

# The Crucial Role of Health Services in Responding to Gender-Based Violence

The statistics are staggering: At least one out of six women worldwide—and a majority of women in some places—is physically assaulted or forced to have sex at some point by their husbands or intimate partners.<sup>1</sup> Usually the violence is not reported, nor is it detected by those in a position to respond. Such violence is both a health and human rights concern: It inflicts physical and emotional harm and prevents women from achieving their full potential.

Reports are beginning to emerge on successful responses to gender-based violence within health systems. This policy brief examines why health services should address gender-based violence and highlights examples of health programs that have incorporated responses to violence into their work. Program experience reveals that training health care providers and raising awareness about gender-based violence will not be enough. Rather, entire health systems need to respond, with linkages to legal and social services, to support women survivors of violence.

## What Is Gender-Based Violence?

Gender-based violence is “violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women.”<sup>2</sup> Due to unequal power dynamics and lower social status, women are more likely than men to be sexually or physically assaulted—often by their own husband, partner, or someone close to them. Because such violence is rooted in gender inequality, “gender-based violence” has become an internationally accepted term for physical, sexual, and psychological violence against women.<sup>3</sup>

This brief focuses on intimate partner violence (which can be physical, sexual, or psychological) as well as on sexual violence (rape or coerced sex) by any perpetrator.

## Why is Combating Gender-Based Violence Important?

In 1996, the World Health Assembly declared violence against women to be a major public health problem that urgently needed to be addressed by governments and health organizations.<sup>4</sup> Studies conducted since the 1990s confirm that, while the prevalence of gender-based violence varies across and within countries, it is a significant problem nearly everywhere.<sup>5</sup> For example, national surveys in 12 developing countries found that between 18 percent and 53 percent of women had experienced violence by a spouse or intimate partner at some point in their lives.<sup>6</sup>

Gender-based violence causes a host of health problems that strain health systems’ resources, limit women’s growth

and productivity, impede the well-being of families and communities, and hinder governments from achieving their national goals related to health and women’s advancement. The impact of gender-based violence on women’s health, in particular, is well documented:

**It is a major cause of disability and death among women worldwide.**<sup>7</sup> Gender-based violence has health consequences ranging from physical injury, chronic pain, and anxiety and depression to deadly outcomes such as suicide and homicide. It is a risk factor for many physical, mental, and sexual and reproductive health problems.<sup>8</sup>

**It has adverse consequences for women’s sexual and reproductive health.** Physical and sexual violence can limit women’s ability to use contraceptives or persuade their partners to use condoms and other contraceptives, putting women at increased risk for unintended pregnancies and unsafe abortion as well as sexually transmitted infections (STIs), including HIV/AIDS.<sup>9</sup> Gender-based violence has also been linked to increased risk of gynecological disorders and pregnancy complications, including pelvic inflammatory disease and miscarriage.<sup>10</sup>

**Violence during pregnancy can cause serious harm to both the mother and fetus.** Research shows a close association between intimate partner violence during pregnancy and fetal or infant mortality, developmental abnormalities, low birth weight infants, and maternal mortality.<sup>11</sup>

Health services in developing countries have been slow to address gender-based violence. Health care professionals may not recognize the impact of violence on women’s health or they may consider it a private, domestic matter that is not relevant to their work. Moreover, they may be ill-equipped to deal with the problem because medical and nursing education does not include it as a health concern.

## Why Are Health Care Professionals Central to the Response?

Violence against women is socially acceptable in many societies, and abused women may be left with little choice but to suffer in silence. Health care organizations are in a key position to break the silence and offer critical care to women who might otherwise face violence and its health consequences for many years. Health professionals are often the earliest point of contact for survivors of

violence. As respected members of society, they are also in a unique position to change societal attitudes by reframing violence as a health problem.

Health professionals who are not trained to recognize abuse may treat only the immediate complaints and miss an opportunity to provide more comprehensive care. Or worse, caregivers may be condescending toward women survivors, believing the women must have done something wrong to warrant the violence.

Moreover, health care personnel should be trained to ensure that confidentiality is not breached, and that they do not put women and girls at risk of retribution and additional violence.<sup>12</sup>

### **What Should Health Services Do to Assist Women Survivors?**

The role of health services is to provide immediate medical and psychological assistance to women who have been affected by gender-based violence and to assist them in avoiding additional exposure to violence. Both of these components are essential for protecting women's health. Many health care organizations have attempted to address gender-based violence by conducting a single training event for selected medical staff or making a narrow policy change, such as requiring providers to ask women about violence. Evidence suggests that these strategies have limited success and that the best way to respond to the violence is through a “systems approach” that promotes broad reforms through a health organization.<sup>13</sup>

A systems approach touches on every aspect of health services, from private consultation rooms to staff support, supervision, training, and referral networks. In fact, changing the professional culture of an organization is often necessary to convince health personnel and their managers that responding to violence against women is a health concern and part of their jobs.

A systems approach also implies:

- Improving health workers' and managers' understanding of local and national laws and policies related to violence;
- Integrating attention to gender-based violence within health services rather than setting up parallel services;
- Supporting long-term efforts to sensitize and train health professionals at all levels about gender-based violence;
- Incorporating routine screening for violence in health services *provided that* women's confidentiality and safety can be ensured; and

- Ensuring adequate monitoring and evaluation of services to survivors of violence.

Screening for physical or emotional abuse can be carried out in two ways: in response to situations where signs of abuse are present or routine screening for all clients of a particular service. Routine screening will identify more women facing violence than if services wait for women to disclose abuse. Services that focus on emergency care, psychiatry, gynecological care, sexual and reproductive health, and maternal and child health are most likely to see women who have been abused and thus provide a good opportunity to incorporate routine screening.<sup>14</sup>

Once violence has been detected, health care providers can provide women with the following (see box on page 3):

- Medical support, including attending to women's injuries and specialized care for survivors of sexual violence. According to the World Health Organization, specialized care includes emergency contraception where it is approved, provision of safe abortion services in places where abortion is not against the law, and post-exposure preventive treatment for HIV and other STIs;<sup>15, 16</sup>
- Emotional support, assuring women that the abuse is not their fault and that they can receive help;
- Documentation that can be used to access the legal system and support legal proceedings. The required information is usually spelled out in national laws and regulations regarding violence against women (where they exist); and
- Information about and referrals to legal aid, counseling services for survivors of violence, support groups, and places of safety if women cannot return home.

### **Linkages Between Health Services and Other Interventions**

Beyond immediate medical attention, women survivors of violence may need psychological support, legal or housing assistance, and access to employment. The health sector itself cannot respond to all of these needs. Health services can link with social and legal services that address violence to avoid duplication of efforts and facilitate women's access to needed assistance.

Health programs can also play a useful role in broader efforts to prevent violence. By being engaged in community outreach and advocacy activities, health or-

ganizations can strengthen the alliances or networks working on gender-based violence and raise the visibility of the issue on the national agenda. The efforts of a range of organizations are needed to bring about changes in cultural norms and laws and policies related to gender-based violence.

### Health Services that Have Responded to Gender-Based Violence

Although few rigorous evaluations have been conducted of responses to gender-based violence within health services, some useful examples can be found in developing countries. Each of the programs outlined here demonstrates a promising, systematic approach to addressing gender-based violence, and offers lessons and guidelines for other organizations that wish to follow a similar path.

- In **Mexico**, public hospitals and health units developed a “Model for Integrated Attention to Victims and Survivors of Sexual Violence” in collaboration with local and international organizations, including Ipas and the UN Population Fund (UNFPA). The model includes detection of violence, medical and counseling services, information registration, and referral to legal and social services. From 2000 to 2007, more than 5,400 health professionals (including physicians, nurses, and psychologists), social workers, and justice system personnel were trained on legal issues relating to violence in Mexico and on specialized services for women survivors of violence.<sup>17</sup>

In a relatively short period of time, Mexico has made major advances in institutionalizing a health systems response to women survivors of violence. The integrated model was initially tested in Mexico City and three rural municipalities and later expanded to hospitals and health units in 12 states and the Federal District. A national certification course for sexual violence is now in place and, in 2009, following several years of advocacy by civil society organizations in Mexico, the federal government approved an official policy on the treatment of women survivors of sexual violence.<sup>18</sup> Ipas and UNFPA are supporting similar integrated initiatives in Bolivia, Brazil, and Nicaragua.<sup>19</sup>

- In the **Dominican Republic**, Profamilia, an affiliate of the International Planned Parenthood Federation, developed a comprehensive service model for addressing gender-based violence within its network of clinics. Profamilia initially faced reluctance among health providers to address violence against women and had limited infrastructure to attend to survivors’ needs. To mount an effective response, Profamilia realized it would have to create a new institutional culture and improve its facilities. In the late 1990s, with support from the Bill and Melinda Gates Foundation, the U.S. Agency for International Development, and other donors, Profamilia began training all clinic staff (including receptionists, security guards, physicians, psychologists, and counselors), developed a standard process for screening clients, and created private

## Guidelines for Health Care Providers

Once abuse is identified, health care providers should focus on four other aspects of care that may need to be incorporated under comprehensive services, in accordance with local laws, and always with women’s consent and confidentiality assured.

### Identify Abuse

- Look for signs and symptoms of abuse
- Inquire with sensitivity
- Assure the client of confidentiality and make her safety a priority

### Medical Support

- Assess for current and past incidence of violence
- Attend to all injuries
- Offer specialized services for victims of sexual violence\*

### Emotional Support

- Listen carefully
- Believe in the client
- Convey that violence is not the client’s fault
- Assure the client that she is not alone

### Documentation

- Register a medico-legal case
- Make a domestic incident report

### Information and Referral

- Inform the client of her rights
- Convey the importance of filing a police complaint
- Ask about the client’s safety
- Refer the client to legal and social agencies for further help

\*According to the WHO, specialized services include those that protect women against unwanted pregnancies and sexually transmitted infections, including HIV/AIDS, as well as psychosocial support.

Source: Adapted from CEHAT and Dilaasa, *Guidelines for Health Professionals in Responding to Women Facing Violence*, [www.cehat.org](http://www.cehat.org)

spaces on-site to provide psychological counseling and legal services.<sup>20</sup>

With an evaluation system in place, Profamilia has learned that the program has changed the perceptions of service providers and the clients they serve.<sup>21</sup> For many women, the program has been their first opportunity to discuss violence with anyone. Some survivors cited their contact with a health provider as their first step on the road to seeking help. The attitudes of many clinicians also changed; the tendency to blame the victim dropped dramatically and all providers agreed that female clients should be asked systematically about violence. The program still faces challenges such as garnering sufficient funds to support the integrated service model and providing ongoing social support to providers who work with survivors. On a broader level, Profamilia has received high marks for its information and advocacy activities that have engaged communities, the judicial sector, and the national government in combating gender-based violence.<sup>22</sup>

- In **Kenya**, the nongovernmental organization, Liverpool VCT & Care Kenya (LVCT) conducted operations research in three districts in 2003 to develop and implement a standard of care for post-rape services. LVCT provides HIV prevention and treatment services, including voluntary testing and counseling, and carries out research and advocacy to inform HIV/AIDS policies and services in Kenya. Because women survivors of sexual violence are at high risk of HIV infection, LVCT wanted to help health program managers and providers better understand sexual violence and test the feasibility of providing care to survivors. Using a participatory approach among staff and managers involved in the program, LVCT developed a standard of care that included emergency medical services, laboratory testing, counseling, preparation for the justice system, and post-exposure drug treatment for HIV and other STIs.<sup>23</sup>

As of early 2010, LVCT reports that its post-rape care program has trained 570 clinicians, nurses, laboratory personnel, and trauma counselors who have provided services to 9,500 survivors in 19 integrated post-rape care sites in Kenya. LVCT's research informed the development of national guidelines on the medical management of rape and

training curricula by the Ministry of Health's Division of Reproductive Health.<sup>24</sup>

- In **India**, the nongovernmental organization, CEHAT (Centre for Enquiry into Health and Allied Themes), worked with the public health department in Mumbai to develop India's first hospital-based crisis center for women facing domestic violence. CEHAT is a research, training, and advocacy organization that develops programs to demonstrate how health services can better meet the needs of marginalized people. The crisis center, *Dilaasa* (meaning "reassurance"), provides social and psychological support to women survivors as well as referrals to shelters, legal aid agencies, and other women's organizations.<sup>25</sup> It also facilitates survivors' access to medical care such as emergency contraception and mental health services. Initially established in one hospital in Mumbai to make the public health system accountable on the issue of violence against women, it now operates in three hospitals, has trained staff from 16 hospitals (including doctors, nurses, and social workers), and has helped thousands of women facing domestic violence to access services easily.<sup>26</sup> Still, challenges remain, such as expanding the work to other levels of the public health system, including primary health care, incorporating gender-based violence into the medical curriculum, and sustaining the training and services after CEHAT withdraws.<sup>27</sup>

To help other health care organizations establish services for women facing domestic violence, CEHAT has produced information for clients and providers, service tools, and guidelines. CEHAT has also developed the Sexual Assault Forensic Evidence Kit (SAFE Kit) and a protocol for using it, implemented in two Mumbai hospitals in 2008. Beyond use of the evidence kit, CEHAT is advocating for a comprehensive response to sexual assault within the health system that includes psychological support and linkages to other agencies to meet survivors' needs for rehabilitation and legal assistance.<sup>28</sup>

### Gaps in Knowledge and Practice

Despite these promising approaches, in most countries the health care system remains a key but underutilized entry point through which to identify and assist victims of gender-based violence. Information on the costs of implementing such services is scarce; however, the costs of gender-based

violence to the health system and the economy are increasingly well-documented.<sup>29</sup> Cost-effectiveness analysis can demonstrate that addressing gender-based violence in health care settings will provide net savings in terms of improved outcomes and reduced expenditures on health, social, and legal services.<sup>30</sup> A recent study in the UK found that a training program for primary-care teams to increase identification and referral of women experiencing intimate partner violence is likely to be cost-effective.”<sup>31</sup>

### Next Steps

Policymakers, health program managers, educators, and funders all must play a role in ensuring that the health system responds to gender-based violence. Such a response is critical for combating a hidden but pervasive problem and protecting women’s health and rights.

#### Policymakers should:

- Commit publicly to address gender-based violence as a human rights and public health concern and ensure availability of funding;
- Approve guidelines and protocols for standard treatment of women survivors of violence;
- Fund training on gender-based violence for health professionals and insist on changes to health education curricula to include gender-based violence; and
- Support linkages between law enforcement, health services, and other services to support survivors of violence.

### Additional Resources

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#### Health program managers must:

- Understand and educate staff on the linkages between gender-based violence and health, particularly reproductive health;
- Integrate a comprehensive set of responses to violence within health services, including confidential screening, emotional and medical support, and referrals to other services that support survivors;
- Ensure that women’s privacy and safety can be protected before initiating routine screening; and
- Form linkages across sectors (e.g., clinics, shelters, police, and legal networks) to be able to provide comprehensive services to women survivors.

#### Institutions that train health professionals need to:

- Revise training curricula for doctors, nurses, and other health personnel to include understanding and responding to gender-based violence.

#### Funding agencies should:

- Invest in research to build the evidence base about how best to integrate gender-based violence in health services. This includes:
  - > Supporting pilot interventions to demonstrate how service integration and linkages work in different settings;
  - > Supporting studies that examine the costs of integrating gender-based violence into health services; and
  - > Funding evaluations of programs that integrate gender-based violence and health services.

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## Endnotes

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