

The importance of the operational network: the experience of Padua's Women's Center^{*}

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Summary. *Based on the UN General Assembly Declaration of the Elimination of Violence against Women (resolution 48/104 of December 1993); the WHO guidelines on primary, secondary and tertiary prevention (Preventing intimate partner and sexual violence against women: taking action and generating evidence. World Health Organization, 2010) and European regulations on violence against women (Council of Europe, Rec. 2002,5), this contribution reports the activities of the Centro Veneto Progetti Donna in Padua. The Centre deals specifically with prevention' activities for domestic and gender violence. Its activities are structured within the Italian framework, especially the Veneto Region yet lack adequate regulations concerning violence against women.*

Key words: *primary/secondary/tertiary prevention, anti-violence centres, domestic violence, gender-violence*

Violence against women

The most widely used definition of violence against women (VAW) is provided by the United Nations' General Assembly Declaration of the Elimination of Violence against Women (resolution 48/104 of December 1993). Article 1 of the resolution offers the following definition:

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«Violence against women means 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 deprivation of liberty, whether occurring in public or in private life».

The same definition is later recalled in the Elimination of violence against women (resolution 2003/45) of the UNHCHR, where economic exploitation is added to the definition of VAW.

Violence against women (VAW) is deeply rooted in the historically unequal power relations between men and women. Hence, women have been placed into a subordinate position, where one of the sexes prevails over the other, thus depriving them of an awareness of their full potential and opportunities for personal development.

Identifying VAW as a global problem and, subsequently, advertising this issue owes much to the international women's movements and their activists.

Whilst, in the early stages of examination of this matter, VAW has been approached primarily from a criminal justice perspective, later on, the health and societal consequences of gender-based violence have come into focus. Moreover, the latest, and current, approach to VAW identifies the problem as a universal human rights violation.

As declared by the Beijing Platform of Action (Beijing, 1995) violence against women is deemed to be a violation of the universal human rights (i.e. rights and freedoms that all individuals are entitled of, by virtue of being human). The latter ensures significance with respect to the problem of gender-based violence.

Women's Associations

In Italy there is no national association to protect victims such as those existing in other countries. During the last 40 years, however, inspired by the United States and Europe women's movement, women's associations were formed in Italy as well. These associations had various aims, including the promotion and the protection of women's rights (Baldry, 2001).

In 2008, the Italian national association "D.i.Re Donne in Rete Contro la Violenza-ONLUS" (Women's Network Against Violence) was founded with the purpose of creating a national shelter association, based on over twenty years experience gathered in the 45 founding Anti-violence Centres and Women's Shelters and voicing the distress of thousands of women who,

after being in contact with an anti-violence centre, managed to escape from violence and achieve freedom. The foundation of the National Association was an important step for the Italian Women's movement and confirmed their intention to develop into a formalized political subject with a visible position in the fight against gender violence.

The national D.i.Re Association grew into a point of reference for the promotion of adequate action and intervention, suited to the needs and aspirations of women in a context, like the Italian one, where violence against women continues to be a major problem, whilst the response supplied by institutions and society continue to be extremely deficient and women's living conditions become even more difficult.

The Anti-Violence Centres are the only places where the problem of violence perpetrated upon women is explicitly stated from the point of view of women.

Centres do not only provide services, but also operate on a socio-cultural level, exercising preventive action and developing awareness, based on acquired knowledge and on international and national networks. The Centres, with their professional women operators and the contribution of women experts ranging from the juridical sector to the social and health sectors, offer true support to women in those situations. They create strength and political push, creating networks with the institutions and between services that has produced and generates social capital.

The Centro Veneto Progetti Donna of Padua(Women's Center)

The Centro Veneto Progetti Donna – Auser (Centro Donna) is a women's non profit, voluntary and neutral association, born in March of 1990. It is regularly registered on the database of associations of Veneto region and Padua municipality.

The Centro Donna aims to prevent and welcome women as well as their children, victims of violence, offering psychological and legal counselling. The Centro Donna is also involved in training staff that are involved in helping women. It collaborates with various Institutions (Italian Ministry Council, Social Affairs Department) and at local level with the Veneto Region, Padua Province, Padua municipality, schools, and associations.

The Centro Donna consists of a leading committee, volunteers (all women), and supported by professional psychologists, lawyers, and teachers.

The Centro Donna hosts, provides respect, attention and support for the women. From the reception to the psychological and legal support, the staff believe women play an active role in their personal development.

The Centro Donna supports women victims of violence and abuses, it takes into consideration their relational, social and cultural backgrounds, without forgetting their needs and constraints.

Operational procedures are settled (or established) to help women to contact the Centro Donna by phone or dropping in. The first contact is with psychologists' trainees. During the first conversation/interview with the woman, the psychologists- psychotherapists fills out a file with all the information.

On the basis of the information retrieved, a team draws an evaluation to set up the best way to support women. Areas of interest are:

- psychological counselling;
- legal counselling;
- therapeutics' and supporting groups with other women in similar situations;
- delivery to social services.

Psychological counselling provides individual, couple and family interviews.

Legal counselling helps women to safeguard their rights.

Groups consist of women that previously followed an individual support program, and they aim to strengthen women and to support them to overcome difficulties in a positive manner.

Delivery to social services is based on the collaboration between Centro Donna, social services and other cooperatives working in the field.

Operators and volunteers of Centro Donna participate both as trainers and listeners as well as attending courses on the thematic of gender violence and equal opportunities for women. In addition, the Centro Donna promotes autobiographic courses to boost self-confidence and to enhance the women's strength.

The Centro Donna also works with students of secondary schools to promote awareness based on the respect of differences, particularly focusing on the relationship between women and men.

The Centro Donna has Conventions with the local health authority aimed to support women, young children, and families that experience violence and abuse.

Prevention Strategies

In the attempt to address the causes of violence against women more and more attention has been given to prevention strategies aimed at eliminating the roots of violence.

Intimate partner violence has been defined as: «behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours» (Heise, & Garcia-Moreno, 2002, pp.87-121).

This definition encompasses violence by both current and former spouses and partners.

Sexual violence is «any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work» (WHO, 2010; p.149).

This definition includes rape, defined as physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or objects, even though the legal definition of rape may vary in different countries.

Many studies have recognized that violence against women has a multifactorial nature that affects people and societies differently. For these reasons, we took into consideration the public health approach towards VAW. It implies that the identification of interventions needs to consider a life-course perspective. It is important to understand how sexual and intimate partner violence are linked to other different types of violence. The public health perspective classifies prevention strategies into three types (Dahlberg & Krug, 2002).

The first type is called Primary prevention, which aims at preventing violence before it occurs. Secondary prevention then focuses on the more immediate responses to violence, such as pre-hospital care, emergency services or treatment for sexually transmitted infections following a rape.

Finally the third strategy is part of Tertiary prevention phase and it focuses on long-term care in the wake of violence, i.e. rehabilitation and reintegration, and attempt to minimise trauma or reduce long-term disability associated with violence.

A public health approach emphasizes the primary prevention of intimate partner and sexual violence, for instance: stopping it from occurring in the first place. In the public health framework, that means reducing the number of new cases of intimate partner and sexual violence by addressing the factors that make first-time perpetration of such violence more likely to

occur (WHO, 2010). Primary prevention policies and programmes should be proactive, informed by the best available research evidence and focus on the root causes of the problem, including gender inequality, so that fewer women are affected by such violence in the first place. What is important is that the public health approach considers violence not only the result of a single factor, but it is the outcome of multiple risk factors and causes, interacting at four levels of a nested hierarchy (individual, close relationship/ family, community and wider society (WHO, 2010).

In order to develop a model that includes all risk factors and protecting strategies for vulnerable women the WHO (2010) assume the 'ecological model (Dahlberg & Krug, 2002) to generate and implement actions at any level where violence manifests itself.

There are different levels explained in the ecological model that permeate every aspects of a woman's life. The *individual* level includes biological and personal historical factors that may increase the likelihood of becoming a victim or perpetrator of violence. Secondly, the *relationship level* includes factors that increase risk as a result of relationships with peers, intimate partners and family members. These are a person's closest social circles and can shape behaviour and range of experiences. *Community level* instead, refers to the community contexts in which social relationships are embedded – such as schools, workplaces and neighbourhoods – and seeks to identify the characteristics of these settings that are associated with people becoming victims or perpetrators of intimate partner and sexual violence. Finally *societal* level includes the larger, macro-level factors that influence sexual and intimate partner violence such as gender inequality, religious or cultural belief systems, societal norms and economic or social policies that create or sustain gaps and tensions between groups of people.

Building such a model offers a framework for understanding the complex interplay of all the factors that influence intimate partner and sexual violence, and can therefore provide key points for prevention and intervention (Dahlberg & Krug, 2002).

Network and prevention strategies

Within the activities of contrast of gender violence, the Centro Donna of Padua acts on three prevention levels as indicated in the OMS guidelines, in synergy with the players of the gender violence network. This network comprises all the subjects that are actively contrasting this phenomenon in

the area, expanding to the national, regional and communal institutions, social and health services, security and justice bodies, as well as the educational, cultural and private institutions.

On a closer analysis of gender violence, it comes out that individual, social and cultural aspects are involved and they all concern gender issues. In fact such problems manifest themselves within the couple and mostly concern the different ways men and women live out their relationships in a specific culture.

In the Padua area, the network to contrast violence was formalised in 2009, though it has not yet been implemented..

The Centro Donna being an anti-violence centre retains a pivotal role within Italy and especially in the north of Italy as it is the point of reference for many institutions such as the Police (as provided in the stalking law n. 38/2009, Conversion to act from the decree of February 23rd, 2009, n.11) as well as for the national network of the anti-violence centres, the Emergency unit of social and health services (ULSS 16). In particular the Centro Donna carries out various actions according to each prevention areas, (see Table 1) in synergy with several actors of the network.

In the primary prevention field, the activities carried out by the Centre are: training, information, awareness and education directed to students, social and health operators, private citizens, police and Red Cross volunteers. These activities rely on the collaboration with the school, the private social realities, volunteers, community services, the police and the Italian Red Cross. In particular, several approaches of sensitization and education have been designed expressly for the needs of the recipients.

The secondary prevention field is comprised of all the activities that concern women victims of violence. These activities account for: counter activity, individual way out paths, educational and legal paths. The partners of such activities are the Equality Entities and the Communal and Health services providing partial founding of the projects; whereas the operative paths concern mostly the private citizens and volunteers, social and health local services, police, judiciary system and the Italian Red Cross.

Concerning tertiary prevention, the Centro Donna leads actions of lobby and advocacy in collaboration with the social private and the volunteers involving the local and regional decision makers. Recently the Centre promoted a regional draft of law about contrasting gender violence.

Table 1. Centro Donna prevention strategies

ACTIVITY	PRIMARY PREVENTION °				SECONDARY PREVENTION ×				TERTIARY PREVENTION ●	
	Training	Awareness	Sensitization	Education	Front Office Service	Support to Women Victims of Violence	Educative Training	Legal Support	Advocacy	Lobbying
School	°	°	°	°						
Equality Entities		°	°	°	×					
Private Social Realities Voluntary Work	°	°	°	°	×	×	×		●	●
Community Services	°	°			×	×	×			
Provincial Services			°							
Health Services	°		°		×	×	×			
Police	°				×	×		×		
Judiciary System						×		×		

A case of network intervention

Hereby we present one case that is representative of the network of our association (see Figure 1). The network was inefficient due to a lack of common intervention project shared between the network staff.

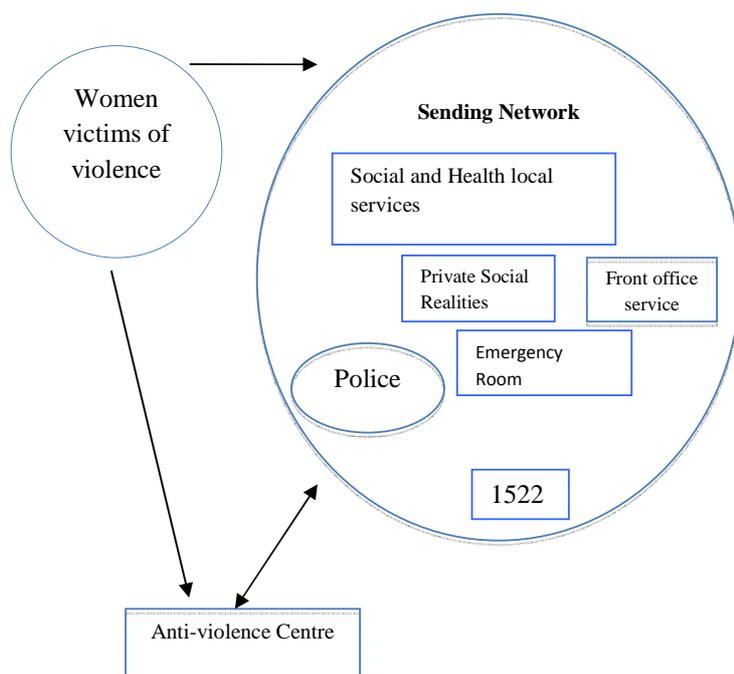


Figure 1. Network of territorial services involved in violence issues.

The case

Mrs. Teresa is a 57-year-old housewife, with no income, suffering from cancer and living in public housing in the city of Padua, is married with a retired man. The woman contacts the Centro Donna after being physical assaulted by her husband. During the episode, the furniture and the utensils of the house were destroyed. Teresa then ran away from her house and she

stayed for few days at her daughter's who later brings her mother to the Padua anti-violence centre. The daughter asks for a new house for her mother as Teresa cannot tolerate any longer her husband's behaviour. The woman did not want to return home because she fears another attack by her husband. The man is described as a person with mood swings, aggressive both verbally and physically, with a dominant and overbearing attitude.

For these reasons, the Centro Donna was asked to provide legal advice and psychological support to the woman.

The intervention of the active network started with sending the Social Services staff for an assessment of the woman's house. The woman was still living in the same house she lived in before as her daughter refused to provide her mother shelter.

The operator at the Job Centre rejected the woman because she does not fit into any type of job placement due to her age and physical health.

The Social Services put the situation "under evaluation" and offered only a mediation course for the couple with the goal of letting the woman go back home.

The admission of Teresa's husband to the Centre of Mental Health resulted in a psychiatric examination and prescription of medication such as mood stabilizers.

Following these steps, the Services considered the situation resolved because the risks were over for the lady. Unfortunately, the compliance with the drug administration was not successful, since after a few days the husband was no longer taking the drugs.

The lady fearing for her safety and not getting a sheltered house, turns to her family home. The contacts with the Social Services resumes, claiming the need for a housing solution, or shelter for the woman, even more urgent since the opposition for economic reasons, by the elder brothers of the lady.

Social Services was not able to offer effective and timely interventions but only long-term solutions (about a year for new public housing), in the meantime the family of origin makes the lady leave the parental house and the daughter still does not give her shelter. At this point she decides to go back home to her violent husband.

Conclusion

Preventing intimate partner and sexual violence requires the support and the contributions of many partners. From the case study reported we

highlight the need to assess and improve the responses of actors involved in the network.

While emergency intervention is a necessary response to domestic violence and can be highly effective at particular points in time, it alone cannot address the complex dynamics of domestic violence. There is also a strong need for proactive strategies of prevention. Recent changes in public policy especially at the European level illustrate a growing commitment to finding ways to reduce the harmful effects of domestic violence. Prevention of domestic violence on a broad level will require a clear understanding from all levels of government and the municipality with the goal of establishing a consistent, coordinated, and integrated approach for each community

A 'zero tolerance' approach for domestic violence is necessary.

Given the pervasiveness and harm of domestic violence, funding and specific programs must be set and addressed to specialized centres who aim to help women: these actions cannot be postponed any further.

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