

Domestic Violence *and* Health Professionals

A short study on women's experiences.



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Purpose of Study

This study aims to examine women'sⁱ perception of the attitudes of health professionals to domestic violence and their effectiveness and competency in helping them. It also aims to suggest recommendations for improving health professionals' response to domestic violence using both existing research and the results of this survey. The study will be used for NIWAF's overall awareness raising campaign amongst health professionals.

Methodology

The study outlines the main findings of a survey that was carried out in Northern Ireland Women's Aid refuges during a two-month period in 2002 (September/October). 63 women resident in the refuges completed questionnaires relating to their experiences of domestic violence and their doctors response to it.

The study also examines existing research on domestic violence and health professionals.

ⁱ Women experiencing domestic violence.

Background

The survey forms part of a longer-term European wide initiative '*Sivic Vigil*' carried out by The Institute de l'Humanitaire (IDH).

For the past two years, the IDH has been studying the impact of family violence on health, particularly in a domestic context.

Within the framework of the European Union DAPHNE program, and in conjunction with healthcare providers and domestic violence associations in six European countries, the IDH has developed Sivic (www.sivic.org), a web site with information on the various techniques for identifying and providing health care for women who are the victims of domestic violence.

As a next step, the IDH formed the Sivic Vigil monitoring network to unite the efforts of European health care professionals concerning domestic violence.

In each country, a group of health care professionals and leaders of organisations for abused women cooperate with the Institut de l'Humanitaire in the vigil network.

Participating countries were asked to obtain completed questionnaires from women who had experienced domestic violence and input the data onto an online database. Northern Ireland Women's Aid Federation analysed their own results for the purposes of this study.

Participants were also asked to get GP's to fill in online questionnaires for every patient experiencing domestic violence presenting to them. Northern Ireland Women's Aid Federation were unable to get GP participation in this part of the project despite numerous attempts.

Understanding Domestic Violence

Domestic violence is the intentional physical, emotional, sexual or financial abuse of one person by another, with whom they have or have had an intimate relationship. The abuser may be their partner, husband, ex-partner, father, son, boyfriend, girlfriend etc.

It can be **physical** and can include: punching, slapping, nipping, pushing, beating, kicking, burning - often leading to permanent injuries and sometimes death. It can be **sexual** abuse, this could include being forced to have sex against your will, sexual degradation and forcing sex in ways that hurt and injure. Domestic violence can also result in **emotional** and mental harm caused for example by constant criticism, being told that you are useless, ugly, worthless or humiliating you in public. Threats to kill or harm you or the children, intimidation, bullying, being locked in or kept in isolation away from family and friends, withholding money, food, sleep and being made a prisoner in your own home: - all of these are patterns of abuse experienced by many women.

Domestic violence crosses all boundaries including: age, sexuality, social and economic class, profession, religion and culture.

Over 90% of reported cases of such violence are by men against women. However, it is recognised that men may also suffer domestic violence.

Domestic violence is rarely a one-off event. It tends to escalate in frequency and severity over time.

In most cases children will be in the same room or the next room when the violence occurs.

Incidence

- It is estimated that one in four women will experience domestic violence at some point in their lives¹.
- Domestic violence accounts for a quarter of all reported violent crime¹.
- The PSNI responded to over 14,000 domestic incidents in 2001/02ⁱⁱ, of which over half involved physical violence.
- The Women's Aid Helpline responded to 15,649 calls and refuges accommodated almost 3,000 women and children in 2001/02.
- Over forty women have been killed in a domestic situation since 1996 in Northern Ireland.

ⁱⁱ April 1st 2001- 31st March 2002

A Health Care Issue?

There had been very little research carried out on domestic violence and its health implications until recently and it is now emerging as a significant issue affecting the health service. The only major piece of research that looks at the response of healthcare professionals in Northern Ireland was published in 1993² by the Northern Ireland Office.

The British Medical Association has reported that domestic violence has a substantial impact on the health and welfare of adults and children, with the two most important health consequences being physical injury and psychological effects.³

“Domestic violence has considerable implications for the NHS – particularly in Accident & Emergency departments, primary care and in specialist settings such as maternity services and child and adolescent mental health services. Healthcare costs incurred are considerable; personal costs even more so – perhaps especially if not acknowledged or recognised.”⁴

Domestic violence as a healthcare issue has also been incorporated within many international discussions of human rights issues as an area of concern to be addressed.

The Department of Health state that *‘all health care professionals have the opportunity and responsibility to identify people who are experiencing domestic violence and to take steps to empower those women to get help and support. Early intervention can prevent an abusive situation becoming worse and the level of violence becoming more intense.’⁵*

Virtually every women visits some form of health professional at some point in her life, The healthcare sector could be a very important part of the help seeking process for women experiencing domestic violence. Women may seek medical help for the consequences of domestic violence; they may also be in routine contact with the health service for reasons unrelated to the violence such as antenatal care.

Health professionals who will most often encounter survivors of domestic violence include: GPs, practice nurses, A&E staff, obstetricians, school nurses, health visitors, midwives, gynaecologists, community psychiatric nurses, psychiatrists and psychologists. But all healthcare professionals need to be alert to the signs of domestic violence, and be confident in responding appropriately⁶.

A Northern Ireland study of 56 women who were experiencing domestic violence showed they had a high level of contact with health professionals. Over 50% went to see their GP's, 45% saw health professionals and 39% had went to Accident & Emergency.²

Costs of Domestic Violence

There have been no studies carried out in Northern Ireland on the costs of domestic violence to the health service. However, it is clear from UK research that domestic violence causes a significant strain on resources.

The financial cost of domestic violence for health agencies in the London borough of Hackney in 1996 was estimated at £580,000, this did not include hospitalization and medicines.⁷

A study conducted by The Women & Equality Unit estimated that the economic cost of the 102 domestic homicides of women in 2003 was £112 million.⁸

Impact on Health

The injuries sustained from physical violence have clear health effects for victims. However, violence in the form of threats, harassment, verbal and emotional abuse, are just as likely to have health implications for victims as physical abuse.

The impact which domestic violence has will vary from person to person but she may suffer from any of the following health problems:

- Depression
- Insomnia
- Anxiety
- Unexplained somatic symptoms e.g. stomach pains, palpitations, headaches
- Alcohol/drug dependency
- Eating disorders
- Low self esteem
- Physical injuries – bruises, burns, vaginal bleeding, black eyes etc.
- Still-birth/miscarriage

This list is not exhaustive and none of these symptoms are proof that domestic violence has definitely occurred.

Women who experience domestic violence are more likely to use mental health services or report depressive symptoms than non-abused women.⁹

25% of all women who attempt to take their own lives do so because of the psychological trauma caused by domestic violence.¹⁰

Women experiencing domestic violence are at increased risk of drugs and alcohol abuse.¹¹

Domestic violence can also have health implications for people who are indirectly involved, for example children who have witnessed the abuse may suffer from illnesses relating to stress and fear.

Impact on Children

Common 'adjustment difficulties' among children who witness domestic violence include: increased levels of anxiety, psychosomatic illnesses, including: headaches, abdominal complaints, asthma, peptic ulcers, rheumatoid arthritis, stuttering, enuresis; sadness, withdrawal and fear; lower rating in social competence, particularly for boys; a reduction in understanding social situations including thoughts and feelings of people involved.¹²

It is important to remember that as with women who live with domestic violence, every child's experience will be different and some children show no *obvious* negative effects at all.

Domestic Violence in Pregnancy

Research has shown that domestic violence often manifests itself for the first time or increases in severity during pregnancy. The number of unwanted or unplanned pregnancies and terminations is higher among women experiencing domestic violence.

Abused women have a higher rate of miscarriage, stillbirths, premature labour, haemorrhaging, low birth weight babies and injuries to the foetus including fractures.¹³

Other immediate effects on pregnancy include:

- Rupture of uterine, liver or spleen
- Premature rupture of the membranes
- Vaginal bleeding
- Exacerbation of chronic illness
- Blunt trauma to the abdomen
- Complications during labour
- Foetal injury/death.

In a Northern Ireland study, 60% of 127 women resident in Women's Aid refuges experienced domestic violence during pregnancy. 13% of these women lost their babies as a result of this violence.¹⁴

The Department of Health - A Resource Manual for Healthcare Professionals⁵ and the 'Why Mothers Die'¹⁵ report both indicate that a screening process conducted by health professionals is essential for identification of pregnant women at risk of domestic violence. This will be most effective when conducted by midwives initially at the booking in visit and on at least one other occasion during pregnancy. This can also be carried out at the general practice.

Disclosure and Response

GPs are quite often the first port of call for women seeking help when in an abusive relationship. The manner in which the GP or other health professional responds to a woman's attempt to seek help to change her situation can make an immense difference to her life and that of her children.

In a study¹⁶ of 1,871 women attending GP practices in Eire, almost two-fifths of women had experienced domestic violence but few recalled being asked about it. Most women favoured routine questioning by their practitioner about such violence. The report suggests that asking women about fear of their partner and controlling behaviour may be a useful way of identifying those who have experienced domestic violence.

One study showed that most women find routine questions about domestic violence acceptable providing the health professional is trained to deal with the issue sensitively and effectively.¹⁷

Some women will not always wish to reveal to health staff that their injuries or other health problems are due to domestic violence, but health professionals should always make it possible for patients to talk about domestic violence if they wish to. (See page 15 for reasons why women don't disclose domestic violence to doctors).

It is important to realise that women from minority ethnic groups, for whom English is not their first language, may find it more difficult to disclose domestic violence. This may be due to a range of cultural differences which prevents a woman seeking help and also the language barrier faced when accessing support services.¹⁸

The British Medical Association³ outlined the reasons why doctors largely do not identify women who have experienced domestic violence as follows:

- doctor's fears or experiences of exploring the issues of domestic violence;
- lack of knowledge of domestic violence and organisations that can help;
- lack of time;
- lack of training;
- infrequent patient visits;
- unresponsiveness of patient to questions;
- feeling powerless to help;
- denial of abuse

A Violence Research Programme study showed survivors continued to feel unsafe and unprotected even after lengthy service intervention – however many felt that services were getting better¹⁹. Many agencies and domestic violence fora want to engage and consult survivors but are uncertain how to go about it. It also showed that the role of practitioners, who have themselves been abused by a partner, in practice and policy development is often key, and to date has received little acknowledgement.

Findings from the WAFE survey⁶ in 2000 showed that domestic violence is still not properly recognised as a priority in England. On the one hand there seemed to be a large number of agencies with a domestic violence policy in place and there has been an increase in the proportion which have a member of staff with responsibility for domestic violence and on the other hand there have been few attempts at monitoring how or whether guidelines are being used. It also identified a clear need for training.

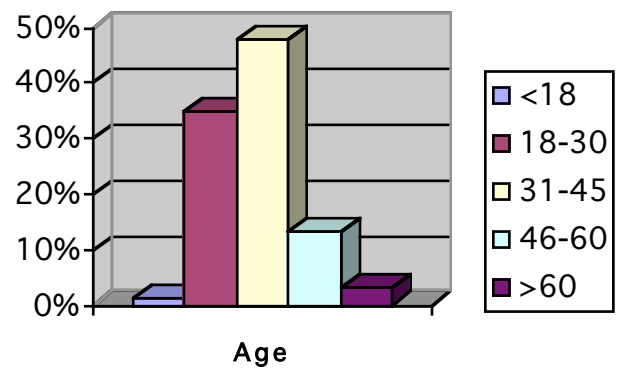
Intervention by a health professional is not just trying to stop the violence, but includes validation of the violence, medical treatment, information giving and support and facilitating referral.³

The NIWAF Survey

63 women resident in Women's Aid refuges throughout Northern Ireland completed questionnaires during a two-month period (September to October 2002). The complete set of results can be found at Appendix 1.

General Profile of Respondents

- The majority of women questioned were between the ages of 18 and 45.
- Over half of the women were divorced or separated from their abusive partner.
- 90% of respondents have 103 children between them.
- 91% of these children are under the age of eighteen and 53% are under the age of ten.



Experience of Domestic Violence

- The majority of women (over 80%) have experienced verbal, psychological **and** physical abuse in the home. Around half of the women also experienced sexual and financial abuse.
- The majority (65%) of respondents have been experiencing domestic violence for more than 5 years and 32% for more than 10 years.

“ I have had partners in the past who have been violent, but when I met my husband, my life just went from bad to worse in every way.” (32 yr old)

“I am 30 years old. I first went through domestic violence and sexual abuse when I was sixteen from 3 previous relationships. I keep going back because it was the only life I know. It takes time to realise it doesn't get any better no matter how many times you go back.”

“He made and still makes me afraid for my life.” (27 yr old)

“I hid marks and black eyes because I thought it was my fault. When I had to go to hospital I let on I fell, another time I let on a dog bit me.” (42 yr old)

“I had been married 35 years. Quite a lot of the time I suffered some physical and mental abuse. I am now separated 3 years. I received help and support from all the people mentioned here.” (55 yr old)

“(I) didn't fully tell anyone until my family and friends became aware of his infidelity, they were then more receptive

to me telling them what happened over the years. I used to self-blame, in particular I thought it wouldn't happen if I didn't drink as much." (44 yr old).

"He made me feel useless, not good enough, as if I would be nothing without him." (35 yr old)

Experience with Doctors

- 79% have mentioned their experience of abuse to a doctor, the majority of which talked about it on a least 2 occasions. 10% spoke to their doctor on more than 10 occasions.

"I was in hospital two times, but I couldn't talk about the abuse because my husband was present."

"My partner would not let me see a doctor."

"I felt too ashamed and afraid I wouldn't be believed. I attended a doctor early on in the marriage with a burst eardrum. I didn't tell her he had hit me."

"I was happy as I could talk about it."

- 38% spoke to more than one doctor about the abuse (16% spoke to more than 2 doctors).
- Women spoke to A&E doctors, GPs, psychiatrists and other medical specialists. The most common doctor that women spoke to about their abuse was their GP (70%).

- 56% of women who had spoken to several doctors about domestic violence thought that their GP was the most helpful.
- The majority of women consulted their doctor about domestic violence in a healthcare centre (74%). No women choose to speak to a doctor about the abuse in their home.
- The most common reasons women did not discuss the abuse with a doctor were;
 - they did not know a doctor could help them (54%);
 - they were afraid the doctor would tell their abusive ex/partner (46%);
 - they were too ashamed (38%) and
 - they didn't think it's the doctor's role to help them (31%).
- 76% of women who discussed the abuse with their doctor raised the subject themselves.
- The doctor raised the subject in only 24% of cases.
- Just over half of the respondents felt that the doctor believed them and 44% thought that the doctor was on their side.
- Only 6% of women had their ex/partner accompany them to the doctors.
- Only 24% were not frightened when talking to their doctor about the abuse. The rest feared that their doctor would have their children taken away (34%), alert their ex/partner (22%), notify legal authorities (22%) or hospitalize them (18%).

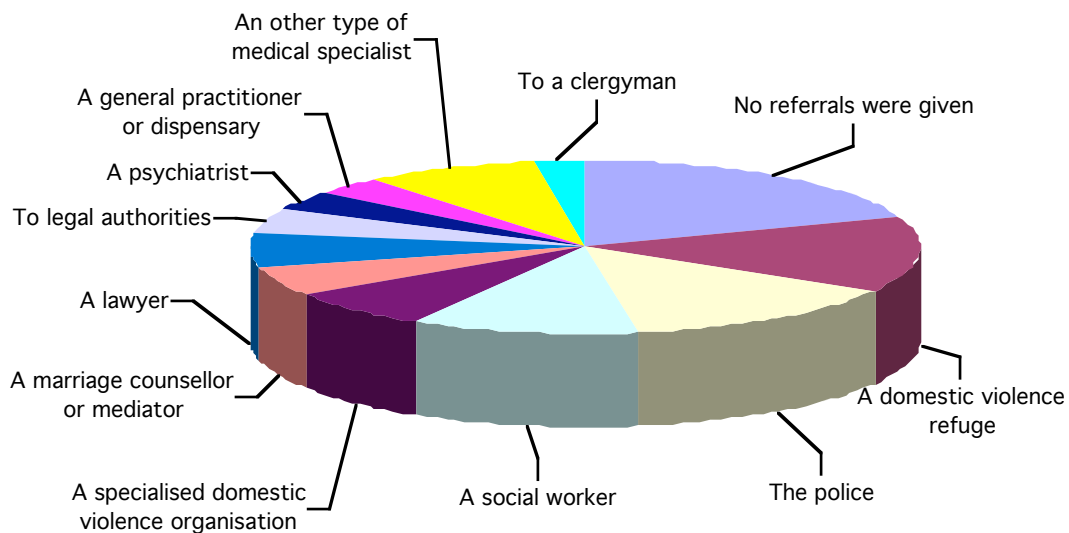
“I was afraid that the doctor would have my children taken away because at the time my partner had me convinced of this, but after speaking to my GP, she fully reassured me otherwise.” (25 yr old)

- Over half of the women did not want their doctor to talk to anyone about their situation.
- Only 36% were given the address or telephone number of domestic violence refuges by their doctor.

“Only because I asked.”

- 32% of respondents were not referred to any other specialist or specialist organisation by the doctor.

Referrals by Doctors



- 64% of respondents were happy with the doctors handling of the disclosure of domestic violence and the majority thought that the doctor was sufficiently attentive.

“ The counsellor I was seeing didn't have a clue about domestic violence”

“ I told a social worker, who told my husband, which made me get hurt more. I also told an army welfare officer who took my husband's side. I lost my faith in telling anybody after that. I only trust women now.”

“ One GP was not supportive and this was a lady, I had to change doctors. I have made an excellent choice and my GP now is a man and he is very supportive.”

- Two respondents experienced doctors who refused to help them because of the domestic violence and in both cases the doctor was a GP.

Health of Respondents

- 27% describe their health as poor or very poor and whilst 23% describe it as good or very good.
- Over half the respondents (54%) believe that the domestic abuse has affected their health greatly. 24% say moderately and only 3% believe it has had no bearing on their health.

Medical Conditions of respondents:

- ❑ *Depression*
- ❑ *Personality disorder*
- ❑ *High blood pressure*
- ❑ *Mental health problems*
- ❑ *Anxiety*
- ❑ *Flashbacks*
- ❑ *Nervousness*
- ❑ *Nightmares*
- ❑ *Stress*
- ❑ *Stomach ulcers*
- ❑ *Migraines*
- ❑ *Hysterectomy*
- ❑ *Obesity*
- ❑ *Panic attacks*
- ❑ *Rashes*
- ❑ *Stomach pain*
- ❑ *Insomnia*
- ❑ *Chronic Asthma*

“My doctor has prescribed me Diazepam – I am nervous and can’t sleep because I have nightmares and get flashbacks. I can’t go out on my own because of threats from my husband. I’m depressed and feel suicidal. (32yrs)

Conclusions

The survey shows that a large proportion of women do seek help from doctors, mostly their GP and that they do so on numerous occasions.

Women are unsure of a doctors role in terms of getting help and they have many fears concerning disclosing abuse to a doctor. Apart from the common feelings of shame associated with disclosing domestic violence, many women had more practical fears such as that the doctor would tell their partnerⁱⁱⁱ or her children would be taken away. These fears prevented some women from talking to a doctor at all.

Their perception of the doctors' attitude towards domestic violence varies greatly. Whilst the majority of women had adequate help from their doctor, there were still some women recalling unacceptable responses from doctors. In particular, two doctors refused to help women because of the domestic violence.

Doctors do not seem to be making referrals to Women's Aid and other appropriate agencies as a matter of routine practice nor are they distributing helpline cards or leaflets.

The women surveyed believe that domestic violence has a great impact on their health. Only a small proportion of the women were in good health. The range of illnesses noted correlated with existing research on the health effects of domestic violence.

ⁱⁱⁱ The perpetrator of abuse – it may be her husband or ex partner etc.

There are large variations in the quality of health professionals' response and this needs to be addressed if domestic violence is going to be reduced and the needs of women and children experiencing it are met.

Health professionals of all disciplines need to raise awareness of the huge public health problem of domestic violence and develop strategies to identify and reduce the health impacts that occur. They need to improve their response to women experiencing domestic violence and at the very least refer women to other appropriate agencies that can help e.g. Women's Aid.

It is clear from this study that there is still a large gap in research, training and information for health professionals in Northern Ireland on domestic violence.

Recommendations

HEALTH PROFESSIONALS

- Training for all staff - Domestic violence training should form part of undergraduate curriculum and also on continuous professional development programmes.
- The DHSS needs to carry out an audit on domestic violence services and health professional. This should examine what training staff are getting, statistics, inter-agency work and attitudes and responses to domestic violence etc.
- Ongoing consultation with service users and monitoring of health professional response.
- Implementation of quality assurance standards.
- All health organisations and agencies such as General Practices, A&E etc. should develop and implement policies and guidelines on domestic violence.
- Continued monitoring and audit of services for women and children experiencing domestic violence.
- Continued commitment to participation in inter-agency fora and domestic violence initiatives.
- Careful documentation of all injuries of domestic violence and ability to produce medical evidence in written and oral forms for the courts.

- Improve recording of statistics on domestic violence.
- Be knowledgeable on Women's Aid and other appropriate organisations for referral.

WOMEN'S AID

- Provide literature (helpline cards, leaflets) and display posters in Healthcare agencies (GP surgeries, Hospital waiting rooms, A&E etc.).
- Produce and distribute leaflets on domestic violence for healthcare professionals.
- Ongoing monitoring of women's experience with healthcare professionals and effectiveness of promotional material in healthcare agencies.
- Lobby government and in particular healthcare providers for improved resources and services available for women and children experiencing domestic violence.
- Participate in inter-agency forums and raise awareness of domestic violence and its health implications.

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APPENDIX I

SURVEY RESULTS

Q1: How old are you?

<18	1%
18-30	35%
31-45	48%
46-60	13%
>60	3%

Q2: What is your marital status?

Married	14% (9)
Living with partner	8% (5)
Divorced or separated	54% (34)
Single	24% (15)

Q3: Do you have children

Yes	90% (57)
No	10% (6)

Q3bis: Ages of children

0-10 yrs	53% (55)
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11-18 yrs	38% (39)
>18	9% (9)

Q4: How long have you been a victim of violence by your spouse, partner or former partner?

This is the first incident	1% (1)
< 1 year	2% (1)
1-5 years	32% (20)
6-10 years	33% (21)
> 10 years	32% (20)

Q5: Of what kind of abuse are you victim from your spouse, partner or former partner? *(Several answers are possible)*

Verbal abuse	86% (54)
Psychological abuse	87% (55)
Physical violence	83% (52)
Sexual abuse	46% (29)
Financial abuse	57% (36)

Q6: Have you already mentioned this abuse to a doctor?

No	21% (13)
Yes	79% (50)

If no then go to Q7bis

If yes go to Q6bis

Q7bis: Why have you never mentioned the violence you were experiencing to a doctor before? *(Several answers are possible) out of 13 questionnaires.*

You are afraid the doctor will tell your husband	46% (6)
Your partner prevents you from seeing a doctor	8% (1)
You did not know a doctor could help you	54% (7)
You believe a doctor cannot help	8% (1)
You don't think it's the doctor's role to help you	31% (4)
You feel that a doctor does not have time to help you	8% (1)
You have never seen a doctor you thought you could trust	8% (1)
You are ashamed to talk about abuse with a doctor	38% (5)
You are afraid a doctor would report the situation to the police	15% (2)
You are afraid the doctor would report the situation to a social service	15% (2)
You have never had any health problems requiring a medical visit	15% (2)
You do not discuss intimate matters with doctors	8% (1)
You didn't want to talk about it because the doctor was a man	8% (1)

(50 women filled in questionnaires about their experience with doctors)

Q6bis How many times?

1	14% (7)
2-5	38% (19)
6-10	12% (6)
11-15	6% (3)
>15	4% (2)

(26% (13) left blank)

Have you spoke to more than one doctor about the abuse?

No	26% (13)
Yes	38% (19)

(36% (18) left blank)

If yes, how many? (out of 19)

2	58 % (11)
3	32% (6)
4	0%
>4	10% (2)

Q6a: You spoke to a:

Doctor in an emergency unit	14% (7)
General Practitioner	70% (35)
Psychiatrist	12% (6)
Other type of medical specialist	4% (2)

Q6b: If you have talked about domestic violence with several doctors which one discussed or helped you the most?

Doctor in an emergency unit	12%(6)
General Practitioner	56%(28)
Psychiatrist	8% (4)
Other type of medical specialist	8% (4)

(16% left blank).

Q7: Where did you consult this doctor?

Hospital	14% (7)
Private visit	8% (4)
At your home	0%
In a health care centre	74% (37)
At an association	4% (2)

Q8: Do you receive regular medical care from this doctor?

No	42% (21)
Yes	58% (29)

Q9: Who raised the issue of abuse during this consultation?

The doctor raised the subject	24% (12)
You raised the subject	76% (38)

Q10: When you talked about abuse with this doctor:

(Several answers are possible)

The doctor believed you	54% (27)
The doctor was on your side	44% (22)
The doctor was biased in favour of your husband or partner	4% (2)
You were afraid or ashamed to discuss certain details of the abuse with this doctor	6% (3)

Q10a: Did your partner (ex) accompany you to the doctors?

No	78% (39)
Yes	6% (3)

(16% (8) left blank).

Q11: When discussing the abuse with this doctor, you feared that he or she would:

(Several answers are possible)

You were not afraid	24% (12)
Hospitalize you	18% (9)
Notify legal authorities	22% (11)
Have your children taken away	34% (17)
Alert your partner	22% (11)

Q12: After your consultation, you wanted the doctor to speak about your situation:

(Several answers are possible)

To no-one	60% (30)
To the police	6% (3)
To a social worker	8% (4)
To your partner	4% (2)
To another doctor	4% (2)
To an association	4% (2)
To legal authorities	6% (3)

Q13: Did the doctor offer to write a medical certificate?

No	64% (32)
Yes	36% (18)

Q13a: If yes (out of 18)

You asked the doctor to write a medical certificate	11% (2)
The doctor offered to write a report	83% (15)

(6% (1) left blank).

Q14: Did the doctor give you the address or telephone numbers of shelters for victims of domestic violence?

No	64% (32)
Yes	36% (18)

Q15: During your consultation, did the doctor refer you to or advise you to contact:

(Several answers are possible)

No referrals were given	32% (16)
A domestic violence refuge	24% (12)
The police	24% (12)
A social worker	18% (9)
A specialised domestic violence organisation	12% (6)
A marriage counsellor or mediator	10% (5)
A lawyer	10% (5)
To legal authorities	8% (4)
A psychiatrist	6% (3)
A general practitioner or dispensary	6% (3)
A psychologist - psychotherapist	4% (2)
An ORL, ophthalmologist or dentist	4% (2)
An other type of medical specialist	4% (2)
To a clergyman	4% (2)
A gynaecologist-obstetrician	2% (1)

Q16: Are you satisfied with this doctor's handling of domestic violence?

Yes, very	42% (21)
Yes, moderately	22% (11)
Not entirely	16% (8)
Not at all	16% (8)

(4% (2) left blank)

Q17: Was the doctor sufficiently attentive when you talked about violence?

Yes, very	52% (26)
Yes, moderately	28% (14)
Not entirely	6% (3)
Not at all	8% (4)

(6% (3) left blank)

63 Questionnaires

Q18: How would you describe your health?

Very poor	5% (3)
Poor	22% (14)
Average	46% (29)
Good	13% (8)
Very good	10% (6)

(5% (3) left blank).

Q19: Do you feel that violence has affected your health?

Yes, very	54% (36)
Yes, moderately	24% (15)
Not entirely	11% (7)
Not at all	3% (2)

(8% (5) left blank).

Q20: Were there doctors who refused to help you (ref. to the violence you were victim of)?

No	97% (61)
Yes	3% (2)

Q20a: If so, which specialist? (2 questionnaires)

(Several answers are possible)

General practitioner	100%
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