

UNIVERSITY of TARTU
Faculty of Social Sciences and Education
Institute of Political Science and Governance

Mari Tagel

Relationships between Domestic Violence and Other Socio-Economic Problems in
Estonia

Instructor: Hector C. Pagan, MPA

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Introduction

An important problem that faces societies throughout the world today is domestic violence. As described by the Estonian Social Ministry:

Violence against women is violation of women's human rights and a form of discrimination; it consists of all gender based acts of violence which causes or might cause physical, sexual, psychological or economic damage or suffering. It also includes threatening with such acts and forcing or depriving someone of their freedom, irrespective of whether it took place in public or private (Social Ministry 2015).

At the global level it is estimated that 1 out of 5 women experience domestic violence, which results in physical injury or death, during their life. In a study carried out in 50 different countries 10-50% of women admitted being hit or physically abused by their partners at least once in their lives (WHO 2005c:3). In a study carried out by Hoffmann et al. in 1994 in Thailand, 20% out of 619 respondents, who were married men with at least one child, admitted having hit their spouse at least once during marriage (Hoffman et al. 1994).

According to Ministry of Justice of Republic of Estonia, within Estonia DV is also significant, as in 2014, crimes of domestic violence formed 7% of all crimes and 36% of crimes of violence. 66% of domestic violence cases involved violence between current or ex life partners or spouses. 2141 cases of physical abuse in intimate relationships were registered in 2014. Among other factors, the gender-based element of it can be clearly seen, as 88% of abusers in domestic violence were men and 82% of victims were women. As it comes to intimate partner violence then in 93% of cases abuser was a man and the victim a woman (Ministry of Justice 2015).

The effects of domestic violence can be both severe and wide ranging, having a large impact on the quality of life for women and families as well as having less obvious effects at the societal level. For example it has serious impacts on women's health and wellbeing (WHO 2005a:22). Domestic violence increases women's risk of injury and death and

costs additional money to healthcare systems. WHO considers domestic violence a major threat to social and economic development (WHO 2005a:3). Domestic violence also works as a cycle- children who have witnessed domestic abuse in childhood are more likely to become abusers or victims in the future.

Considering its prevalence and impact on society, it is important for policy makers to develop strategies to address existing problems and prevent potential violence. This requires a deeper understanding of the dynamics of domestic violence especially in the Estonian context, which is what this thesis will work to address. Research and theory conducted in other places have found a strong connection between violence against women and other specific socio-economic conditions. This study will investigate whether this correlation exists amongst a sample of victims in Estonia. So that the two fundamental research questions are:

1. Are there relationships between domestic violence and other socio-economic problems in Estonia, as is indicated by theory and research in other countries?

In answering these questions, the following hypothesis will be investigated:

H1: There is a correlation between victim's age and domestic violence so that domestic violence occurs more in younger women.

H2: There is no correlation between victim's age and psychological violence so that psychological violence is significant in all age groups.

H3: Psychological violence is the most common type of violence.

H4: Psychological violence goes down the older a person gets.

H5: People who suffer from physical, sexual and economic violence are likely to suffer from psychological violence.

H6: There is a correlation between victim's age and domestic violence incidents involving alcohol consumption so that domestic violence influenced by alcohol occurs more in older women.

The study is divided into three different sections. The first section introduces the theoretical background and definition of domestic violence. Different types of domestic violence are brought out and described. This study focuses on two causes of domestic violence- age and involvement of alcohol. A theoretical background for those two reasons are brought out together with services provided to victims of domestic violence. The

second part of the study focuses on the empirical part of the study and introduces the results. Service data collected by shelter workers in Tartu on the circumstances of their clients over a four year period was compiled and analyzed so as to answer each of the hypotheses listed above. The third section summarizes the findings, identifies areas for further research and also makes recommendations on how to improve data collection efforts in the future.

Theoretical Background of Domestic Violence

There is a great deal of literature on the topic of domestic violence, including its dimensions, its impact and its underlying causes. This section describes some of these sources and lays the foundation for the second part of the thesis.

A. Theoretical Definition of Domestic Violence

Intimate partner or domestic violence has various legal, social and clinical characteristics that contribute to how it is defined. Three examples include:

- “A violent crime committed in the context of an intimate relationship. It is characterized by acts of violence, power and coercion intended to control another person’s behavior” (Smith et al. 1989)
- “Domestic violence is a broad term that encompasses a wide range of behaviors and behavior patterns, ranging from a single incident of pushing or grabbing during an argument to an ongoing and pervasive pattern of severe battering coercion. /---/ battering which is often defined as a repetitive pattern of physical and emotional relationship violence that functions to control and entrap the victim” (Riggs et al. 2000:1291)
- “a major public health problem, resulting in injuries and other short term and long term health consequences, including mental illness and complications of pregnancy” (Ramsay et al. 2002:1).

As can be seen these definitions, domestic violence is considered to take different forms, have multiple causes and have a wide range of impacts on individuals and society. These will be elaborated in the following sections.

B. Types of Domestic Violence

As Andersson has indicated, “Domestic violence is not a single behavior but a mix of assaulting and coercive physical, sexual, and psychological behaviors designed to manipulate and dominate the partner to achieve compliance and dependence” (Andersson et al. 2007:2). In trying to understand the phenomenon and development methods for treating it, domestic violence is typically divided into 4 overlapping categories:

Physical violence is “intentional use of physical force with the potential of causing death, injury or harm” (Naved et al. 2006:2920). In terms of domestic violence between spouses, the term battering is also often used meaning chronic, continuous phenomenon that is conceptually distinct from episodic discrete acts of physical assault (Hall Smith et al. 2002:1209). Due to the nature of this form of violence, it is the type that is commonly associated with domestic violence. Also, due to the fact that its effects are most visible (i.e. bruises, broken bones, cuts) it is also the most easily identified.

Psychological violence may include behaviors such as name-calling, verbal yelling, coercive and controlling tactics either in the presence or absence of physical abuse. Psychological violence is also behavior which can occur in association with physical violence by carrying an implied threat of physical violence and the associated power to intimidate or control another person (O’Leary et al. 2000:x). Psychological violence comes together with most of the forms of physical violence and has been said by some to be the most devastating to a relationship. Often psychological violence precedes physical violence (O’Leary & Maiuro 2000:xii-xiii). Unlike physical violence, psychological violence is very difficult to measure. One component of psychological violence can be controlling behavior by the partner. WHO study shows that physical or sexual violence, or both, is mostly accompanied by controlling behavior by the partner (WHO 2005a). The more psychologically abusive partners are towards each other, the bigger the chances of being physically aggressive. Psychological violence decreases across life (O’Leary & Maiuro 2000:5).

Sexual violence is a behavior defined as forcing a woman to have sexual intercourse against her will, or because she was afraid of what her partner might do. It also includes forcing a woman to do something sexual that she finds degrading or humiliating (WHO 2005a:5). Sexual violence is not limited to acts of non-consensual intercourse but also includes a wide range of sexual behaviors, including attempts to obtain a sexual act,

sexual harassment, coercion, trafficking for sexual exploitation and female genital mutilation (WHO 2003:6). Sexual violence is closely connected to physical violence. Often sexual violence is considered as part of physical violence and in many cases the two types of violence overlap. Many victims also do not distinguish sexual violence from physical violence. E.g. victims do not acknowledge that forced sexual intercourse by their husbands should be considered as sexual violence (WHO 2005a). Because of this many cases of sexual violence remain unreported.

“**Economic violence** is when the abuser has complete control over the victim’s money and other economic resources or activities. Economic violence toward women occurs when a male abuser maintains control of the family finances, deciding without regard to women how the money is to be spent or saved, thereby reducing women to complete dependence for money to meet their personal needs” (Fawole 2008:168).

As described, the four types of violence are often overlapping and can be reinforcing of each other, which can make recording information about and treating them more difficult. Various causes have also been linked to the different forms, as described below.

C. Causes for Violence

It is commonly believed that personal, economic, cultural and social factors combine to cause abuse. Personal factors of abusers include violence suffered in childhood, poor emotional development or learning to face conflict with physical strategies. Cultural factors such as gender inequality or imbalances of partners’ income which place strains on a relationship have also been cited. Other elements of cultures can also lead to increased levels of overall violence such as norms of tolerance of violence and the content of legal codes (Naved et al. 2005:289). Socio-economic factors such as poverty, lack of education, gender inequality, child mortality, maternal ill-health and HIV/AIDS (WHO 2005c:3) as well as alcohol consumption and drug use have also been claimed to play a role. Various other factors, which are particularly relevant for this research are described below.

Age and Domestic Violence

Studies have found that domestic violence occurs more among younger people (McCauley 1995:1; Wilt 1996:80; Hall Smith et al. 2002:1219). According to McCauley victims who had recently experienced domestic violence were younger than 35 (McCauley 1995:1). According to Wilt, domestic violence is more likely to occur in couples who are younger than 30 (Wilt 1996:80). Age is a risk factor, especially in countries where women marry in their teens (Naved 2005:289). The reason may also be that younger men tend to be more violent than older men and that violence tends to start early in many relationships. In addition to that, couples not being married are at greater risk for abuse because it is associated with higher levels of violence. Violence can be influenced by social norms – in some cultures older women have greater status which may make them less vulnerable to violence (WHO 2005a:8). Age is also related to economic causes of domestic violence.

Domestic Violence and Alcohol Abuse

Several studies have examined the relationship between alcohol use and domestic violence. However, alcohol abuse is an important correlate of domestic violence (Hoffman et al. 1994:131). Koenig brings out that “the strength of the association between alcohol consumption and domestic violence was particularly noteworthy” (Koenig et al. 2003:56).

Drinking is significantly positively associated to domestic violence and drinking is often a source of conflict. Men are more likely to drink and both partners drinking was often a source of conflict (Jewkes et al. 2002a:1609). Jewkes (2002b:1427) brings out that alcohol reduces inhibition and provides social space for punishment.

However, the data does not give information about victim’s reasons behind the alcohol problem. Often victims start drinking alcohol as a coping mechanism for domestic violence. Women who have experienced physical and sexual violence are three times more likely to use alcohol as a coping mechanism for abuse (Wingood 2000:274). Thus, in these cases, alcohol abuse by a women may be an indicator that domestic violence is taking place. Alcohol consumption can be considered as a risk behavior and or a mental health problem. Thus, in a violent relationship alcohol can be a cause of violence and also a result of violence.

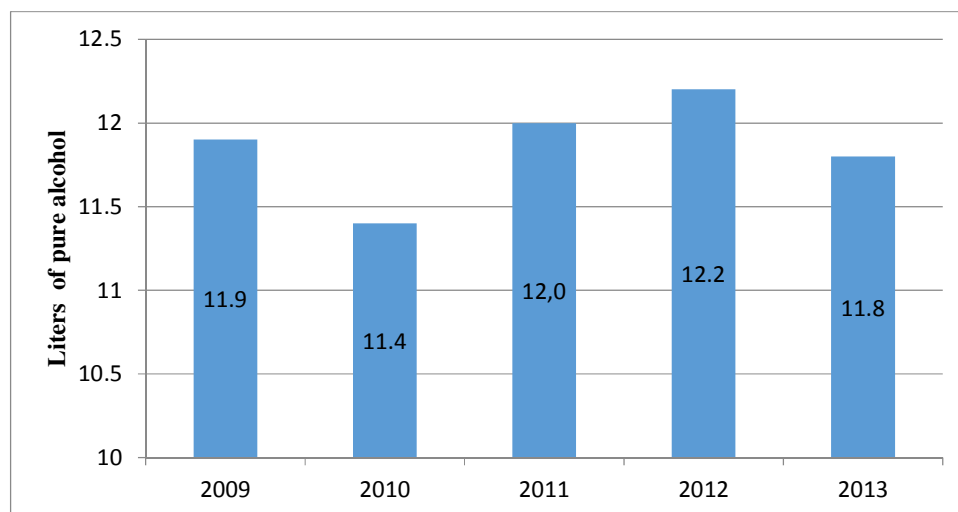
The alcohol consumption of abusers has been positively associated with domestic violence. For example, women whose partners consumed alcohol before sex face five times higher risk of domestic violence, the risk factor is dependent on how heavily male partner drinks. There is also a modest, but significant, relation between women's consumption of alcohol before sex and risk of domestic violence (Koenig et al. 2003:56).

The positive association is probably influenced by how common drunkenness is among men and women (Jewkes 2002:1613). Study population information about whether the victim started drinking as a coping mechanism for abuse or whether the roots of the problem are somewhere else remains unclear.

Alcohol drinking is a risk behavior and it has considerable influence on interpersonal violence (WHO 2005b). Women are at greatest risk for injury from domestic violence if their partners abuse alcohol. Alcohol itself is rarely the sole reason or necessary or sufficient condition for domestic violence because many of the cases are not involved with alcohol (Kyriacou et al. 1999). There is also a possibility that domestic violence and alcohol abuse are independent risk behaviors that characterize certain relationships (Koenig 2003:58).

Annually, Estonian adults consume around 11-12 liters of pure alcohol per capita (see Graph. 1) (Orro et al. 2014:46-47). Alcohol politics is quite liberal and drinking is quite common.

Graph 1. Alcohol Consumption in Estonia 2009-2013.



Services Offered to Victims of Domestic Violence

The public institution that provides services to victims in Estonia is victim support. Victim Support is a free public service. Victim Support provides service to all victims, regardless of the gender, age or type of abuse. Victim Support provides psychological counselling for a victim who has an ongoing civil or criminal case. This means that victims who have not initiated civil lawsuit do not qualify for free psychological counselling. There is also a criteria that a victim's standard of living must have decreased because of abuse. The cost of the counselling cannot exceed the amount of three minimum wages. Victim Support also provides reconciliation services to the victim and abuser if they have a lawsuit.

In addition to Victim Support there are women shelters which are organizations that specialize in supporting and helping female victims of domestic violence. Shelters do not have a criteria for the women as it comes to making charges to the abuser. Anyone who qualifies as a target group is welcome, regardless of income level or age.

Shelters are not public institutions but belong to the third sector there are no special conditions stated by the law that the shelters need to fulfil in order to function. Conditions and requirements for the services are closely related to the funding of shelters. In order to get funding from the state, shelter has to sign an agreement with the state in which all the requirements are brought out. These may vary for each contract. Those requirements are not permanent but they are required only during the period of the contract. There are recommended standards for shelters but since they are not written in the law, then they have no legal force.

Shelters provide victims with accommodation if needed, psychological, social and legal counselling, therapy and also provide support person service. However, services are limited due to limited resources. There is a limit for how many people can be accommodated in the shelter dependent on the size of the shelter. Other services, such as different counselling and therapy are limited to the amount stated in the budget. Most of the shelters have 24/7 on call system which means that the victim can call any time needed and if possible can go to the shelter.

Empirical Section

Methodology

1. Overview

A quantitative study was conducted using a dataset that was constructed based upon data collected from clients of the Tartu Women's Shelter. This method of analysis was selected because two goals were sought. First the analysis of descriptive statistics to give a view of the general characteristics of the domestic violence population in Estonia. Second, comparative analysis was done between multiple variables as described further below.

2. Data Collection

Data used in this study was collected by the Tartu Women's Shelter NGO (TWS) during 2011-2014. The age of the population varied from 17-86. TWS is a non-profit organization providing services to victims of domestic violence and human trafficking. Each individual contact with victims, whether it is a phone consultation or an in-person therapy session is recorded by TWS staff in standard statistics forms that are used for reporting. Information is filled in by shelter workers after each interaction with a client. Since 2012, staff have maintained the anonymity of clients by using client numbers instead of names.

As a result, the dataset created includes women who received social and psychological counselling, participated in therapy session or received phone/ e-mail consultations. The data consisted of various information, such as date when the contact was made the first time, to which age group the client belongs to, what type of violence the client has suffered from. The data also identified the types of service or assistance that clients needed, such as accommodation in the shelter, counseling or other specific information. The data also detailed whether contact was first time or recurring, including how often and when the client contacted the shelter.

Due to the fact that the dataset contained records for each client interaction, it was necessary to consolidate records to try to minimize women being counted twice or more. For most in-person interactions, this was possible using the client numbers that were used

starting in 2012. For records lacking client numbers (such as most phone contacts), the record was read closely to identify information that could be used to weed out duplicates. Furthermore, six men who received telephone consultations were removed. As a result, the original data set of 1097 records was reduced to 533.

Each record in the dataset has a field for a brief description of each clients' case. These were analyzed in detail to see if any other relevant information was present, such as references to alcohol problems, either for the victim or the abuser.

3. Definition of variables

Four groups of variables were used to carry out the analysis:

- Clients' age Due to a change in how data was recorded by TWS staff, age data is in two formats.
 - For 266 records from 2011-2012, the actual age of the women was entered, thus the interval level variable was used
 - For the remaining 267 records from 2013-2014, age data is recorded at the ordinal level as they are divided into 5 cohorts: 18-24(1), 25-49(2), 50-64(3), 65+(4) and NA (5)
- Abuser was derived by examining the description field of each case. A categorical level variable was used because the abuser could only be one. 4 categories were identified: partner (1), mother/father (2), daughter/son (3) and other (4).
- Alcohol was derived by reviewing the description written for each client to identify relevant key words and then divided into 3 dichotomous variables due to the fact that more than one possibility exists for each client:
 - Alcohol is involved? Yes (1) or No (0)
 - Abuser has an alcohol problem? Yes (1) or No (0)
 - Victim has alcohol problem? Yes (1) or No (0)
- Type of Domestic violence comes straight from a question in the shelter worker report and was divided into 4 dichotomous variables because it is possible that a woman could be a victim for more than one of them:
 - Physical Violence: Yes (1) or No (0)
 - Psychological Violence: Yes (1) or No (0)
 - Economic Violence: Yes (1) or No (0)

- Sexual Violence: Yes (1) or No (0)

Results

1. Age and Violence

H₁: *There is a correlation between victim's age and domestic violence so that domestic violence occurs more in younger women.*

533 individuals contacted TWM during the period of 2011-2014. 99% of the clients were female and more than a half of them were in the age group 25-49 forming up 55% of the total population. Almost a quarter, 24% were formed by clients who did not want to disclose their age. 12% of the population was formed by clients in the age group of 17-24 years, 6% were in the age group of 50-64 years and 3% of the population were older than 65 years.

Because this thesis focuses on domestic violence against women, then all male clients, altogether 6 of them, were eliminated from the study sample. In addition to male clients, 122 clients who did not disclose their age, were eliminated. The remaining part of the individuals form up the study sample of 405 individuals. The demographics of the study sample are brought out in Table. 1.

Table 1. Demographics of the Clients.

Gender/Age	17-24	25-49	50-64	65+	Total
Female	66	294	31	14	405
% of total	16.30%	72.59%	7.65%	3.46%	100%
Females in Estonian Pop.¹	9,60% ²	32,17%	20,27%	23,37%	85,42%

Most of the people who have experienced domestic violence and who have sought help from the shelter are younger people in the age group 25-49 years old. All together 88,89% of the victims were younger than 50.

¹ Statistics Estonia, Database, <http://pub.stat.ee/px-web.2001/dialog/statfile2.asp>

² Because data for 17-24 age group was not available, then age group 15-24 percentage is brought out instead.

2. Types of Violence in Age Groups

H₂: *There is no correlation between victim's age and psychological violence so that psychological violence is significant in all age groups.*

H₃: *Psychological violence is the most common type of violence.*

H₄: *Psychological violence goes down the older a person gets.*

As can be seen in the chart below, the most common type of domestic violence that victims had experienced was psychological violence (94%). The second most experienced violence was physical violence (69%), followed by economic (39%) and sexual violence (24%) (see Chart 2). These trends were dominant in all age groups (see Chart 3.).

Chart 2. Prevalence of Types of Violence.

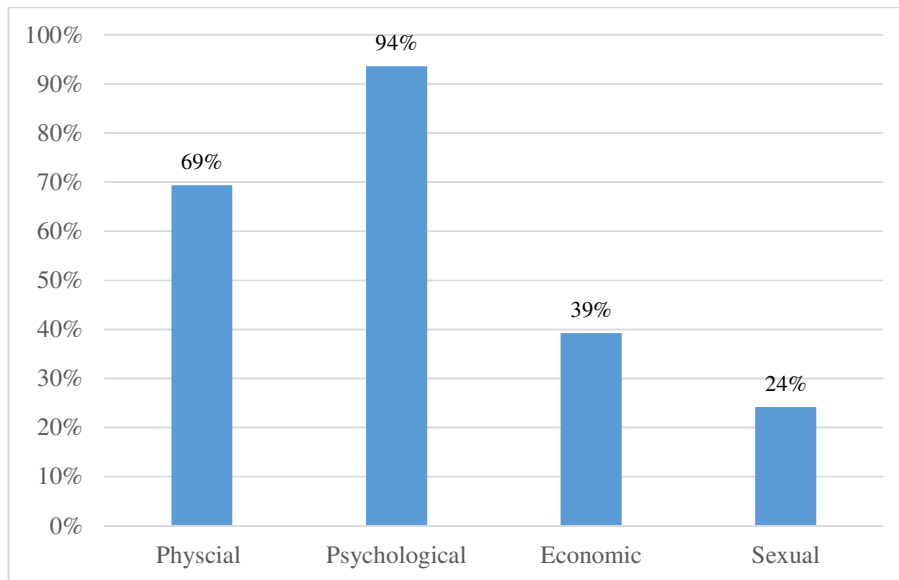
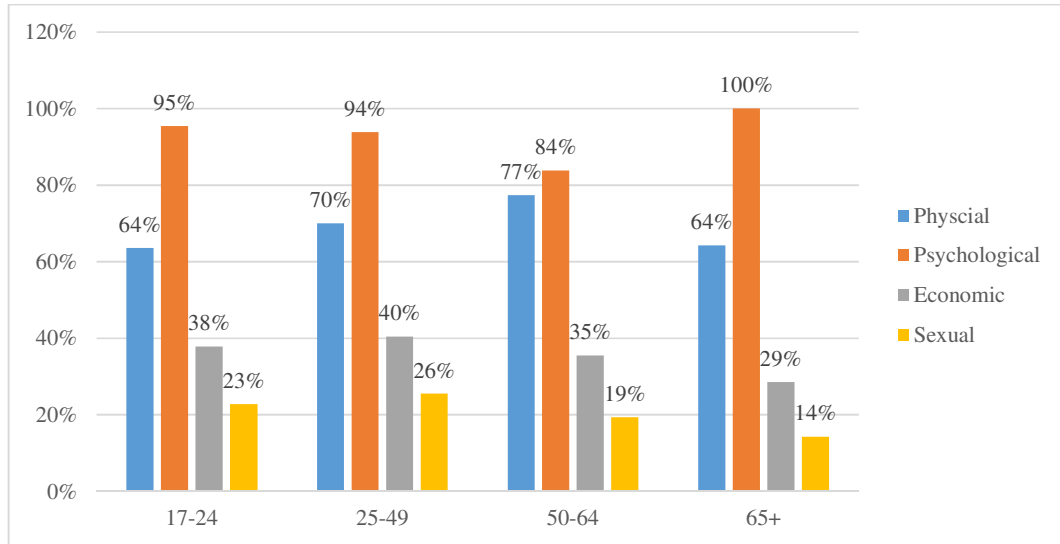
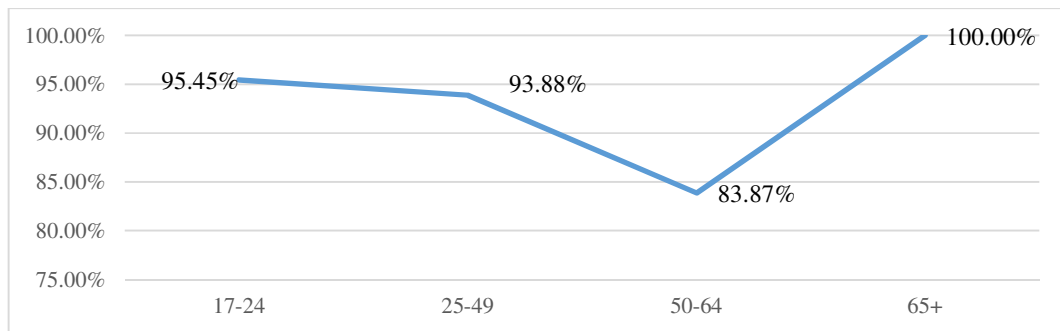


Chart 3. Cross-Section of Types of Violence in Age Groups.



379 out of 405 (94%) cases involved psychological violence. Taken into account the chain of events in an abusive relationship, meaning that psychological violence precedes physical violence and accompanies all other types of violence, then the higher rate of psychological violence among the whole sample is not exceptional and follows the trend. Furthermore, for the most part, psychological violence is a declining part of violence suffered by victims as they grow older: 95% for the 17- 24 group, 94% for the 25-49 group 84% for 50 – 64 year olds. However, of the 14 clients over 65, all 100% indicated that psychological violence was present (see Chart 4). Considering the small sample size, it is unclear if this is relevant

Chart 4. Prevalence of Psychological Violence in Age Groups.



Physical violence is something that most people consider as domestic violence. 281 of 405 cases (69%) involved physical violence. One of the problems about reporting physical violence is that often victims do not know all aspects that are considered as physical violence. For example, constraining freedom by locking the victim up in a closed room for hours or days or by not letting the victim enter the house but leaving them outside for hours regardless of the weather can all be considered forms of physical violence. Victims often do not consider it as physical violence because physical contact between the abuser and victim did not take place and because of that there is a possibility that some of the physical abuse cases remain unreported.

Despite this, the number of cases involving sexual violence are high- resulting in 98 reported cases or 24% of the total sample.

Economic violence is a relatively unknown part of domestic violence for the public and that is something that is not discussed in the public space. Despite this, 159 cases involved economic violence which forms 39% of the population.

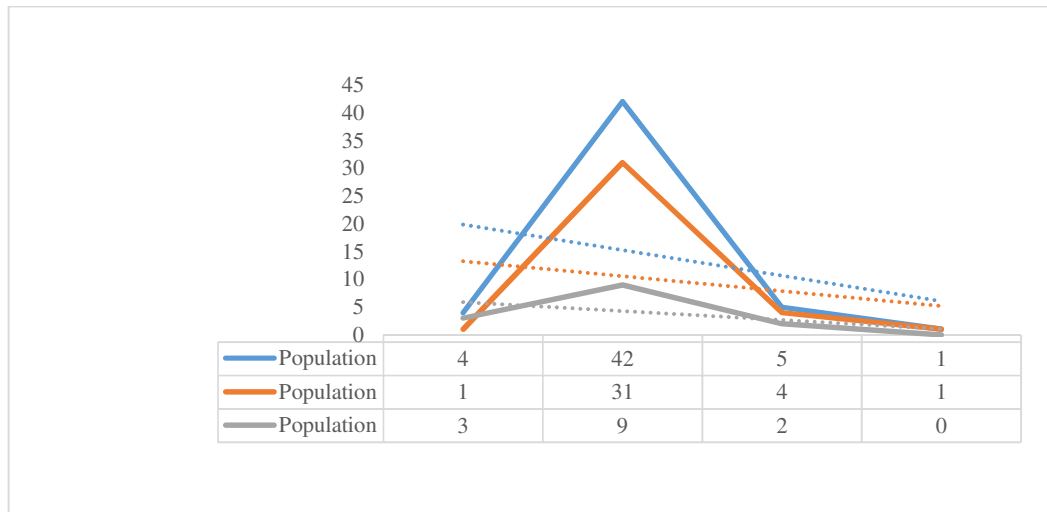
3. Occurrence of Psychological Violence Together With Other Types of Domestic Violence

H5: *People who suffer from physical, sexual and economic violence are likely to suffer from psychological violence.* Of the 379 cases in which psychological violence was reported, 300 cases (79.2%) suffered another form of violence.

4. Violence and Alcohol

H6: *There is a correlation between victim's age and domestic violence incidents involving alcohol consumption so that domestic violence influenced by alcohol occurs more in older women.*

Chart 5. Alcohol Involving Cases.



Only 52 cases out of 405 (12.8%) were identified as involving alcohol. This number however is suspicious, due to the fact that only cases in which alcohol was referred to in the case description field were included. Thus, it is unclear if the other 353 cases did not involve alcohol, or simply that it was not asked or recorded by the shelter staff.

The prevalence of alcohol related cases was the highest in age group 50-64. The highest case of alcohol related cases was in the age group 50-64 with the ratio of 16%. The second highest ratio was in a group with the highest representation in the population, in group 25-49 years with a ratio of 14%. Age group 17-24 had a ratio of 6,06%. The lowest deviation from the total ratio was in group 25-49 with a results of 1,45% and highest in group 17-24 with 6,78%.

Table 2. Ratio of Cases Involving Alcohol in Age Groups.

Age group	17-24	25-49	50-64	65+	Total
Population	66	294	31	14	405
Alcohol is involved	4	42	5	1	52
Ratio	6,06%	14,29%	16,13%	7,14%	12,84%
Deviation from total ratio	6,78%	1,45%	3,29%	5,70%	0,00%

Discussion of Results

1. Overall Conclusion

The main research question for this thesis was to assess if there is a relationships between domestic violence and other socio-economic problems in Estonia, as is indicated by theory and research in other countries. To address this, a data sample of 405 domestic violence victims from the Tartu area over a three year period was assessed to test 6 specific hypotheses. The table below summarizes the results of each.

Hypothesis	Supported/ Not Supported
H₁: There is a correlation between victim’s age and domestic violence so that domestic violence occurs more in younger women.	Supported.
H₂: There is no correlation between victim’s age and psychological violence so that psychological violence is significant in all age groups.	Supported.
H₃: Psychological violence is the most common type of violence.	Supported.
H₄: Psychological violence goes down the older a person gets.	Partially supported.
H₅: People who suffer from physical, sexual and economic violence are likely to suffer from psychological violence.	Supported.
H₆: There is a correlation between victim’s age and domestic violence incidents involving alcohol consumption so that domestic violence influenced by alcohol occurs more in older women.	Partially supported.

88,89% of the total population was formed up by women in age 17-49. Psychological violence was experience the most in each age group. The prevalence was over 80% in each age group. Psychological violence was the most experienced form of violence among total population and also in age groups. Psychological violence decreased in age groups up to age 64. In age 65+ was an increase in psychological violence. This may be due to the fact that age group 65+ was formed up of 14 women. In 300 cases out of 405 psychological violence occurred together with some other type of violence. In age group

50-64 involvement of alcohol was the highest, 16,13%. However, in age group 65+ it was lower, 7,14%.

Based upon this analysis, and these findings, it appears that there are relationships between domestic violence and other socio-economic problems in Estonia.

Limitations of Study and Potential Future Research

Limitations of Study

Despite this finding, and although this study contributes to our small knowledge about the prevalence of domestic violence in Estonia, there are still many questions that are left unanswered or could not be addressed within the scope of this BA thesis. Some of the most important of these are described below, as well as possible future research that could be conducted:

- No information was obtained directly from abusers, thus perspectives of violence and contributing factors towards violence could be skewed. There is no way to prove whether gained information is absolutely correct. This is perhaps most evident in the area of alcohol usage of the abuser and victim. Women who contact the shelter are usually in a very complicated emotional state or have experienced trauma and may overrate the alcohol usage of their partner or may not accurately describe other aspects. Women may also not report their own alcohol consumption in order to make their stand stronger, etc.
- Sexual violence in particular is a sensitive issue that only recently has been directly addressed by shelter workers, thus its prevalence may be underreported.
- The study does not consult corroborating data from the criminal justice population or other sources
- The study is only from one area in Estonia, patterns of violence may vary in other parts of the country. More sophisticated sampling strategies and regression analysis could have been used to account for this, but lay outside the bounds of this BA thesis.
- A great deal of data was missing in the dataset because no specific field exists and shelter staff did not always identify it in the description field of each record.

Potential Future Research

Based upon the research conducted for this thesis, various gaps in data collection methods by the shelter were identified. In order to better track and understand domestic violence in Estonia, the following changes are suggested:

- **Shelter workers should ask clients more straight-forward questions.**

Number of cases involving alcohol was relatively low. The reason behind it may be that shelter workers do not ask straight whether alcohol is involved and if that is the case then in what way. Studies have illustrated a strong correlation between alcohol abuse and domestic violence. If the organization had a better overview of the issue then they could improve their services to match target group's needs. Having a thorough knowledge of the problem would help the organization to create better strategies and would enhance service quality by adapting services to client's specific needs.

Prevalence of sexual violence was relatively low compared to studies. As victims have difficulties identifying and separating different types of violence then shelter employees should try to help them by asking relevant questions and providing necessary information about different types of violence.

- **Clients age should be marked as precisely as possible.**

Data collection in such age cohorts does not give a sufficient overview of client's demographics. Creating age cohort 25-49 is too wide. It can include two generations. Women in the age of 24 and 49 can face different problems. While it is impossible to do distinctions in age groups it is difficult address necessary actions and to analyze the appropriateness of the services for different age groups. The age cohorts should have same intervals. At the moment they vary from 7-24 years. Because of that comparison with other states is also complicated or might be done on a too general level.

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Abstract

This graduation thesis is a quantitative study examining the relationship between domestic violence and other socio-economic problems in Estonia. The study particularly focuses on the socio-economic factors of age and alcohol consumption. An overview of reasons behind domestic violence is brought out. A deeper analysis of age and alcohol involvement's impacts on domestic violence is performed. A brief overview of provided services for victims of domestic violence in Estonia is given. The thesis relies on data collected by Tartu Women's Shelter NGO during the period of 2011-2014. Study sample is formed up of 405 case studies.

The empirical analysis focuses on the following issues:

- the correlation between domestic violence and age,
- the correlation between victim's age and psychological violence,
- the prevalence of psychological violence,
- the trend of prevalence of psychological violence regarding victim's age,
- the prevalence of psychological violence in combination of physical, economic and sexual violence,
- the correlation between prevalence of domestic violence in older age and alcohol involvement.

The results of the empirical analysis indicate that there is a relationship between domestic violence and socio-economic problems in Estonia. Domestic violence occurs more in younger women. Psychological violence prevalence is significant in all age groups and it is also the most common type of violence. Partial evidence from empirical research shows that psychological violence decreases in older age. People who suffer from physical, economic, sexual or from a combination of pre-mentioned types of violence are also likely to suffer from psychological violence. When alcohol is involved then victims tend to be in older age.

The study concludes that data collection and processing in shelters should involve more straightforward questions to clients and should also explain to clients the essence, problems and solutions associated with the different types of domestic violence. Furthermore, it is important to conduct more detailed mappings of the clients' age .

Current system in which clients are divided into cohorts is limited in its scope and practicality. One proposed solution is to employ equal pace for each cohort in order to better benchmark, map and analyse domestic violence problems faced in Estonia. More detailed mapping would improve services provided by shelters and would also enable to carry out studies which involve structured comparisons with other countries.

Abstract in Estonian

Lähisuhtevägivalla ja sotsiaal-majanduslike probleemide vahelised seosed Eestis

Käesolev bakalaureusetöö on kvantitatiivne uurimus, mis uurib lähisuhtevägivalla ja sotsiaal-majanduslike probleemide vahelisi seoseid Eestis. Sotsiaal-majanduslikest teguritest uuritakse lähemalt vanust ja alkoholitarbimist. Töö annab ülevaate lähisuhtevägivalla põhjustest. Detailsemalt analüüsitakse vanuse ja alkoholi tarbimise mõjusid lähisuhtevägivallale. Töö annab ülevaate lähisuhtevägivalla ohvritele pakutavatest teenustest Eestis. Töö tugineb Naiste Tugi- Ja Teabekeskus MTÜ poolt perioodil 2011-2014 kogutud andmetel. Valimi suuruseks on 405 juhtumit.

Töö empiiriline osa keskendub järgmistele seoste uurimisele:

- Lähisuhtevägivalla ja vanuse vaheline seos.
- Ohvri vanuse ja psühholoogilise vägivalla vaheline seos.
- Psühholoogilise vägivalla esinemine.
- Psühholoogilise vägivalla esinemise trendid erinevates vanusegruppides.
- Psühholoogilise vägivalla esinemine kombinatsioonis füüsilise, majandusliku ja seksuaalvägivallaga.
- Vanemas eas lähisuhtevägivalla esinemise seos alkoholi tarbimisega.

Empiirilise uurimuse tulemused annavad indikatsiooni, et Eestis kehtib seos lähisuhtevägivalla ja sotsiaal-majanduslike probleemide, täpsemalt vanuse ja alkoholitarbimise, vahel. Lähisuhtevägivallal esineb sagedamini nooremas eas. Psühholoogiline vägivallal esineb olulisel osal kõigis vanusegruppides ja see on kõige levinum lähisuhtevägivalla tüüp. Osaliselt tõendatakse, et psühholoogiline vägivallal väheneb vanemas eas. Ohvrid, kes kogevad füüsilist, majanduslikku, seksuaalset või mõne eelnevalt nimetatud vägivalla tüüpide kombinatsiooni kogevad tõenäolisemalt ka psühholoogilist vägivalda. Kui juhtumid esinevad kokkupuutega alkoholiga on ohvrid tõenäoliselt vanemas eas.

Kokkuvõttes tuuakse välja, et varjupaigad peaksid küsima klientidelt otsesemaid küsimusi ning peaksid klientidele lähemalt selgitama lähisuhtevägivalla olemust ja võimalusi lahendustele. Oluline on ka detailsemalt kaardistada klientide andmeid. Praeguses andmetekogumissüsteemis on kliendi andmed limiteeritud oma ulatuselt ja

läbilõikelt ning on seetõttu ebaotstarbekad. Klientide rühmadesse jagamine peaks toimuma ühtlase sammuga. Detailsem süsteem võimaldaks paremini mõõta, kaardistada ning analüüsida lähisuhtevägivalla probleeme Eestis. Detailsem kaardistamine võimaldaks varjupaikadel pakkuda paremaid teenuseid ning viia läbi analüüse ja võrdlusi teiste riikidega.