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Domestic Violence in Eastern Europe:  
Levels, Risk Factors and Selected  
Reproductive Health Consequences

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## Domestic Violence in Eastern Europe: Levels, Risk Factors and Selected Reproductive Health Consequences

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## **Background**

Millions of women around the world are subjected to physical, sexual, and emotional abuse every day. Violence against women includes a wide range of behaviors and acts perpetrated against women, but its most common form occurs between men and their female partners. Often referred to as domestic violence, “battering”, or intimate partner violence (IPV), this form of violence occurs in all cultures and affects women of all ages and all socio-economic and educational backgrounds. Gender stereotypes, women’s economic dependence on men, cultural acceptability, loose or nonexistent legislation to protect women’s fundamental human rights, and lack of preventive measures for victims are some of most widely recognized factors that contribute to IPV. We know from some small, localized studies that domestic violence is a widespread public health problem both in the Americas and around the world. But little information is available on the burden of domestic violence in Eastern Europe, its impact on reproductive health, and how effectively to respond to one of the most critical violation of women’s human rights today.

After 1989, the countries of Eastern Europe and the Caucasus experienced profound social, economic, and political upheaval associated with the collapse of the Soviet Union and subsequent post-communist transition. This transition—characterized by decentralization of administrative, economic, and political systems, democratically elected governments, and development of market economies—has presented formidable challenges for women and their status in society. In many countries of the region, transition years contributed to deteriorating economic conditions which affected women’s health and quality of life, including increased levels of poverty, greater economic dependency on men, and deteriorating health care conditions.

Although countries profiled in this paper are quite diverse, their shared history since World War II resulted in commonalities in legal traditions, status of women, and characteristics related to women’s reproductive health. Regarding women’s legal status, despite the existence of legal structures in many countries of the region giving women substantial rights and protection, investigations by the International Helsinki Federation for Human Rights indicated clearly that such laws were largely unenforced by governments of the region. Moreover, women’s status in society, despite the illusion of gender equality, remains defined by their traditional dual role as workers and mothers, and is often compounded by the burden of acquiring foodstuffs and other family necessities. Inequity in women’s status in countries of the region is perhaps nowhere more clearly manifested than in women’s lack of access to modern contraceptive methods and corresponding high rates of unintended pregnancy and induced abortions, characterized by comparatively high rates of post-abortion complications due to unsafe health care services.

Under these conditions, it is not surprising that the problem of violence against women has not figured prominently as a pressing social or legal problem in the region, despite indications from numerous sources that sexual, physical, and psychological violence against women are widespread. Beyond anecdotal evidence of the problem, little documentation has existed to estimate the magnitude of violence against women.

## **Methodology**

Most data on the impact of domestic violence on women’s health are compiled from studies

targeting small population sub-groups (e.g., women attending prenatal care clinics, women in shelters) and population-based, representative data on this subject are scarce. To address this need, the CDC-assisted reproductive health surveys (RHS surveys) conducted in Eastern Europe and former Soviet Union have been collecting data on domestic violence since the mid 1990s. These surveys provide an unique opportunity to study characteristics of battered women and linkages with reproductive health. Moreover, since the violence indicators collected in CDC-assisted reproductive health surveys (RHSs) are similar, they allow for a regional examination of risk factors and prevalence of domestic violence. In addition to documenting domestic violence in the context of maternal and child health, survey findings can be used to raise awareness at the individual and community level, to educate law enforcement and social service agencies, to influence current public health policies, to develop laws to protect and benefit the battered women, and ultimately to project the need for support services and interventions for abused women. In all these countries, with the exception of Russia (survey limited in scope to three oblasts), the survey data produced the first population-based national representative information on violence against women ever available.

All surveys employed a multistage sampling design and consisted of in-person face-to-face interviews with large national population-based samples of women between the ages of 15 and 44 years (with the exception of the Russian three-site survey, which was limited to project specific geographical areas). Sample size varied from 5,412 women in Moldova (1997), 6,004 in Russia (1999), 6,888 women in Romania (1999), 7,128 women in Ukraine (1999), 7,798 women in Georgia (2000), and 7,668 in Azerbaijan (2001). Of the country surveys previewed in this paper, only the one in Romania included a male sample (2,434 men 15-49 years of age) and allowed the opportunity to study male self-reports about history of domestic violence perpetrated against their partners. In addition to questions on childbearing, contraception, utilization of reproductive and women's health services, these surveys inquired about domestic violence and experience of sexual abuse. The questions included in the RHS surveys focus principally on two types of violence against women: 1) intimate partner violence and 2) sexual coercion (at any point in a woman's life). Violence by an intimate partner among ever-married (legally or consensually) women is explored in the RHS using a modified Conflict Tactic Scale (includes between four and eight items). Based on the item composition of the scale, intimate partner violence can be further classified into verbal, physical, and sexual violence that occurred in the past and/or present (within the past 12 months).

### **Levels and Types of Domestic Abuse**

The two most basic measures of prevalence of domestic violence are lifetime abuse in adulthood by a formal or consensual partner and similar abuse in the last 12 months as a measure of "current" violence (Table 1). The estimates presented here are likely to underestimate the true population prevalence because, for both psychological and practical reasons, some women may have understated or not reported their abuse history, despite assurances of maintaining confidentiality. Moreover, cross-cultural data on spousal abuse can be difficult to interpret because cultural definitions or perceptions of abuse may differ from one country to another.

Reported lifetime experience with spousal physical abuse varied between 5% in Georgia and 29% in Romania, while physical abuse during the past 12 months ranged from 2% in Georgia to 10% in Romania. Physical abuse in the last 12 months, or current physical abuse, was around 8% for the majority of the countries of Eastern Europe, excepting Georgia. Sexual abuse by a current or former partner was measured only in Azerbaijan (10%), Romania (7%), Georgia (3%). Not surprisingly, there was a considerable overlap between different types of abuse; the majority of women who have been subjected to physical violence said that the physical abuse was accompanied by verbal abuse. Similarly, sexual abuse was frequently associated with other acts of physical harm; in Azerbaijan, for example, 64% of women who have been sexually abused had also reported other acts of physical violence.

Generally, the prevalence of domestic violence was slightly higher among rural residents than among urban residents, increased with age and number of living children, and was inversely correlated with education level. Previously married women had significantly higher prevalence of past verbal, physical and sexual abuse, compared with currently married women. For example, between 23% of previously married women in Georgia and 64% in Romania reported past physical abuse by a partner, whereas only 4%–25% of women currently married or in union reported having been physically abused. Although the surveys did not ask if IPV contributed to a woman's decision to separate from her partner, these data suggest that women who were divorced and separated may have been exposed to more domestic abuse, contributing to their decision to split up with an abusive partner.

[Table 1]

Several studies have linked childhood exposure to family violence with and physical abuse during adulthood. The prevalence of witnessing or experiencing abuse as a child was relatively high in all the countries of the region, excepting Georgia; prevalence of witnessing domestic abuse (one parent abusing the other) as a child ranged from 30% in the areas surveyed in Russia to 9% in Georgia. Experience of parental abuse as a child (parent abusing the respondent) varied from 41% in Romania to 21% in Georgia. History of witnessing or experiencing abuse as a child was highly correlated with adult domestic violence. The reports from Azerbaijan and Romania are consistent with other studies in the literature (Figure 1). Among ever-married women who reported having witnessed abuse in the home as a child, the prevalence of having been physically abused during the past 12 months was almost three times as high as the prevalence among those who had not witnessed abuse in their childhood home. Similarly, among those who had received parental abuse, the prevalence of current physical abuse by a partner was more than twice as high as among those who had not experienced parental abuse.

[Figure 1]

### **Reproductive Health Consequences**

Since domestic violence affects women's physical, sexual, psychological, economic and social well being, it affects implicitly women's health, including their reproductive health. Women subjected to domestic violence may be unable to use contraception effectively and consistently, may be at a higher risk of having unplanned pregnancies and subsequent

abortions, may lack the control or negotiation skills that will enable them to avoid sexually transmitted diseases, and may be less likely to use preventive health services.

Data from the RHSs conducted in Eastern Europe allow for examinations of various reproductive health behaviors among women who reported IPV and those who did not. Bivariate analyses were conducted to examine the association between selected reproductive health behaviors and the exposure to current IPV. Data from Romania for example, a country with one of the highest levels of induced abortion and unmet need in Eastern Europe, illustrate the association between domestic physical abuse and these reproductive health indicators (Figure.2). Women who reported current physical abuse by a partner were significantly more likely to have had induced abortions during the year preceding the survey than women who did not report IPV. Similarly, women reporting current physical abuse were twice as likely to have a current unmet need for contraception.

[Figure 2]

### **Help-Seeking Behaviors**

As can be seen in Table 2, a substantial proportion of women who are subjected to IPV did not disclose their experience of abuse. Between 60% of women in Azerbaijan and 15% in Russia had never talked to anyone about their current exposure to domestic violence. Most women suffering current physical abuse were more likely to talk about the abuse with a family member or a friend than to seek legal or medical help. Generally, between one in three and two in three women who were abused during the past 12 months had talked to a family member about it, and about one in two had talked to a friend. Abused women almost never reported the abuse to health care providers or law enforcement authorities. Only between 1% and 22% reported episodes of IPV to the police or talked to a medical care provider; less than one in ten women sought legal counsel for recent domestic abuse. Health care providers in Eastern Europe and the Caucasus region should be made aware of the prevalence of IPV and the reluctance of victims to seek treatment, and should initiate inquiries about domestic violence experience during routine health visits. Such screening could contribute to reducing the frequency and severity of intimate partner violence and could provide early interventions for domestically abused victims.

[Table 2]

The most common reason cited by a battered woman to not report acts of domestic violence to the law enforcement agencies or health providers was that it would bring the family a bad reputation. Other reasons mentioned were that: domestic violence is “normal,” it would be too embarrassing to report domestic abuse, and it would “not do any good” because no charges will be brought forth.

### **Discussions and Conclusions**

This comparative study provides essential information about the levels and types of IPV in selected countries of the region. For the first time, it examines the association between IPV and several essential reproductive health indicators, using population-based data

However, the RHSs in Eastern Europe are cross-sectional surveys originally designed to look at reproductive health practices and behaviors, not solely at domestic violence and its predictors. Thus, we were neither able to collect detailed information on IPV nor to examine

other potential correlates that may have played a role in the IPV levels. Moreover, because the data is cross-sectional, we cannot examine the direction of causation of the relationship between the reproductive health behaviors and IPV. Yet, limitations notwithstanding, we were able to provide for the first time in this region data on association between IPV levels and a wide variety of RH behaviors. This comparison provides decision makers and public health officials with valuable information on the levels of IPV in their countries and the reproductive health status of women living in abusive relationships.

**Table 1**  
**Prevalence of Lifetime and Current (within the Past 12 months) Physical Abuse**  
**Among Ever Married Women 15–44**

<b>Characteristic</b>	<b>Eastern Europe</b>						<b>Caucasus</b>					
	<u>Moldova, 1997</u>		<u>Romania, 1999</u>		<u>Russia, 1999*</u>		<u>Ukraine, 1999</u>		<u>Azerbaijan, 2001</u>		<u>Georgia, 1999</u>	
	Lifetime	Current	Lifetime	Current	Lifetime	Current	Lifetime	Current	Lifetime	Current	Lifetime	Current
<b><i>Total</i></b>	15	8	29	10	21	7	19	7	20	8	5	2
<b><i>Residence</i></b>												
<i>Urban</i>	13	6	27	9	*	*	19	7	19	7	7	2
<i>Rural</i>	18	10	32	12	*	*	20	9	21	8	4	2
<b><i>Age</i></b>												
<i>15–24</i>	10	6	26	14	13	6	14	8	21	13	4	2
<i>25–34</i>	15	8	27	10	23	9	18	8	22	9	6	2
<i>35–44</i>	18	9	33	9	22	5	22	6	19	5	5	1
<b><i>Marital Status</i></b>												
<i>Currently Married</i>	13	8	25	10	17	7	16	7	18	8	4	2
<i>Previously Married</i>	34	6	64	6	35	5	40	7	43	6	23	2
<b><i>No. of Living Children</i></b>												
<i>0</i>	10	3	21	8	17	7	16	7	21	7	5	2
<i>1</i>	14	6	26	8	20	6	18	7	21	9	8	2
<i>2</i>	14	8	28	10	21	7	20	7	20	8	5	2
<i>3+</i>	23	13	48	18	29	7	26	8	20	7	4	1
<b><i>Education Level</i></b>												
<i>Secondary Incomplete</i>	22	13	38	14	35	15	26	10	27	11	7	2
<i>Secondary Complete</i>	18	9	21	6	23	8	21	8	20	7	5	2
<i>Technicum</i>	11	5	†	†	22	6	19	7	16	5	6	2
<i>Postsecondary</i>	7	3	14	2	13	3	15	6	17	6	5	1

\* Data for Russia pertain to three primarily urban areas.

† Technicum, specific to former Soviet Union countries, does not exist in Romania.

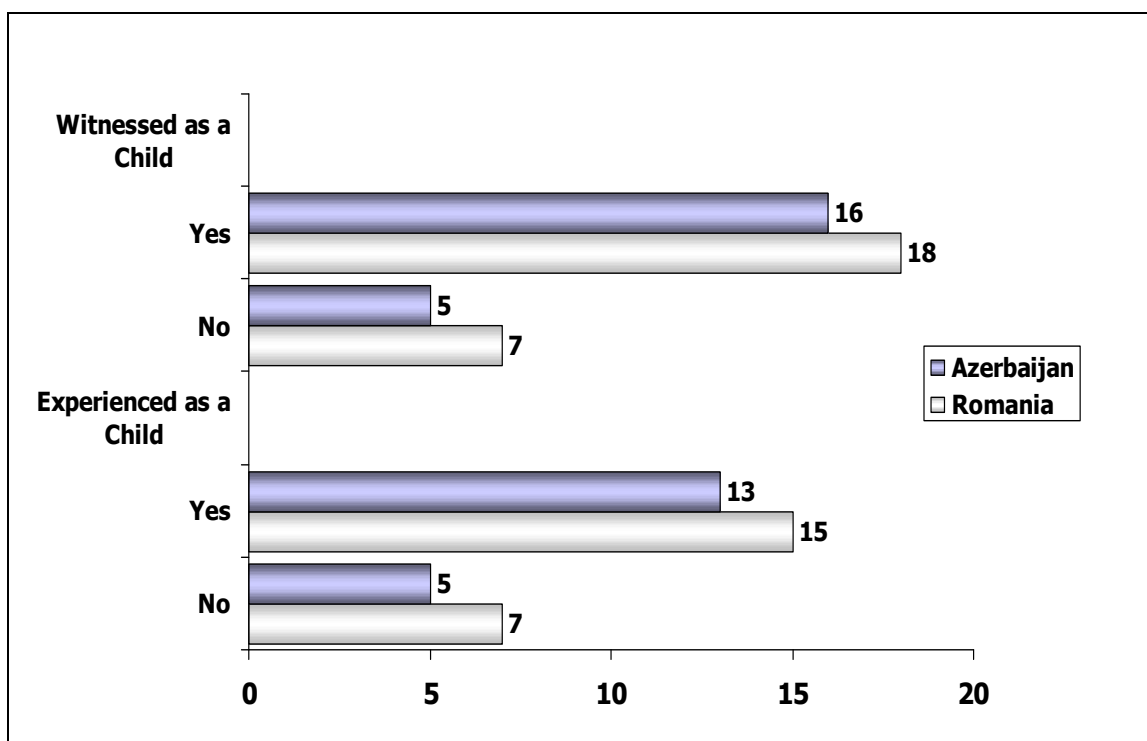
**Table 2**  
**Discussion of Incidents of Physical Abuse with Various Types of Persons**  
**Among Ever Married Women Aged 15–44 Who Reported Current Physical Abuse**  
**Person with Whom Discussed Incident**

<b>Region and Country</b>	<b>Any Discussion</b>	<b>Family</b>	<b>Friends</b>	<b>Police</b>	<b>Health Provider</b>	<b>Lawyer</b>	<b>Other</b>
<b><i>Eastern Europe</i></b>							
<i>Moldova, 1997</i>	<b>64</b>	50	50	12	16	†	3
<i>Romania, 1999</i>	<b>76</b>	64	52	16	15	9	1
<i>Russia, 1999*</i>	<b>85</b>	59	69	22	9	†	4
<i>Ukraine, 1999</i>	<b>81</b>	69	56	16	9	†	6
<b><i>Caucasus</i></b>							
<i>Azerbaijan, 2001</i>	<b>40</b>	34	15	1	1	0	1
<i>Georgia, 1999</i>	<b>84</b>	70	60	10	8	8	0

\* Data for Russia pertain to three primarily urban areas.

† Question was not asked.

**Figure 1: Current Physical Domestic Abuse by Witnessing or Experiencing Parental Physical Abuse as a Child (Romania and Azerbaijan)**



**Figure 2: Abortion Experience and Unmet Need of Contraception by Experience of Physical Abuse by a Partner, Romania 1999—Ever Married Women 15-44**

