

GUIDELINES FOR HEALTHCARE PROVIDERS

in responding to disclosures of violence against women and domestic violence

Healthcare professionals are often the first to find out if women have experienced male violence, which is why it is important for doctors and nurses to make sure this isn't a missed **opportunity to refer patients to local women's organisations** supporting survivors of violence!

The content of this guide is based on the regional assessment "Cooperation between women's NGOs and healthcare providers: a comparative study in the Western Balkans and Turkey" as part of UN Women's regional programme on ending violence against women, "Implementing Norms, Changing Minds".



1 in 3 women will experience physical or sexual violence at some point in their lifetime, which is **over 700 million women** worldwide.¹

Over 1 in 5 women make their first disclosure of domestic violence to their general practitioner.²

There are **different forms of violence** against women which go beyond physical violence such as psychological, sexual, and financial violence.

Domestic violence very commonly involves **coercive and controlling behaviours**, through which the perpetrator controls their partner using assault, threat, humiliation, and intimidation.

Violence against women and domestic violence **can affect all women** regardless of their age, race, religious beliefs, social status, and sexual orientation.



The **COVID-19 pandemic** has further increased women's exposure to violence, as a result of measures such as lockdowns which have left many women survivors trapped with their perpetrators.

Physical indicators of violence include: unexplained bruising and other injuries, miscarriages and other pregnancy complications, chronic conditions including headaches, pain and aches in muscles, sexually transmitted infection and other gynaecological problems.

Psychological indicators of violence include: emotional distress, sleeping and eating disorders, self-harm or suicide attempts, alcohol or drug abuse.

¹ <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>
² <https://www.wisnsw.org.au/wp-content/uploads/GP-tool-kit-updated-Oct2019.pdf>

Responding to domestic violence disclosure



- ➔ If you have concerns that your patient is experiencing domestic violence, you should ask to speak with them **alone**, separate from their partner or any other family members.
- **Actively listen** to the survivor and do not try to convince her to leave the perpetrator, survivors must decide in their own time when they are ready to leave.
- You can always ask **broad questions** about your patient's health and wellbeing (e.g. 'How are things at home?').
- If appropriate, you can ask **direct questions** about any violence they have experienced (e.g. 'Has your partner ever been physically violent?').
- If you see physical injuries, you can ask **specific questions** about these (e.g. bruising).
- If your practice is offering phone and video consultations in place of face-to-face consultations due to the COVID-19 pandemic, **ask the patient if it is a safe time to talk** (as the perpetrator may be in the same room).

Conducting an initial risk assessment



- ➔ Initial risk assessment involves **understanding the patient's immediate situation** and risk to her safety, to determine whether and who she should be put in contact with.
- **Take detailed notes** about the patient's current situation, and her own perception of risk to her safety (this will be important if a referral is considered necessary at a later stage).
- **Document all injuries** on the patient, using a standardised form/medical certificate even if she does not want to contact the police immediately, in case evidence is needed at a later stage in the court process (this document should be provided free of charge).
- **Be familiar with appropriate referral services** and have information available for the patient to take with them if appropriate.
- If you have limited time with the patient, make sure to note down the most important injuries and risks to her safety, and wherever possible, **schedule a follow-up appointment**.

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Referring patients to specialist support services

If you have an **IN-HOUSE SPECIALIST**

in the clinic who is trained to deal with disclosures of violence against women, refer your patient to them.



Ensure that you are aware of the **SPECIALIST SERVICES**

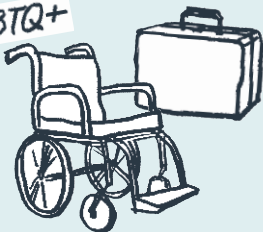
for women survivors of violence near you, and inform survivors about these services, such as women's shelters, women's centres, and sexual assault centres, so that you can refer your patient (women's specialist services are the best equipped to support women survivors as they offer specialised, direct help through a survivor-centred approach).

Provide any specialist services with all the **INFORMATION**

you have available regarding your patient's situation, and record all referrals you make.



LGBTQ+



If your patient comes from a particular **MARGINALISED GROUP**

(migrant woman, LGBTQ+, living with a disability) make sure to check if there are specialised services set up to support particular groups of women.

Make the options available clear to your patient, but do not push her to seek out a specific service. If there are no local services available, you can give your patient the contact for

NATIONAL HELPLINES for domestic violence.



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Checklist for your practice to effectively support women survivors of violence

- Education and training** resources are made available to healthcare providers in the practice, to learn how to better support survivors of violence against women.
- If feasible, an **advocate or coordinator** is available in your practice who will be responsible for referring patients who disclose violence against women.
- A **room** in the practice is available to speak privately to patients or clients (behind curtains is not considered confidential).
- A **clear referral pathway** is set up for patients and/or clients to other specialist services supporting women survivors of violence.
- All staff members know** what services and support is available for those who disclose domestic violence in your area of practice, as well as any potential perpetrator programs.
- Links with specialist services** for survivors of violence against women have been established in your local area to build an integrated response to domestic violence, such as regular check-ins/consultations, in-house trainings, and formal referral procedures.
- An **internal policy** is in place for staff members wishing to disclose violence or abuse (acknowledging that not only patients may be survivors of violence against women).
- A **standardised form** (or medical certificate) is used to document injuries experienced by the survivor of violence, to be later used in court proceedings, which is provided free of charge (please check legal regulations in your country).
- Practitioners are encouraged to schedule **follow-up appointments** with patients who disclose domestic violence and other abuse, to ensure the survivors are treated properly and receive the necessary support.
- If possible, **data** on patient disclosure is collected and made available to women's specialist support services to be used for monitoring, shadow reporting and advocacy purpose.
- Posters and/or leaflets** are made available in waiting rooms and women's toilets with information on local specialist services for women survivors, which encourage patients to speak to a member of staff if they feel unsafe.
- Information about domestic abuse and local specialist services are displayed on your practice's **website** and in any newsletters circulated to patients.



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