# Identifying Cases of Violence Against Women and Children: An Essential Skill Set in Family Medicine*

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**Introduction**: Child abuse, sexual and domestic violence are among the most destructive experiences afflicting women and children that result to physical, behavioral, psychological, and economic consequences. Physicians in the front line need to be sensitive and vigilant in identifying both overt and subtle signs of these violations. As such, identification of victims is vital to prevent further abuse and injury, as well as to manage the patient holistically.
**Objective**: To assess the skill of Family Medicine (FM) residents in detecting cases of violence against women and children (VAWC).
**Methods**: Eight case scenarios were presented to 48 resident trainees from government and private hospitals in Metro Manila. They were tasked to identify cases pertaining to VAWC, and distinguish the case type.
**Results**: Red flags that were easily detected by more than 80% of trainees were cases of physical abuse towards women, and neglect. Circumstances with moderate challenge were sexual harassment, rape, and abandonment, in that order. On the other hand, respondents had inadequacy in detecting cases of sexual abuse and physical abuse towards children; while the most difficult to recognize was emotional abuse.
**Conclusion**: Acquisition of this new skill set may prove beneficial in providing the ideal environment for proper management and support provision for the VAWC subjects. Lack of knowledge and training in this rising societal and health threat may cause underdiagnosis of common VAWC presentations. Consequently, this leads to failure of identification, assessment, documentation, and management of such patients.

**Key words**: violence against women and children, red flags, abuse, family medicine residency

## Introduction

The terms *violence* and *abuse* refer to a continuum of experiences and has been chosen to reflect the multiple variations in which harm, neglect, abuse, and interpersonal violence occur. Violence against women and their children (VAWC), as defined by Republic Act 9262, is any act or series of acts committed by any person against a woman who is his wife, former wife, or against a woman with whom the person has or had a sexual or dating relationship, or with whom he has a common child, or against her child.

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children that result to physical, behavioral, psychological, and economic consequences. Physicians in the front line need to be sensitive and vigilant in identifying both overt and subtle signs of these violations. As such, identification of victims is vital to prevent further abuse and injury, as well as to manage the patient holistically.

Ideally, primary care physicians serve as the gateway to care for all victims of violence and not simply focus on one type (e.g., rape, child abuse, neglect, abandonment). This puts an additional challenge on primary care physicians to be knowledgeable in identifying and reporting VAWC cases.[4]

Failure to identify domestic violence as early as possible can result in negative health outcomes, costly medical care and legal implications. Victims are unlikely to voluntarily disclose their abuse, reinforcing the relevance of routine screening. Members of the public generally take a medical practitioner's opinion seriously, providing an opportunity for you to inquire about domestic violence and to recommend interventions.[2]

Training and education about the health problems related to violence and abuse remains highly variable and often marginalized in the curricula of most health professions schools as well as within the individual practices of physical and behavioral health professionals.[5]

In a study by EM Vieira, et al. unawareness among professionals regarding the high prevalence of violence means that violence remains invisible to healthcare services. Overall, only just over half of the interviewees (58.7%) had adequate knowledge (good or high) about gender violence, and this indicates the need to train more professionals to attend to cases of violence.[1]

This study aimed to assess the skill of Family Medicine (FM) residents in detecting cases of violence against women and children (VAWC) by the use of a self-administered questionnaire

## Methods

A cross-sectional study design was used with paper-and-pencil survey as the data collection procedure. A total of 48 Family Medicine resident trainees from government and private hospitals in Metro Manila were chosen through convenience sampling. The respondents were chosen from those who attended the FM Lecture Series held every Saturday at the PAFP office. The resident trainees were given a self- administered questionnaire on identifying cases of violence against women and children (VAWC). The questionnaire was constructed by the researcher. The questionnaire consisted of two parts. Part I is the demographic profile which consisted of ten (10) items. Aside from the basic personal information, this part also included information regarding personal experiences on VAWC and if they have a prior formal training or none. Part II consisted of eight case scenarios.

Respondents were tasked to identify cases pertaining to VAWC, and distinguish the case type.

All data / answers gathered were encoded using Microsoft Excel and measures of frequencies were derived from the data collected.

## Results and Discussion

### Trainees' Characteristics

Out of the total of 48 resident trainees, there were 12 men (25%) and 36 women (75%). The mean age was 34 years. Out of the 48 residents, 10 (49.7%) were below 30 years, 35 (25.8%) between 30 and 45 years and 3 (24.4%) were over 45 years of age.

Regarding religion, 39 (81.2%) were Catholics, 6 (27.1%) were Christians, 1 (8.6%) were Born Again, 1 was Iglesia ni Cristo, and 1 claimed to have no religion. Among these residents, 26 trained in government while 22 in private institutions. There were 31 first year, 6 second year, 9 third year and 2 fourth year residents.

### Knowledge About Gender Violence

The eight types of VAWC cases asked for in the questionnaire are presented in Table 2, together with the

**Table 1**. Demographic Profile of Respondents.

| Variable | N |
|---|---|
| AGE | |
| <30 yrs old | 10 |
| 30-45 yrs old | 35 |
| > 45 yrs old | 3 |
| SEX | |
| Female | 36 |
| Male | 12 |
| Year Level | |
| 1st year | 31 |
| 2nd year | 6 |
| 3rd year | 9 |
| 4th year | 2 |
| Type of Institution | |
| Government | 26 |
| Private | 22 |

**Table 2**. Identification of VAWC cases among FM resident trainees at government and private institutions in Metro Manila.

| Clinical Case Scenarios | % |
|---|---|
| 1. Physical Abuse ( in Women) | 88% |
| 2. Neglect | 83% |
| 3. Sexual Harassment | 79% |
| 4. Rape | 77% |
| Abandonment | 77% |
| 5. Sexual Abuse | 65% |
| Physical Abuse (in Children) | 65% |
| 6. Emotional Abuse | 44% |

results obtained. Knowledge of VAWC cases was not found to be associated with the age, sex and religion of the residents.

In this research, an instrument (the questionnaire) for measuring knowledge about VAWC was created. This study enabled verification of the Family Medicine residents' current skill in identifying training needs.

Red flags that were easily detected by more than 80% of trainees were cases of physical abuse towards women, and neglect. Circumstances with moderate challenge were sexual harassment (79%), rape (77%), and abandonment (77%). Respondents also had inadequacy in detecting cases of sexual abuse and physical abuse towards children (both 65%). On the other hand, the most difficult to recognize was emotional abuse with only 44% of correct recognition.

Ideally, primary care physicians serve as the gateway to care for all victims of violence and not simply focus on one type (e.g., rape, child abuse, neglect, abandonment). This puts an additional challenge on primary care physicians to be knowledgeable in identifying and reporting VAWC cases.[4]

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On the international front, the WHO World Report on Violence and Health illustrates the power of basic epidemiology to understand the relationship between interpersonal violence and health. According to the report, in 2000, an estimated 1.6 million people worldwide died as a result of self-inflicted, interpersonal or collective violence, for an overall age-adjusted rate of 28.8 per 100 000 population. There is an urgent need to develop a

comprehensive system of public health surveillance of all types of violence.[3]

## Conclusion

Acquisition of this new skill set may prove beneficial in providing the ideal environment for proper management and support provision for the VAWC subjects. Lack of knowledge and training in this rising societal and health threat may cause underdiagnosis of common VAWC presentations. Consequently, this leads to failure of identification, assessment, documentation, and management of such patients.

By expanding and improving education, training and research on prevention, recognition, treatment, and health effects of violence and abuse in women and children, we can integrate knowledge about VAWC into the training of health professionals specifically in Family Medicine to promote the health of all people, protect the vulnerable, and promote safe families, workplaces, and communities.

## Recommendations

The researcher recommends the inclusion of subjects from other hospitals that were not able to be included in this study. A parallel study on different subject population or respondents, other than FM residents can also be done. Furthermore, more case scenarios or a different questionnaire can also be used.

## References


1. EM Vieira et al. Knowledge and attitudes of healthcare workers towards gender based violence. Revista De Epidemiologia 2009; 12 (4): 566-77.
2. Medicalp' guide to managing the care of domestic violence patients within a cultural context. United States. Department of Health and Human Services,New York (N.Y.). Department of Health and Mental Hygiene. Edition 2. New York City Mayor's Office To Combat Domestic Violence, 2003
3. World Report on Disability. Nonserial Publication Series. World Health Organization, 2011
4. Stacey BP. Interactions between victims of intimate partner violence against women and the health care system. Policy and practice implications. Old Dominion University. Trauma, Violence, & Abuse 2007; 8(2): 226-39 DOI: 10.1177/1524838007301220
5. Competencies Needed By Health Professionals for Addressing Exposure to Violence and Abuse in Patient Care Academy on Violence & Abuse (AVA). Www.Avahealth.Org