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Australian Women's Health Network
Sydney May 2013

Responding Well to the Longterm Challenges of Sexual Violence

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Prevention of VAW & Sexual Violence on National & International Agenda

- SV is recognised in civil society as a serious crime
- a serious social issue
- a serious human rights issue

- **SV is also a serious longterm health issue**

- Doctors & allied health practitioners need to be part of the VAW agenda

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Australia a world leader w National Plan to Reduce Violence against Women & their Children

- *"National approach to VAW only way to truly make a difference"* Julie Collins Minister Status of Women 2013

- Focus on cultural change & prevention
- World leader w early interventions: CASA, rape crisis centres, shelters, telephone/internet counselling, pilot multidisciplinary centres – counselling, legal, health, victim support networks. Cited in report of Secretary General CSW 57 for DV workplace initiatives– paid family violence leave
- Education in schools: Respectful relationships
- Engaging men & boys in prevention – White Ribbon Campaign
- Education for police & judiciary

- National Plan: National Centre of Excellence 2013 to help reduce domestic, family & SV. National research agenda to guide investment, policy & services
- "Time for Action" recommended that Govts adopt a longterm strategic approach

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VMWS, AFMW & AWC

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Governments & organisations will provide holistic services & supports that prioritise the needs of victims & survivors of violence….it's everyone's responsibility"
Australian National Plan to Reduce Violence against Women & their Children

- One in three women are victim/ survivors of SV
- Largest gp of women at high risk of serious long-term health impacts
- 2010-2013: Funding for prevention
- 2010-2013: Funding for crisis care: addresses needs of **minority** who report
- Serious long-term health impacts – warrant Government funding & national medical response – cost burden of inadequate Rx
- Doctors need to be equipped to provide holistic services & participate in the National Agenda

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A long-term model of care for survivors of SV

- **HHWNJS 2010 Project**:
- Research: literature review & medical school audit- Prof Caroline Taylor, Prof Social Justice
- National Summit – survivors, doctors, lawyers, community reps & Community summit AWC

- **Findings analysed → common themes**
- Survivors don't tell - Doctors don't ask
- Long-term health implications
- No consistent teaching to medical students/ graduate doctors

- **5 key Recommendations → Advocacy for a long-term model of care**
- Effecting cultural change in Australia – changing
- Research: Investigating the impact of sexual violence over the lifespan
- Changing the legal environment in Australia

- ****Changing survivors' behaviour related to healthcare –helping them speak up**
- *****Changing healthcare services – sensitising doctors so they can identify and respond well to victim/survivors healthcare needs over a lifetime**

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Long-term healthcare: a gap that needs to be addressed

- **Greatest burden of disease for women aged 15-44**

- More health problems than other major risk factors combined: alcohol, smoking, drugs, obesity, HT, cholesterol, physical inactivity
- Serious physical & psychological effects over lifetime
- Morbidity: complex, multi-system – symptoms that "don't add up"
- Pain syndromes: sex, Pap smears, G-I-T, G-U-T, migraine
- Avoid preventative healthcare
- Reaction to O/E / injection/ Pap smear
- Risk-taking behaviour: drink, drugs, unsafe sex
- Relationship difficulties (trust) →Social isolation/ social death (Prof Caroline Taylor)
- Mortality: incl suicide

- **Health & Cost burden of inadequate Rx** → more medical problems, medical visits, hospitalisations, operations, risk-taking behaviour, complex psychological problems, suicide & transmission of trauma to next generation

MWIA Resolution 2010
AFMW proposal

- Whereas sexual violence to adults & children has far-reaching medical, psychological and community consequences for survivors and their communities, the MWIA:
- 1. Supports the elimination of all forms of sexual violence
- 2. Supports the education of communities to raise awareness & change attitudes towards sexual violence
- 3. Supports the education of health professionals to recognise, respond effectively to and support survivors of sexual violence
- 4. Calls for the provision of long-term integrated counselling, health and legal services to better support the survivors of sexual violence across a lifetime

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Roundtable on Ending Gender-based Violence in the Asia-Pacific Region

Parliament House Canberra 2011

"To ensure that health professionals are trained and supported to recognise and respond sensitively to gender-based violence and the serious physical and psychological sequelae over a lifetime. They should know pathways to care for survivors and support services and be equipped to provide longterm care"

AFMW recommendation accepted by Conference

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Australian Women's Health Network Position Paper on "Women and Health and Wellbeing" (2012)

"Violence is the major social factor that underpins depression."

"Violence is still the leading contributor to death, disability and illness for women."

"The mental and physical impacts of VAW causes a higher burden of poor health than the risk factors of smoking, alcohol and obesity combined.

Among women who experience 3 or more forms of gender-based violence (eg rape, sexual assault, stalking or being bashed by a partner) the lifetime rate of mental disorder is **89.4%**

For women who have not experienced violence, the rate is **28%"**

Rees 2011: Lifetime prevalence of Gender-Based Violence in Women and the Relationship with Mental Disorders and Psychological Function in

AWHN "Women and Health and Well-being" Position paper 2012

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UN CSW 57
Draft Agreed Conclusions
March 15, 2013

- VAW harms women & their families & communities, impedes development & **costs countries billions of dollars annually in healthcare costs** & lost productivity
- In 2003, when CSW took up VAW & human rights, Member States were unable to reach agreement
- CSW 2013 reached agreement, condemning in the strongest terms the pervasive VAW & girls & calling for increased attention & accelerated action for prevention & response
- Focus on prevention, incl thru education & awareness-raising, & addressing gender inequalities in the political, economic & social spheres
- CSW 2013 highlights importance of multi-sectoral services for survivors of violence, **including for health, psychological support & counselling, social support in the short & longterm**
- Punishment of perpetrators highlighted as critical measure to end impunity
- Need to improve evidence base & availability of data to inform an effective response
- By adopting this document, Governments have made clear that discrimination & VAW & girls has no place in the 21st century.
- **Govts have reaffirmed their commitment & responsibility** to undertake **concrete action** to end VAW & girls & promote & protect **women's human rights** & fundamental freedoms

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Current Challenges to good healthcare (2010 - 2013)

Survivors don't tell

- >90% don't report the crime – little hope of justice
- Most don't tell anyone, incl doctor, for > 10 yrs if at all
- Visit doctors more often – many→ complex health issues
- Shame & self-blame
- Don't expect to be believed (→ further trauma)
- Difficult to trust
- **Don't connect their symptoms to history of SV**

- *** Counter-transference: Ucsly pick up doctor's reluctance/ discomfort

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Current Challenge to good healthcare (2010-2013)
Doctors don't ask

- **Medical education**:
- across-discipline teaching about longterm physical & psychological health impacts of SV – incl surgeons, plastic surgeons, dentists, psychiatrists – not just GP's & O&G
- History of SV not part of medical history → not thought about
- Don't connect symptoms to history of trauma – index of suspicion
- SV considered "special area" – but one in three patients

- **Medical training – postgraduate as well as undergraduate**:
- Practice talking to pts about sensitive issues – SV, SD, CA, death
- Lack of time: takes time to listen to painful issues
- Own issues w SV
- Afraid to ask: "Opening Pandora's Box"/ Wouldn't know what "to do"

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Rxing survivors well:
Patient-centred, biopsychosocial approach

- Changing doctors' knowledge, attitudes & behaviour // community changes
- All doctors need to feel comfortable enough to be able to engage with pts around sensitive issues: to ask, listen respectfully & offer holistic Rx w may include referral
- Pts w psychological symptoms eg depression/anxiety need thorough assessment & Rx for concurrent medical conditions
- Pts w complex physical symptoms: Is there something underlying this? Offer of psychotherapy
- Funding for longterm psychotherapy as good preventative measure
- Adequate Time for doctors to address complex issues

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Framing a sensitive question when trust established

- Some girls/ women your age with your health problems/ who are using drugs/ alcohol/ feeling suicidal/ have pain with sex/Pap smears/ have chronic migraines/ tummy troubles/ feel unwell have had something bad happen to them in their past. Even if it happened a long time ago it can be related to what's happening to you now.

- Many women don't tell anyone incl their doctor that something happened –they might think it shouldn't matter eg because it happened a long time ago. When you are ready...

- Research tells us that CSA/ rape is common & can have longterm effects. If something happened to you, it's important for your health for me to know

- Is there anything in your history that might make a physical examination difficult? If there is it would be helpful for you to tell me so we can work more easily together

- I know these things can be hard to talk about. But it's important because there is evidence that a history of violence can affect a person's health & create difficulties when they see doctors

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"*The first door should be the right door – professional, capable & compassionate assistance*" National Action Plan

All doctors see victim/survivors

- **The doctor as healer**: **Engenders trust & hope**
- **Index of suspicion:** psychological symptoms eg anxiety, depression, panic states; many or missed appointments; multiple symptoms that "don't add up"; chronic, unexplained pain; risk-taking behaviour; suicide attempts
- **Holistic treatment** –understand complex interplay b/w physical symptoms (soma), psychological symptoms (psyche) & soul (broken trust)
- Treats symptoms ("medical Rx") AND underlying cause - & understands that symptoms can be triggered over time
- **Does no harm**:
- Avoids inadvertent iatrogenic retraumatisation eg painful Pap smears
- Avoids pathologising & overmedicating w psychotropic drugs
- **Preventative healthcare**: Enquires about Pap smears, breast examinations
- **Prevents** transmission of trauma to next generation

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For medical sector to be integral part of comprehensive longterm strategies

- Doctors need to be equipped & supported to offer holistic healthcare and help avoid retraumatisation
- **National frameworks** to teach ALL medical students & ALL doctors to understand the lifetime health impacts: to identify, listen respectfully & offer holistic Rx (addressing both physical and psychological sequelae as they arise) incl referral pathways
- **Government initiatives** that support a holistic, lifetime response to survivors' healthcare needs including the availability of longterm psychotherapy when needed within a "chronic care" framework – like other serious healthcare issues
- Adequate consultation time, over time

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- *We would know we have been successful if women who have been traumatised felt they could tell their treating doctors & feel listened to, understood & having their physical & psychological needs addressed respectfully*

R Goodwach HHWNJS National Conference 2010

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