Violence against women

What health workers can do

Health workers have a crucial role to play in helping women and children who experience violence. Those working in the community, in health centres and clinics, may hear rumours that a woman is being beaten or a child abused, or notice evidence of violence when women seek treatment for other conditions. Those working in hospital emergency departments may be the first to examine women injured by rape or domestic violence. Health workers visiting institutions such as prisons, mental hospitals and retirement homes may be the only source of outside help for victims of abuse.

Health administrators may also be able to give visibility to the issue of violence against women, bearing in mind that it is a major cause of ill health and incapacity in almost every country. They can ensure that resources are allocated for gathering data, developing guidelines to improve the identification and management of abuse, and training and sensitization of staff. They can foster inter-agency contacts to develop a range of responses to the needs of abused women and girls.

The problem of violence against women is enormous and troubling. There are no easy answers. The health sector cannot solve it alone. Still, with sensitivity and commitment, it can begin to make a difference.

One objective of WHO’s work on violence against women is to explore these issues and develop guidelines for health workers to identify and respond appropriately to women and girls who have been abused.

The role of health workers

Most health workers have neither the time nor the training to assume the full responsibility of meeting the needs of women who have been abused. They can, however, identify and refer victims of abuse and where feasible provide care.

At a minimum, health workers can:

- First, “do no harm”. Unsympathetic or victim-blaming attitudes can reinforce isolation and self-blame, undermine women’s self-confidence, and make it less likely that women will reach out for help.
- Be attentive to possible symptoms and signs of abuse and follow up on them.
- Where feasible, routinely ask all clients about their experiences of abuse as part of normal history taking.
- Provide appropriate medical care and document in the client’s medical records instances of abuse, including details of the perpetrator.
- Refer patients to available community resources.
- Maintain the privacy and confidentiality of client information and records.

Routine screening and protocols

Those working to improve the response of the health sector to women who have been abused emphasize the importance of universal screening of women and girls and the development of action protocols.

Screening is the practice of routinely asking all clients/patients if they have experienced sexual or physical abuse.

Protocols are written plans that define, for a particular setting, the procedures that should be followed to identify and respond appropriately to victims of abuse.
Studies show that with proper training and protocols, health care workers can become more sensitive to issues of violence against women. One example is the emergency department of the Medical College of Pennsylvania, Philadelphia, PA, United States. After introducing training and protocols on violence, the proportion of female trauma patients found to be battered increased fivefold, from 6% to 30%.1

Experience has shown that probing about abuse only when there are obvious signs of injury is generally not sufficient; more battered women present with vague medical complaints, such as chronic pain, head aches, sleep disturbances and depression, than with physical trauma. Nor are there “profiles” that can reliably predict who is a likely victim of abuse. Instead, some professionals advocate screening of all patients.

<table>
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<th>Sample screening questions</th>
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<td>Because violence is so common in women’s lives, I now ask every woman I see about domestic violence. Have you ever been hit or abused by your partner?</td>
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<tr>
<td>Sometimes when I see a woman with an injury like yours it is because somebody hit her. Did this happen to you?</td>
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<tr>
<td>Sometimes when people come to the clinic with symptoms like yours we find that there may be trouble at home. Has someone been hurting you?</td>
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<tr>
<td>You mentioned that your partner drinks alcohol. Does he ever become violent?</td>
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Universal screening, however, must be introduced with caution. With adequate training of health workers and establishment of protocols screening can be effective in detecting cases of abuse. Careless implementation of screening may lead to client abuses, ranging from victim-blaming, to breaches of confidentiality, to rape.

Other barriers may interfere with maintaining standards of care for health services in resource poor areas. Sensitive health care responses can affect women by reducing their feelings of isolation and self-blame. However, additional services such as counseling, legal assistance and self-help groups provide other kinds of ongoing services that victims need. Shortcomings in support services may make providers feel isolated and helpless because their ability to help their clients is limited. Furthermore, the volume of clients may be so great, and their needs so urgent, that effective care beyond a basic level becomes difficult. Already over burdened administrators and providers may see taking on another issue, i.e. the health consequences of violence against women, as beyond their capability.

**Guidance for health workers**

The following is a list of possible recommendations tailored specifically to the challenge of dealing with domestic violence in a clinical setting. Modifications should be explored for other types of abuse and for other settings.

1. **Do not be afraid to ask.** Contrary to popular belief, most women are willing to disclose abuse when asked in a direct and non-judgmental way, indeed, many are silently hoping someone will ask.

2. **Create a supportive non-judgmental environment.** Let her tell her story. State clearly that no one deserves to be beaten or raped under any circumstance.

3. **Be alert for “red flags”**. While the best way to uncover domestic violence is to ask directly, several injuries or conditions should raise suspicion for abuse:
   - chronic, vague complaints that have no obvious physical cause;
   - injuries that do not match the explanation of how they were sustained;
   - a partner who is overly attentive, controlling, or unwilling to leave the woman’s side;
   - physical injury during pregnancy;
   - a history of attempted suicide or suicidal
thoughts; and
• delay between injury and the seeking of treatment.

4. Assess her situation for immediate danger. Establish whether the woman feels that either she or her children are in immediate danger. If so, help her consider alternative courses of action. Is there a friend or relative she can call? If there is a woman’s shelter or a crisis center in the area, offer to contact them.

5. Explain that she has medical and legal rights. The penal codes of most countries criminalize rape and physical assault, even if no specific laws against domestic violence exist. Try to find out what legal protections exist in your locale for victims of abuse and where women and children can turn for help in enforcing their rights.

6. Be prepared to offer a follow-up appointment.

7. Consider providing space in the clinic for self-help support groups.

8. Display posters and leaflets on domestic violence, rape and sexual abuse, where these are available, to raise awareness of the issues and encourage patients to report any abuse they may be experiencing.

9. When possible, avoid prescribing mood altering drugs to women who are living with an abusive partner, since these may endanger their ability to predict and react to their partner’s attacks.

10. Develop and maintain contacts with women’s groups and other governmental and non-governmental agencies, who offer support to women experiencing violence. Ensure that up to date information on their services is prominently displayed, in the appropriate languages.

Community health promotion

The issue of violence can and should be incorporated into health promotion activities at the community level as well. Increasingly, non-governmental organization-sponsored projects are incorporating themes on violence against women and women’s status into training materials for community health promoters.

The Women’s Program of Uraco Pueblo in Honduras, for example, includes drama, discussion, and role playing on domestic violence and sexual harassment as part of its overall training program for health promoters.3

The Hesperian Foundation, sponsor of the popular book “Where there is no Doctor”, has produced a new popular education manual on women’s health that features chapters on domestic violence, mental health, rape, and sexuality.4


