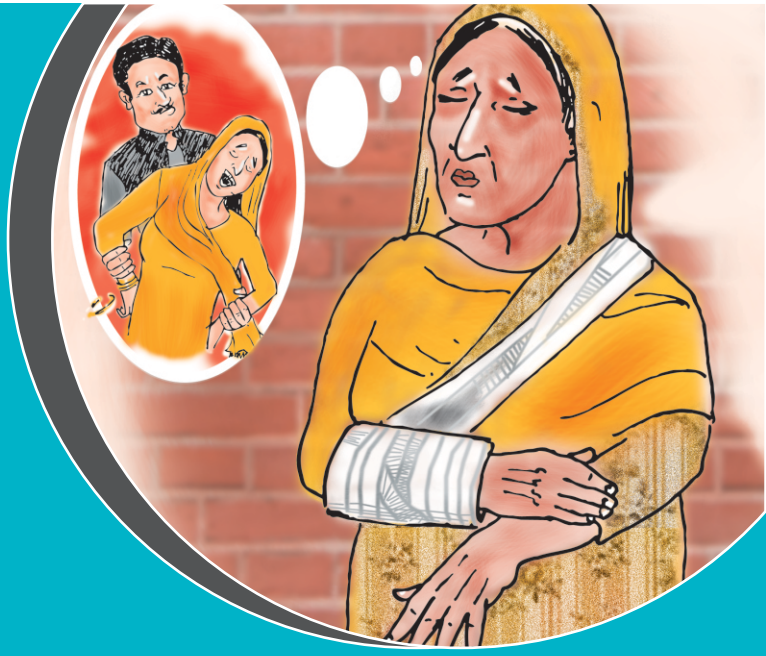

Gender Based Violence as a Public Health Issue

Guidelines for Health Care Professionals

United Nations Pakistan
Improving lives and helping people
RAHNUMA
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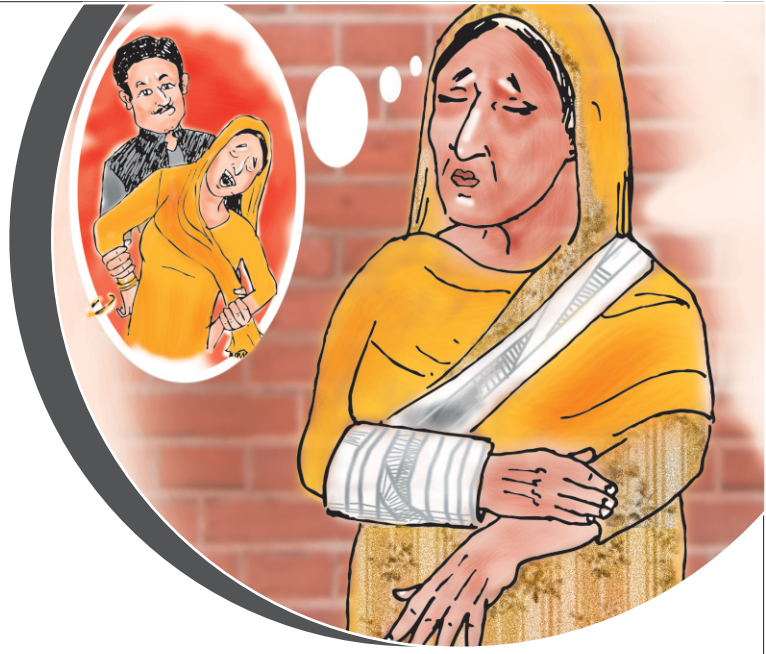

Gender based Violence as a Public health Issue

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Contents

Chapter 1:

Gender based Violence and Health

"Violence against women" refers to 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 deprivations of liberty, whether occurring in public or private life. Violence against women is understood to encompass, but not be limited to, the following: Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions or elsewhere, Trafficking in women and forced prostitution; physical, sexual and psychological violence perpetrated or condoned by the State through discriminatory laws and policies"

Adaptation: *United Nations Declaration on the Elimination of Violence Against Women 1993*[1].

Gender based Violence is an umbrella term encompassing any harmful act that is perpetrated towards men, women, boys, girls and vulnerable groups like transgenders/transsexuals against their will, based on socially constructed gender differences. Violence against Women is the form of Gender based violence that results in physical, sexual and psychological sufferings targeted against women and girls. While referring

violence against women as 'Gender based' emphasizes the need to understand this phenomenon within the context of the subordinate status of women and girl in developing countries like Pakistan where they are mostly the victims of different forms of violence as compared to men and boys. The risk factors, patterns and consequences of violence against women and girls are different than violence against men and boys. Many cultures have beliefs, norms and social institutions that legitimize and therefore perpetuate violence against women and girls. Therefore the issue needs to be viewed from the context of the existing norms, social structures and gender differences that influence women and girls' vulnerability to violence[2].

Gender based violence is a pervasive public health problem and constitutes a violation of human rights throughout the world, but the patterns and prevalence of violence vary from place to place. It may result in physical injuries, disabilities, deaths, reproductive health problems, disorders and psychological trauma among victims. Recognizing violence against women and girls as the most prevalent form of Gender based violence in the context of Pakistan that has devastating impacts on their lives, particularly the physical, sexual and psychological dimensions of health. This booklet will focus on violence against women as Gender based Violence. The terms Gender based Violence and Violence against Women will be used interchangeably in the booklet to explain the different aspects of this major socio-cultural problem. The booklet has been developed for the education and capacity building of Health sector in Pakistan on the issue of 'Gender based Violence and Health Sector Response' under the Gender and Health Programme of World Health Organization. The programme component is part of the One UN Initiative for Gender Mainstreaming and Equality in Pakistan.

[1] Declaration on the Elimination of Violence Against Women. Proceedings of the 85th Plenary Meeting. Geneva: United Nations General Assembly (1993).

[2] Adapted from Improving the Health Sector Response to Gender Based Violence: A Resource Manual for Health Professionals in Developing Countries, IPPF/Western Hemisphere Region, New York, 2004.

Chapter 2:

Why should health professionals address Gender based Violence[3]?

"In addition to being more humane, now I see the patient as a whole. Before, I saw problems that did not fit into what I had learned. Now I am more efficient. I have a new approach, and I know that many pathologies for which I did not find an explanation have to do with violence". (A Gynecologist)

Gender based Violence or Violence against Women is often not identified and treated as a critical public health issue by health professionals. In a society like Pakistan, patriarchal values and structures are culturally deep rooted and issues of Violence against women do not gain adequate 'public' recognition. The health sector attitudes are also influenced by cultural beliefs and norms. Therefore their response is limited to addressing these issues during the course of public health service provision. Health care providers often fail to identify and diagnose the diverse impacts of violence on women's health, and many continue to consider it a social, cultural, private or domestic issue that is not relevant to or consistent with their conventional mode of healthcare delivery. Unfortunately women and girls face tremendous challenges in disclosing cases of domestic abuse. Even when they overcome the challenges of disclosure they encounter an unsupportive institutional response, and insensitive attitudes of the health providers, medico-legal professionals and law enforcement agencies. For instance, they may even blame the woman and hold her responsible for what has happened with her.

[3] Adapted from Improving the Health Sector Response to Gender Based Violence: A Resource Manual for Health Professionals in Developing Countries, IPPF/Western Hemisphere Region, New York, 2004.

This booklet carries out advocacy that health care providers cannot provide adequate quality health care services unless they understand specific health related needs and make a commitment to safety of women and girls experiencing violence. Health care providers who misdiagnose multi dimensional aspects and impacts of violence on health of women and girls not only miss the opportunity to address an important public health problem with propriety, but also increase the possibility and risk of additional violence against victims.

There are several highly valid reasons to justify health sector response to Gender based violence in the public health domain;

1. Gender based violence is a major cause of disability and death among women and girls

Gender based violence has profound, negative consequences for physical and mental health of women and girls, ranging from emotional distress, psychological trauma, physical injuries, broken bones and chronic pains to deadly outcomes such as suicide, self-harm and deaths. In the context of Pakistan domestic violence is mostly prevalent that include wife beating, honor killing, acid throwing, stove burning, sexual and verbal abuse by spouses and in-laws. This often leads to many physical, mental and sexual health problems among survivors

2. Gender based violence has adverse consequences for sexual and reproductive health of women and adolescents

The experience of gender based violence is associated with negative impacts on maternal and child health including increased risk of gynecological disorders, unsafe abortions, pregnancy related complications, obstetric fistula, miscarriages, stillbirths, low birth weight babies and pelvic inflammatory diseases. In Pakistan, 20.3% women die due to pregnancy related complications.

Physical and sexual violence can limit women's access to family planning and their ability to negotiate for the use of contraceptions as well as for protection of their sexual and reproductive rights putting them at a higher risk for unintended pregnancies and sexually transmitted infections (STIs), including HIV, Hepatitis B and C.

Childhood sexual abuse and harmful practices like child marriages

result in early, high risk and unwanted pregnancies, STIs including HIV in adolescent girls, while risky health behaviors such as drug use, and low contraceptive use leading to STIs including HIV amongst adolescent boys.

3. Health Service Providers may misdiagnose survivors or offer inappropriate care, if they do not ask about violence

Gender based violence particularly domestic abuse can be a hidden cause or contributing factor of many health related problems. The conditions, such as chronic pains, unexplained injuries, reoccurring sexually transmitted infections, can be difficult to diagnose or treat without knowing about a woman's and adolescent's history of violence. Providers who fail to consider the possibility that women are living in situation of violence may not be able to provide effective or appropriate health care services particularly psycho-social support to manage traumas, counseling related to family planning, STI prevention or HIV/AIDS. Moreover, the providers who overlook the survivors' broader needs may miss the opportunity to help women avoid a potentially life threatening situation.

4. Health care providers are strategically placed to identify women and girls at risk

Health care providers have routine contact with survivors seeking health care. Thus they are strategically placed to identify women and girl survivors who are at risk due to experience of gender based violence.

In most situations, women do not disclose experiences of violence particularly domestic abuse to health care providers unless specifically asked. Appropriate training of the health facility staff can effectively contribute to develop proper skills for screening, identification of abuse and discussion with clients to disclose experience of violence in order to elicit a proper response. Health care providers are also well placed to help women living with violence to become aware of the potential risks of abuse.

5. Health professionals are in a unique position to change societal attitudes about Gender based violence

Health care providers have an important role to play in preventive

measures to change attitudes concerning violence because they can reframe it as a health problem rather than merely a social custom. Conservative elements of society that tolerate or justify violence against women sometimes change their views when health care providers demonstrate the negative consequences of Gender based violence for the health of women and children.

6. Responding to Gender based violence can improve the overall quality of health care

There is sufficient evidence to show that improving the health service response to violence produces unexpected improvements in quality of care throughout the health facilities.

7. Health professionals may inadvertently affect lives of women and girls survivors if they are not prepared to manage Gender based Violence

Health care providers who breach patient confidentiality, respond poorly to a disclosure of violence, blame survivors, or fail to offer crisis interventions can put women's safety, well being and even their lives at risk. For example, providers can unwittingly cause harm to women and girl survivors by:

- expressing negative attitudes to other clients about women who are beaten or raped;
- discussing a woman's injuries in a consultation room that can be overheard by a potentially violent spouse standing outside;
- breaching confidentially by sharing information about pregnancy, abortion, STIs, HIV or sexual abuse with another family member without the woman's consent;
- providing inappropriate medical care by misunderstanding the reasons behind a recurrent sexually transmitted infection and pain;
- ignoring warning signs that a woman or girl is in danger of suicide or self-harm .

Chapter 3:
How to respond to Gender based Violence?

The sensitive response of health sector to the survivors of Gender based Violence (GBV) constitutes multidimensional aspects and role of health care providers to address all the health related needs of survivors particularly women, girls and children acknowledging their socially sensitive and vulnerable position. Gender based Violence has devastating impacts on physical, sexual, reproductive, and psychological health of survivors. Moreover, the survivors are often stigmatized and blamed by family, relatives and society that compound the damaging consequences of GBV (WHO, 2002). The inclusive health response can minimize the sufferings and risks of survivors at all level through identification and sensitivity to the problem; medical care including prevention from STIs/HIV and unwanted pregnancies; psycho-social support; documentation and reporting of medical records on GBV; information sharing and referral support. All health care professionals who have contact with patients during service provision need to be aware of the risks of all forms of Gender based violence, and alert to possible indicators of its occurrence. This chapter explores some of the challenges like difficulties in disclosure of case or asking about Gender based violence incident; considers situation in which there should be routine inquiry about the possibility of Gender based violence, identifies the signs which can suggest abuse is taking place and eventually establishes the principles that translate health response into practice.

The entry point to discuss and assess violence is important for health care response. The nature and duration of patient's contact varies among different categories of health care providers and facilities. Where there is on-going routine contact because of the nature of the available health care services at facility such as maternal and child care, psychiatric services and visits for seeking other primary health care services there can be repeated opportunities for health professionals to observe a situation or inquire about Gender based violence. Women often need to be asked on a number of different occasions or visits before they are able to disclose abuse. It is important not to assume that because abuse has been denied in the past, the possibility can be discounted in the future as well.

Response of Health Care Professionals to the Survivors of Gender based Violence: Key Elements

1. Be aware of signs and symptoms of violence.
2. Life saving is priority. Treat injuries and wounds of survivors immediately. Ensure the availability of required medical supplies i.e. medicines, equipments, emergency contraceptives, pregnancy testing and PEP kits for treatment and screening of STIs including HIV.
3. Help create an environment in which women survivors feel comfortable to talk about abuse. Avoid critical or judgmental comments and negative body language.
4. Ensure privacy and confidentiality of GBV cases at health facility through effective sound and visual barriers. Explain the limits of confidentiality.
5. Know how to ask the right questions to let a women know that she can talk to you about abuse comfortably. Be polite and talk sensitively.
6. Validate the response of survivors about abuse and support women who do reveal experience of violence.

7. Discuss options for further treatment and referrals. Obtain consent, respect the choices and decisions of survivors.
8. Be aware of all support services and resources that are available locally and share information.
9. Collect, store and record forensic evidences properly and in timely manner to secure possibilities of legal justice for survivors particularly of rape and sexual abuse.
10. Be aware of existing National laws regarding GBV to refer and share options for legal aid.
11. Keep detailed and accurate records about injuries of survivors and what they reveal to you about incident. Ensure confidentiality of information provided by women, girl and child survivors to avoid additional security risks and improve the confidence of the victims.
12. Ensure the completeness of medical records so that survivors particularly women and gilrs can obtain appropriate care in the future. Medical records must be kept safely, out of reach and view of health staff, media, relatives of patients and perpetrators.
13. Treat all survivors of violence with respect and dignity irrespective of their social status, race, religion, culture, or lifestyle. Carry out routine health duties.

Source: Adapted from WHO guidelines for medico-legal care for victims of sexual violence (2003); Improving Health Sector Response to Gender based Violence: A Resource Manual for Health Care Professionals in developing Countries (2004) published by IPPF; Responding to domestic abuse: a handbook for health professionals (2005) published by Department of Health -UK

The Role of Health Care Providers to address GBV

1. Diagnosis and Disclosure of GBV as a Health Problem[4]:

The identification of abuse and related multiple health issues constitute an important step within the treatment and care package for the survivors. The health care providers can play a pivotal role to decide entry point for asking about abuse. In societies like Pakistan where to talk about Gender based violence is a relatively sensitive issue because of socio-cultural norms, health care providers often face challenges in discussing and diagnosing the case and evaluating its health related impacts particularly on women and girl survivors even at the very first level of medical history taking .The Health care providers may quite understandably be reluctant to acknowledge symptoms of GBV or to seek evidence of it for a number of reasons. These include:

- lack of time to screen and identify nature of abuse;
- lack of confidence and knowledge to start discussion and diagnosis about violence;
- fear of taking the lid off something which might potentially get out of control;
- fear of not knowing how to respond and handle the issue;
- fear of causing offence to the survivor and aggrieved family;
- belief that responding to violence particularly domestic abuse is not part of their health care job;
- fear of personal identification with abuse either as a victim or perpetrator.

[4] Adapted from " Domestic Violence: A Resource Manual for Health Care Professionals (March 2000), Published by DoH- UK

Sometimes reluctance may be a reflection of particular beliefs or prejudices about GBV generated from social norms. It may be believed, for example:

- that Gender based Violence is not a serious issue or even a health issue, rather it is essentially a private matter between spouses and family;
- that women themselves provoke violence. The course of education, training and guidance for all health care providers can discard these socially constructed assumptions and myths.

On the other hand, the survivors particularly women and girls who have experienced GBV may similarly be reluctant to disclose what has happened to them for reasons that may include:

- fear of an unsympathetic response from Health Care Providers;
- fear of reprisals and serious escalation of violence from spouses in case of domestic abuse or other perpetrators if they get outsiders involved;
- shame and embarrassment over what has happened to them;
- lack of awareness that help might be obtained from health care providers;
- fear of the police or involvement of other authorities;
- fear of stigma and family dishonor;
- fear of divorce, dissolution of marriage and lack of social support as an aftermath;
- the need for permission from husband and in-laws to disclose about abuse and seek health care.

It is therefore vital that health care providers are sensitive to clues and indications which might suggest Gender based violence. While women may be reluctant to disclose what is happening to them, often they are also hoping that someone will realize that something is wrong and ask them about it.

2. Principles for Health Care Response to GBV Survivors

The minimum response from health care providers to the survivors of violence can be categorized under following stages.

2.1. Identification, Screening and Management of GBV Case

The principles for identification and asking about abuse may involve many considerations. In asking women if they have been abused, it is important that this is done in a careful, respectable and sympathetic manner in an environment where the woman can feel safe and not intimidated. Abused women feel ashamed, humiliated, frightened, and are prone to blaming themselves. In this state, even the slightest hint that a doctor, nurse or LHV is skeptical about their story, or feels that she is in some way responsible for the situation, can drive the woman back to isolation and a violent setting. The awareness and knowledge of health care providers about the possible signs and symptoms of GBV can help for identification and examination of abuse. Following are the signs and symptoms that should alert the possibility of undisclosed Gender based violence cases:

Signs and Symptoms of Gender based Violence[5]

Physical	Psychological & Emotional
• Unexplained burns or bruises • Bruising patterns indicative of abuse • Area of bruising consistent with slaps	• Panic attacks and Headaches • Symptoms of anxiety and hypertension • Depression

[4] Adapted from 'Domestic Abuse Training Manual for Health Practitioners, DoH, UK'

Physical	Psychological & Emotional
• Multiple injuries and fractures • Repeated or chronic injuries • Injuries in areas of the body inconsistent with falls or other explanation offered • Damage to sutures following operation or delivery • Injuries to the breast, chest and abdomen-women are 13 times more likely to be injured here in case of domestic violence • Injuries to face, head, hands or neck • Perforated eardrums, detached retinas • Evidence of sexual abuse or frequent gynecological problems • High incidence of miscarriage, terminations, preterm labor • Frequent use of pain medication or tranquillizers	• Feelings of isolation • Drug use • Suicide attempt • Self harm **Procedural** • Delay in presentation • Referral by a General Practitioner • History of loss of consciousness • Frequent visits with vague complaints or symptoms

There are some entry points for asking about violence and abuse. The discussion can be opened at following levels;

- taking a routine health history with new patients;
- at an initial visit for a new complaint;
- at a periodic health review e.g. , family planning, post-natal check up;
- when reviewing repeat prescriptions;
- when there are signs or symptoms of abuse .

The immediate medical treatment of injuries, unconsciousness and bleeding must be the first action in accordance with the laws and procedures in Pakistan before detailed screening. However if health professionals focus only on treating injuries or distress, without asking about their causes, they will do little to help the victim experiencing multiple sufferings consequent to GBV. It is important, therefore, that initial communications attempt to put the patient at ease and help them to feel comfortable about disclosing their experiences. The selective inquiry for identification and screening to obtain the disclosure of problem can be conducted through indirect questions if there is possibility of denial on part of survivor to accept happening of violence as cause of their health seeking. The example of opening discussion indirectly is below;

"Is everything alright? I am concerned that your medical problem may be the result of someone hurting you. Is that happening? Many patients have health problems because of fights inside the home. Do you know anyone who has had that problem? Has that problem ever happened to you? Is it happening to you now?"

In the context and culture of Pakistan it happens to be difficult for women and girl survivors to disclose abuse under multiple pressures of socially expected norms and behaviors. However the situation varies according to the socio-economic status, awareness, trust and comfort level of survivors with health providers. In some cases the survivors even women may disclose the nature and sufferings of abuse through direct way of communication. The questions for direct inquiry are below;

"I noticed that you have a number of bruises/cuts/burns;

i. Could you tell me how you got those injuries?

ii. Do you ever feel frightened of your spouse, or other family members at home?

iii. Have you ever been slapped, kicked or punched by your family/reletives?

iv. Does anyone of your family members often shout or lose their temper with you?

v. Has your family or relatives ever:

- destroyed or broken things you care about?
- threatened or hurt your children?
- forced sex on you, or made you have sex in a way you did not want?

vi. Does your family members get jealous of you seeing friends, talking to other people or going out? If so, what happens?

vii Your spouse seems very concerned and anxious about you. Sometimes people react like that when they feel guilty, was he responsible for your injuries?

viii. Does your spouse/relatives use drugs or alcohol excessively? If so, how does he behave at this time?"

The health providers may make survivors believe that these are routine questions for medical history taking because of the high prevalence of GBV issues in the country. It will help to ease the feelings of embarrassment and shame among survivors particularly women and girls during examination.

The disclosure of survivors on the nature and sufferings out of abuse requires appropriate response and management of the case by the health service providers according to the nature of violence. The key principles for responding to disclosure of violence are below;

- patients undergoing abuse want to be believed, taken seriously and respected so the health care providers need to validate the statement of GBV survivors about abuse;
- support and encouragement to preserve the dignity of survivors can ease the psychological sufferings of survivors;
- maintain privacy and confidentiality to ensure the comfortable and secure environment of health facility for GBV survivors;
- discuss the options and procedures for further medical treatment, testing and referral. Respect for choices and decisions of women and girls survivors to further manage the case would help to overcome their feelings of powerlessness. Child survivors need extra care with compassionate treatment;
- provide or refer medico-legal care, support and essential testing to overcome risks of unwanted pregnancy, STIs/HIV for the survivors of sexual violence and rape;
- forensic evidences should be timely collected and preserved to secure survivor's possibilities for legal justice following the procedures in Pakistan;
- the routine health duties need to be fulfilled along with other procedures at facility to provide care for GBV survivors;
- the medical and forensic records should be documented in detail, free from biases/pressures and kept safely to limit the outreach of irrelevant people;
- the information about local social support services can be helpful for the survivors to prevent risks and reintegrate them in the community. The health care providers need to establish linkages with social support institutions, structures and legal bodies to maintain their referral directory. The referral is not only medical rather it can cover other services like shelter, psycho-social counseling/support/stress management, legal aid, skill development for income generation and rehabilitation;
- the follow-up health care and support by the health care providers is necessary to reduce the long term impacts of violence on the health of survivors as well as to indicate risk of repeated incidences of violence;
- the health care providers are in a unique position to prevent GBV through education and awareness of communities around health facility because usually the clients of facility consider the advice of health care providers as authentic.

2.2. Sensitive Communication with GBV Survivors

The sensitive and positive way of communication helps both health care providers and GBV survivors to delicately manage the case based on the survivor-centered approach. It covers verbal communication, facial expression, body language and gestures. The key principles for health service providers to interact and communicate sensitively are;

- the selection of words is important to start communication sensitively. Choose positive and polite words for discussion;
- avoid negative, judgmental and critical comments or an interrogation style;
- practice active listening and give full attention to the suffering of survivors;
- be aware of inadvertent negative body language. The health care providers should avoid to give facial expressions and gestures that they are irritated, in hurry and not believing the statement of survivor;
- the health providers should make women and girl survivors realize that 'abuse is not their fault'. This kind of treatment is unacceptable and they have right to safety against violence.

2.3. Privacy , Confidentiality and Safety

The maintenance of privacy, confidentiality and safety from screening to treatment are rights of survivors. The key principles include;

- confidentiality is essential in enabling victims of Gender based violence to disclose their experiences. Their physical safety can be

dependent on confidentiality being maintained. A health provider might also have contact with the perpetrator of gender based violence, it is vital that they do not disclose confidential information. However, all health care providers must understand, and be honest about, the limits to confidentiality particularly if the life threatening situation of women and children as well as legal evidences are involved;

- the principles of confidentiality are also applied on medical records and information shared by the survivors. Access to records should be restricted to specified medical staff. The documents must be kept safely, out of reach and view of patients' family, media and health staff at facility;
- the health care providers should respect and ensure privacy, and recognize the real dangers to survivors which may be created if this is breached. The consultation for screening of abuse should be conducted in separate room with effective sound and visual barriers like closed doors, windows and curtains in the absence of survivor's relatives, children, medical staff and other patients at the facility;
- the safety of the woman (and of any dependent children) should be the paramount consideration. Children who have witnessed or experienced a violent episode may also need an immediate response to address their own needs and fears;
- the care providers should seek to empower patients to make informed decisions and choices about their lives, and not try to make decisions on their behalf;
- the security and safety of health care providers themselves is equally important in the course of handling such situations.

2.4. Record Keeping

Documentation and record keeping have an important role in responding to abuse. The accurate information and records about the GBV case provide baseline information to guide the follow-up care of the survivors; evidence of required care , interventions, and patient responses; record of suspected health impacts (physical, psychological, social); support for standard setting and quality assessment. The records may include medical history, medico-legal report and documentation of prescribed treatment and referral for the survivors. The need for evidence, particularly in the case of the perpetrator of violence being charged with assault is crucial. Following are the key principles for health care providers to prepare, maintain and keep records of GBV cases;

- extreme care needs to be taken for proper documentation of GBV case. In order to maintain confidentiality, any record i.e. medical history or forensic evidences should be stored in suitable and secure locations;
- confidentiality of records should be discussed with the patient and their consent should be obtained if information needs to be shared with other health care providers, or with other agencies;
- the health care providers should ensure the completeness of medical records so that survivors particularly women can obtain appropriate medical care and legal aid in the future;
- the records should be as detailed as possible. There is a need to document the patient's own words (with inverted commas) to prevent subjectivity and if the survivor subsequently denies violence but injuries indicate otherwise, the observation of health care providers should be included separately. The perception of victim about situation of incident is also important to be noted;
- the important details regarding abuse including time, date, place of abuse, and any witnesses, including children should be documented. Moreover the forensic evidences for medico-legal purposes including size, pattern, description and location of injury using a body map, non-bodily abuse i.e. torn clothes, destruction of belongings, behavior of perpetrator, verbal abuse, threats, behavior to children etc. are important to be recorded for any possible legal implications;
- the past history of violence and its impacts on physical and reproductive health should be recorded.

2.5. Referral and Follow-up Care

The GBV survivors have often continued and ongoing contact with health service providers through frequent follow-up visits after abuse till the complete treatment and healing process. This allows opportunities for monitoring the situation and being alert to signs of escalating violence and increasing risk particularly in the case of women and girls. However the Health Sector alone cannot address the issue, as it requires referral pathway to address GBV problem through multi-sectoral coordination. The survivors can be referred by the care providers not only for advanced level medical treatment and investigations but also for psycho-social rehabilitation provided by other organizations. The principles for referral and follow-up support by the health care providers are below;

- the GBV survivors should be provided with appropriate attention, health care, treatment and services during follow-up visits even after abuse so that their ability to not only access rather utilization of health care could be enhanced. The health care providers can play an important role to identify and monitor the signs of repetition and escalation of violence as well as risk and vulnerabilities of women, girl and child survivors during follow-ups;
- the responsibility of health care providers should be to support victims in making decisions and in advising them about what services they can contact for particular advice and help;
    - The health providers need written information about what internal and external referral services are available locally including contact details in the form of a directory;
    - Referrals given must be documented;
    - The health care providers must have capacity to identify what kinds of services are appropriate for survivors in different situations after abuse.

Conclusion:

The health sector can reduce the prevalence and substantially mitigate the impacts of GBV though improved;

1. primary prevention by promoting community awareness about the ill effects of GBV;
2. secondary prevention can be brought out by early identification, confidentiality, monitoring and courteous treatment of survivors while addressing their physical, mental and reproductive health care needs;
3. tertiary prevention involving long-term counseling, mental health care and rehabilitation;
4. referral to social, economic and legal support.

Improving the patient-provider interaction is the most feasible, affordable and efficient intervention within any health care system aiming to address the survivors of GBV effectively.

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