed, have headaches and suffer from insomnia. The burdens experienced by women are a consequence of the construction of gender roles in individual cultures and societies. In Slovenia, this is manifested as multiple burdens experienced in private lives, at work and in their carer role (Humer 2007; Kamin et al. 2012). The researchers from the National Institute of Public Health concluded that various factors affect the psychological health of women, among them unfavourable social and economic situation, discrimination and violence related to the social status of women (Mihevc Ponikvar et al. 2010, p. 59). The findings of the Slovenian study on violence against women confirmed this conclusion, since women who experienced violence assessed their health as not so good. The WHO study arrived at a similar conclusion, mentioning anxiety, depression and stress as the most frequent consequences of violence for the psychological health (Krug et al. 2002, p. 101). The greatest difference was established with respect to suicidal thoughts, which most frequently occur in women who

experienced sexual violence, although they are also characteristically frequent in women who experienced physical violence. Similar conclusions have been reached by other foreign studies which particularly emphasize that sexual violence most deeply affects the physical and mental integrity of women, so the consequences are long lasting and tenacious (Pico-Alfonso et al. 2006, p. 609). They could surface even years after a sexual assault.

Deciding to end a violent relationship and to seek help

In addition to incidence, it is also important to establish how often women report violence to various services or to their close friends or relatives. As a matter of fact, relatively few women decide to talk about violence or report it to someone. In the Slovene national survey less than half of them reported violence to public services or visited an NGO. In most cases, they call the police (36.1%), followed by social services (31.3%), clinics (22.7%) and lawyers (17.1%). The FRA study arrived at similar conclusions (2014, p. 59) only the order of choice is somewhat different, with doctors being called most often, followed by the police, hospitals, lawyers and social services. The order of choice primarily depends on the competences of services in individual countries. It is interesting that women are more likely to report a sexual assault than physical violence, which accordingly mainly goes unrecorded. The FRA study also emphasized that institutions usually do not respond to the most dangerous incidents. Women expect public services to react, offer them protection and help them resolve the problem.

Women do not talk about violence for rather traditional reasons. For example, they hope that the perpetrator will change, that a violent assault will not be repeated, or they believe that it is a family matter about which one should not talk. One tenth of respondents in the Slovene survey believe that various services cannot help them. Approximately one fifth of the respondents keep silent about violence because they think the perpetrator is so influential that the responsibility would be ascribed to them, so they fear that they would be stigmatized as bad mothers or that their children would be taken from them. These are serious fears, and although they are not grounded in reality, one single example that confirms their apprehensions³ is sufficient for them to decide not to talk about violence. This is why a correct and professional approach to the protection of victims is so very important. By offering professional and good protection, public services could increase the victims' trust which could lead to a higher rate of violence reporting.

Friends are most often chosen as confidants, followed by mothers. One fourth of the respondents confided in sisters, one fifth in fathers and children, next came workmates and neighbours, while brothers and other relatives were chosen less often. In most cases, confidants respond by expressing support and advising victims to leave the partner, but only few offer them shelter in case they need to flee from home. Some confidants approach the perpetrator, others accompany the victim to the doctor or a public service, or help them obtain information. What is worrying is a high percentage of negative responses – somewhat less than one tenth of respondents stated that they were met with distrust, while one fifth were held responsible for violence and were accused of provoking it. The same misinterpretation underlies the advice to subordinate themselves to and comply with the perpetrator's wishes. More than one third of the respondents were met with indifference when they talked about violence (Slovene national survey 2009).

State and public service measures aimed at preventing violence against women

Violence against women has recently become a significant political issue which in Slovenia precipitated the passing of the Prevention of Domestic Violence Act (Ur. l. RS 16/2008). The law sets demands for an efficient prevention of violence and public services' action. It prescribes that services within the social care, education, police and health sectors should adopt the procedure protocols, establish links and commit themselves to cooperation. The rules to be followed by social services were adopted, notably on the organization and work of multidisciplinary teams and regional services and on the actions that should be taken when dealing with domestic violence (Ur. l. RS 31/2009). The rules state that relevant services such as the police, centres for social work, medical institutions, prosecution and educational institution should cooperate in every instance of reported violence. The lack of cooperation is in fact one of the biggest obstacles for the efficient protection of victims.⁴ The findings presented above showed that women have low trust in public institutions, because they have bad experiences with reporting violence and receive no protection. They are frequently treated brusquely, or the blame is implicitly put on them, or protection is provided only to children but not adult victims. The lack of cooperation among public services makes it easier for the perpetrators to avoid responsibility, and even public services themselves more readily decide not to take action because they believe that nothing can be done to change the situation. It is also very important to clearly delimit the respon-

sibilities of individual services. If procedure protocols are not in place, the work is often duplicated or certain elements of protection are missing altogether because no one feels responsible to provide them. In such circumstances, public services' work is chaotic and causes mutual distrust, while responsibilities are continuously shifted from one service to the other. To prevent such a situation, it is necessary to adopt collective and specific protocols, that is to say, it is necessary to determine what the responsibilities of individual services are and what the collective ones are. A series of international documents imposes this obligation, among them the UN Declaration on elimination of violence against women (48/104) and The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).

According to Murgel (in Filipovič et al. 2014, p. 418), the multidisciplinary team should convene when an assistance plan needs to be drawn in cooperation with the victim. Social services invite to the team those organizations whose specific services could be of help to the victim. The team consists of various experts who should ensure the implementation of the assistance plan within their sphere of work. Multidisciplinary teams are formed on a case-by-case basis, since the experience of violence is always specific to the individual; the teams that are invariably composed of the same persons can inadvertently hinder the progress of the case. It is important to engage persons who have information that is important in drawing the assistance plan, or already cooperate with the victim or will assist it in the future. The Data has shown (ibid., p. 423) that social services still do not summon such teams often enough and do not cooperate with other services. In cases when a team was formed, it was the police that most often responded to the invitation. The police is also the institution with which the tasks are coordinated in individual cases of violence. Furthermore, a suspected criminal offence is always reported when the case involves domestic violence. The least responsive were medical services, and they still present the biggest problem for social services. The health services insist that doctors who join the team should be paid for their participation, while all other team members fulfil the team tasks during their working hours as part of their work duties.

Prosecutors are least often invited to join the team, since at the early stage of the procedure they cannot actively participate or contribute to the case. However, if a social service deems that their presence would be beneficial, they are invited. In general, it is possible to conclude from the available data that cooperation between the police and social ser-

vices is good, and that these two institutions cooperate most often of all, among other things thanks to the Prevention of Domestic Violence Act. Regular biannual meetings are organized to this end. In 2010, the consultations were successfully organized and carried out, while the adopted resolutions contributed to closer ties between the two institutions and better cooperation.

Nevertheless, given the total number of cases and victims, the number of inter-institutional teams is still low (there were 1928 cases of violence in 2010 and 2975 victims, while only 463 teams were formed). We have also established that in most of the reported cases an assistance plan was not drawn and that a small percentage of victims decided to exploit the option of free of charge legal help in judicial proceedings.

Conclusion

The research data show that despite the government's better responsiveness to the problem of violence against women, the number of unreported cases still remains high. This is primarily a result of women's distrust in institutions and their ability to protect them. Many women had unfavourable experiences with health institutions, social services, the police and the judiciary – they reported violence but no action was taken. In some cases they were even implicitly accused, for example if they returned to their violent partner, or there was no reaction at all. Women wish for a holistic protection. When they report violence, they expect a service to establish contacts with other relevant institutions, without them needing to go from one place to another, repeat their story and search for someone who would be willing to take action. Theories on help-seeking behaviour stress the importance of taking into account the complexity of the phenomenon. Even though we can identify phases of the help-seeking process (problem recognition and definition, decision to seek help and support selection), the act itself is not linear. The battered woman's appraisal or definition of her situation shapes her decisions around whether and from whom to seek help, but it is important to recognise that the helper she chooses will influence how she defines the problem and whether she chooses to seek help again (Liang et al. 2005, p. 72). Filipčič (2009, p. 117) writes that there is a close link between women's behaviour and institutions' conduct. Women would report violence more often had they received protection and support in the past when they needed it. The following conditions must be fulfilled if the tasks are to be carried out efficiently (*ibid.*, p. 116):

- › police officers should define intimate violence as a criminal offence and not as a private matter;
- › social workers, doctors, teachers and neighbours should learn to recognize the symptoms of domestic violence and report it to the police, and
- › most importantly, victims should believe that the criminal procedure and punishment would be effective (would stop the violence), and because of that belief, they will not only report the violence, but will be prepared to take an active role in criminal procedure.

However, there are still a number of gaps in service provision and institutional support. There is some progress to be made in the area of victim support for women survivors of domestic violence (EIGE county fiche 2012). The above-presented data on the inter-institutional teams that were formed in one fifth of reported violence cases and on the number of assistance plans drawn reveal that the treatment of violence by social services is still deficient. Hagemann (2009, p. 110) states that “multi-agency approaches can only be as good as the professional practice of the various agencies and institutions involved, each of which has to have a clear understanding of its own specific mandate and tasks. The police cannot do social work or psychological counselling, nor can social workers function as police investigators.” A similar conclusion could be drawn in the case of Slovenia. Although the legal provision that imposes an obligation on various agencies to coordinate their actions is a big step forward, it is still not sufficient if the decision whether or not to form an inter-institutional team is arbitrary and depends on individual experts and their subjective understanding of the case. Another big problem experienced by all services involved, and social services in particular, is a heavy workload. In Slovenia, it is a result of staff reductions in the public sector. Consequently, the old practice of non-action has resurfaced, one that arises from the conviction that the victims do not take enough precautionary measures to ensure their own safety. In addition, the protocols that would regulate the actions of individual institutions should be adopted. This would contribute to the solution, because tasks would not be duplicated and responsibilities would be delimited. It is necessary to know what the duties of individual institutions are, how they will fulfil them and what one can expect from the institution. The victims need to have clear information on who will provide assistance and on what kind of assistance. Hagemann (2009, p. 110) writes that the police is obliged to protect citizens from violations of their rights

and to pursue and investigate crime, and social workers should help people deal with difficult situations and ensure that children are safe from harm.

Another condition that institutions must fulfil to achieve efficient cooperation is the readiness to learn from each other. It would increase the quality of their work and reduce stress and exhaustion, since the frustration of being unable to stop the violence, to help the victim, or to change the behaviour of the perpetrator often results from the gaps between what different agencies do. The cooperation of institutions is efficient when they rely on each other and when they perceive their cooperation as complementary work rather than competition. "If you treat a woman's cuts and burns in the hospital, but let the husband who caused them pick her up, she will be back with worse injuries before long. Emergency wards in hospitals need links to social work and to the police to ensure that advice and protection are available when needed. Learning to understand such connections by listening to other professions is essential to the intervention chain." (Hagemann 2009, p. 111)

In attempting to find a solution, the institutions handling violence should invariably cooperate with and take into account the victim of violence, so that a victim may retain control over her life. Not having control over one's life is precisely the greatest problem in the case of violent experience – the victim has no longer control over the way her life should be, because control has been taken over by the perpetrator. For this reason, violence is always defined as obtaining control over the life of another. The basic aim of violence is to subordinate, so that the victim behaves in accordance with the perpetrators' wishes (Rommelspacher 1996, pp. 14–15). If this role is adopted by institutions, then we speak about secondary victimization (Davis 2011). To prevent it, it is necessary to develop approaches that will invariably include women who experienced violence in a decision procedure without exposing them to dangerous situations or simply transferring to them all the responsibility for action, which they cannot carry. In social work, it is important to take into account the empowerment concept which implies that women are helped to gradually increase control over their lives and accept responsibility for actions. On the other hand, it is necessary to keep in mind that recovery following violence is a complex process that takes time. Regaining the feeling of safety and changing self-perception that was distorted in a violent relationship is a long process. Institutions often lack this kind of patience and sensitivity. This is understandable when it comes to the police and the judiciary that are action-oriented, but it is not acceptable within social work since the purpose of

such services is precisely to provide support for the victims so that they can recover and again become capable of taking care of themselves and of their children. In this article we have identified some of the obstacles.

To sum up, the main obstacles are deficiencies in the legislation, a heavy workload, insufficiently delimited authorities and responsibilities of individual services and often insufficient knowledge about the phenomenon itself and work methods. However, theory and critical practice in social work with violence have advanced and now it offers many tools that can be used to overcome the obstacles, or even fully eliminate them. Even though we have used the case of Slovenia to show the disadvantages of the victim support system, we have learned from the FRA survey that similar problems can be applied to other countries as well. Coordinated approach and team work with the inclusion of women surviving the violence is of essential importance for efficient problem solving. The most important message from surveys is that women who didn't receive respectful and responsive service will end up in long lasting violent relationships that will affect their lives and the lives of their children in many different ways. Social work thus has the responsibility to act against that with the awareness that leaving the perpetrator is a long process and so is the process of protection. To protect a woman does not mean to move her from one place to another and it will be all over. It means going through the whole process of departing not only from the perpetrator but also from the emotional, psychological and physical damage caused by violence.

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Annotations

- 1 In 2014, the European Institute for Gender Equality conducted a survey on the costs of violence. The Study on analyzing methodologies to determine the economic costs of gender-based violence in the European Union that was prepared by Sylvia Walby and Philippa Olive in cooperation with EIGE clearly shows that the impact of gender-based violence on society is significant. Gender-based violence causes great economic loss. <http://eige.europa.eu/content/event/europe-free-from-gender-based-violence> (22. 11. 2014)
- 2 Switzerland was not included in the study. Publicly accessible data on violence against women in Switzerland is only those gathered in the research study *Violence Experienced by Women in Switzerland Over Their Lifespan*, conducted in 2004. The survey found that in general, 39% of women have experienced an act of physical or sexual violence from any men in their adult life and that 5.6% of women have been raped at least once in their adult life. Source: <http://www.wave-network.org/sites/default/files/05%20SWITZERLAND%20END%20VERSION.pdf> (accessed at 4. 4. 2014)
- 3 For example, the cases of femicide or killing of an ex-partner. The fear of women therefore has realistic grounds, especially if public institutions are inefficient in protecting the victim.
- 4 In this essay I use the term victim to be in compliance with the legal provisions. However, many researchers argue that the term "survivor" is more appropriate because it avoids the negative connotations of the term "victim" (see, for example, Kelly 1988).