Implementation of a government policy programme on Operation Kvinnofrid

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Intimate partner violence is recognized as a common and major public health problem (Krug and WHO 2002; Smith 2003; Ellsberg et al. 2005; Pallitto and O’Campo 2005; Romito and Grassi 2007; Scheffer Lindgren and Renck 2008) and a serious global problem (Corbally 2001), although almost universally under-reported (Flinck, Paavilainen and Åstedt-Kurki 2005). The World Bank has estimated that ‘in established market economies gender-based victimization is responsible for one out of every five healthy days of life lost to women of productive age’ (Heise et al. 1994). It is well known that in many countries the home is a common place for violence, where women are the usual victims and men the usual perpetrators (Dobash and Dobash 1992). International organizations such as the European Union, United Nations, World Health Organization and the World Bank aim at zero-tolerance for violence against women and increased efforts for gender equity (Statens offentliga utredningar 2004; Social- och hälsovårdsministeriet 2005). Several organizations have developed guidelines on how professionals can identify, support and refer victims of violence (McFarlane et al. 2002; Watts and Zimmerman 2002). Operation Kvinnofrid International—Operation Peace for Women International is a transnational project to disseminate information, increase awareness and actively try to stop men’s violence against women (Danilda, Leander and Operation Kvinnofrid International 1999). The Swedish government proposed an inquiry to follow-up the Operation Kvinnofrid Programme (Statens offentliga utredningar 2004). The findings showed that implementation of the programme was inadequate because both on national as well as local level, the leaders had not given priority to the issue. In Finland, no similar research has been carried out so far.

In work organizations, subtle changes are always taking place, often on a large scale, sometimes in response to external pressures, and sometimes in response to planned change (Cole 1995). Three major approaches are described in the literature: the power-coercive approach, the rational–empirical approach and the normative–re-educative approach (Salvage 1993; Cole 1995; Owens 1998). The power-coercive approach is a top-down method, in which people in authority instruct others to do things differently. The rational–empirical approach assumes that most people are guided by reason and self-interest, and that, given choices, they will act in the way that brings maximum benefit to all. This approach is
somewhat top-down and authoritarian. The last approach, the normative–re-educative approach, differs from the other two, as the change moves from the bottom up. The second and the third strategies are more likely to be incorporated in planned change than the first strategy. The lead strategy is the second alternative backed up by an effort to encourage people to see the reasonableness of the proposed changes (Cole 1995).

The concept of change implies difference, adaptation, innovation and renewal. In this paper, change was introduced by government actions and supposed to be implemented by the public sector. In the independent Åland Islands, with 26,000 inhabitants, the local people experience their community as a friendly non-violent community, where violence against women happens only on rare occasions. The government of Åland attempted to use directives and recommendations to implement change towards a better service to battered women. Implementation of behaviour change within the health sector is reported as being less successful than expected given the inputs provided due to barriers that maintain the status quo (Michie et al. 2007). Some findings of impediments to implementation are work overload, lack of time and organizational difficulties (Magliano et al. 2005). Lewis and Fletcher (2005) suggested four key implications for developing initiated strategies to improve patient safety: (i) the need to understand the complexity of achieving change in healthcare (Edwards 2005; Moulding, Silagy and Weller 1999), (ii) the need to recognize the limited utility of ‘top down’ models of implementation (Edwards 2005), (iii) the need to analyse policy context to identify those policy dynamics that can be used in support of the patient safety agenda and those that may form barriers (Moulding et al. 1999; Wensing and Grol 1994), and (iv) the need to develop a multifaceted approach to mobilize and embed ‘across the board’ change, recognizing that there is an evolving evidence base about which levers in what combination are most effective (Michie et al. 2007).

BACKGROUND

The Equal Opportunities Delegation of the government of Åland was invited to participate in the Operation Kvinnofrid International Project during 1998–99. As a result of being a member of the project, at the end of 1998 the Equal Opportunities Delegation decided to carry out a programme to help abused women in the Åland Islands. The Equal Opportunities Delegation aimed to develop a programme for the equality work in the Åland Islands which include minimizing violence against women in the Åland Islands through different strategies to reach a total stop of intimate partner violence (Jämställdhetsdelegationen på Åland 1998). The delegation Jämställdhetsdelegationen på appointed a reference group to implement the aims. The government allocated ECU 5000 to the project and received from the Operation Kvinnofrid International ECU 12,400 (Ålands landskapsstyrelse, 1999). The aims of the programme were:

- to carry out a baseline study of men’s violence against women in the Åland Islands
- to follow up the relevant Åland legislation regarding men’s violence against women
- to investigate existing methods and projects in order to develop a more targeted service
- to develop new methods to deliver more effective support and help to battered women
- to disseminate information and knowledge to official authorities and the public about men’s violence against women
- to develop guidelines for professionals to better be able to provide care which meets the needs of the women
- to establish a reference group for following-up the issue and to provide new directives to organizations.

The reference group included members from the government, the health organization, the social service, the police department, the regional public prosecution office (which was governed by the state of Finland), the elementary schools, the church and the county administrative board. Their duties (and the duties of the government) were to disseminate information, to exchange experiences and knowledge, and to set up working groups within their organizations.

The duties of the working groups were:

- to assess the number of abused women in contact with the health organization, the social service, the police department, the regional public prosecution office
- to explore existing methods and projects used by the professionals to assess successes and weaknesses to meet the needs of battered women who seek help at the organizations’ offered service and to develop new methods to set up strategies to better meet the targets needs
- to share knowledge within the organizations and within society about men’s violence against women
- to develop a policy document and a protocol for the organizations to be better equipped to give care and support to battered women.

As a result of the duties of the reference group, a pilot survey was carried out in 1999 (Ålands landskapsstyrelse), which showed that of 91 women who answered a questionnaire about violence, 42 had experienced violence in their intimate relationships. Therefore, the Equal Opportunities
Delegation emphasized that every organization that meets and helps abused women should develop a protocol on how to care and support battered women. The reference group continued to work after the international part finished addressing the duties and aims mentioned above. A survey carried out in 2005 (Häggblom, Hallberg and Möller) showed that nurses working within the government health organization had problems in identifying abused women and caring for them. Mainly they lacked knowledge and skills. More than half of the nurses did not know that the health organization had developed guidelines for the care of battered women and their children. Therefore, it was obvious that implementation of the new guidelines had had only a minor impact. However, in another study, nurses, who were selected because of their commitment in helping battered women, reported that they often met abused women (Häggblom and Möller 2006). These nurses reported that they lacked supervision and support from their employers in order to be able to give a proper health service to battered women. Abused women seeking help from the social service and the police criticized these services, and reported that they sometimes got blamed for being battered.

The purpose of the present descriptive single-case study was to find out how the directives had been implemented by the official organizations in the Åland Islands, and if the government’s policy directives based on the Operation Kvinnofrid recommendations had led to any differences in the organizations’ allocation of services to battered women. The main research question was what kind of response the organizations developed aiming to implement the changes suggested by the Equal Opportunities Delegation of the government. The delegation used a top-down method to bring about changes in areas of strong societal beliefs. The second research question was how the policy documents, protocols for guidelines, and routines for helping battered women, developed by the official organizations, had been implemented.

**METHOD**

The study aimed to investigate a contemporary phenomenon within its real-life context using a descriptive strategy with an embedded single-case study design (Yin 1994). The theoretical proposition hypothesized that the government directives to organizations to implement a certain set of strategies aimed at changing the care of abused women would lead to evidence to such changes. The multiple sources included in this inquiry provided evidence from official organizations about their strategies and actions according to the government policy directives. The subunits of this study were the government-focused organizations which were the health organization, the social service, the police department and the regional public prosecution office (governed by the state of Finland), as well as the equality minister and the Head of Gender issues officer. In particular, the study looked at:

- first, the responses of the organizations to the government policy recommendations;
- to assess the current situation at the beginning of the programme
- to explore existing methods and projects to develop new methods
- to share knowledge within the organizations and within society
- to develop a policy document and a protocol.

second, information to and training of professional;
- third, follow-up of policy recommendations;
- fourth, the economic resources allocated to the programme.

The multiple sources rely on evidence obtained in a triangulating fashion. The triangulation frame included:

1. data from the four interviews with the leaders of the health organization, the social service, the police department and the public prosecution department (in this study called key informants);
2. data from an interview with the Head of Gender issues officer at the government of Åland, who had initiated the government focus on the phenomenon intimate partner violence; an interview with the equality minister of the government of Åland, who was the chairperson in the reference group, was also included in this study (the head of Gender issues officer was present during the minister’s interview);
3. finally, as a third perspective, documents such as annual reports and budgets from the same official organizations were included in the study.

In the present case study, the official organizations—the health sector, the social service in Mariehamn, the regional public prosecution department and the police department—were compared. All the organizations included in this case study aimed to provide services to battered women. The organizations had been directed to implement the government recommendations, and the services included help to abused women based on a written policy document. The main approach of the present study was qualitative, seeking to explore and understand the rationale for the choices of the leaders of the four organizations responding to the government’s directives. The qualitative data were supported by both quantitative and qualitative data about routines in the four organizations regarding intimate partner violence presented in annual reports, guidelines and budgets. The
method of analysis relied on theoretical propositions, such as how the government directives had brought about changes to services to battered women by the organizations concerned (Yin 1994).

The four organizations were selected because they were the organizations directed by the government of Åland to implement the Operation Kvinnofrid recommendations. The head of Gender issues officer, who had initiated Operation Kvinnofrid at government level, was included in her role as probation officer at the gender equality unit at the government, and the equality minister was the chairperson of the reference group.

In-depth interviews using semistructured questionnaires were carried out with the manager of the health organization, the manager of the social service, a prosecution officer and the police officer in charge. The leaders represented their organizations as members of the reference group and as the people responsible for implementing the government policies. Topics which were covered in the interviews were: the leaders’ attitudes towards and opinions about intimate partner violence, how the organizations used guidelines and routines, how workers and clients responded to strategies on routines, and how government policies were understood and used in the organizations. In addition, the interviews with the head of Gender issues officer and the equality minister aimed to obtain further clarification and references.

Each interview session was conducted by the first author (AH). Interviews were taped, transcribed verbatim and coded. The content was analysed and compared with information from the other sources of evidence about the same issues. Multiple readings of the transcripts were performed to identify major themes revealed in the informants’ words, phrases and examples. Important and frequently expressed themes were then studied for patterns of connection and grouped into broader categories, for example, issues of information, issues of economic resource allocation and issues of training. The final analysis of similarities and differences between cases was based on pattern matching logic. The predicted pattern of the descriptive case study expected a changed impact on the delivery of services to battered women. The changed service included assessment of existing methods, development of new methods, sharing of knowledge among the organizations, development of guidelines, information and training for the professionals, planned follow-up, and allocation economical resources to Kvinnofrid issues within the organizations. The data were analysed, first by reading through the material and then by categorizing the findings according to the aims of the directives (emphasized in the subunits) given by the government to the organizations to implement, for example, resource allocation in the annual budgets.

RESULTS

Responses to the policy recommendations

The key informants reported how their organizations had responded to all the five areas of the recommendations directed by the government in the document (table 1). The prosecutor’s officer had no information about the government policy programme. He reported that he attended the reference group meetings on an irregular basis. He was not obliged to follow the directives, hence, he was responding to the Finnish state. The first and second recommendations — to assess the number of abused women attending the organization’s service and to explore existing methods — had not been carried out by any of the organizations, except by the police department. The police used their existing methods to investigate all cases reported to them. The third recommendation was to introduce new methods for services for abused women. In the health organization, a responsible person in each working unit had been chosen to inform new personnel about how to care for abused women and how to organize help for the batterer. The social service reported that they included elementary schools into the programme as a new strategy. At the police department, a small group of

<table>
<thead>
<tr>
<th>Issue</th>
<th>Health organization</th>
<th>Social service</th>
<th>Police department</th>
<th>Public prosecutor’s department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To assess the number of abused women</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. To explore existing methods and projects</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. To develop new methods</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. To share knowledge</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. To develop a policy document and a protocol</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
police officers had been chosen to work with this issue. The fourth recommendation was to share knowledge. The leaders reported that they tried to ensure a flow of information within their organizations, although no formal structures were used for organizing and providing this information. The external information was left to the head of Gender issues officer to organize and deliver.

Finally, regarding the fifth recommendation, the informants reported that their organizations had responded to the government recommendation by setting out written policy programmes. However, the construction and design of the policy document and protocol (table 2) was carried out differently in the organizations. In the health organization, it was done by a team. At the public prosecutor’s department, it was carried out by two public prosecutors. In the social service, one person designed most of the document, and at the police department, two policemen produced the document.

The design of the protocols was almost the same in the health organization, the social service and the police department. The protocols focused on definition and practical guidelines about how to respond to and help abused women (table 3). None of the protocols included descriptions of overall plans for the Operation Kvinnofrid Programme in their organizations.

### Table 2 Overview of the key informants’ responses to implement the government policy directives according to Operation Kvinnofrid

<table>
<thead>
<tr>
<th>Issues due to government policy directives according to Operation Kvinnofrid</th>
<th>Health organization</th>
<th>Social service</th>
<th>Police department</th>
<th>Public prosecutor’s department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of the policy directives</td>
<td>A group designed the document</td>
<td>Manager designed and introduced the document to the workers</td>
<td>Two policemen designed the document</td>
<td>No, due to no knowledge about government policies</td>
</tr>
<tr>
<td>Leaders reported recognition of constraints due to the implementation of written policies</td>
<td>Reported constraints: time, workload, need to prioritize</td>
<td>Reported constraint: time</td>
<td>Reported constraint: need to participate with the justice department</td>
<td>No recognized constraints: due to lack of knowledge about government policies</td>
</tr>
<tr>
<td>Experiences of being a member of the reference group</td>
<td>Awareness of the start of group treatment for perpetrators</td>
<td>Use of computer in local situation</td>
<td>Documentation is implemented and regarded as important</td>
<td>Learnt a lot about the phenomenon violence against women</td>
</tr>
<tr>
<td>The mandate of the reference group</td>
<td>Good, useful, informative, gave legitimacy to the issue, leaders of the society represented in the group</td>
<td>Networking, increased knowledge and understanding</td>
<td>A marking of the importance of the task</td>
<td>Useful</td>
</tr>
</tbody>
</table>

### Table 3 Overview of the organizations’ policy documents, including a protocol of guidelines and routines on how to help abused women

<table>
<thead>
<tr>
<th>Activities</th>
<th>Health organization</th>
<th>Social service</th>
<th>Police department</th>
<th>Public prosecutor’s department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of domestic violence including the FN definition</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Aim of the management of routines and guidelines</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Practical guidelines</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Long-term aims</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Strategies on how to help the children</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Information to and training of professionals

The respondents mentioned that information had mainly been provided to their personnel through ordinary meetings. No structured programme was used by any of the organizations. However, in the introduction package to new employees, information on issues regarding Operation Kvinnofrid was included. None of the organizations had emphasized training programmes regarding Operation Kvinnofrid to their employees; however, health personnel were advised to participate in available training programmes offered by the government and the Åland Polytechnic.

The key informants reported that violence against women is recognized as a problem and that employees were informed about the written policy document, except at the public prosecutor’s office (table 4). The key informants mentioned that there were constraints, such as time constraints and workload, to achieving the aim of the policy. The police underlined the need to co-operate with the justice department. The prosecutor’s officer also reported that co-operation with the justice department and the police is important. Furthermore, the police department had recently begun using a computer programme in which cases of abuse against women and follow-up of cases were documented. The key informants reported that the government policy recommendations were useful, and they recognized a change of attitudes. They thought that the media had played an important role in reporting Operation Kvinnofrid issues (table 4).

Follow-up of policy recommendations

In the health organization, the social service and the police departments, the policy document and the protocols had been implemented by the key informants. They had not been implemented by the public prosecutor’s department. The prosecutor’s officer knew that colleagues had designed guidelines some years ago. However, the guidelines were neither used nor available at the office. The key informants from the health organization and the prosecutor’s department reported that they had not followed up or evaluated the implemented programme (table 4). The head of Gender issues officer reported that she was concerned because she got no response to her requests for follow-up reports from the reference group members.

Economic resources allocated to the programme

None of the organizations had allocated specific economic resources for implementing the Operation Kvinnofrid Programme (table 4). In the social service annual budget plan for 1999–2005, nothing was mentioned about economic resources for the Operation Kvinnofrid Programme, except resources for the shelter home called Tallbacken. In the health organization, some nurses worked with Operation Kvinnofrid issues on ordinary working time.

The perspective of the head of Gender issues officer and the equality minister on the input and impact of the government directives

The head of Gender issues officer and the equality minister reported that the establishment of a reference group had been a success. The leaders supported the Operation Kvinnofrid Programme, which had influenced attitudes towards men’s violence against women in general. The leaders’ support had also led to the politicians, the professionals and the media recognizing men’s violence against women.

Table 4  Overview of the key informants’ responses to implement their strategies in accordance with the government recommendations

<table>
<thead>
<tr>
<th>Area of questions</th>
<th>Health organization</th>
<th>Social service</th>
<th>Police department</th>
<th>Public prosecutor’s office</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAW recognized in the budget 1999–2005</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Policies introduced to employees</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Documentation</td>
<td>No</td>
<td>No</td>
<td>Elementary</td>
<td>No</td>
</tr>
<tr>
<td>Follow-up of policies</td>
<td>No</td>
<td>Yes*</td>
<td>Yes*</td>
<td>No</td>
</tr>
<tr>
<td>Informants’ awareness of weaknesses of the written policy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Informants’ perception of usefulness of the government policy recommendations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

VAW, violence against women; *partial.
women. According to the interviewees, the police department took a leading role from the beginning. Through their active response, the other organizations followed. The members of the reference group supported networking with the shelter home, the local church and organizations operation on a voluntary bases like the Folkhälsan i Finland. This led to the establishment of an operative group, in which all the organizations that supported battered women could meet and participate in an implementation strategy. The head of Gender issues officer and the equality minister saw that the effect of the Operation Kvinnofrid Programme was limited by the weak efforts of the organizations to address the issue, and their slow response to act against men’s violence towards women. She reported that training was not given to the staff on a regular basis, and some organizations did not document cases of intimate partner violence. Another weakness which caused frustration was the organizations’ failure to follow up implementation of the guidelines. The head of Gender issues officer praised the active participation of the local churches, society’s involvement, and people’s sharing of knowledge about men’s violence against women. The head of Gender issues officer pointed out that the results showed that the issue was no longer taboo, and that the organizations were co-operating. Besides that, some leaders were aware that their employees needed training. The equality minister praised the Åland politicians, who were different from politicians outside Åland she had met. The Åland politicians gave priority to men’s violence against women as a number one problem to be addressed. She stated that politicians in Finland and other countries did not seem to take the problem seriously. However, both the interviewees mentioned that a long-term programme was to be set up by the government. In the meantime, they were continuing to address the problem on the individual, institutional and media levels.

**DISCUSSION**

The findings of this case study show that the leaders were involved in the government Operation Kvinnofrid International Programme, and that a first step was taken. Leaders and politicians are necessary in the process of changing the practices and attitudes of staff, and changing public opinion. Incentives such as resource allocation by the government can result in interventions that are useful for individuals. It is necessary to involve the leaders when introducing a health promotion programme on men’s violence against women, which is a subject that is taboo for most people in society. In addressing men’s violence against women in Åland there needs to be an emphasis on continuity, institutionalization and politicization, as has been reported from an assignment in Sweden (Statens offentliga utredningar 2004).

The efforts of the government and the organizations to bring about changes in services to battered women show that they are willing to improve the situation for battered women. However, considering that men’s violence against women is a major contributor to illness, injury and femicide (Campbell et al. 1998) — it is reported to be the number one health risk for women between the ages of 15 and 44 (Davis and Harsh 2001), and that the direct costs of violence against women in Finland is estimated at EURO 50 million a year (Piispap and Heiskanen 2001) — the efforts of the government, official organizations and the politicians are inadequate in relation to the seriousness of the problem. The approach used by the government and the organizations is a rational–empirical approach, close to a power-coercive approach. In a top-down fashion, they introduced measures intended to have an impact on the utility of the service to women. However, none of the organizations involved the users in the implementation of the directives. If they had chosen a normative–re-educative approach, this may have been a way of bringing about change that involved both the primary users and the primary providers (Lewis and Fletcher 2005). In studies in Michigan, it was shown that when supervisors paid attention to interpersonal relationships, exercised less directed supervision and encouraged participation, the outcomes were more productive than when the supervisors were directive and focused more attention on the task than on employees’ needs (Cole 1995). Nevertheless, a way to implement change more successfully could be to develop a strategic assessment tool (Wensing and Grol 1994). This would involve evaluating the current situation by collecting data from service providers and service receivers, and then formulating a strategic plan to achieve zero tolerance of violence (Registered Nurses’ Association of Ontario 2005).

The study indicates, in line with the study of Gustavsson (2002), that the Operation Kvinnofrid Programme has had a limited impact at the organizational level. The issues of resistance to change may explain the outcome. One reason for the resistance to responding more efficiently to the problem can be that men’s violence against women are not taken seriously enough, when interpreted by a gender power hierarchy where men ranks higher than women. Another reason argued by Dobash and Dobash (1992) is the impossibility to use the law and legal apparatus to confront patriarchal domination and oppression when the procedures of the social processes and institutions are saturated with patriarchal beliefs and structures. Furthermore, men’s violence against women refers to the role of gender inequality where women are being subjected to
discrimination and abuse of women in all areas of society (Piispa 2004; Statens offentliga utredningar 2004).

In this case study, except for the health organization, the leaders chose a strategy that did not involve the active participation of the professionals in the development of the policy document. Designing policies without baseline assessments can be hazardous especially for the caretakers, in this case the battered women and their children. According to this study, some important areas are not addressed in the policy document, such as short-term and long-term objectives, timetables, distribution of duties, follow-up and resource allocation. The more precise a policy document is, the easier it is for the professionals to assess the existing situation and develop skills and strategies in order to be equipped to meet the demands of providing a more satisfying service to the target group. There is a need of connecting expertise on men’s violence against women to the organizations. Success also depends on resource allocation, among which, training, facilities, and personnel have to be mentioned, in order to achieve a more adequate service to battered women and in order to expand the knowledge about intimate partner violence in Åland. If violence against women is not recognized as a serious problem, the chances for improvements in the services available to women who are subjected to violence are diminished. Also, clear instructions from the government are essential if organizations are to carry out their assignments consistently. Nevertheless, the Nordic countries ministers and equity officers also need to share interpretation of the problem in order to maintain more urgent and permanent strategies (Lewis and Fletcher 2005; Michie et al. 2007).

The leader of the police did not doubt that violence against women exists in Åland. In contrast to that, the leader of the health organization had doubts about the magnitude of the problem from the beginning. However, the leader had recently recognized abuse against women as a health problem for patients that the leader had met at the health units. Still, as Leander (2002) stated, the healthcare sector may be the only public service that almost all victims of intimate partner abuse encounter at some time in their lives. The leader’s recognition and concern about such serious problems will certainly guide their personnel in more strategic and goal-oriented work performances.

The police showed a more serious response to the Operation Kvinnofrid Programme. The police are often blamed for not responding to abused women. Thus, it is encouraging that they emphasized knowledge, understanding and support. The police are often the first service to meet women and their children in an acute, difficult and dangerous situation, where the women are experiencing severe trauma. They need knowledge, skill and empathy to handle the situation. The strength of the police department is their long tradition in documenting all kinds of violence, including men’s violence against women. At the prosecutor’s office, support to abused women was also found. The prosecutor officer reported that in cases where the injured party withdrew their cases, he actively supported the women to continue the private action. Mainly women withdrew their cases before the change of law 578/1995 (Finlex.fi 2008). Now the injured party (an abused woman) cannot withdraw the case. As well, government leaders emphasize that at large settings (such as cities), prosecutors with specific training will handle children and women’s cases which can provide better and more specific help to the women and their children.

One limitation of this study is the absence of an investigation of employees’ views and responses to the implementation of the recommendations of the Operation Kvinnofrid Programme. The study only describes the views of the leaders.

A case study approach can produce findings that are specific, in-depth and holistic (Parahoo 1997). The approach is useful for in-depth investigation of a single entity or phenomenon (Polit and Hungler 1999), in this case, a study focusing on the implementation of government policies. Case studies are designed to describe the uniqueness of each case. It is a method that is suited to identifying multiple successful patterns (Anderson et al. 2005). According to Yin (1994), case studies have been viewed as most useful when little is known about a phenomenon, often as a first step in developing knowledge, and least useful when much is already known about a phenomenon, and the research goal is to test a theory. In this case study, the findings provide descriptive information, which gives insight into how organizations respond to government policy recommendations. The literal replication of the pattern matching showed that some organizations’ response towards the government directives resulted in changed strategies.

**CONCLUSIONS**

The government recommendations to be implemented by the organizations received a limited response by the organizations. The professionals involved had not been prepared for the changes to be made. The organizations addressed some of the issues while others were left out. Furthermore, the inefficient implementation of the Operation Kvinnofrid Programme was partly due to an absence of participation of employees at different levels within the organizations, and the absence of an assessment of the current situation at the implementation stage. Other factors were the leaders’
unwillingness to allocate resources and an inefficient design of the work plan. Overall, the government used a participatory approach, but the organizations used mainly top-down approaches to address the government directives within their organizations. Nevertheless, bringing about change by government action through a slow and well-planned implementation can help organizations assess the implications and decide how to respond in a considered way.

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REFERENCES


Edwards N. 2005. Can quality improvement be used to change the wider healthcare system? Quality and Safety in Health Care 14: 75.


Moulding NT, CA Silagy and DP Weller. 1999. A framework


