

Norwegian report on violence in close relationships

Addressing health approaches to vulnerable
groups



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Introduction

Violence in close relationships is a widespread social problem, and stands out from other types of violence in that it occurs in relationships where the persons involved have emotional ties to each other, is often hidden, and is recurrent. The violence may be physical, psychological, material and/or emotional, and the victims often find themselves in a position of dependency on the perpetrator that makes it difficult to leave the relationship. This particularly applies to vulnerable groups such as pregnant women, people with functional or intellectual disabilities, elderly people, people from immigrant or refugee backgrounds, national minorities, lesbians, homosexuals, bisexuals and transgender people, people suffering from mental illness or substance abuse, and women in prison. Children who are exposed to abuse are mentioned in the main report. The white paper *Meld. St. 15 (2012–2013) Forebygging og bekjempelse av vold i nære relasjoner. Det handler om å leve* [Preventing and Combating Violence in Intimate Relationships. A Matter of Life] also deals with these groups. This white paper is the first to be presented to the Storting (Norwegian parliament) dealing with violence in close relationships. The primary aim behind it is to facilitate the prevention of violence in close relationships and to improve the help given to victims in general and to vulnerable groups in particular.

This report provides an insight into national strategies for dealing with violence against vulnerable groups in close relationships in the Norwegian context.

Addressing violence in close relationships in vulnerable groups

After the white paper was discussed in parliament, actions plans were drawn up for different vulnerable groups.

One of them deals with women who are subjected to forced marriage and genital mutilation: *Action Plan against Forced Marriage, Female Genital Mutilation and Severe Restrictions on Young People's Freedom (2013–2017)*.

In 2005, the Ministry of Children and Equality issued the National Strategy to Combat Violence and Sexual Abuse against Children (2005–2009). In 2007, the Ministry of Equality also launched the Action Plan against Forced Marriage (2008–2011). Four ministries have now proposed a strategy for following up children exposed to violence and sexual abuse: *Childhood Comes but Once: National Strategy to Combat Violence and Sexual Abuse against Children and Youth (2014–2017)*. This work has been coordinated by the Ministry of

Children, Equality and Social Inclusion, and proposes 42 different measures. The subject of physical and sexual violence against children is treated in detail in the main report.

The elderly and people with disabilities are dealt with in *Meld. St. 45 (2012–2013) Frihet og likeverd. Om mennesker med utviklingshemming [Freedom and Equality. On People with Intellectual Disabilities]*.

Violence during pregnancy can have serious consequences for the health of the woman and the child. A study conducted by the Norwegian Centre for Violence and Traumatic Stress Studies (NKTV) showed that most women were positive to being asked by midwives about exposure to violence during pregnancy (Hjemdal & Engnes, 2009). National guidelines for pregnancy care and uncovering violence have been prepared (Norwegian Directorate of Health, 04/2014).

No national action plan has been prepared dealing with violence in close relationships with respect to lesbians, homosexuals, bisexuals and transgender people.

Likewise, no such plan has been prepared for people suffering from mental illness or substance abuse, but they are covered along with other vulnerable groups by the measures specified in *Et liv uten vold. Handlingsplan mot vold i nære relasjoner (2014–2017)* [A Life without Violence. Action Plan against Domestic Violence]. The same applies for Sami people, national minorities, and women in prison.

The white papers and action plans must be viewed in connection with each other and with other documents dealing with violence in close relationships. The Norwegian Directorate of Health has now appointed a working group to prepare a guide for the health service's activities for dealing with violence in close relationships.

Health service for the elderly

Physical, psychological, sexual and financial violence against elderly people occurs in both private homes and in institutions. Various measures have been implemented by the Norwegian health authorities, such as a national helpline, Protective Services for the Elderly, that offers guidance and concrete advice in specific situations. The helpline is a nationwide service, and is also intended to help highlight the problem in wider society. Anyone can call the helpline: elderly people themselves, local authority employees, relatives, or others who suspect or know that abuse is going on. The helpline is manned by experts in violence and abuse issues and in the municipal services system in Norway. The service was launched in

2009 and is permanently financed by the Norwegian Directorate of Health (www.helsedirektoratet.no). A training film on abuse against elderly people has also been developed to help raise awareness about this issue.

Health services for ethnic minorities

Following up cases of forced marriage

It is the mainstream, local health service system that has responsibility for working to combat forced marriage. The action plan discusses the need for knowledge and expertise within the health service. The health authorities have established several competence networks to consolidate and develop specialist expertise in violence and trauma. This involves national centres such as the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) and the Norwegian Centre for Minority Health Research (NAKMI). Furthermore, five Regional Resource Centre on Violence, Traumatic Stress and Suicide (RVTS) have been established to provide training and guidance.

They are also charged with ensuring that relevant information and networks are available. These centres cover several areas related to violence and trauma, and have been assigned specific tasks dealing with both forced marriage and genital mutilation. In addition to these specialist competence centres, the county governor has been assigned to provide information and guidance activities related to the services.

The county governor has also contributed to efforts to combat genital mutilation and forced marriage by arranging conferences, courses and other training activities. Since 2012, activities related to forced marriage have been a permanent task in the mainstream systems.

Health services for asylum seekers and refugees

Violence and threats occur frequently in asylum and refugee reception centres. In 2007, the Brøset Centre for Research and Education in Forensic Psychiatry at St. Olav's Hospital in Trondheim prepared a report for the Norwegian Directorate of Health entitled *Vold, trusler og ustabil atferd i norske asylmottak* [Violence, Threats and Unstable Behaviour in Norwegian Asylum Reception Centres] (2008) which showed that 189 incidents of violence and threats were reported in 2007. A total of 7,092 individuals were living at the reception centre at the time when the report was written. Amnesty International Norway prepared a report entitled

Vold mot kvinner i asylmottak [Violence against women in asylum reception centres] which showed that violence in close relationships is the form of violence that most affected women in these centres.

Asylum seekers and refugees are often covered by other legislation than are people who permanently reside in Norway. The Norwegian Directorate of Health has prepared a guide for the health services on this issue: *Helsetjenestetilbudet til asylsøkere, flyktninger og familiegjenforente* [Health Services for Asylum Seekers, Refugees and Reunited Families] (IS-1022 (2010)). The guide covers medical examinations for asylum seekers, refugees and reunited families in the transit phase, in mainstream state reception centres, waiting reception centres, and after settlement in the municipalities.

Girls and women from countries where genital mutilation is practiced are offered consultations and voluntary gynaecological examinations (source: Health Services for Asylum Seekers, Refugees and Reunited Families (IS-1022 (2010))).

Health services for pregnant women

National guidelines for pregnancy care

Commissioned by the Ministry of Health and Care Services, the Norwegian Directorate of Health updated the information on violence against pregnant women in the national guidelines for pregnancy care.

The Directorate recommends that all pregnant women be asked about violence as standard procedure. By 'violence' in these guidelines is meant physical, psychological and sexual violence. It was recommended that health care practitioners should ask all pregnant women about both current and past experience of violence as part of general pregnancy care. It was also recommended that one or more antenatal consultations be devoted to talking to the women on the own. When violence is identified, the women should have individual follow-up and be given the opportunity to be involved in deciding what measures and help should be given. Once violence is identified, it is important that health care practitioners cooperate with each other, particularly on risk assessment, security aspects, and on referring the women to other agencies. The municipalities must ensure that health care practitioners have the right training and competence, and are responsible for following up cases of violence against pregnant women once they are identified. Women should be asked several times during their pregnancy when their state of health can be associated with violence in close relationships (source: Norwegian Directorate of Health, 04/2014).

Litteratur

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