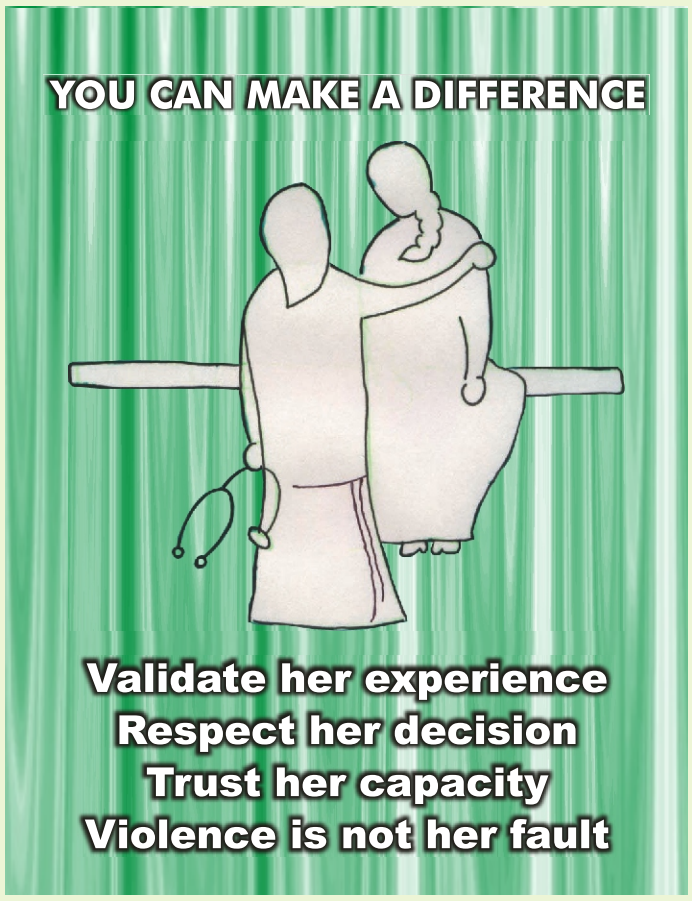
Guidelines For Health Professionals In Responding To Women Facing Violence



I. Introduction

The term "Violence Against Women" (VAW) encompasses a wide array of abusive behaviour that is directed towards a woman by virtue of the fact that she is a woman or that affects women disproportionately (CEDAW). According to Article 2 of the UN Declaration for Elimination of Violence Against Women, "any act of gender-based violence that results or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life" may be termed as Violence Against Women. Such an act may be carried out within the home (domestic violence), in the community (rape, sexual harassment, trafficking and forced prostitution) or by the state (custodial torture, violence against refugees, rape by government officials during war or ongoing conflict). It may take various forms such as physical assaults, emotional abuse, sexual violence and economic control / deprivation.

However, no matter where it occurs or in what form, violence restricts women's growth and prevents them from achieving their full potential as individuals. This makes it the most ubiquitous form of human rights violation occurring in the world today that affects everyone across racial and economic categories.

In our society, violence against women is often socially sanctioned. For example, no eyebrows are raised when a husband, father, brother, son or even female members in the natal and marital home inflict violence upon other women in the family. Rather, such behaviour is viewed as the perpetrator's prerogative and abused women are left with little choice but to endure the resulting pain silently or face the unbearable social stigma and shame that is associated with speaking out. It is due to this insidious nature of violence against women, that determining the true extent of the problem remains a challenge. Often such violence goes under-reported for fear of not being taken seriously or worse, ridiculed. However, despite all these hurdles, the statistics are still staggering – according to a study conducted by UNIFEM in 2003, at least one out of every three women has been beaten, coerced into sex, or abused in her lifetime. Sex-selective abortions and female infanticide have resulted in 60 million women being rendered "missing" in the world. One of the most comprehensive global studies ever on domestic violence, conducted by the World Health Organization (2005), found that globally, one in six women are targets of domestic violence. These figures are not drastically disparate from those specific to India. According to the National Crime Records Bureau (NCRB), a total of 1,55,553 incidents of crime against women were reported in the country during 2005. All these statistics reflect the widespread prevalence of this problem thus highlighting the need to stop regarding it as a private issue and bring it out into the public.

Domestic violence is one of the most pervasive forms of violence against women prevalent in the world today. In addition to being a human rights issue, it has also been recognized as a health concern by the World Health Organisation in 1993. As part of its activities in this arena, WHO has issued a set of guidelines outlining the ethical responsibilities of doctors and other health care providers in responding to survivors of violence. Further, the Protection of Women from Domestic

Violence Act, 2005 has also identified health care providers as players in the implementation of the act. However, health professionals tend to regard violence in general as a "law and order" problem and "domestic violence" in particular as a personal matter. Moreover, they are ill-equipped to deal with the issue since medical and nursing education does not look at it as a health problem. Thus, in order for providers to assume their roles in mitigating the effects of violence and fulfill their responsibility as per the law, it is necessary to sensitize them towards the issue of domestic violence and provide them with the information and tools necessary to effectively screen, identify, and respond to survivors. These guidelines, based on our direct engagement with health care providers through an intervention programme called "*Dilaasa*"[1], were written with the goal of contributing to this educational process.

The Legal Mandate

The "Protection of Women from Domestic Violence Act '05", which came into force in October '06, has identified a "medical facility" as a player in implementation of the act and several roles of such a medical facility vis-à-vis women facing domestic violence have been laid down. According to the Part II, Sec. 3 (i), Sub-section 17 of the Act, a medical facility cannot refuse treatment to the aggrieved woman under any circumstances. Further, if necessary, the person-in-charge of the medical facility is required to make a "domestic incident report" if one has not already been made and forward the same to the Protection Officer in that area. A medical examination report must also be given to the woman free of cost.

II. Why Violence Against Women Is A Health Concern

Impact of Domestic Violence on Health

Evidence from literature suggests that domestic violence carries an immense burden of disease owing to the fact that it has a profound impact on the physical and mental health of the survivors.

- Domestic violence has been linked to a host of different outcomes, immediate and long-term, like sapping women's energy, compromising their physical health including reproductive health, and making them more vulnerable to sexually transmitted infections including HIV/AIDS (WHO, 2005).
- India has been found to be among those with the highest prevalence of violence during pregnancy, at 18% - 28% (Khosla, 2005, Peedicayil A et al, 2004).
- Research indicates that there is a close association between domestic violence during pregnancy and fetal /infant mortality, developmental abnormalities, and maternal mortality (Jejeebhoy, S.J., 1998; B.R.Ganatra, K.J.Coyaji, V.N.Rao, 1998).
- Violence has a deep impact on women's mental and emotional health - eroding their self-esteem and leading to a variety of mental health problems that can sometimes even lead to suicide (WHO, 2005).
- Suicide is 12 times more likely to be attempted by a woman who has been abused than one who is not (Violence against Women in the Family, United Nations, New York, 1989).
- According to studies in Australia, Nicaragua, the United States and Zimbabwe, women who are abused by their partners are more likely to suffer from depression, anxiety and phobias as compared to non-abused women (WHO Report; Roberts GL et al, 1998; Ellsberg M et al, 1999; Fikree F F Bhatti, 1999; Danielson KK et al, 1998).

Moreover, the relationship between domestic violence and health is a dynamic one – women who suffer from diseases such as psychiatric illness, HIV/AIDS, Tuberculosis etc. often bear the brunt of violence.

Survivors' Contact with Health Professionals

In order to obtain treatment for the health complaints and injuries caused by violence, women approach the health facility. It is a well known fact that on facing abuse, a woman is more likely to approach a doctor rather than a lawyer or the police. According to a multi-site study performed in seven cities in India almost half (45.3 per cent) of the women who faced violence reported injuries requiring treatment (INCLEN 2000). Another study examining the cases of women recorded in the Emergency Police Register of the Casualty

[1] *Dilaasa* is a crisis counselling department functioning in K.B.Bhabha (Bandra and Kurla) Hospitals in Mumbai. The department provides psychosocial support to women facing domestic violence. All staff of both hospital have undergone training and refers patients to this department.

Department in an urban government-run hospital in Mumbai found that two-thirds of the women above 15 years of age (66.7% or 497/745) were definitely or possibly cases of domestic violence (Daga et. al, 1998). Health professionals are hence in a strategic position to reach out to women facing violence. They are not only the most certain contact for a survivor of violence, but also probably the earliest. Very often, abused women approach health professionals who are not trained to recognize abuse. They end up treating only the immediate complaints and missing an opportunity to provide holistic care to these women. Early identification of women facing violence and appropriate intervention by health care givers can prevent the more severe health consequences that she will face if she continues to be abused. In addition to this, women tend to have immense faith in health professionals and are more likely to reveal their problems to them than anyone else. They are perceived as non-threatening, so women can approach them without arousing the suspicion of relatives who may be abusers or without the fear of being found out.

According to the "Counselling Impact Study" conducted in *Dilaasa*, all the respondents provided positive feedback with regard to the Centre's location within the public hospital setting and characterized this location as advantageous to women seeking services. Their reasons were as follows:

- **Severe injuries resulting from violence can get immediate assistance in the hospital.**
- **Abused women can get both counselling and medical treatment in the same place which is not available elsewhere.**
- **Hospital location increases visibility of the services, thus promoting access to it.**
- **Women facing extreme restrictions on their mobility or suspicion from their abuser/s find it easier to come to *Dilaasa* on the pretext of hospital visit.**

Documentation of Medico-legal Evidence

Vital documentation of health complaints resulting from abuse can be done at the health facility. Such documentation can be used by the abused woman in the court of law as evidence, if she chooses to pursue a legal course of action. This has been discussed in further detail in the later sections of this document.

III. What Can You, As A Health Care Provider, Do?

As health professionals, you have an ethical obligation to maintain the health of your patients who may be victims of violence and provide them with care. This care goes beyond mere treatment of physical injuries to identification of the root cause of ill-health, provision of psychosocial care and referral to appropriate agencies in cases of violence.

1. Identification of abuse

Suggested screening questions

You may screen women for domestic violence by asking direct questions about abuse or indirect ones.

Direct questioning:

- **Because violence is so common in women's lives, we have started asking all patients about it.**
- **Have you ever been kicked, punched, slapped, shoved or otherwise hurt by someone in your home?**
- **Has your partner ever forced you to have sex when you didn't want to? Has he ever refused safe sex?**

Indirect questioning:

- **Your injuries do not look like they are accidental. I am concerned that your symptoms may have been caused by someone hurting you. Did someone cause these injuries?**
- **Your complaints seem to be related to stress. Do you face any tensions with your partner/ at home?**

(Adapted from the Family Violence Prevention Fund, San Francisco "Clinical Guidelines on Routine Screening")

Probing for abuse may either be carried out routinely or in specific situations such as when indicators of abuse are identified. Routine probing helps identify more women facing violence rather than if one waits for the woman to disclose abuse. Services such as Casualty, Psychiatry, Gynaecology and ANC are likely to see a large number of women who may be abused and provide a good opportunity for such an endeavour. Therefore at least in these services, routine enquiry must be done. In addition to this, you need to remember

that violence can be a risk factor for several diseases. You must look out for the signs and symptoms of abuse in every woman patient that you see. If you should suspect that a woman is being abused, probe with a great deal of sensitivity. Whether or not she reveals abuse is inextricably linked to how sensitive you are. Assure her of confidentiality. Tell her that in your experience, you have often seen women who report violence and reassure her that she will not be judged or endangered by disclosure. Considering the stigma associated with abuse, it is understandable that she will not be open to sharing her private oppression with you. Maintaining confidentiality is of utmost importance in such instances. Before you start questioning the woman, make sure that she is alone. You can ask accompanying people to leave the room while you talk to her. Apart from the fact that women find it difficult to talk in front of family members (who may be abusers), it is likely that she will face violence when she goes back home if the abuser gets wind of the fact.. Worse, she will never be allowed to return to you and will lose an opportunity to get help. Keep in mind that it is your ethical obligation to not jeopardize the woman's safety at any cost.

2. Emotional Support:
Validating the woman's experience and believing in her goes a long way in providing emotional support. You should never be judgmental or ask her "why" she was beaten as this puts the onus upon her, making her feel that it is her fault. Acknowledge that it must be very difficult for her to live in a violent home, but assure her that she is not alone and that help is available. Convey to her that violence is not her fault and that every person has the right to live a life free of violence.

3. Medical Support:
It is your primary duty to provide treatment for all the woman's injuries. However, be sensitive but thorough while recording her history and examining her. Ensure that you ask about both current and past episodes of violence. Look for other injuries or scars that might be present as a result of the violence and attend to them.

4. Documentation:
Documentation in cases of violence is an area in which health care providers are required to play a very vital role as this provides critical (and several times the only) evidence of violence, which can be of tremendous use to the woman if she decides to access the legal system. Every woman who reports injury caused by violence is meant to be registered as a medico-legal case. Inform her that whatever you document in the hospital can be used by her in a court of law. The history that you elicit from the woman should include details of resulting injury/injuries and of the violent episode (such as location of incident, relationship to abuser, severity and frequency of earlier episodes of violence, and other health consequences not apparent at the time of the medical visit). All these details along with the findings in examination should be recorded in the MLC register as well as on the case paper. A sample of an ideal MLC documentation has been shown below. Even if you do not work in Casualty, should you come across any abused woman in the OPD or in the wards, please document the history in her Indoor/OPD papers and refer her to Casualty to get an MLC recorded.

Under the Protection of Women from Domestic Violence Act, 2005, you have to record a "domestic incident report" and forward it to the protection officer in that area if this has not already been done. You cannot, under any circumstances, refuse treatment to an abused woman and are required to give her a medical report free of cost.

In instances of rape and sexual assault, forensic evidence must be collected as per hospital protocol. All these documents help in building the woman's case and must necessarily be recorded. Not doing so can be viewed seriously by the court of law.

5. Give Information and Refer:
It is your duty to inform every abused patient that there is no excuse for violence and that it is illegal in every form. Explain the importance of filing a police complaint – the significance of both a Non-cognizable Complaint (NC) as well as a First Information Report (FIR). In case of a woman facing domestic violence, you must also tell her about the Protection of Women from Domestic Violence Act and the rights that she has under this Act. Make inquiries regarding her safety. If she is not safe to go back home, you can give her information about shelters or refer her to one if possible. You can also give her information about legal aid, counselling services for violence survivors or support groups. It is always good to keep a list of such shelters, support groups and counselling centres handy.

Providing the woman with all of the above information gives her options to choose the help available to her. However, each one of these interventions has personal as well as legal implications which the woman herself must consider. Keep in mind that every woman is an expert on her own life and you must respect her autonomy to make decisions.

IV. What are some of the signs and symptoms that can help you in identifying women facing domestic violence?

Gynaecology/ Obstetrics

- History of assault
- Repeated Pregnancy
- Repeated birth of girl child
- Spontaneous abortions
- MTP cases
- Reversal of TL
- Unwed mothers/ Pregnant widows
- Chronic Leukorrhea
- Post-partum psychosis
- Injury marks on labia, breast, and/or other sexual organs
- Abruption of placenta
- Pelvic Inflammatory Disease
- Infertility
- Multiparty
- All ANC/cases
- History of fall during pregnancy

Ophthalmology

- Eye injury
- Bruised eye
- All remaining patients

Medicine

- History of consumption of poison
- Breathlessness
- Fainting spells
- Swelling/tenderness
- Repeated health complaint with normal reports
- Chronic Anemia
- Constant body ache, headache, and/or backache
- Sudden weight loss
- Tuberculosis (TB)
- Pyrexia of unknown origin
- Chronic patch of TB.
- Convulsions
- Irritable Bowel Syndrome
- Loss of appetite

Orthopaedic

- All fractures
- All falls/assaults at home
- Minor sprains
- Ligament injury
- Contusions
- Chronic ache in back, shoulder, neck

Casualty

- Assault
- Poisoning / Attempted Suicide
- Burns
- Fractures
- Falls
- Pregnancy with history of fall / assault
- Women with unexplained bruises, CLW, lacerations, and/or abrasions
- Repeated health complains despite normal reports
- All remaining women patients

Psychiatry

- Depression
- Insomnia
- Attempted Suicide
- Anxiety / tension
- Self harm
- Obsessive Compulsive Disorder
- Eating disorders
- Substance abuse
- Repeated health complaints

Pediatric

- Child abuse (all cases)
- Sexual abuse
- Lack of concentration
- Chronic abdominal pain
- Repeated headaches
- IW, contusion, lacerations, bruises
- White discharge prior to attaining puberty
- Burning micturition
- Child not breast-fed
- Bed-wetting
- Anemia

ENT

- Perforated eardrum
- All injuries and fractures
- Locked jaw
- H/o reduced hearing capacity
- Chronic discharge from ears
- Sudden loss of voice
- Difficulty in swallowing

VCTC

- All HIV+ cases
- All remaining patients

Surgery

- History of assault
- Abdominal trauma
- Burns
- Reporting Falls
- All women with IW, Contusion, lacerations, and/or bruises

Skin

- STIs
- RTI
- HIV+ and AIDS patients
- Repeated allergies
- Eczema/Eczematous change
- Allergic rashes around the neck, thighs, waist, and/or forehead
- Fungal infection

Dentistry

- Jaw fracture
- Broken teeth
- All remaining patients

Ideal Medico-Legal Case Documentation

MEDICO LEGAL CASE

BMPP-41-2006/07-10,00,000 HC-44

BRIHANMUMBAI MAHANAGARPALIKA

KMNO ..... Hospital.

CASUALTY BHABHA HOSPITAL BANDRA (W) MUMBAI-50.

No. of Living Boys | No. of Living Girls

Advised : Vasectomy/ Tubectomy MTP/ IUCD/Nirodh Oral Pills.

Accepted Date

O.P.D. Reg. No. XXXXX

2.05 pm

Deptt. No. M / F ----- C

Date XX/NOV 2006

Name MNO ..... Age 36yrs

Religion XY ..... Address ABCD .....

.....

Casualty No. QRS ..... Indoor Reg. No. .....

X-Ray Report No. .....

DIAGNOSIS

Clinic Path. Reg. No. .....

History Chief Complaints :- Informant : Self BB - neighbour

History of → H/O of assault by husband and sisters-in-law by slaps, pulling of hair, pulling yesterday at home at about 9 AM

Examination Findings :- Complain of → C/O - ↑ frequency of urine, sudden tremors & gets ups from sleep suddenly after the quarrels no H/O UC (unconsciousness) / vomiting convulsion / ENT bleed

on examn O/E : GCF pt is ambulatory, vitals stable

Investigation :- +ve (positive finding) = pain (P+) neck (backside) no other external injury seen

℞ (treatment given)

Inj Voveran (3cc) IM

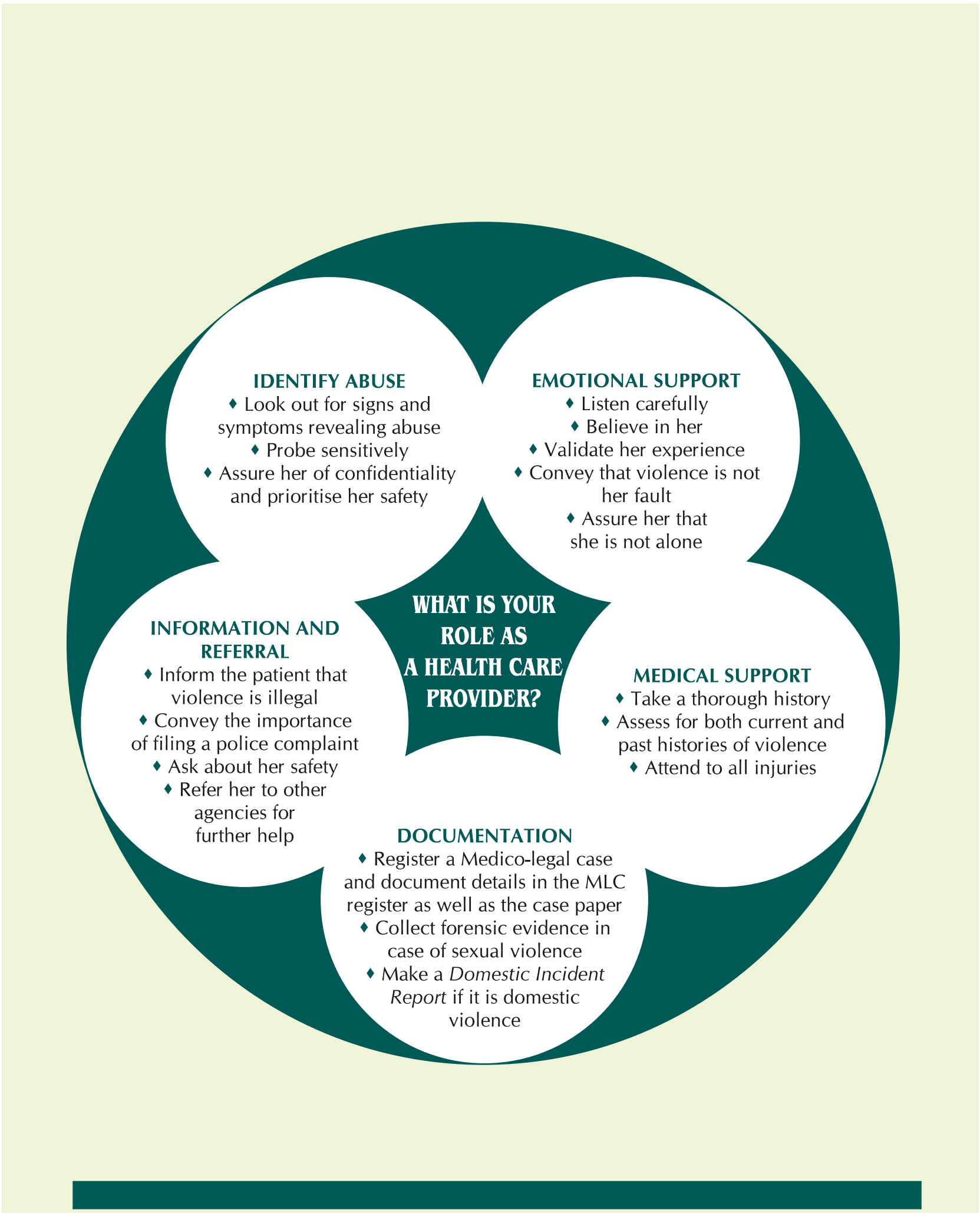
T Indocid 1-1-1

T Rantac 1-0-1

Fu in OPD / SOS

P.T.O

Referred to Dilaasa Dept dr


WHAT IS YOUR ROLE AS A HEALTH CARE PROVIDER?
IDENTIFY ABUSE
♦ Look out for signs and symptoms revealing abuse
♦ Probe sensitively
♦ Assure her of confidentiality and prioritise her safety
EMOTIONAL SUPPORT
♦ Listen carefully
♦ Believe in her
♦ Validate her experience
♦ Convey that violence is not her fault
♦ Assure her that she is not alone
INFORMATION AND REFERRAL
♦ Inform the patient that violence is illegal
♦ Convey the importance of filing a police complaint
♦ Ask about her safety
♦ Refer her to other agencies for further help
MEDICAL SUPPORT
♦ Take a thorough history
♦ Assess for both current and past histories of violence
♦ Attend to all injuries
DOCUMENTATION
♦ Register a Medico-legal case and document details in the MLC register as well as the case paper
♦ Collect forensic evidence in case of sexual violence
♦ Make a *Domestic Incident Report* if it is domestic violence

V. Health System Responses To Domestic Violence

For effectively reaching out to women facing domestic violence, not just individual carers, but the entire health system needs to take on the onus of change. There is a need for the administration to adopt a gender-sensitive approach towards each aspect of the health system, including budgeting. In addition to training hospital staff on the issue of domestic violence as a health issue, providing necessary infrastructure and institutionalizing the response to domestic violence will help every health professional to fulfill his/her role in this endeavour. Following are some of the ways in which the health system can contribute.

Training on Domestic Violence as a Health Issue

1. Train health professionals towards issues such as Gender, Human Rights and VAW. Create awareness among health professionals (Doctors, Nurses, Physiotherapists, Occupational therapists, Social Workers and Labour Staff) about violence against women and its detrimental impact on women's health.
2. Work towards incorporating the above training in medical and nursing curricula.
3. Train Community Health Volunteers / Community Development Officers to recognize and respond to abuse in communities. Encourage them to spread awareness about the issue amongst communities that they work with.

Ensure Early Identification of Victims of Domestic Violence

4. Train all staff to identify abuse and respond accordingly.
5. Prominently display posters enumerating symptoms/complaints associated with a history of abuse relevant to each OPD clinic. This will prompt health professionals to probe for abuse while recording history.
6. Display posters in prominent locations in the health facilities and distribute pamphlets to all women patients in order to motivate them to get help.
7. Screening of certain cases such as those of attempted suicide, burns and rape must be incorporated in protocols for their management as they are most likely to be facing severe domestic violence.

Improve Infrastructure and lay down Protocols

8. Develop protocols for responding to women facing domestic violence which must be adhered to by every health care provider.
9. Incorporate screening questions into routine history-taking protocol.
10. Provide adequate space in OPD clinics to ensure privacy during screening. Evolve administrative and information systems which respect the confidentiality of women facing violence.

Direct Support to Survivors

11. Co-ordinate with various women's groups, counselling services, legal services and shelters so that women who are screened can be referred there for further assistance.
12. Evolve a multi-disciplinary team within the hospital to respond to the medical, social, emotional needs of abused women.

Changing Community Attitude

13. Encourage Community Health Volunteers to spread awareness about the issue of domestic violence within the community.
14. Dialogue with young men and abusers in order to prevent violence.
15. Respect choices made by women patients.
16. Promote a "Zero-tolerance" approach to violence within the health care system.

Acknowledgment:
This document has been developed by Sana Contractor and Padma Deosthali in consultation with the Dilaasa team (Dr Seema Malik, Ms Purnima Manghnani, Ms Sangeeta Rege, Ms Lorraine Coelho). We are grateful to Ms Aruna Burte, Dr Kamaxi Bhate, Dr. Nandkishore Sawant, Dr. Sanjay Nagral, Dr. Usha Shelar, for reviewing the document and giving valuable feedback.

***Dilaasa* – Crisis Intervention Department for Women**
A joint initiative of the Public Health Department – K.B. Bhabha Municipal Hospitals and
Centre for enquiry into health and allied themes (CEHAT), research centre of Anusandhan Trust

Department No. 101, K.B.Bhabha Municipal Hospital,
R.K. Patkar Marg, Bandra (W), Mumbai - 400 050.
Ph.: Direct: 26400229 • 26422775 / 26422541
Extn. 4376, 4511. E-mail : dilaasa@vsnl.net

Department No. 15, K.B.Bhabha Municipal Hospital,
Belgrami Road, Kurla (W), Mumbai - 400 070.
Ph.: 2650 0241 Extn.212

Dilaasa Kendra, M.Y.Hospital, Indore, Madhya Pradesh-452 001. **Ph:0731-2524288**

CEHAT Website : www.cehat.org