Violence against women

The public and political perception of the many forms of domestic violence against women as well as their health and social consequences has undergone a marked increase in recent years. Studies reveal that the extent of repressions against women has hitherto been clearly underestimated. For this reason, the required vigilance for the phenomenon of domestic violence – in the field of gynaecological and general medical practice – is particularly crucial and must be further intensified.

Because you in your function as doctors are often the first point of contact for the victims, I would strongly encourage you to become involved with the diagnostics, documentation and intervention possibilities concerning domestic violence. Prof. Dr. Rolf Kreienberg Medical Director of the Gynaecological University Hospital Ulm Supporter of the model project “Medizinische Intervention bei häuslicher Gewalt” (Medical intervention to combat violence against women)
What is domestic violence?
Domestic violence comprises all forms of physical, sexual and mental violence that take place between adults who are (or have been) in a close relationship with each other, irrespective of where it happens. In particular, these are persons who are related to or, say, living with each other. The violence may occur in their own home, but can also include the place of work, public places, the children’s day care centre and other places.

What form does domestic violence take?
Research on violence distinguishes between three forms of violence that frequently overlap. Physical violence ranges from pushing via hitting, throwing objects through to kicking and breaking bones. Mental violence covers threats, systematic humiliations, abuse, belittlement, harassment, persecution, constant control and repression. Sexualised violence includes the forced watching of pornography, sexual assault and rape.

All forms of domestic violence are covered and prosecuted under the Protection against Violence Act (GewSchG).

Whom does domestic violence affect?
Contrary to many prejudices, domestic violence against women occurs in all social classes and all levels of education and income. It cannot be pinned down to any supposed social features on the part of the perpetrator or families.

- At least one in four women experience physical and/or sexual violence in a relationship.
- Two thirds of women affected by domestic violence experience severe to life-threatening physical and/or sexual violence, invariably on a recurring basis.

It is not uncommon that domestic violence begins or escalates in periods characterised by changes in life or relationship situations. These changes include marriage and moving in together, pregnancy and maternity, old age or chronic illness as well as separation and divorce.

New findings reveal that women with disabilities and impairments are exposed to all forms of violence more frequently their whole life through than women on average:

- 56 percent of all disabled women living in institutions have already suffered from sexual violence.
- During their youth, disabled women experience sexual abuse two to three times more often than other women.
- As adults, disabled women suffer from physical violence almost twice as much as women on average.

Earlier experiences of violence in a woman’s life have a considerable impact on her subsequent health and mental impairments and disabilities.

The key role of doctors
Dr. med. Frank Ulrich Montgomery, President of the German Medical Association

Many women suffering from violence bear physical or mental injuries or their subsequent wide-ranging complications that require medical treatment. For this reason, doctors are often the first and indeed only contact point. Herein lies not only a great responsibility but also a great opportunity to break through the spiral of violence.

It is often much easier and less embarrassing to go to the doctor’s with these problems than seeking out an aid organisation. Not only do doctors enjoy a high degree of acceptance and trust but they are within easy and quick reach.

Nevertheless, there are many women who keep quiet about the abuse they have received. They feel guilty or ashamed, are afraid that they won’t be believed, or worry that telling somebody about it will only escalate the violence.

Doctors can recognise signs of violence in their patients, gently talk to them about it, and, where required, arrange further steps for their protection. For this purpose, a network of doctors with regional and local institutions and bodies is required to provide reliable help for the victims and undertake prosecution of the offenders.
Domestic violence

The effects of violence on health
The experiences of violence can have a lasting impact on the situation of those suffering it. Not only many symptoms of injuries and illnesses, but situational factors (behavioural patterns) too may be indications of violence (either current or lying in the past). In addition to short-term impairments, medium- and long-term somatic, psychosomatic and mental consequences for the patients can also be determined.

With regard to a treatment bearing due regard to the causes, it is essential to take into account that each injury or specific and unspecific mental symptoms can also be the result of abuse.

Broaching the issue of possible experience of violence
According to a research survey accompanying the S.I.G.N.A.L. intervention project, 80 percent of the women questioned are in favour of a routine questionnaire on violence in medical examinations. Medical practices can also offer their patients support by displaying informational material on local services offering help in the waiting room, the toilet anteroom or the changing cubicles.

Documenting injuries in a legally unassailable manner
The thorough examination and precise documentation of the physical and mental symptoms is a key factor in association with domestic violence. In the event of a complaint or a trial, the results of the examination will serve as securing evidence and may well make the patient’s situation much easier.

The requirements of a documentation of the findings usable in court are extremely high, as – in contrast to the regular medical documentation – it is intended to provide an impression of the injuries suffered to a third-party (usually members of a jury).

During the examination, attention should be paid to old and new injuries. Even injuries not requiring treatment may be indicative of violence, thus contributing to backing up statements made by the patient in court.

It is essential to clearly distinguish between the patient’s description and your own findings and assessment. Therefore the documentation should focus less on “soft” information but on objective findings, such as:

- individual description of current and older injuries
- number and size of the injuries
- description of the positions in relation to anatomical fix points
- type of lesions (age, appearance, condition)
- graphical or photographic documentation with use of a ruler
- description of the mental condition made by the patient

In cases of domestic violence, special documentation sheets back up a systematic and full documentation. Appropriate document templates have been developed in many states in Germany and are, for example, retrievable via state medical associations.

The effects of violence against women and girls on health

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How can a doctor, who suspects domestic violence, raise the subject with a female patient?
If a doctor suspects that the female patient could be a victim of violence, then he/she must raise the subject with the patient. If this does not happen, the patient may well return into an environment of violence. The chance to show her ways out of the violence will then be lost.

The doctor must speak sensitively and compassionately about his/her suspicions, asking specific questions in an open manner; in particular, violence must be frankly called by name as an injustice.

Is it possible to integrate such a conversation in my daily routine? Do I even have any time for it at all?
The subject of “experiencing violence” is of course a challenge in a doctor’s daily routine. The doctor, who has dealt with this subject in his studies or in specialist or further training, knows how to proceed in this situation and is therefore able to deal with this in his daily routine on a professional basis. These days, communication training and advanced training measures are provided in most medical learning institutions, in part very specifically on the subject of “dealing with victims of violence”.

What kind of support can a doctor offer?
Doctors play a key role in treating victims of violence. In particular, they assume the following tasks:
- determining the diagnosis “condition following experience of violence”
- treating physical injuries
- treating the mental consequences of experiencing violence
- producing legally unassailable documentation on the injuries and, as appropriate, securing biological evidence
- making psychosocial support services available to patients affected

Not every doctor can perform the entire spectrum of tasks in toto. However, the innovative model project MIGG has shown that it is still possible for doctors to meet the needs of female patients suffering from violence – even in the hustle and bustle of their daily routine. The materials prepared will be of support to doctors in their vocational education and further training as well as stimulating them to network locally with appropriate colleagues as well as victim assistance services, for the purpose of achieving a suitable referral.

“Red Flags” are warning signs indicating the possibility of domestic violence. If more than one of the following indicators occur at the same time, then special attention is required:

- chronic symptoms with no obvious physical cause
- injuries in different stages of healing, which do not tally with the explanation of how they were caused
- various injuries in different stages of healing
- a partner who is excessively observant, always controlling and refuses to leave the woman’s side
- physical injuries during pregnancy, subsequently at the beginning of prenatal care
- frequent miscarriages
- frequent attempts at – and thoughts of – suicide
- delay between the injury occurring and seeking treatment
- chronically irritable gastric and intestinal disorders
- chronic pelvic pains
- excessive alcohol and drug consumption

Establish a quiet and safe atmosphere.
Conduct the conversation in private.
Ensure the presence of a female professional interpreter or sign language interpreter for female patients, who possess no or little knowledge of German or are hard of hearing.
Ask simple and specific questions.
Familiarise yourself with local assistance services.
Explain to the patient the importance of a legally unassailable documentation of the findings.
Respect the patient’s wishes if she refuses your offer to discuss the matter or refuses referral to a further support service.
Clarify the patient’s need for protection.

An overview of local support services is available at the website: www.frauen-gegen-gewalt.de.
Advise and help

**Intervention in practice**

Christoph Junge, general practitioner from Herdecke, participant in the MIGG model project

Thanks to the intervention standards, a very good foundation has been established, which, however, can certainly be expanded – as a little experience shows. In practical terms, this means that in many situations I stray from the guidelines in order to show more individual interest in the female patients, who obviously do not always have the same needs as specified in the standards.

Some trauma victims first need a conversation to open themselves up, before, say, injuries can be documented. Otherwise things can rapidly become “offensive” – i.e. another injury.

Another patient is better helped by my quickly and cleanly documenting the injuries. She is just not yet able to talk much and proceeds according to the tactic “in one ear and out the other”. In that case, one can respond to her as follows: “It seems to me that you are in a hurry and want to end this conversation quickly. It might be that you would like to. You can come back to that if you prefer. It’s entirely up to you – you can but you don’t have to.”

By this means, the woman/man (almost imperceptibly for their awareness) is placed in the position to be able to decide for themselves. The traumatisation resulted in his/her self-determination being trampled underfoot, and now it’s being respected again. Some patients react by suddenly taking a deep breath as a sign that the message has got through, that a little of their burden has been eased.

Straying from the standards is almost inevitable as soon as an individual approach to a patient is adopted. Nevertheless, you should still be well familiar with the standards, as you won’t usually get very far without them; but on their own they are rarely enough.

**Help for women affected**

Alongside the treatment of acute injuries, the first priority is the safety of the patient herself. The intervention to combat violence therefore includes clarifying her need for protection, presenting her with concrete local support services as well as (pro)active referral.

Women affected by violence, who seek help, can draw on a close-knit network of help services such as women’s shelters, women’s counselling centres, women’s crisis helplines, intervention centres, crisis centres, and of course the courts and the police. Particularly since the acts of violence are often of a recurrent nature, long-term professional support – exceeding the possibilities available with a registered doctor – is essential. It is extremely helpful for women to receive the contacts of local assistance centres as soon as they go to the doctor’s practice.

Offender programmes, moreover, represent a relatively new area of activity. These include measures designed to change the behaviour of offenders and are offered by offender management institutions. The courses for violent men are showing some preliminary success, although external pressure, such as a directive from a court or public prosecutor’s office, is often required to make the men take part in the courses. Perpetrators of domestic violence themselves as well as their friends in their social environment can also contact counselling centres for men.

**Hilfe Telefon Gewalt gegen Frauen**

The national Violence against Women hotline is available on this number, offering competent contacts around the clock – free of charge, barrier-free, anonymously and in many languages including English. More information at: [www.hilfetelefon.de](http://www.hilfetelefon.de).

**Addresses**

- http://www.bundesaerztetehammer.de/page.asp?his=0.8.5585
  Addresses of state medical associations offering advanced training and intervention guidelines.
- [www.frauen-gegen-gewalt.de](http://www.frauen-gegen-gewalt.de)
The Federal Association for Women’s Counselling Centres and Emergency Calls offers advice and a search facility for immediate assistance.
- [www.frauenhauskoordinierung.de](http://www.frauenhauskoordinierung.de)
On-demand contact to women’s shelters as well as material on women’s shelter work and the subject of violence.
- [www.bag-taeterarbeit.de](http://www.bag-taeterarbeit.de)
Umbrella association for domestic violence offender management institutions.
- [www.4Uman.info](http://www.4Uman.info)
Interactive website specifically for men.
As part of the MIGG model project initiated by the German Ministry for Family Affairs, between 2008 and 2011 some 140 doctors at five model locations were trained in correct professional dealing in their practices with female patients suffering from violence as well as being scientifically supported. The model project was promoted by the Düsseldorf University Institute for Forensic Medicine (model locations Düsseldorf, Kiel and Munich), S.I.G.N.A.L e.V. (Berlin) as well as the GESINE-Network (Ennepe-Ruhr district). They trained the staff in the medical practices as well as providing them with further education, promoted the development of networks and produced material for the practices. The results of the model programme provided the basis for the development of an on-demand intervention programme for the registered doctors’ practices to improve the outpatient medical care of female patients suffering from violence on a sustainable basis, thereby achieving better integration of registered practices into the intervention chain against domestic and sexualised violence.

The implementation guideline supports doctors with recommendations for action and a large number of good-practice examples from the model promoters for introducing the intervention standards into their practices. Using numerous examples and links, the guideline provides practical support in the following areas:

- Recognising experience of violence and the consequences of violence and competently addressing them.
- Documenting the health consequences of violence in a legally unassailable manner.
- Providing assistance for protection and ending the violence via cooperation and networking with support centres, the courts and police in the region.
- Ensuring the safety of female patients and staff in the practice.
- Accepting the limits of supporting female patients suffering from violence in the daily routine of the medical practice.

Links and literature

www.gesundheit-und-gewalt.de
Comprehensive information portal on domestic violence.

MIGG project partner services

Training and education services offered by the project partners as well as more information on the subject:

www.uniklinik-duesseldorf.de/unternehmen/institute/institut-fuer-rechtsmedizin/forschungsschwerpunkte/haeusliche-gewalt/migg-projekt/

www.signal-intervention.de

www.gesine-intervention.de

www.signal-intervention.de/index.php?np=16_3_0_0
WHO guidelines on healthcare in cases of domestic violence (GER)

More information and documents

www.bmfsfj.de/BMFSFJ/Gleichstellung/frauen-vor-gewalt-schuetzen.html
Website of the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth

www.dggg.de/fileadmin/public_docs/Newsletter/leitlinie_haeusliche_gewalt.pdf
Detailed position statement of the German Society for Gynaecology and Obstetrics

www.kv-on.de/html/605.php
Information video by the Regional Doctors’ Associations

The implementation guideline is available as a download at: www.bmfsfj.de and www.gesundheit-und-gewalt.de.

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Domestic violence: Talk about it!

Violence against women is not uncommon and can happen to any woman – regardless of age, level of education, income and origin! One in four women experience violence at the hands of their partner in the course of their life, while one in seven suffer from sexual violence.

Domestic violence: no private matter!

According to the World Health Organisation (WHO), violence represents one of the biggest health risks for women. They suffer not only from the visible physical injuries themselves, but also from mental disorders and the long-term effects on their health, such as headaches, chronic gastro-intestinal problems, anxiety and depressions.

Domestic violence: makes you ill!

No woman has to put up with violence. Your doctor has an open ear and can treat physical symptoms and also tell you where you will receive concrete help. Counselling services, women’s shelters, the police and the courts will provide you with protection, qualified advice and support to help you to free yourself from the situation of violence.

Domestic violence: help is available!

The Violence against Women support hotline

Free national hotline

08000 116 016

The Violence against Women support hotline
Dear Readers,

research has shown that one in every four women will experience violence by their partner during their life. Contrary to many preconceived ideas, domestic violence against women has nothing to do with race, education or income. Domestic violence has many faces and various causes. It often begins or escalates during times of change in relationships or life situations. Even though these sorts of violent experiences usually remain secret, violence is not tolerated by the federal government, and is a punishable offence. Every person has a right to live without violence. No one should turn a blind eye. Domestic violence should not be a taboo topic. We need an investigative culture. Out of fear or shame, many women are afraid to talk about their experiences or seek help. That’s why it is even more important to encourage women to confide in their doctor, who can treat physical and mental complaints properly, and who knows specialised counselling centres which assist women. Relevant facilities are offered in every federal state.

In order to make it easier for women to access assistance, the Federal Ministry of Family Affairs has set up a nationwide Violence against Women hotline. By calling 08000 116016, women suffering from violence, as well as people from their social environment, can contact competent, multilingual counsellors free of charge, 24/7. Anonymously and confidentially, they receive an initial consultation and are put in touch with support facilities which professionally assist them with the next steps. I sincerely hope as many affected women as possible will use this service and get on the right track to a violence-free life.

Manuela Schwesig
Federal Minister for Family Affairs, Senior Citizens, Women and Youth
I was together with Marcel for nearly eight years and we had a lovely daughter. I always felt very good in this relationship; we did a lot of things together and got on very well with each other. The only thing that wasn't so good later on was going to bed with him. It often happened that I didn't feel like having sex, but did it anyway just for his sake. Once I really didn't want to do it, whereupon he pushed me onto the bed, held my wrists down until they hurt, and forced me to sleep with him. Although I now know that this was rape, I thought then that it was somehow just a part of being together. It happened more and more often though that he became brutal and forced me to have sex with him. I felt utterly ashamed. The only way I could endure the pain and humiliation was by smoking and drinking to extreme. Naturally, our whole family life suffered as a result. And when my daughter started performing increasingly poorly at school, I knew something had to change and I finally confided in my gynaecologist.

Annabel, 37:
“If I didn’t feel like it sometimes, he immediately became aggressive.”

We were happily married and had even bought a house. My husband was then offered a new job at a much higher salary. At the beginning of his new job he was stressed and often came home completely exhausted, a situation I that could accept. But it didn’t get any better. He would shout at me when I asked him about his work, and one evening he actually hit me in the face. He was shocked when he realised what he had done, started crying and apologised. The very next day he brought me some flowers for the first time in a very long while, and promised it would never happen again. But it did happen again only a short time later, and got worse every time it happened. I already had stomach pains when I knew he would soon be coming home. I asked myself: What sort of mood will he be in when he comes? Whenever I had to go to the doctor’s, I would wait until the bruises had disappeared, or try and conceal them, though my gynaecologist still discovered them during a routine examination. She didn’t believe that I had had an accident and fallen down, and asked me directly if somebody had hit me. This was the moment when everything I had been keeping inside me burst out, and I was finally able to confide in somebody.

Linda, 53:
“It all started with a slap in the face ...”

Facts and figures

Violence can affect women of every age and in all classes of society:
- **37 percent** experience physical violence at least once in their life.
- **One in seven** women experience some form of sexual violence.
- **40 percent** experience physical and/or sexual violence from the age of 16 – irrespective of the perpetrator-victim context.
- **58 percent** experience different forms of sexual harassment.
- **Two thirds** of women affected by domestic violence experience severe to life-threatening physical and/or sexual violence, invariably on a recurring basis.

Women with disabilities and impairments are more frequently subject to all forms of violence in the entire course of their life than women on average:
- During their youth, they experience sexual abuse **two to three times** more often than other women.
- As adults, they suffer physical violence **nearly twice as often** as women on average.

Violence often occurs for the first time in connection with special situations in life: pregnancy and birth, separation or divorce.
Men who perpetrate violence against women are pitiful.

Having different opinions, confrontations and even arguments are all part of a relationship. But there are limits, which I would never (I repeat never!) dare to exceed. Physical integrity is one such limit. There is no excuse for violence against women.

Unfortunately, there exists a common tendency for women to blame themselves for the situation. “After all, I did provoke him; he had a hard day at work; I’ll have to be more careful; I shouldn’t contradict him, etc.” To suffer violence and then look for excuses for him is the wrong way. Women shouldn’t count on it being a one-off lapse. His – albeit sometimes tearful – apologies will not help you in the future.

If this limit has been exceeded once, it will happen again. His inhibition threshold will become less. Don’t be a victim. You haven’t done anything wrong. You are innocent.

In any case, please get outside help, because there is one thing I have unfortunately had to experience far too often in my capacity as patroness of the campaign “Gewalt gegen Frauen – Nicht mit uns” (Violence against women – not with us): The physical injuries will heal, but the mental scars never disappear. They have a lasting effect, often destroying a person’s life completely. Whoever suffers from violence must not be left to cope with it alone.

These crimes – and this is not too strong a word to use, since this is exactly what they are – usually take place in your own four walls, where you should feel safest. And when this violence is perpetrated by somebody you love and trust, then it is doubly traumatic. It destroys trust and affection. Don’t be ashamed to talk about it. Help is at hand. You are not alone.

Regina Halmich
world boxing champion and patroness of the campaign “Gewalt gegen Frauen – Nicht mit uns“

No tolerance for violence!

 Violence is not tolerated by the state and is punishable. The most important thing is the protection of the victim, and the principle “The assailant must leave – the victim remains in the apartment” is comprehensively regulated in the Protection against Violence Act (GewSchG).

 Call the police if you are threatened or you know somebody who is threatened! They can expel the perpetrator from the apartment for ten days. The police must act as soon as they receive information concerning a case of domestic violence.

 In cases of acute violence, you can apply directly to the Amtsgericht (district court) for protection from violence. The offender is then prohibited from living in the same apartment as the victim for a limited period (usually several months), or approaching or having any contact with the victim.

 In addition, there are also other possibilities of obtaining protection under civil law available to victims of violence, such as damages, compensation for personal suffering or being awarded the sole custody of children.

Who can I turn to?

You can speak to your doctor as a person of trust. Apart from medical help, there is a wide range of counselling and support services available that women affected (but also persons close to them) can turn to.

www.hilftelefon.de
www.gewaltschutz.info
www.frauen-gegen-gewalt.de
www.frauenhauskoordinierung.de
www.gesine-intervention.de
www.signal-intervention.de
www.bmfsfj.de/BMFSFJ/Gleichstellung/frauen-vor-gewalt-schuetzen.html