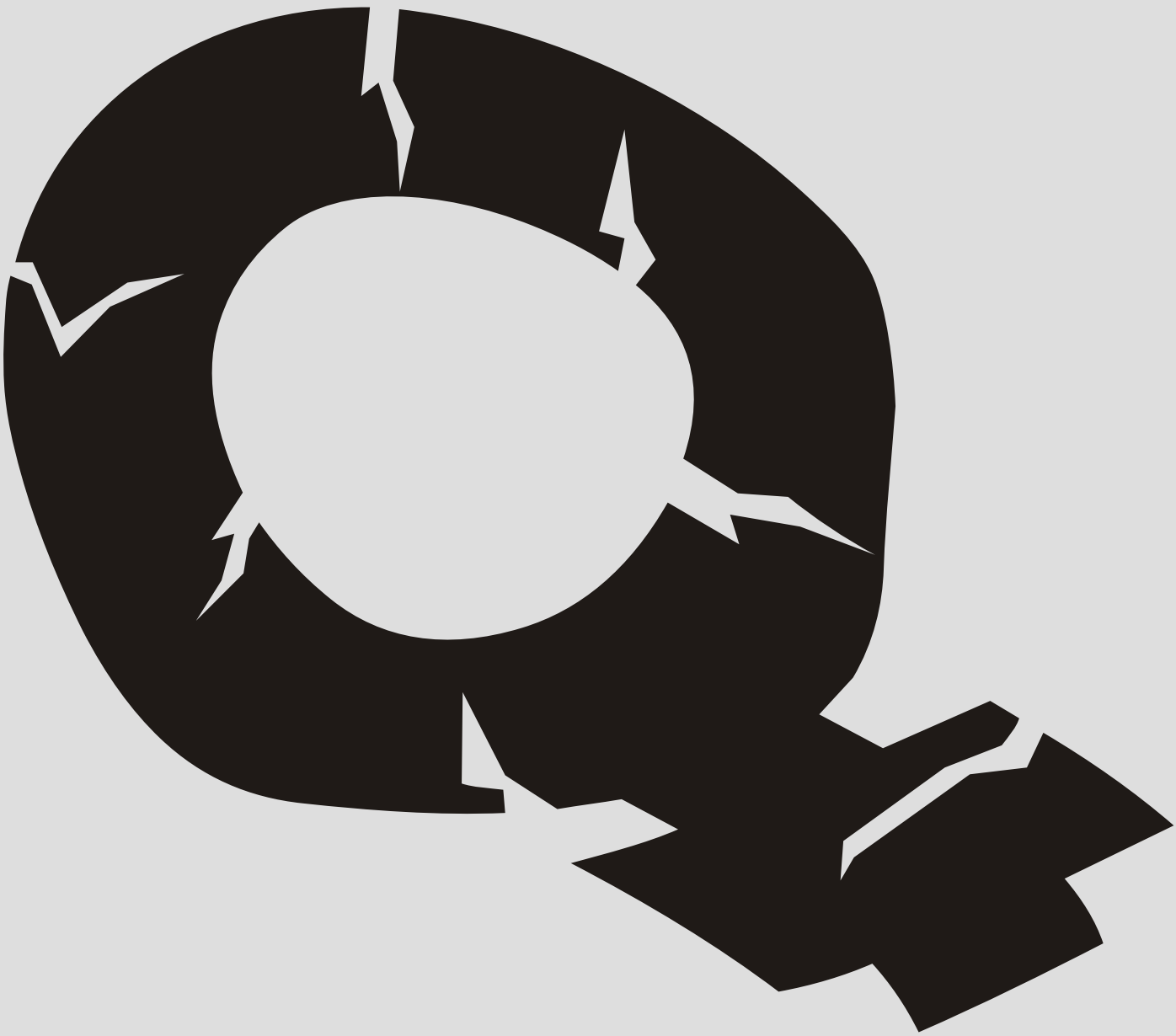
Violence against Women

A HEALTH SYSTEM RESPONSE



An Information Booklet for
Medical Officers in
the Public Health System

ACKNOWLEDGEMENTS

National Commission for Women has developed this Kit on Violance Against Women with assistance from CHETNA who has undertaken research and developement work for the kit including concept, design and layout. The Commission would like to thank UNFPA for providing techincal and financial support towards the development of the kit.

Collaborative Effort of

National Commission for Women

United Nations Population Fund

CHETNA

FOREWORD

Violence affects the lives of millions of women worldwide, in all socio-economic and educational classes. It cuts across cultural and religious barriers, impeding the right of women to participate fully in society. Violence against women takes a dismaying variety of forms, from domestic abuse and rape to child marriages and female foeticide. All are violations of the most fundamental human rights. One of the most significant achievements of the last decade of the millennium has been the recognition by the United Nations and a growing number of governments, that violence against women is a human rights issue. In 1993 the United National General Assembly adopted a declaration, which for the first time offers an official UN definition of gender-based abuse. According to Article I of the declaration, violence against women includes:

"Any act of gender-based violence that results in, 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."

The declaration on the Elimination of Violence against Women is a landmark instrument, which exclusively and explicitly addresses the issue of violence against women. It affirms that the phenomenon violates, impairs or nullifies women's human rights and their exercise of fundamental freedoms.

In India, women fall victim to traditional practices that violate their human rights. The persistence of the problem has much to do with the fact that most of these physically and psychologically harmful customs are deeply rooted in the tradition and culture of society. In India, combating violence against women requires challenging the way that gender roles and power relations are articulated in society. Women have a low status and are considered as inferior and there is a strong belief that men are superior to them and even own them.

The National Commission for Women, set up as a statutory body under the National Commission for Women Act of 1990, was the culmination of a relentless struggle of the women's movement to ensure that an apex body was created to advise the Government on policy decisions and legal safeguards concerning women. The Commission was given a very large mandate and has taken great strides in championing the cause of the women and striven relentlessly to address the various problems faced by the largest minority of India's citizens in the social, economic and political fields.

Changing people's attitude and mentality towards women will take a long time at least a generation, and many believe perhaps longer. Nevertheless, raising awareness of the issue of violence against women, and educating boys and men to view women as valuable partners in life, in the development of a society and in the attainment of peace are just as important as taking legal steps to protect women's human rights. It is with this resolute hope that a set of pamphlets to create awareness about different issues related to Violence against Women among the general public has been included in this booklet.

It is also important in order to prevent violence that non-violent means be used to resolve conflict between all members of society. Breaking the cycle of abuse will require concerted collaboration and action between governmental and non-governmental actors, Including educators, health-care authorities, legislators, the judiciary and the mass media.

The linkage between Violence against Women with women's health is a known phenomenon as it leads to numerous Physical health outcomes such as Injury (from lacerations to fractures and internal organ injuries), Unwanted pregnancy, Gynecological problems, STDs including HIV, Headaches, Permanent disabilities, Self-injurious behaviour (e.g. smoking, unprotected sex) and even Mental health outcomes Depression, Fear Anxiety, Low self-esteem, Sexual dysfunction, Eating problems, Obsessive-compulsive disorder, Post-traumatic stress disorder, all of which can lead to suicide, Homicide, Maternal death and HIV/AIDS. Rape has also been widely used as a weapon of war whenever armed conflicts arise between different parties. It has been used all over the world and women and girl children are frequently victims of gang rape from all sides of a conflict. Such acts are done mainly to trample the dignity of the victims.

Research has shown that this impact can be severe and long-lasting which means that the costs to the health care system are high in a time when there are increasing demands on the finite resources available for health services. The National Commission for Women, recognizing the need for early intervention decided to work on a collaborative effort and the present material is outcome of such an effort. Noting the high incidence of gender injustice and the consequent injury to women which has not received due attention, the Commission, CHETNA and the United Nations Population Fund (UNFPA) undertook this task towards making the basic information on VAW accessible to key stakeholders in the health system.

As in other fields of health care, separating aspects of violence against women is artificial and arbitrary.

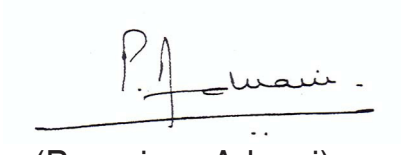
However, looking at it in various categories can make it easier to develop ways to address the problem and so violence against women is often sub-divided into domestic violence, sexual violence and abuse of the older persons. It is acknowledged that not all victims of this violence are women, but the evidence shows that most of them are.

Health care providers are in a unique position to offer support, counseling, information and advice to women who have suffered some form of violence. Health workers not only need to be able to identify victims, but also identify a referral network to effectively deal with the cases. It is with this purpose that the booklet contains information booklet as well as material for orientation of medical officers in the Public Health System.

Care and counseling needs to be provided and staff sensitized to the issues they will be dealing with. Appropriate information, education and communication materials and protocols need to be developed to better help women understand their rights. Men and young people in communities need to be reached out to, and included, in programmes that address violence against women. There also needs to be lobbying for legislative changes to be introduced to protect women and girl children.

Gender-based violence impacts on all serious sexual and reproductive health problems facing women in the country. If these health problems are to be effectively addressed, the government must commit itself to effectively combating gender-based violence.

It is hoped that a series of other interventions in the coming years would deal with other dimensions that may have been missed out. We would be amply satisfied if our efforts become a point of departure for more meaningful participation. The movements to eliminate violence against women may have their individual locales and trajectories, visions and projects, but all of them constitute a single agenda in action. This booklet, with all its limitations, underscores our common sojourn.



(Poornima Advani)
Chairperson
National Commission for Women

Fight Violence against Women...

As a collaborative effort, the following material on Violence Against Women has been developed:

- Fight Violence against Women-A Health System Response: An Information Booklet for Medical Officers in the Public Health System
- Fight Violence against Women-A Health System Response: A Facilitator's Guide for Medical Officers in the Public Health System.
- A poster advocating on the issue of Violence Against Women.

The information booklet for Medical Officers is to sensitize health care providers on the issue of Violence Against Women.

Information Booklet for Sensitization of Medical Officers in the Public Health System

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PREFACE

Violence against women (VAW) is a common everyday occurrence in our country. Every day, women are slapped, beaten, humiliated threatened and sexually abused. Women who are abused are often afraid of articulating their concerns due to socio-cultural pressure and norms. The published data related to VAW is only the tip of an iceberg. VAW is a crucial cause of injury and risk factors that leads to many physical and psychological health problems contributing to a heavy burden of disease. Today the linkage of VAW with women's health is a well established fact. The World Health Organisation (WHO) has also recognised violence as a public health issue.

What is needed is to accept the role of the public health system in prevention of violence and act on it. Often there is very little information with health personnel about what interventions can be taken up to address the problem of VAW.

According to WHO, violence can be prevented and its impact reduced, in the same way that public health efforts have prevented and reduced pregnancy related complications, workplace injuries, infectious diseases and illness resulting from contaminated food and water in many parts of the world. The factors that contribute to violent responses-whether they are factors of attitude and behaviour or related to larger social, economic, political and cultural conditions, can be changed. Violence can be prevented.

The present booklet is an effort towards making the basic information on VAW accessible to key stakeholders in the health system especially medical officers and programme managers.

Some important global milestones

- In 1990, violence against women emerged as a focus of international attention and concern.
- In 1993, the UN General Assembly passed the Declaration on the Elimination of Violence Against Women.
- International Conference on Population and Development ICPD 1994: Cairo Programme of Action recognised that gender based violence is an obstacle to women's reproductive and sexual health
- Fourth World Conference on Women in Beijing 1995: Beijing Declaration and Platform for Action devoted an entire section to the issue of violence against women.
- In May 1996, the 46th World Health Assembly adopted a resolution declaring violence a public health priority.
- In 1998, UNIFEM launched regional campaign in Africa, Asia/Pacific and Latin America designed to draw attention to the issue of violence against women globally.

Source: Population Reports Series L, Number 11, 1999

Violence

Against Women- Definition and Concepts

Before we get into a detailed discussion on Violance Against Women (VAW) and health, let us understand the definition and basic concepts related to type and forms of violence.

Definition of VAW

The United Nations has offered the first official definition of violence against women.

"Any act of gender based violence that results in, 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".

- UN General Assembly, 1995

The UN has specifically articulated that violence against women does not limit to acts of physical, sexual and psychological violence in the family and the community. It includes spousal battering, sexual abuse of female children, dowry-related violence, rape including marital rape, and traditional practices harmful to women, such as female genital mutilation (FGM), sexual harassment and intimidation at work and in school, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state, such as rape during war.

The World Health Organisation (WHO) defines violence as follows:

"The intentional use of physical force power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation" (WHO 2002)

This definition also encompasses all types of physical, sexual and psychological abuse, as well as suicide and other self abusive acts.

Types of Violence against Women

VAW can be broadly categorised into two categories;

- **Intimate Partner Abuse:** VAW within marriage and other intimate relationships largely takes place in homes. It is also known as domestic violence, wife beating, battering etc.
- **Sexual Coercion:** Coerced sex, whether it takes place during childhood, adolescence or in adulthood, may take place both in the home and also outside and in institutional settings.

Intimate Partner Abuse:

Worldwide, this is the most common type of violence against women. It is usually performed by intimate male partners mainly husbands. In very few cases, abuse may exist in same sex relationships. The physical abuse is almost always accompanied by psychological abuse and in one quarter, half the cases by forced sex as well. Majority of women who are abused by their husband/partner are abused many times. Majority of the Indian cultural beliefs perpetuate that men have a right to control their wives' behaviour and women cannot challenge that right. She may be punished even asking money for household expenses.

Coerced Sex

Sexual coercion ranges from forced penetrative sex-rape within and outside marriage to non-physical forms of pressure that compel girls and women to engage in sex against their will. Most non-consensual sex takes place amongst people who know each other-husband, family members or acquaintances. Women lack choice and face severe physical or social consequences if they resist sexual advances. Often, men who coerce their wives into sexual acts believe their actions are legitimate because they are married to that woman.

The focus of the information given here is on violence against women.

Although, violence can take place between parents and children, between an older and younger child, between an elder person and other family members, between a mother in-law and her son's new wife.

Source: Developed by the Family Violence Prevention Fund, San Francisco. 1985

Forms of Violence

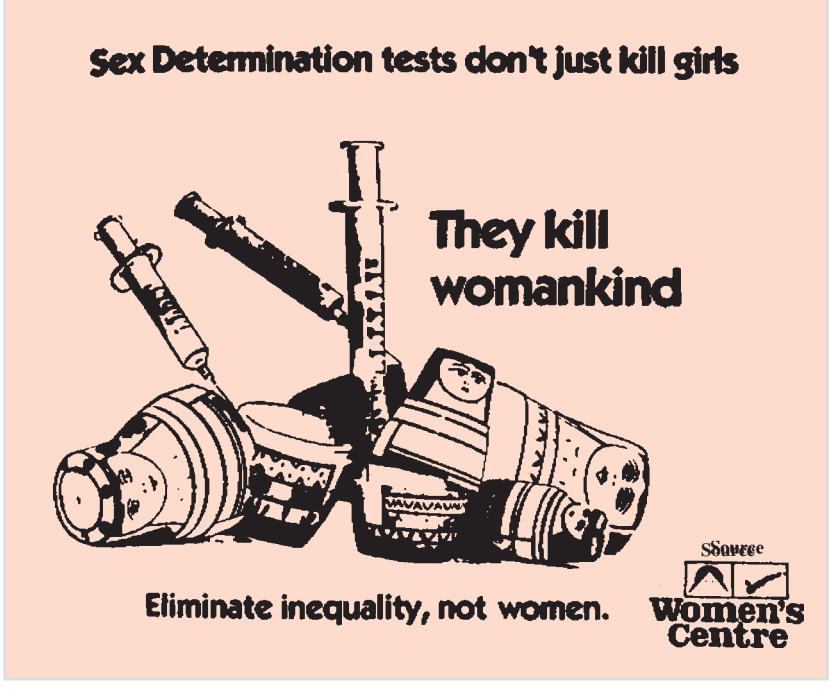
Forms of violence can be broadly categorised into four categories. They are physical abuse, psychological /emotional, sexual coercion and controlling behaviour. Table 1 indicates different forms of violence under each category.

Table 1: Forms of Violence

Physical Abuse	Psychological/emotional	Sexual Coercion	Controlling behaviour
Physical assaults and threats used to control another person	***Mistreatment and undermining self worth of another person results in making that person more dependent and frightened by the abuser.***	***Physical force or non-physical coercion to compel women to have sex against their will.***	***Results from the power relationship and discrimination especially due to patriarchal norms.***
• Punching • Hitting • Choking • Burns • Beating • Throwing objects at the person • Kicking and pushing • Using weapons such as knife, sickle and rod to hurt.	• Criticism • Threats • Insults • Passing belittling comments	• Forced penetration-rape • Sexual assault-forced sexual contact • Sexual molestation • Intimidation to force women for sexual act • Forced marriage	• Refusing women to work outside home • Financial control • Isolating the person • Monitoring their movements • Restricting access to infor-mation

Violence Against Women in their Life Cycle

Violence Against Women evolves from women's subordinate status in a patriarchal society. The beliefs, norms and culture resist women to talk about the abuses they face within and outside the family. Reviewing the life span of women brings to light that they face violence through out their life - Table:2. In some states of the country, violence occurs even prior to birth in the form of sex selective violating the right of a girl to be born. It is a bitter truth that some medical professionals are active members in violating this right.



Stop Sex Selection

Table 2: Violence Against Women in Life Cycle

Infant, Child and Adolescent	Adult Woman	Old Age
Physical Abuse • Sex selective abortion • Infanticide • Genital Mutilation • Beating	***Physical Abuse*** • Domestic violence • Dowry harassment • Witch burning	***Physical Abuse*** • Domestic violence
Psychological and Emotional abuse • Forced Marriage • Confinement	***Psychological and Emotional abuse*** • Forced and unwilling marriage • Neglect	***Psychological and Emotional abuse*** • Neglect • Restriction related to widow-hood • Lack of independence
Sexual Abuse • Child marriage • Child sexual abuse • Child prostitution • Genital Mutilation	***Sexual Abuse*** • Rape within and outside marriage • Forced pregnancy • Sexual abuse at workplace • Sexual harassment at family and workplace • Trafficking • Forced prostitution • Intimidation	***Sexual Abuse*** • Rape • Intimidation • Sexual abuse
Controlling Behaviour • Poor and no access to education, health care, information • Restriction on mobility • Unpaid domestic labour • Denial of access to resources food, medical care etc.	***Controlling Behaviour*** • Poor and no access to education, health care, information • Restriction on mobility • Unpaid domestic labour • Denial of access to resources food, medical care etc.	***Controlling Behaviour*** • Poor and no access to education, health care, information • Restriction on mobility • Unpaid domestic labour • Denial of access to resources food, medical care etc.

MAGNITUDE
of VAW-Numbers at a Glance:

The available data on VAW is the tip of an iceberg. This is because of the fact that very few cases of VAW are reported all over the world. We have made an effort to provide some numbers, which will be enough to understand the severity of the problem at a glance.

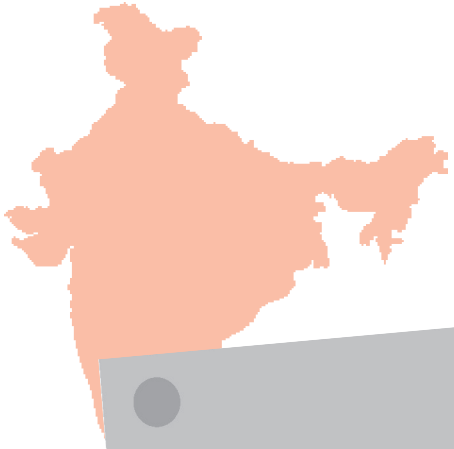
Around the World

- Around the world, at least one woman in every three has been beaten, coerced into sex, or otherwise abused in her lifetime.
- Worldwide, as many as one woman in every four is abused during pregnancy.

Source: Population report series L, No. 11 1999

- Worldwide, two million girls between ages 5-15 are introduced into the commercial sex market each year.
- At least 60 million girls who would otherwise be expected to be alive, are "missing" in Asia, as a result of sex selective abortions, infanticide or neglect.

Source: State of World Population -UNFPA-2000



In India

All India Crime Rate i.e. no. of crimes per lac population for crime against women reported to the police during year 2000 worked out to be 14.1

- 1 dowry death every 78 minutes.
- 1 act of sexual harassment every 59 minutes
- 1 rape every 34 minutes
- 1 act of molestation every 16 minutes
- 1 act of torture every 12 minutes

Source: NCRB 1999

- Almost 1 in 5 married women have experienced domestic violence.
- 1 in 9 women reported being beaten in the last 12 months of the survey.
- 21% women reported having experienced violence since the age of 15 years
- 19% reported having been beaten physically by their husbands.

Source: NHFS-2 1998-99

Head wise incidence of reported crimes during 2000 in India

Crime head	Percentages
Torture	32.4
Molestation	23.3
Rape	11.7
Kidnap and abduction	10.6
Sexual Harassment	7.8
Immoral Traffic Prevention Act.	6.7
Dowry Deaths	4.9
Dowry Prohibition Act	2.0
Others	0.5

Source: Crime in India NCRB 2000

Incidence of Rape In India

Age Group	Percentages
19-30 years	40%
16-18 years	20.8%
Out of 16,496 rape cases, 2.2% were incest.	

Source: Crime in India NCRB 2000

Increasing trend in Incidences of Violence Against Women

Type of Crime	Year					
	1995	1996	1997	1998	1999	2000
Rape	13754	14846	15330	15151	15468	16496
Dowry Deaths	5092	5513	6006	6975	6699	6995
Torture	31127	35246	36592	41376	43823	45778
Molestation	28475	28939	30764	30959	32311	32940
Eye teasing/ sexual harassment	4756	5671	5796	8034	8858	11024

Source: Crime in India NCRB 2000

Some state wise data:

- The rate of total crime committed against women during the year 2000 in India is 14.1. Rajasthan reported highest crime rate at 24.0, followed by Madhya Pradesh and Tamil Nadu at 22.3.
- 62.5% of Importation of girls, cases reported from Bihar State

Source: Crime in India NCRB 2000.

A Multi-centric Study of 9938 women in the age group of 15-49 years from Madhya Pradesh, Uttar Pradesh, Maharastra, Tamil Nadu and Delhi revels that:

50% women reported experiencing domestic violence at least once in their married life. Out of this, 45.3% reported needing health care. Only half of them received it.

Women who needed health care but could not receive it, gave the following reasons:

- Feeling ashamed-30%
- Caring for injury at home 30%
- Lack of economic health care access 30%

Source: ICRW 2000

Violence Against Women: A Field Study in Gujarat

The major reasons for the violent behaviour of the husbands were meals not being served on time (67%)meals not prepared to their satisfaction or liking (51%). The wives inability in managing the household within the limited budget and taking care of the family and the children were the other source of tension between the husband and wife leading to violence.

Source: ICRW 1999.

Source: Women's World – Organisation for Rights, Literature and Development, New York.

In India, more than 6,000 women are killed each year because their in-laws consider their dowry inadequate. Only small percentages of the perpetrators are brought to justice.

(UNICEF 2000)

FACTORS
Affecting Violence Against Women

There is no single factor responsible for VAW. It is a complex interlock of individual, relationship, social and cultural factors. There are several factors at each of these levels that contribute to violence against women. To take a step towards prevention of VAW in a public health approach, it is important to understand how these factors result in violence.

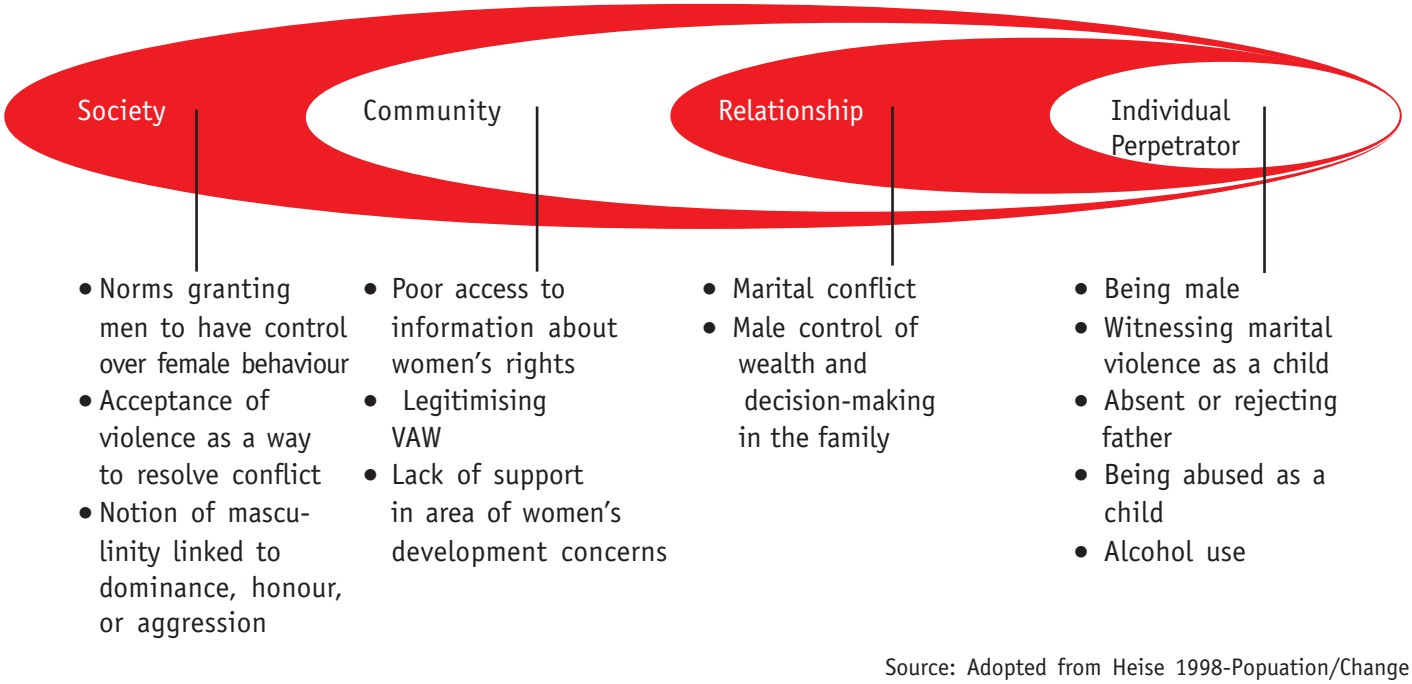
At the individual level:

The present behaviour of any individual depends on his/her past history. In a patriarchal society, men think they have the right to control their wives. Apart from this, being abused as a child or witnessing marital violence in the home, having an absent or rejecting father, and frequent use of alcohol are characteristics of the individual that increase the likelihood of being a victim or a perpetrator.

At the family and relationship level:

In a patriarchal society, control over wealth and decision-making is in the hands of the men within the family and marital conflicts are strong predetermining factors resulting in abuse of women.

Fig 1: Ecological Model of Factors Associated with Abuse of Women.



Source: Adopted from Heise 1998-Popuation/Change

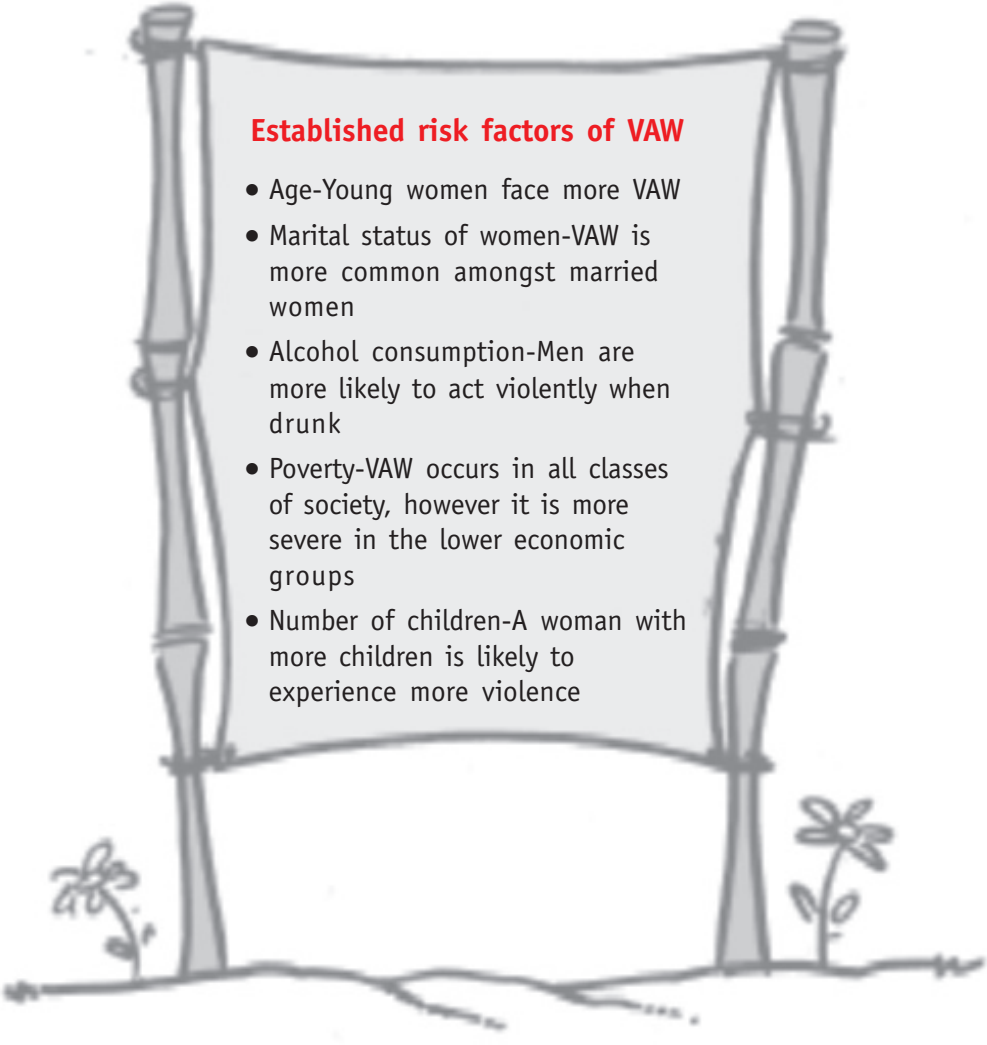
At the community level:

At the community level, due to patriarchal norms and poor access to information, women are unaware about their rights. Lack of social support especially in the area of women's concerns and legitimising VAW by society are some of the factors which predict higher rates of violence.

At the Societal Level:

It is an established fact that violence against women is most common in a society where gender roles are rigidly defined and enforced and where the concept of masculinity is linked to toughness, male honour, or dominance. Other societal factors include culture of silence and tolerance especially amongst women, acceptance of violence as a means to settle interpersonal disputes and the perception that men have "ownership" of women.

As we can observe, there are multiple causes of violence against women, which are present at various levels, and therefore an individual woman may experience more than one type of violence. It is therefore crucial to work simultaneously at all levels to help in decreasing the rate of VAW.



HEALTH

Consequences due to VAW

Reviewing the health consequences due to VAW indicate that they can be broadly categorised as fatal and non-fatal. The non-fatal can be further categorised as physical, sexual and reproductive and psychological/ emotional. It also leads to some unwanted behaviour. The details are given in Table 3

Table 3: Health Consequences of VAW

Non-Fatal Consequences			Fatal health consequences
Physical	**Psychological and Emotional**	**Sexual and Reproductive**	
• Abdominal / thoracic injuries • Bruises and welts • Fractures • Chronic pain syndrome disability • Fibromyalgia • Gastrointestinal disorders • Irritable bowel syndrome • Lacerations and abrasions • Ocular damage • Reduced physical functioning	• Poor self-esteem • Depression and anxiety • Post-traumatic disorders • Eating and sleep disorders • Feelings and panic disorder • Phobias and panic disorder • Physical inactivity • Suicidal behaviour and self-harm • Unsafe sexual behaviour • Alcohol and drug abuse • Smoking	• Gynaecological disorders • Infertility • Pelvic inflammatory disease • Pregnancy complications/ miscarriage • Sexual dysfunction • Sexually transmitted diseases, including HIV/ AIDS • Unsafe abortion • Unwanted pregnancy	• AIDS-related mortality • Maternal mortality • Homicide • Suicide

Source: World report on violence and health-WHO 2002

Physical consequences

- Violence is a major cause of injuries to women. It ranges from minor cuts to bruises and welts to disability and sometimes death.
- Apart from injury, it leads to irritable bowel syndrome, gastrointestinal disorders and chronic pain.
- These health consequences become complex when women fail to access timely health care due to various reasons.

Physiological and mental consequences

- The psychological and emotional consequences are far more deep than physical as it erodes their self-esteem leading to other mental health problems.
- Physical abuse also leads to emotional disorders.
- Depression and anxiety is the most common mental health problem experienced by women who are facing violence. When women do not have proper support system at their family and community level, they feel helpless and experience threat of death due to repeated violence. Such women suffer from acute anxiety disorder, which is also known as Post Traumatic Stress Disorder-(PTSD).
- Various researches indicate that rape, childhood sexual abuse and other domestic violence are among the most common cause of PTSD in women.

Sexual and Reproductive Consequences.

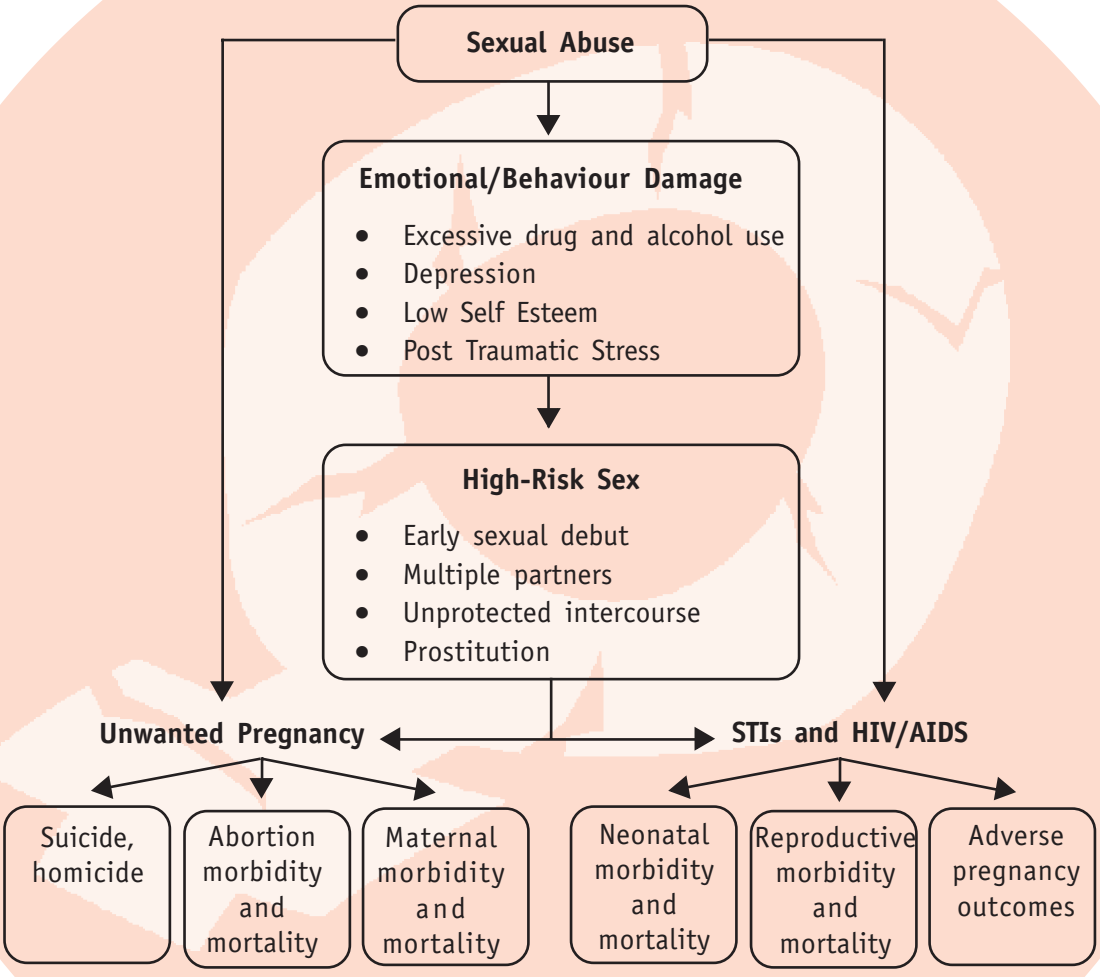
The most common consequences of VAW on women's reproductive health is unwanted pregnancy, pregnancy related consequences and STDs including HIV / AIDS. Sexual abuse also leads to emotional and behaviour damage. Sometime sexual abuse can be fatal. (Fig 2 depicts the linkages.)

Unwanted pregnancy:

Women who lack sexual autonomy are often powerless to refuse unwanted sex or use contraceptives. These women are at risk of unwanted pregnancy. Studies have also highlighted that women are afraid to raise the issue of use of contraceptives, as they are afraid of experiencing violence by their husband.

> What can I do to protect myself from these unwanted pregnancies unless he agrees to do something? Once I gathered courage and told him I wanted to avoid sex with him, he said, what else have I married you for? He beats me for the smallest reasons and has sex whenever he wants.
>
> *40 year old woman from Uttar Pradesh.*
>
> *Source: Population Council 1996*

Fig 2: Linkages Between Sexual Abuse, Unwanted Pregnancy and STDs



Source: Adopted from Heisel et.al 1995-Population report series: L No.1 1999

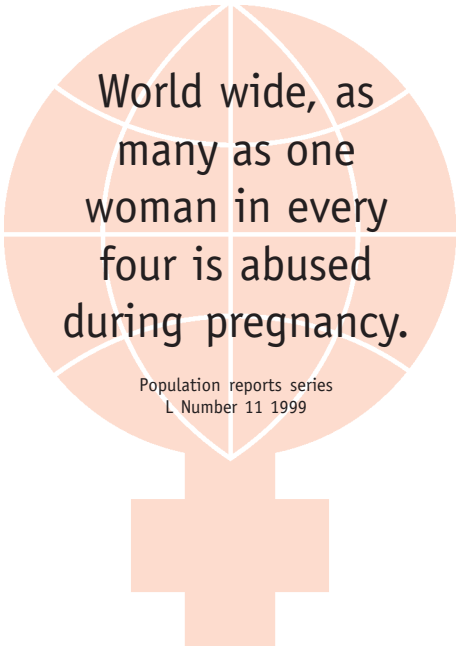
Adverse Pregnancy Related Outcome:

Extreme stress and anxiety during pregnancy

- can reduce women's food intake and rest resulting in low birth weight
- can lead to preterm delivery or foetal growth retardation

Maternal Death

- Any physical injury on abdomen leads to rupture of uterus and death of women.
- Women may go for unsafe and illegal abortion for unwanted pregnancies leading to maternal death. Abortion contributes to a sizable number of maternal deaths in India.



Gynaecological Problems/STDs

Some of the gynaecological problems resulting from sexual violence are:

- Chronic pelvic pain
- Irregular vaginal bleeding
- Vaginal discharge
- Painful menstruation - excessive bleeding
- Difficulties in orgasms
- Lack of sexual desire
- Premenstrual distress

STDs

- Women who experience sexual abuse are more likely to suffer from Sexually Transmitted Infections (STIs) including HIV/AIDS
- HIV infected persons are subjected to discriminatory treatment at family and society level. This is more aggressive and severe in case of HIV positive women.
- Untreated cases of HIV result in AIDS and death.

Violence within the Health System

Any situation of power and control results in violence. Such situations exist in the health system between health care providers and patients especially women.

- Violating confidentiality: Asking women's health concerns especially related to sexual health in front of family members or other patients.
- Not Maintaining Privacy: Performing health checkup especially related to reproductive health e.g. Vaginal checkup in front of other patients or in a place where there is no privacy.
- Using abusive language: Often, the health care providers abuse women in the labour room.
- Failing to Maintain Minimum Health Standards: Often, the minimum standards, especially related to hygiene are not maintained in family planning camps.
- Failing to Diagnose Women's Illness: Often, women due to socio-cultural barriers fail to directly communicate their reproductive concerns to health care providers e.g. a woman may complain about headaches but on deeper probing you may discover a problem of heavy bleeding, which could have gone untreated.
- Performing Sex Selective Abortion: Patriarchal norms encourage son preference due to which, women approach health care providers to know the sex of the unborn child. Under the pretext of helping the woman, health care providers perform the sex determination test, followed by abortion if it is a female feotus. Sex selective abortion is illegal in India.

The Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 was enacted and brought into operation from 1st January 1996. The Act and rules have been amended and have come into force with effect from 14th February 2003.

Role of Health Care Providers in Addressing Violence

Today, linkages of VAW with women's health are a well established fact. WHO has recognised violence as a public health issue too. What is needed is to accept the role of the public health system in prevention of violence and act on it. Health care providers can play a key role in identifying, treatment and referring cases of abuse and maltreatment to the appropriate authorities.

Identification of cases of violence against women:

Most women come into contact of health care providers at some time in their life span. It may be to seek information on contraceptives, pregnancy, child care, RTIs etc. Therefore the health care providers can take a proactive role to screen abused women and play a crucial role in identifying VAW and take appropriate action.

"A woman came to me for treatment of a bleeding ear. On inquiring about the reason, she initially mentioned that due to a big blast that occurred in a nearby area, her ear started bleeding. Since the reason given was not easy to believe, I probed further and learnt that her husband hit her and hence her ear was bleeding."

A health care provider from CHETNA's urban slum programme.

The best way to uncover history of abuse in women is to inquire about it. It is observed that usually health care providers rarely inquire whether they are being abused or even check for the obvious signs of violence.

- Be careful that you do not place the woman at increased risk by violating their confidentiality.
- Empathize and validate woman's experiences and support their autonomy in deciding what to do about their situation.

How to Facilitate Screening?

Screening needs to be done in a non-judgemental and consistent manner. Systematic screening can be done by asking questions.

A provider must ensure a safe, confidential environment and establish a relationship of trust and respect for the woman before asking questions.

Display of posters related to VAW and education material kept at the waiting area helps to build an amicable environment and also provides the message that abuse can be discussed.

How to Ask About Abuse

There are different ways of asking questions to abused women. Some examples are as follows.

Introducing the question

- "Before we discuss contraceptive choices, it might be good to know a bit more about your relationship with your partner."
- "Because violence is common in women's lives, we have begun asking all clients about abuse."
- "I do not know if this is a problem for you, but many of the women I see as clients are dealing with tensions at home. Some are too afraid or uncomfortable to bring it up themselves, so I have started asking about it routinely."

Asking Indirectly

- "Your symptoms may be related to stress. Do you and your partner tend to fight a lot? Have you ever gotten hurt?"
- "Does your husband have any problems with alcohol, drugs or gambling? How does it affect his behaviour with you and the children?"
- "When considering which method of contraception is best for you, an important factor is whether you can or cannot anticipate when you will have sex. Do you generally feel you can control when you have sex? Are there times when your partner may force you unexpectedly?"
- "Does your partner ever want sex when you do not? What happens in such situations?"

Asking Directly

- "As you may know, it is not uncommon these days for a person to have been emotionally, physically, or sexually victimized at some time in their life, and this can affect their health many years later. Has this ever happened to you?"
- "Some times when I see an injury like yours, it is because somebody hit them. Did that happen to you?"
- "Has your partner or ex-partner ever hit you or physically hurt you?"
- "Has your partner ever forced you to have sex when you did not want to?"
- "Did you ever have any upsetting sexual experiences as a child?"

Questions for Use in Clinical Histories

- "Are you currently or have you ever been in a relationship where you were physically hurt, threatened, or made to feel afraid?"
- "Have you ever been raped or forced to engage in sexual activity against your will?"
- "Did you ever have any unwanted sexual experiences as a child?"

Note for MOS:
The providers may adapt some of these question as per the profile of the women coming to seek OPD services

Source: Centre for Health and Gender Equality and Family Violence Prevention Fund, 1998

When to be Alert?

Red Flags

There are several types of physical injuries, health conditions and client behaviours which raises suspicion of domestic or sexual abuses. Some of the signs are mentioned here. They are red flags for health care providers. As a health care provider, if you notice these signs ask the woman questions to know the possibility of violence.

Domestic Violence

- Chronic, vague complaints that have no obvious physical cause,
- Injuries that do not match the explanation of how they occurred,
- A male partner who is overly attentive, controlling, or unwilling to leave the woman's side,
- Physical injury during pregnancy,
- Late entry into prenatal care,
- A history of attempted suicide or suicidal thoughts,
- Delays between injuries and seeking treatment,
- Urinary tract infection,
- Chronic irritable bowel syndrome,
- Chronic pelvic pain.

Sexual Abuse

- Pregnancy of unmarried girls under age 14,
- Sexually transmitted infections in children or young girls,
- Vaginal itching or bleeding,
- Painful defecation or painful urination,
- Abdominal or pelvic pain,
- Sexual problems, lack of pleasure,
- Vaginismus (spasms of the muscles around the opening of the vagina),
- Anxiety, depression, self-destructive behaviour,
- Sleeping problems,
- A history of chronic, unexplained physical symptoms,
- Having difficulty with or avoiding pelvic exams,
- Problems with alcohol and drugs,
- Sexual "acting out,"
- Extreme obesity.

Source: Centre for Health and Gender Equality and Family Violence Prevention Fund 1998

Treatment

The health care provider needs to broadly provide three types of treatment. They are

Treatment of physical injuries:

- Proper management of physical injuries.

Reproductive Health Care:

- Women facing violence from their husbands and sexually abused women often need reproductive health care.
- Get STI testing done and start treatment if necessary.
- Counsel them to use contraceptives and keep it a secret.
- A woman who is raped may need emergency contraception.

Counselling

- Women who are victims of violence generally need counselling to emerge from the mental and emotional trauma.
- To improve their self esteem, they may need special counseling

Mental health Care

- For depression and anxiety, women have to be treated as per guidelines.

Referral:

The health care provider needs to refer abused women to the appropriate place for further action to be taken. Based on the social, legal and community based services needed, women need to be referred accordingly. For effective referral work, good knowledge and coordination between health care providers and appropriate legal and social service providers is required.

Discussion on violence against women and its prevention needs to become an integral part of health education

DILAASA

Moving Towards a more Responsible Health Care System

SOCIAL AND PSYCHOLOGICAL SUPPORT TO WOMEN FACING VIOLENCE

In an endeavour to make a difference, a crisis centre has been initiated in a public hospital in Mumbai. Dilaasa is a joint initiative between CEHAT (Centre for Enquiry into Health and Allied Themes) a research organisation working on health issues and the K.B. Bhabha Hospital, Bandra. The focus of Dilaasa is to ensure that every episode of violence inflicted on a woman gets recorded and she receives emotional support. The woman may or may not seek police/ legal action but the record would help her whenever she decides to take action. The women coming to the casualty and the Out Patient Department would be screened by doctors for domestic violence and would be referred to Dilaasa for social and psychological support.

The Dilaasa project team comprises of CEHAT staff and deputed staff from the BMC. It is led by the Medical Superintendent of the hospital. In the initial phase, they conducted some research studies in order to understand the existing hospital systems and the perception of the hospital staff to the issue of violence. The finding of which were useful to plan the future path of the project. One of the main functions of this project is training of the entire hospital staff on gender sensitisation with an emphasis on their role in addressing the issue of violence. While deliberating on the modalities of doing this training, a group comprising of medical and para medical staff was formed as key trainers. They had an intensive training on domestic violence, gender, patriarchy, violence as a health issue, role of health professionals in dealing with women facing violence and counselling skills.

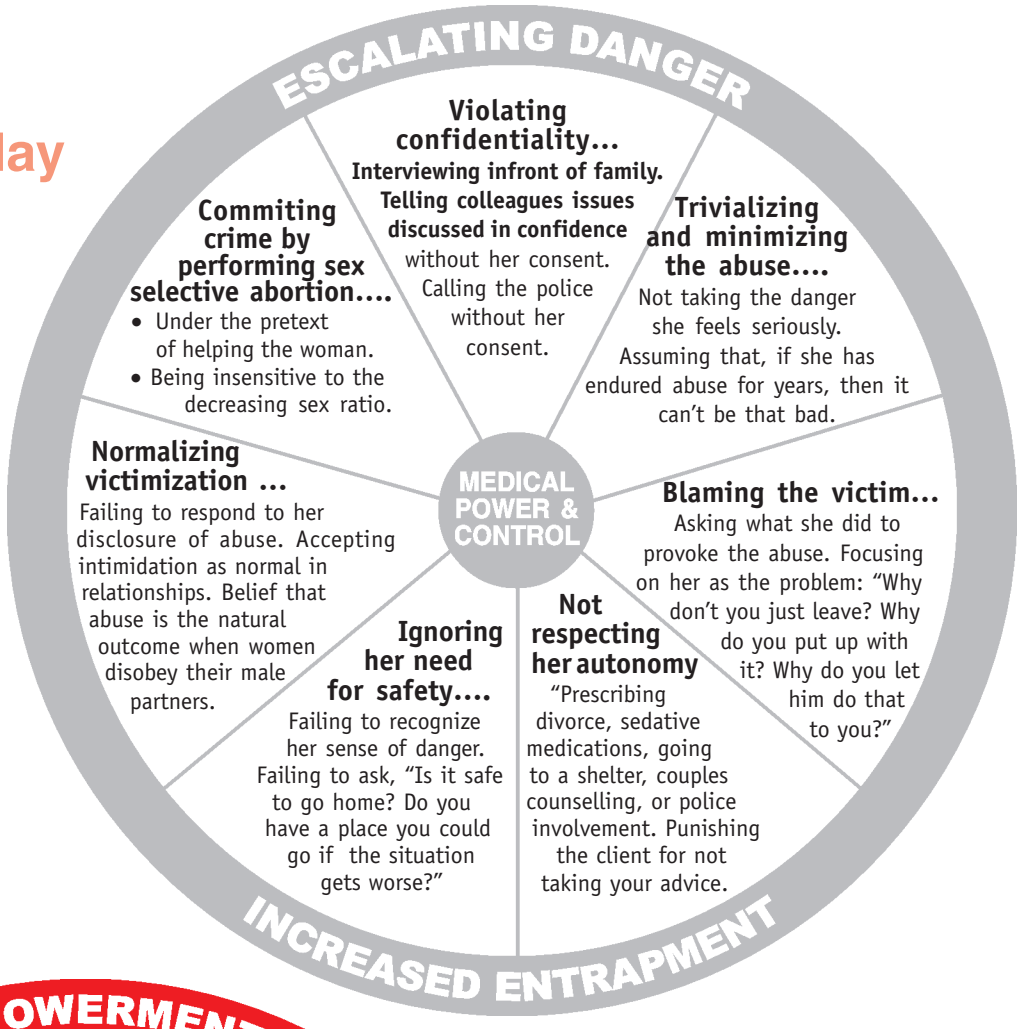
Women from various Out Patient Departments, Casualty, In Patient Department in the hospital are referred. Women also come directly to Dilaasa. Dilaasa provides social and psychological support to women facing violence. A counseling center is also established. They are also collaborating with the Lawyers Collective to provide legal help for women. A lawyer is available twice a week at the hospital. For women whose safety is in danger, the hospital provides shelter for 24 hrs through admission. It also collaborates with a few shelters to provide temporary shelter on an emergency basis.

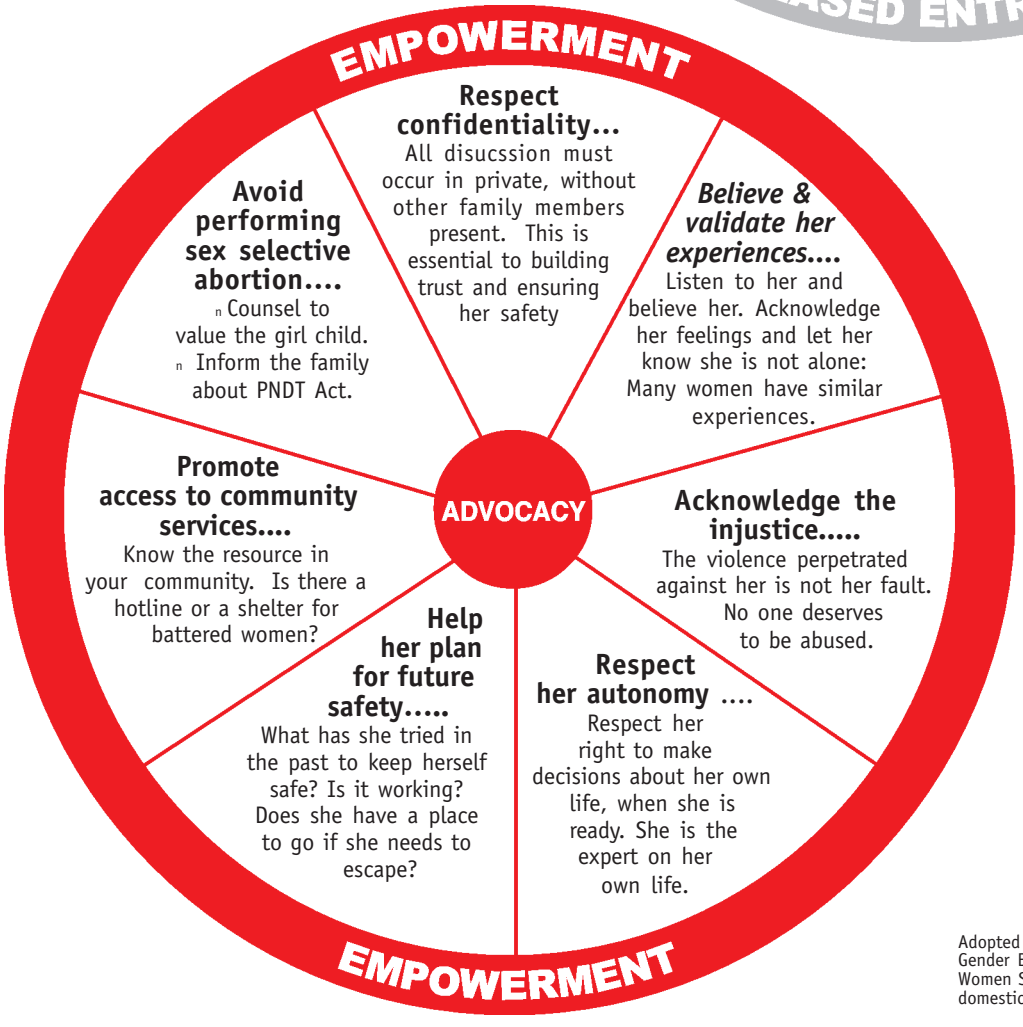
Dilaasa also plans to organise orientation and training programmes for representatives from other hospitals.

Source: Samvadini: Vol.3 issue 1, Sep 2001

As Health Care Providers, We do Have a Role to Play

Are we part of the Problem?





Or Are we part of the solution?

Adopted from: Adopted version of Centre for Health and Gender Equity for Population Report. Ending Violence Against Women Series L no 11 December 1999 Originally developed by domestic Violence Project

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Collaborative Effort of

National Commission for Women

United Nations Population Fund