

Training Session Plan

Domestic Violence, Health Care Providers & Human Rights

DOMESTIC VIOLENCE AS PUBLIC HEALTH ISSUE AND ROLE OF HEALTH CARE PROVIDERS

One of the most comprehensive global studies ever on DV, conducted by WHO (2005), found that globally, one in six women are targets of domestic violence.

Understanding DV

- Any form of abuse causing harm or injury to physical & mental health of women or compromising her life and safety

Consequences of DV on women

- * Bruises, burns + Depression
- * Fractures, chronic injuries, homicide + Panic attack
- * Battering during pregnancy + lack of appetite
- * Anxiety, chronic + suicide headaches
- * Sexual violence + sleep & eating disturbance and pains
- * Vague aches

Why DV is Public Health Issue

- Hospital is 1st contact
- Non-Threatening place
- Medico-Legal Evidence
- Doctor as a Expert
- The treatment of health after violence took place

★ YOU Can Make a Difference!

Identify Abuse

- Look for signs & symptoms revealing abuse
- Probe sensitively
- Assure confidentiality

Emotional Support

- Listen carefully
- Believe in her
- Validate her experience
- Convey that violence is not her fault

Medical Support

- Take history
- attend all injuries

Info + Referral

- Ask her abt safety
- Refer her to other agencies for further help.

Documentation

- Medico-Legal Documentation



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The International Federation of Health and Human Rights Organisations (IFHHRO)

IFHHRO forms a unique network of active organisations committed to the protection and promotion of health related human rights. Members and observers are human rights groups which address health-related rights violations, medical associations involved in human rights work, and organisations that have been created specifically to mobilize health workers for human rights protection.

For more information visit our website: www.ifhhro.org

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Learning Objectives

- To become aware of the health consequences of domestic violence
- To understand the relation between domestic violence and human rights
- To recognize that health care providers (Doctors & Nurses) can play a role in cases of domestic violence



Target Group

Health care providers who are likely to come into contact with victims of domestic violence and who have basic knowledge about human rights.



Duration

120 minutes

Tip: to create a shorter session, leave out step 3.



Materials

- Cards
- Markers
- Masking tape
- Sheets of flipchart paper



Training Aids

1. PowerPoint (available separately)
2. Role play A (negative example) and Role play B (positive example)
3. Some relevant human rights
4. Answers and examples



Session Plan

The session works best in combination with general introductory sessions about human rights in relation to health. The introductory sessions and sessions related to the role of health workers can be found online in the IFHHRO Training Manual 'Human Rights for Health Workers' at www.ifhro-training-manual.org.

Preparation

Make two copies of each role play (Training Aid 2). Make one copy of Training Aid 3, and cut along the dotted lines. Write the human rights listed in Training Aid 4 underneath each other on the left side of 2 or 3 sheets of flip chart paper.

Step 1 Introduction & Objectives (5 minutes)

Explain the main topic and objectives of the session to the participants.

Step 2 Prevalence of Domestic Violence (5 minutes)

Show participants PowerPoint slide 2 with a definition of domestic violence.

Ask the participants how often they think domestic violence occurs: is it a rare or a common problem?

Show participants the next PowerPoint slide detailing the prevalence of domestic violence worldwide. Use the information to explain that domestic violence is pervasive throughout society.

Step 3 Health problems (25 minutes)

Hand out cards and request participants to take a minute to write down health problems that women come to them with, one on each card. Ask them to concentrate on health problems that are related to domestic violence. Hang up the cards where everyone can see them and briefly discuss the problems using the following questions:

- Do participants recognize the problems written down by others?
- How often are they presented with a specific health problem?
- In what way is the health problem related to domestic violence?
- How do they usually respond to this health problem?

End the discussion by comparing the cards with PowerPoint slide 4 listing common health issues that can be an indication of domestic violence against women.

Step 4 Role Plays (20 minutes)

Ask two participants as volunteers for the role plays: someone to play the patient and someone to play the doctor. Provide the participants with the outlines of both role plays and give them 5 minutes to prepare outside the room. In the meantime arrange two chairs and a table at the front of the room to act as a stage. Do not tell anyone which role play presents the positive situation and which role play presents the negative situation.

Give the floor to the two participants who have prepared the role play. Ask them to start with role play A. Each role play should last no longer than 7 minutes.

Step 5 Discussion (20 minutes)

Discuss the role plays using the following questions:

- What are the similarities between the two role plays?
- What are the differences between the two role plays?
- Which role play was a negative example of response by a health care provider?
- Which role play was a positive example of response by a health care provider?
- What aspects made the response good or bad?
- Are these role plays recognizable?

Step 6 Domestic Violence and Human Rights (25 minutes)

Hang up the prepared sheets of flipchart paper with the human rights written on them where everyone can see them. Divide the participants into seven groups and provide each group with a relevant human right from Training Aid 3. Ask them to finish the sentence given by thinking about the relation between the human right and the role plays they have just seen (5 minutes). Grant each group the opportunity to present their completed sentence. The second column of Training Aid 4 lists the most likely answers that participants will come up with in the first instance.

Explain to the participants that while these answers are not incorrect, looking at domestic violence from a human rights perspective means going a step further. Domestic violence becomes a human rights issue when a government does not take adequate measures to prevent and remedy the problem. The key is therefore to look beyond the direct (medical) causes and consequences of domestic violence and to think how the situation this woman is in could have been prevented and how it should be remedied.

For each right, ask the participants to come up with measures that the government should take to deal with domestic violence, and write these down on the sheets of flipchart paper. The examples in the third column of Training Aid 4 can be used to offer ideas to the

participants. At the end of the exercise, look at the list of measures together with the participants and ask them to identify the different role(s) of health care providers in this process of prevention and protection.

Step 7 *Role of Health Care Providers (15 minutes)*

Present the remaining PowerPoint slides to explain the role of health care providers in domestic violence cases.

Step 8 *Conclusion (5 minutes)*

Conclude the session by repeating the key message:

- domestic violence against women is prevalent throughout society
- domestic violence is a human rights issue
- health care providers have an important role to play in assisting victims of domestic violence

Training Aid 1 – PowerPoint

The PowerPoint slides necessary for this session are shown below. The original PowerPoint presentation is available separately.

Domestic Violence against Women

Definition

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, occurring in private life.

Based on: UN Declaration on the Elimination of Violence against Women (1994)

Prevalence

A comprehensive global study on domestic violence against women conducted by the WHO found that globally, one in six women are targets of domestic violence.

WHO multi-country study on women's health and domestic violence against women (2005)

Possible symptoms of Domestic Violence

Physical:

- bruises
- bumps
- fractures
- chronic fatigue
- lack of appetite
- headaches
- abdominal tenderness
- vague pains

Emotional:

- anxiety
- depression
- helplessness
- emotionally numb
- guilt
- low self worth
- insomnia

Domestic Violence & Health Care

- Health care providers are the first place of contact
- Health institutions are a non-threatening place

Role Health Care Provider

Identify Abuse

- look for signs and symptoms revealing abuse
- probe sensitively
- assure confidentiality

Role Health Care Provider

Emotional support

- listen carefully
- believe in her
- validate her experience
- convey that violence is not her fault

Medical support

- take history
- attend to all injuries

Role Health Care Provider

Referral

- ask her about safety
- refer her to other agencies for further help

Documentation

- medico-legal documentation

Training Aid 2 – Role Plays

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Role Play A

A woman comes to the doctor with a complaint of pain in her right shoulder. She avoids eye contact and gives only a vague description of the cause of the pain. The doctor does not examine her shoulder or ask for more details about the reason behind the pain. The doctor prescribes an analgesic and anti-inflammatory drug and explains how the woman should use them.

A few days later the woman returns to the doctor with the same complaints. This time she makes an attempt to give more detail about the cause of her pain. Before she has finished talking the doctor cuts her off to prescribe a stronger drug and to imply that she may be exaggerating her symptoms.

A week later the woman visits the doctor again with the same complaints, but the doctor refuses to see her.

The woman goes home and commits suicide.

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Role Play B

A woman comes to the doctor with a complaint of pain in her right shoulder. She avoids eye contact and gives only a vague description of the cause of the pain. The doctor examines her shoulder and discovers that her arm is also covered with bruises in various stages of healing. While taking her history, the doctor asks about her living situation, and carefully tries to get more information about the cause of the pain and the bruises. The woman indicates that her situation at home is not easy, but she will not go into detail and remains vague about the cause of her pain. The doctor prescribes an analgesic and anti-inflammatory drug and asks her to come back for another consult in a few days.

When the woman returns a few days later she has the same complaints. The doctor again asks about her situation at home and the woman eventually admits that her husband is unemployed and giving her a hard time. After some time, and more patient questioning the woman discloses that her husband often beats her to take her money. The doctor emphasizes that the violence is unacceptable and talks to the women about possibilities for help. The woman does not want to report the violence to the authorities, but is prepared to follow up on a referral to a clinic specialized in domestic violence.

After the woman has left the doctor carefully documents the case for future reference, and in case the woman decides to report the abuse after all.

Training Aid 3 – Some Relevant Human Rights

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The complaint that the woman came to the doctor with can be related to the **right to physical integrity** because...

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The complaint that the woman came to the doctor with can be related to the **right to mental integrity** because...

-----✂-----

The complaint that the woman came to the doctor with can be related to the **right to security** because...

-----✂-----

The complaint that the woman came to the doctor with can be related to the **prohibition of torture** because...

-----✂-----

The complaint that the woman came to the doctor with can be related to the **right to the highest attainable standard of health** because...

-----✂-----

The complaint that the woman came to the doctor with can be related to the **right to information** because...

-----✂-----

The complaint that the woman came to the doctor with can be related to the **right to adequate housing** because...

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Training Aid 4 – Answers and examples

Human Right	Most likely answer	Examples of measures
Right to physical integrity	Physical harm due to domestic violence	<ul style="list-style-type: none"> - programmes for the prevention of domestic violence - measures for the protection of women against domestic violence - facilities for assistance of victims of domestic violence - domestic violence is an official crime - means for woman to make a complaint against domestic violence - sensitization of police officials against domestic violence - prosecution of perpetrators of domestic violence - process for the application of medico-legal evidence - programmes to promote the equality of men and women in the family - facilities for the assistance of victims of domestic violence - sensitisation of health care providers about domestic violence - means to provide women with information about domestic violence, causes, consequences and options for help - arrangements for safe places for women to go after domestic violence - arrangements for restriction orders against the perpetrator so that the woman can go home
Right to mental integrity	Mental harm due to domestic violence	
Prohibition of torture	Physical / mental harm due to domestic violence	
Right to security	Lack of safety as a consequence of domestic violence	
Right to equality in the family	Unequal treatment at home as part of domestic violence	
Right to health	Lack of adequate care following domestic violence	
Right to information	Lack of necessary information about domestic violence	
Right to adequate housing	Inability to go home due to domestic violence	