S.I.G.N.A.L.
HILFE FÜR FRAUEN

Domestic Violence against Women: Health care

The S.I.G.N.A.L.-Intervention Project

- **Evaluation Fact Sheet**

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Background

Health impacts of Violence

According to the World Health Organization (WHO), violence is a significant risk factor of morbidity and mortality in women. The effects on health, health behaviour and health prospects are profound. Research results demonstrate a strong link between violence and different health outcomes:

- *Acute non-fatal:* physical injuries: incision wounds, cuts, lacerations and burns, bruises, haematoma, strangulation marks, gunshot wounds, stab wounds, fractures, injuries of the eardrum and the jaw, dental injuries. Violence can cause death, as well as permanent disabilities, such as impairments of sight, hearing and mobility.
- *Fatal injuries:* the death of women as a result of homicide or suicide.
- *Somatic and psychosomatic complaints:* chronic pain syndromes, gastrointestinal disorders, breathing difficulty, and eating disorders. Additionally violence can cause chronic strain anxiety, and uneasiness manifested in psychosomatic complaints as a reaction to stress. Violence also negatively affects reproductive health by increasing the risk of complications during pregnancy, injury to the fetus, premature birth, lower birth weight, and miscarriage.
- *Psychological consequences:* Exposure of women to violence also results in a number of documented mental health sequelae such as depression, panic disorder and other anxiety disorders, nervousness, sleep disorders, lack of concentration, disorders of sexual sensitivity, fear of intimacy, poor self-respect and self-esteem, suicidal behaviour and suicide, self-harm, and post-traumatic stress disorder (PTSD). Additionally, permanent personality disorders, borderline disorders, and multiple personality disorders (dissociative identity disorder) have been identified as possible consequences of violence.
- *Unhealthy Coping strategies:* consumption of intoxicating or perception-distorting substances such as sedatives, tobacco, alcohol, and other medication or drugs serves as an escape and helps women to repress and forget their traumatic experiences.

Need for treatment and counselling

Violence is often not taken into account as a cause of injury and health problems in health care settings. Consequently, there is a higher risk of women receiving inadequate or inappropriate health care (under- or over-treatment) and a higher risk of a chronic health problems. The physical trauma diagnosed in female patients is seldom linked to experiences of violence, and therefore it is often neglected by health professionals within typical treatment regimens.

Research shows that health care professionals:

- can make a decisive contribution to support women and to prevent further incidences of domestic violence (DV) if they are educated and trained to act competently.
- can serve as potential partners for communication to female patients affected by violence, but if their attitudes during diagnoses and treatment should be non-judgemental and empathetic.
- often feel that dealing with violence-related problems exceeds their abilities/responsibilities, and their information about community-based support services is often insufficient. Additionally, some health care professionals are influenced by societal myths about women affected by violence, and they may see no reason to act.

There is evidence that an early identification of violence-related health problems, adequate treatment, and intervention can lead to great long-term savings for the health system.

The pilot-project S.I.G.N.A.L. at Benjamin Franklin University Hospital in Berlin

The "S.I.G.N.A.L. intervention Project Ending Violence Against Women" was started in 1999 in the emergency room of Benjamin Franklin University Hospital (Free University of Berlin) (UKBF). The main goal of the project is to use the contact between the provider and patient, within the health care system, to initiate prevention and intervention of violence against women by providing the abused women with reliable and appropriate support and treatment.

The S.I.G.N.A.L.-program is based upon the following intervention objectives:

- Identify violence and ask about abuse
- Document injuries and health problems for use in legal proceedings
- Assess for danger and develop a safety plan
- Inform and refer victims to counselling programs and women's shelters

The Acronym S.I.G.N.A.L. contains referral details for improved health care (www.medizin.fu-berlin.de/SIGNAL/signal.htm).

Research-project

The process evaluation of the pilot-project between 2000 and 2003 was funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, and carried out by the Institute for Health Sciences of the Technical University, Berlin.

This evaluation was notable as the first needs assessment and surveillance study in which data was collected and evaluated regarding the need for health care of victimized women in Germany (www.ifg-gs.tu-berlin.de/projekte/signal/index.html).

Evaluation results

- **Interventionprogram**

The hospital staff considers S.I.G.N.A.L. as a necessary and important program in order to improve health care of female patients who are victims of violence.

A feasible and target-group oriented concept for training was developed in the course of the S.I.G.N.A.L. project, successfully reaching various staff members in the hospital. The evaluation of the training program demonstrated that hospital staff viewed this process as a positive experience. The trainings were successful in sensitizing the hospital staff to the problem of domestic violence. Standards for appropriate health care for abused patients were conveyed to staff members, as were guidelines for acting competently. Training participants considered the training and curriculum as essential in providing information about the problem of violence against women, intervention and support strategies for these problems, and resources regarding local counselling programs and shelters were found to be particularly helpful for their everyday work.

- **Data on health care demands**

Documentation of acute cases of DV

In order to supply female patients a documentation of their injuries and health problems that can be used in legal proceedings, a documentation sheet was developed in the context of S.I.G.N.A.L. An evaluation of the 136 cases of domestic violence documented in the emergency room (October 1999 to December 2002) concludes:

- The majority of cases were documented in the surgical emergency room.
- Because of the nature of violence related injuries, women received care at the emergency room on all days of the week, particularly at times when medical practices are usually closed (80%), for example on the weekend (36%) or in the evenings and at night-time (48%).
- The majority of assaulted women suffered physical injuries. The diagnosed injuries generally support the typical injuries of domestic violence described in the medical literature. Injuries were found most often in the area of the head and/or the upper part of the body (over 80%). Almost two thirds of the women concerned (57%) had to be treated for more than one injury. Because of the severity of their injuries, some women (7.4%) had to be admitted to the hospital for inpatient treatment
- The age of women affected ranged from 14 to 80, more than three quarters of the women were younger than 40.
- Three quarters of women indicated that they had been injured by their current husband or partner.

In the course of the project, an increasing rate of violent incident documentations became evident, pointing towards an increased sensitivity of staff towards the issue of domestic violence. Another important aim of the project was thus achieved.

Female Emergency Room Patients' Survey

During the S.I.G.N.A.L. evaluation, a quantitative, cross-sectional survey, documenting lifetime prevalence of domestic violence in women, was conducted of female emergency room patients (aged 18 - 60), in the early summer of 2002, for the first time in Germany. The data-analysis is based on 806 women; the response rate was 70.3%.

- 36.6% of women reported at least one episode of domestic violence after the age of 16. 4.6% were victims of domestic violence within the past year. 1.5% of women came to the emergency department for treatment of injuries caused by violence.
- 57% of the victims of at least one episode of domestic violence in their lifetime claimed health consequences: 32% stated that they suffered physical as well as psychological consequences, 3% reported exclusively physical impacts in nature and 22% exclusively psychological. According to nominations the dominant injuries were haematoma/bruises (44%), fractures/ruptures (10%) as well as stab/gunshot wounds/burns (10%). 60% of all injuries were located in the area of the head (17% of which were injuries of the mouth/jawbone/teeth). The health disorders most frequently stated were gastro-intestinal disorders (23%), headaches/migraines (18%) and cardiovascular complaints (14%). With respect to psychological consequences, anxiety/panic attacks prevailed (33%) comorbid with depression (15%). Auto-aggressive behaviour and suicide attempts were indicated by 5% of participants during their lifetime.
- Half of the women who reported health consequences had received medical care, in their lifetime, for their violence related injuries or complaints: 22% received care in the emergency department, 35% in private practice and 10% received clinical treatment.
- In response to a hypothetical question about a future incident of domestic violence, posed to all respondents, over two thirds (67%) of women said that they would discuss

it with their physician and only 8% of the respondents indicated that they ever been asked about domestic violence occurrence during any past consultations with a health care professional. One third of all women and about 45% of victimized women stated that they would have liked to be asked by their physicians about domestic violence. More than two thirds of respondents favour a question for domestic violence to be included in the medical history protocol. Routine inquiry in the course of the medical history protocol of emergency department is found to be „important in principle“ or „uncomfortable but nonetheless important“ by over three quarters (76%). When asked about their preferred criteria for a contact person, showing understanding was indicated by more than half of respondents (51%), one third would prefer a female, and one in ten would prefer the contact person to be a medical doctor.

Conclusion

Emergency departments are important first-contact points for women who have experienced violence to receive care, support, and referral to community resources. The severe health impact of domestic violence against women demonstrates the need for intervention(s) within the health care system.

Adequate support for the victims requires health care institutions and institutions providing social support to cooperate and to build networks. A close cooperation between health care provider, counselling-programs, and shelters is necessary.

The S.I.G.N.A.L. project has made a considerable contribution to raising awareness for the necessity of health care for women who are victims of domestic violence.

The Female Emergency Room Patients‘ Survey has shown that female patients want the issue of domestic violence to be given more attention within the health care system. Additionally, the responses show that female emergency room patients see questions about violence as something positive when asked sensitively and in the context of the medical history protocol.

Results indicate the need of combined efforts and resources of all partners in the health care system including health care providers as well as health care cost bearers before the issue of violence is taken into account within the health care system in Germany. Up to now there is little awareness of the opportunities for prevention and intervention during the provision of medical care. Setting new priorities and allocating adequate resources to psychosocial support and appropriate health care for victims of psychological, physical and sexual violence is a necessity.

Thanks to the funding by the Federal Ministry, the results of the evaluation are published in the form of a practically oriented manual and a scientific report. (Download: www.bmfsfj.de/Kategorien/Forschungsnetz/forschungsberichte,did=18204.html)

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