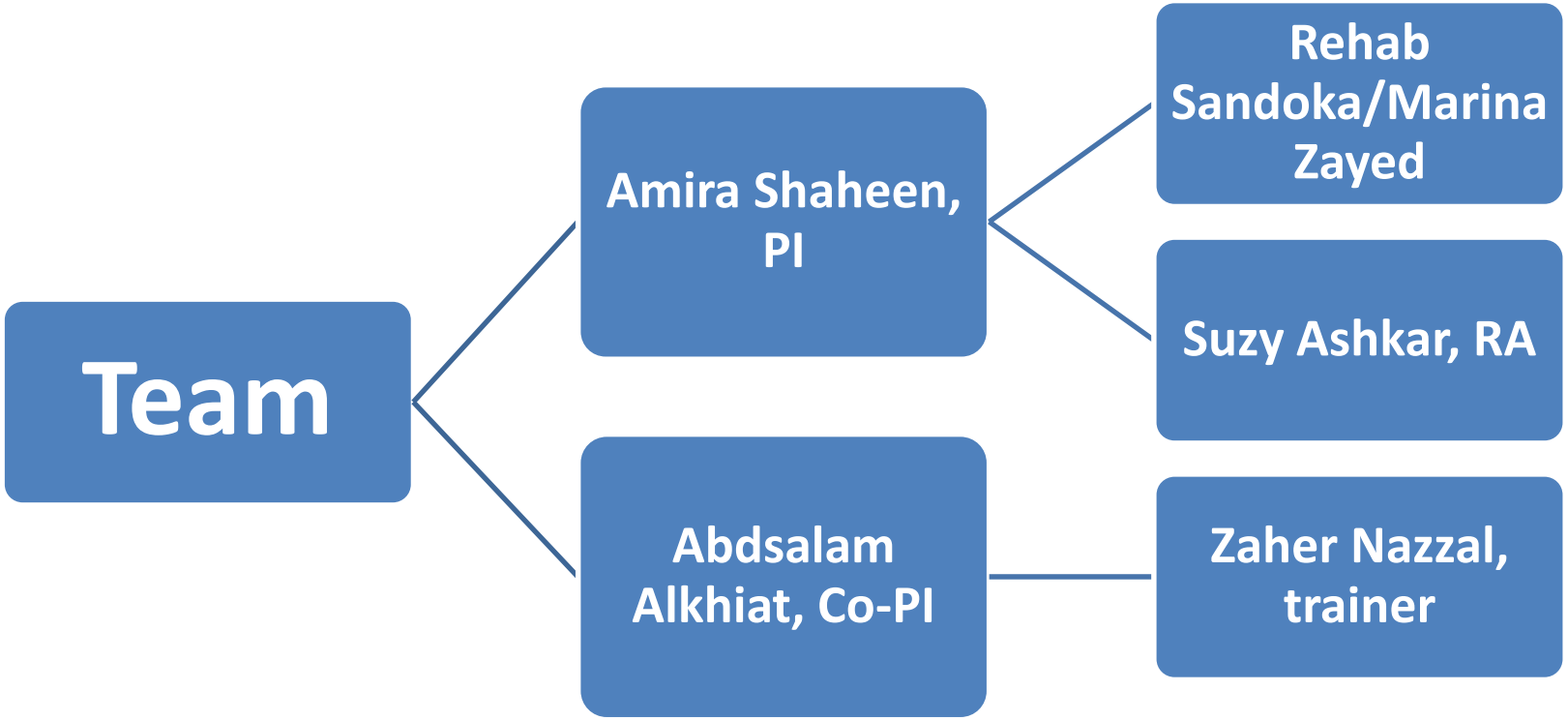
HERA First Phase Primary Results

PALESTINE: AN-NAJAH NATIONAL UNIVERSITY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Women survivors primary results

Demographic Background

- 20 Survivals were identified by the Women's Center for Legal Aid and Counseling "WCLAC"
- Age range [20 – 52] years
- 13 were from Hebron district, while the rest were from Ramallah district
- The vast majority were separated living in their own family homes

Demographic Background

- Length of marriage [4 months – 24 years]
- Except of 2, the marriage of the rest was traditional
- Except of 3 the rest were having children
- The vast majority were relying on their own families to financially support them. While half were educated in either university or having a professional certificate

Violence overview

- **Perpetrator:** Mostly the husband, or a second woman, or the in laws
- **Types of violence:** Survivors identified all types that might be overlapped, not limited to but including; “Physical, psychological, emotional, verbal, sexual, and economical”
- **Disclosure:** Rarely survivor will initiate it, either to be encouraged by the family or health care providers
- **Gender of HCPs:** most women indicate no difference, few though prefer a woman

Help seeking

- Legal services
- Family member
- Family protection unit
- Health services

Help seeking barriers

- Financial;
- Perpetrator is out of the reach of police, he is either hide or working in Israel.
- Lack of awareness;
- Delays at legal level; case take longer than anticipated

Barriers to disclosure; System level

- **Survivor's Lack of trust/ no expectation;** perpetrator would be prison for few days after which he would be released to return the cycle of violence, more intensely than before
- **Lack of privacy in the clinics**; more than one woman is examined at the same time. Questions might be overheard

Barriers to disclosure; Societal level

- **Society** is not at ease to communicate with divorced women; she would be blamed for destroying her family and not keeping it
- **Survivor's families**; Most of the survivors' families are not happy with keeping her children, once divorce occurs, survivor needs to return the children to the perpetrator. This imposes a high pressure on survivors
- **Survivor's families**; Once divorced, most families will not allow survivor out without a companion, even for work

Barriers to disclosure; Personal level

- **Too personal/shame**; *"if I say, I will be lower than him"*
- **Fear of escalation of abuse**; *"and add to the resentment. No, I used to ignore it"*
- **Separated from children**; *"I stayed quiet for my son"*
- **Fear for the husband**; *"did not want him to be arrested"*
- **Acceptance;** "*It is a norm in the spouses life*"

Health care professional responses to disclosure

- **Refused to give her the report until she paid its fees;** *"He wrote a report but refused to give it to me the first day because he wanted money for the visit. Honestly I didn't know he needed money"*
- **No Referral;** For those survivals that were seen by HCPs, none of them were referred to any other place

Officials' interviews primary results

Demographic Background

- 11 Officials were identified through Juzoor
- They were representing organizations that are working on gender based violence; both NGOs and governmental
- Age range (37-62) years

HERA HEALTHCARE RESPONDING TO VIOLENCE AND ABUSE

Definition of violence;

- **Physical, psychological, emotional, economic abuse**

"any form of words or actions or sayings that might cause reason for verbal (emotional) harm, physical harm, economic harm, social harm and I will even tell you legal harm that is practiced upon women from the lack of legality in obtaining her rights."

- **Violence was identified as abuse**

Definition of violence;

- **Political and social exclusion**

“Political exclusion and social exclusion from participation in daily life, I also consider that violence”

Perpetrator

- **Primary perpetrator;** men; husband

"but the largest category of exposure to violence are women because of the upbringing and culture, the obsession. We are in a male society, the husband makes the decisions, so all of these things allow him to practice or give him the positiveness for violence, because he can"

- **Secondary perpetrator;** women; e.g. mother in law, or another wife

Frequent type of abuse

- **Psychological;** *"I see that the most common type of violence is psychological or mental and verbal violence"*
- **Verbal;** *"The kind that most people don't know that this is violence"*
- **Economic;** *"What confirms this is the increased amount of requests for alimony from men for their wives and their children"*
- **Physical;** *"Usually women come forward and give disclosure about physical violence because it is apparent. The least disclosure is about sexual violence and emotional violence."*

Perceived role of health care professionals

- **Priority is given to treatment, confidentiality is preserved. Internal as external referral will carried on if needed through the focal point**

"The first thing we do, if she is bleeding or her arm is broken or she has been beaten, or anything, firstly we tend to the physical issues. Cast her arm, stop the bleeding and the like"

- **To be first contact and be empathetic and then refer**

"I do believe that a doctor should be a part of the circle, I wish our doctors completed our work circle. I wish! Medically, socially, psychologically, legally"

Perceived role of health care professionals

- **Role in primary health clinics should not be limited to health professionals, it should involved others e.g. receptionist**
- *"This is the health sector's role as the system is broken in. you have to document and observe, you have to provide your services, you have to inform and that's it. You don't need to chase the file around or follow up because that's not your role. It's the role of social development and the security to investigate the file so that there can be roles and responsibilities that each person can really fulfill."*

Perceived role of health care professionals

- **Symptoms;** To be aware of symptoms; Example, depression, suicidal ideation, etc.
- **Proper skills;** To understand limits of what PHC can do if women do not want to open up to them.

Enquiry for violence against women

- **Physical harm;** HCP only enquire about violence if there are apparent symptoms which mostly related to physical harm

Surveillance system

- **Forms;** In each clinic there are forms to be filled, only if woman disclosed. filled forms are communicated with the MoH/HIS on weekly as well as monthly bases. Yet, MoH give no clue of how the filling process is monitored

Referral system

- **Internal referral;** directly from the clinic to the social worker/ psychologist
- **External referral;** the directorate GBV focal point should be informed from where the process will be followed-up
- **This is varied by each survival case**

Referral system

"If there is an abused woman you call family protective services right away, a police officer from family protection will come in civil clothing, they sit with her and understand her situation completely from a family perspective. As soon as the police take the case, they are responsible for reporting, where to send her where to go, etc. Now the ***health sectors role is finished****, after we have treated her and guided her to the right place"*

Facilitators

- **Attitude change;** MoH attitudes towards VAW have changed. Where it is now seen as relevant to their work
- **MoH removed fee that women pay for getting a medical report related to the violence – beginning of 2017**

Facilitators

- **Community acceptance;** PHC a good place for women to get help for the abuse without alerting suspicion; *"Woman getting help from a hospital or clinic does not raise suspicion. Seen as 'easily accessible' to women and 'socially acceptable' for women to visit the clinic/hospital."*
- **Trust relationship;** Need for a trusting relationship between woman and PHC provider
- **Reporting;** MoH keeps track of cases of VAW

Facilitators

- **Privacy;** Environmental facilitator, privacy – setting up special clinics to provide privacy for women affected by violence and abuse.
- **Protection;** Working with lawyers to protect HCP
- **Awareness;** Raising awareness of the issue and where women can go for support
- **Focal point;** GBV focal points are present in each directorate

Facilitators

- **Networks;** Networks and collaborations with other organizations and governmental departments has improved responses to women affected by violence and abuse

Barriers at health system level/HCP

- **Retaliation;** Fear of retaliation from family**,** especially in relation to sexual violence cases, cultural issue, family honor

Barriers at health system level/HCP

- **Social worker;** Lack of social worker to which to refer women
- **Missing cases;** Work pressures in the clinic. , taking priority over detecting abused women even if there are indicators; *"when a nurse is in the clinic, there is work pressure to the point where she's not aware that this woman, for example, is here because she's been exposed to violence and she's come twice or three times this week. Because [of the need] of work it doesn't allow her to think about this."*
- **Staff turn over;** continuous training is in need

Barriers at wider contextual level

- Women's fear of documentation – leading to unwanted police input
- Culture of violence

Health care providers' primary results

Demographic Background

- 12 health care providers were interviewed in the 2 pilot clinics, included one manager
- [4 males and 8 females]
- Age range [31 – 56] years
- [4 doctors and 8 nurses]
- One of the nurses was the GBV focal point in Hebron

HCP estimates of prevalence of VAW

- 3 out of 12 HC workers believe violence is more than 85% prevalent in the women patients that visit them
- 3 out of 12 believe it happens with 20-50% of the patients
- 3 out of 12 say there is a low rate of women exposed to violence; only 10% or less of patients exposed
- 3 of 12 HCP claim there is less than 1% of patients experiencing violence

How it works

In OBG clinic every woman is asked about violence at first visit through filling a form. Any suspected case with further inquired about the issue privately. A case will be reported if the survival agreed to be transfer otherwise it is ZERO. Nurses in the clinic can do internal, into other MoH facilities, e.g. psychologist. The focal point in each directorate needs to be contact to follow-up on external referral with other sector, e.g. the refugee/safe house.

Barriers to HCP inquiring about VAW

System barriers

- **No protection for HCP staff from any sector**
  - *"When a women refuses help, she relieves us"*
  - *"You have to protect yourself, in the end. You don't feel like you're protected at all"*
  - *"I don't have a police force that is going to protect me…at any point, a man could come and attack me!"*
  - *"I don't want to be at risk for danger for myself"*

System barriers

- **Not enough time; lack of staff**
  - *"…there is not enough time for doctors to address all patients in the way they need."*
  - *"Without additional staff, there is no support [to help]…there are excessive amounts of people…"*

Societal barriers

- **Cultural influence:**

When an HCP is from the town she works in, patients turn away from opening up. And the HCP herself is not comfortable or able to provide all services for women:

> *"for me to provide protection for her by calling the police for example? That might be hard…because I'm a daughter of this town."*

Other examples:

- *"she doesn't talk about her story because she is afraid from her parents and she is afraid from her husband."*
- *"we might face a problem there because the ladies don't like to tell the secrets of their home and these things"*

Societal barriers

- **lack of response from women because of shame, fear, stigma, or lack of knowledge**
  - *"…if she refuses, then we raise our hands up and that's it."*
  - *" and I know if she refuses it, it's not my right to write down that she's exposed to violence…right?"*
  - *"what else can I do with her?. I can't force her."*

7 out of 12 HCP essentially said, how can we help when women don't want to help themselves?

Societal barriers

“When a woman refuses help, and says “my parents won't receive me and my kids. I only have this husband, this man, to spend money on me.” what are you supposed to do? Social Affairs raises their hands and says “she's not divorced, we can't give her alimony.” So I don’t know… “ –

Discouraged Nurse on how to deal with women that refuse help

Individual barriers

- **Personal issue/ I do not want to be involved**
  - *"This is a personal matter between her and her husband…I don't have any involvement in that"*
  - *"I personally don't like to get involved in people's private life. Since this program has come upon us, I'm forced to ask…"*

- **Choosing not to be viewed as abuse**
  - *"Women in our culture have a shyness, fear or embarrassment."* – nurse
  - *"When a woman has that cultural acceptance…she's accepted [the abuse] and she's happy about it."* – nurse

Personal barriers

- **Women just need to talk it out:** multiple HCPs stated that most women are aware that the nurses and doctors could **only** provide emotional support for them. That women didn't expect more than guidance from them, if they choose to tell of their situation.
  - *"She just wants to vent"*
  - *"She doesn't want to subject herself to bigger issues…"*

Attitudes towards addressing VAW

- **Annoyance**

  "How am I supposed to treat this woman?...I immediately have a strong reaction to this."

- **Discomfort**

  "honestly, I won't ask them. I won't ask because I might cause her embarrassment"

- **Pity/sorrow**

  "it's great to support them, but we don't just need support for them. and she needs financial support. "

- **Happiness**

  "it is a good feeling if there is honesty between the patient and the service provider, whether it is a doctor or a nurse"

Implication on intervention

- **Behavioral change;** Health care provider as well as community
- **Raising awareness;** HCPs should have the proper elements to help raising the awareness of survivals towards the role of health services to end her suffering
- **Organizations list;** HCPs should be provided with a list of organization, and to direct the woman to it based on her need
- **Medical report;** HCPs attention should be drew to the used terms in the written medical report

Implication for intervention

- **Proper identification;** Make sure that indicators cover other factors depression, overbearing partner or family members who don't want to leave the consultation, appearing anxious, economic etc
- **Limits:** Remind PHC providers about the limits of what they can do. They can't 'fix' the problem
- **Sectors role;** Be aware about the role of each sector

Implication on intervention

- **Laws and regulations;** Be aware about laws and regulations that would facilitate their work, and help in protecting them, and to raise survivals awareness about those that related to their cases
- **Referral;** Give a claw about when to have a personal decision for referral, and when the case is needed for a committee to decide on referral
- **Sustainability and scaling up;** For sustainability and scaling up there is a need for a rolling program of training due to staff turnover

Implications for intervention

- **Communication skills**; More nurses suggested learning skills to deal with women that refuse help.

"I want skills to be able to have the capability to convince and challenge the woman in front of me to speak up… so I can lessen the amount of violence that she's in. At the same time, I need someone to support me and protect me."

- **Need of social worker/psychologist;** All but 3 recommended a social workers' OR psychologists' presence at the clinics to better address cases of VAW.

Implication for intervention

- **Survival empowerment:** Lack of money is a main reason for women's lack of action, claims a manager

"Now if she was financially stable, she would not stay quiet. It happened the first time…the second time…it stops being a sanction for him…"

- **Reintegrate women back into society post reporting on husbands**.

  "women fear returning back home – un acceptance"

  "don't have a home to return to; stick with husband"

Thank You