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> Violence against Women Clinical and Public Health Perspectives

#### Violence against Women Public Health Problem

# Definition VAW UN Study

Any act of violence that is directed against a woman because she is a woman or that affects women disproportionately.

It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.

The term "women" is used to cover females of all ages, including girls under the age of 18.

# Epidemiology VAW Statistical Facts

- VAW is a serious Public Health Problem and not only a social or legal issue.
- It affects all ages, races and ethnicities, religions, and socioeconomic status in both cities and rural communities.

Health Consequences WHO multi-country study on women's health and domestic violence against women:



Measured prevalence in 15 sites in 10 countries and found that

- 15–71% of ever-partnered women aged 15–49 years, reported physical and/or sexual violence by an intimate partner at some point in their lives.
- 13–61% reported ever having experienced physical violence by a partner.
- 4–49% reported having experienced severe physical violence by a partner.
- 6–59% reported sexual violence by a partner at some point in their lives.
- 20–75% reported experiencing one emotionally abusive act, or more, from a partner in their lifetime.

 Emergency departments
 12-25% of women seen in emergency departments are due of VAW.

 37% of <u>injured women</u> seen in emergency department are due VAW.

 Up to 54% of all women seen in emergency departments have been <u>threatened or injured</u> by a partner at some time in their lives.

Primary health care setting GP, Family Medicine, Internal Medicine Clinics

 6 % to 23% (current or past year violence) of all patients.

28% to 66% (lifetime prevalence) of all patients.

## Why women don't disclose Violence against them?

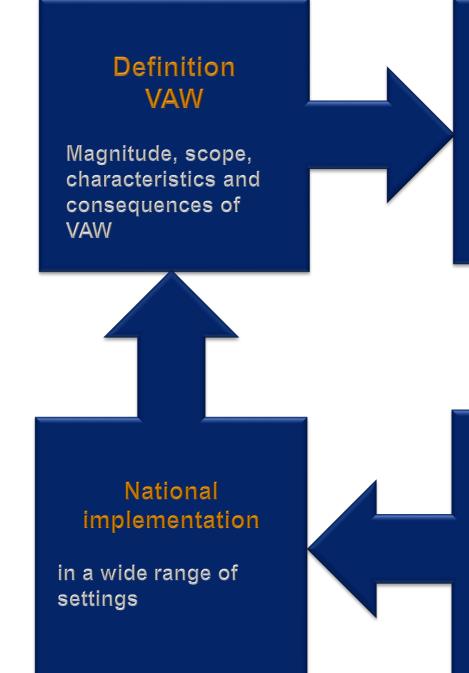
- Fear of retaliation.
- Lack of alternative means of economic support.
- Concern for their children.
- Lack of support from family and friends.
- Stigma of divorce.
- Fear of losing custody of children.
- Love and the hope that the partner will change.

Why women don't decide to leave violent partners? 19–51% of women who had ever been physically abused had left home for at least one night. 8–21% had left two to five times.

## Why physicians don't diagnose VAW?

- Lack of knowledge and skills to deal with the issue of VAW and its consequences.
- Huge caseload and the practice of not taking full history.
- Believing that VAW is a private issue and physicians needs not to get involved.
- Not familiar with Law and ethical codes.
- Emotional reaction prevail over professional responsibility.
- Time Consuming.
- Avoiding to get involved with police and court.

## Public Health Approach to Violence against women



#### Roots of VAW

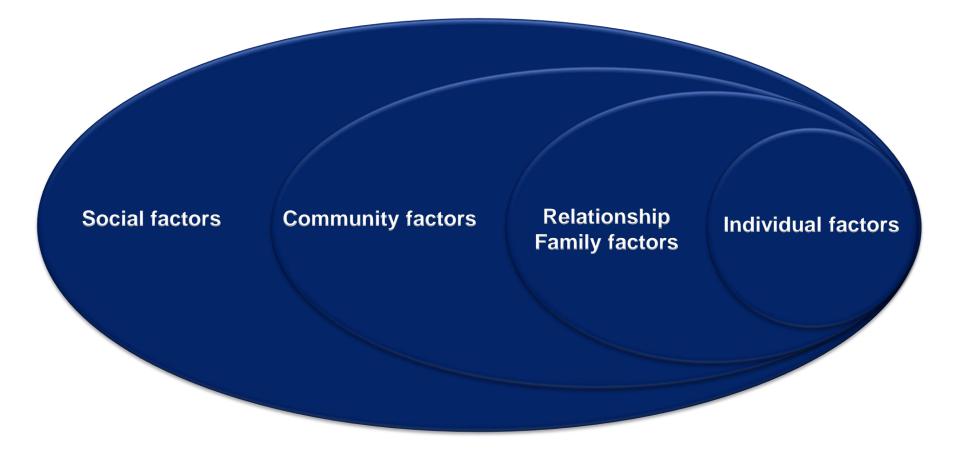
**Causes Risk Factors** 

To establish why it occurs using research

#### Interventions

Designing, implementing evaluating programs

## Causes of and Risk Factors VAW Ecological Model



## **Causes of and Risk Factors VAW**

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Individual factors – Abuser

- 1. Young age
- 2. Low level of education;
- 3. Witnessing or experiencing violence as a child;
- 4. Harmful use of alcohol and drugs;
- 5. Personality disorders;
- Acceptance of violence (e.g. feeling it is acceptable for a man to beat his partner)
- 7. Past history of abusing partners.
  - Individual factors Woman Victim
- 1. Low level of education;
- Exposure to violence between parents;
- 3. Sexual abuse during childhood;
- 4. Acceptance of violence;
- 5. Exposure to other forms of prior abuse

Individual factors

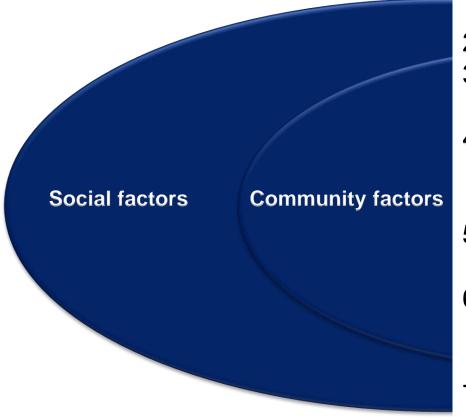
# Causes of and Risk Factors VAW Ecological Model

#### **Relationship Family factors**

- Conflict or dissatisfaction in the relationship;
- 2. Male dominance in the family;
- 3. Economic stress;
- 4. Man having multiple partners
- Disparity in educational attainment,
  i.e. where a woman has a higher level of education than her male partner

Relationship Family factors

# Causes of and Risk Factors VAW Ecological Model



Community and societal factors

- Gender-inequitable social norms (especially those that link notions of manhood to dominance and aggression);
- 2. Poverty;
- Low social and economic status of women;
- Lack of women's civil rights, including restrictive or inequitable divorce and marriage laws;
- 5. Weak community sanctions against IPV;
- Broad social acceptance of violence as a way to resolve conflict;
- Armed conflict and high levels of general violence in society.

# **Clinical Diagnosis**

#### Violence against Women Public Health Problem

## **Red Flags associated with VAW**

- Site of Injuries
- Pattern of Injuries
- Severity injuries.
- Delay requesting health care and old injuries.
- Injuries are not compatible with history. (accidental versus intentional)
- Injuries in multiple sites in the woman's body.
- Recurrent injuries.
- Injuries that have varying ages.

#### <u>Immediate</u>

Direct cause of serious injuries and deaths Acute Mental and Behavioral proplems

#### Long term

Disability Physical and mental health sequels for many years

#### <u>Family</u>

Extend to affect the health of children.

#### <u>Society</u>

Weakens the quality of life of the entire community. Economic cost on the Health Sectors.

## Health Consequences Physical Consequences

- 1) Acute or immediate physical injuries19%-55%, such as bruises and welts; lacerations and abrasions; abdominal or thoracic injuries; fractures and broken bones or teeth; sight and hearing damage; head injury; attempted strangulation; and back and neck injury
- 2) Serious injuries, which can lead to disabilities, including injuries to the head, eyes, ears, chest and abdomen
- 3) Functional disorders or 'stress-related conditions', and include irritable bowel syndrome, gastrointestinal symptoms, fibromyalgia, various chronic pain syndromes and exacerbation of asthma, chronic pain syndromes (Abused women twice at risk)

## **Mental and Behavioral**

- 1) Direct Emotional Effects: Fear, Anger, Guilt, Embarrassment,
- 2) Decreased Self-Esteem, Helplessness
- 3) Sleeping and eating disorders
- 4) Anxiety disorders
- 5) Self-harm and suicide attempts
- 6) Depression.
- 7) Substance misuse, alcohol etc...
- 8) Stockholm syndrome. Hostages-captors attachment.
- 9) Post-Traumatic Stress Disorder
- **10)Abused Woman Syndrome.** Subcategory of PSTD

## Sexual and reproductive

- 1) Unintended and unwanted pregnancy
- 2) Abortion and unsafe abortion
- 3) sexually transmitted infections, including HIV
- 4) pregnancy complications miscarriage
- 5) vaginal bleeding or infections
- 6) chronic pelvic infection
- 7) urinary tract infections
- 8) fistula (a tear between the vagina and bladder, rectum, or both)
- 9) painful sexual intercourse
- 10) sexual dysfunction

## Vulnerability to disease

Compared with non-abused women, victims of violence are more likely to experience a number of serious health problems.

- 1) Severe menstrual problems
- 2) Sexually transmitted disease
- 3) Urinary tract infection
- 4) Irritable bowel syndrome
- 5) More likely to smoke and abuse drugs and diseases related to them.

## Violence during pregnancy

- 1) Miscarriage;
- 2) Late entry into prenatal care;
- 3) Stillbirth;
- 4) Premature labor and birth;
- 5) Fetal injury;
- 6) Low-birth-weight infants
- 7) Small-for-gestational-age infants.

## **Depression in Abused Women**

Clinical depression among battered women usually range from about 1 in 10 to about 1 in 3 of all battered women.

## Femicide

Definition: Femicide is generally understood to involve intentional murder of women because they are women.

- 1) Intimate Femicide
- 2) Murders in the name of 'honor'
- 3) Dowry-related Femicide

Numerous studies report that most women who die of homicide are killed by their partner or ex-partner.

## Death

Death may result from and kind of VAW

- 1) Forced Suicide
- 2) Death from injuries
- 3) AIDS

# **Prevention and Response**

## **Prevention and Response**

## Multi-disciplinary System at three Levels

- 1. Policy (i.e. councils...)
- 2. Prevention (i.e. MSD MOH...)
- 3. Response

## Programs: Examples

- 1) Life-skills at community and school-based
- 2) Early intervention services for at-risk families
- 3) Build the knowledge base and raise awareness
- 4) Community mobilization
- 5) Empower women socially and economically
- 6) Reform legal frameworks

## Prevention and Response Health Sector

- 1) Women centered care: (empathetic listening, nonjudgmental attitude, privacy, confidentiality, link to other services).
- 2) Identification and care for survivors
- 3) First-line support, emergency response and protection
- 4) Training of health-care providers.
- 5) Health-care policy and provision integrated in the health system at all levels.
- 6) Mandatory reporting of intimate partner violence.