

Sasog issues guidelines on gender-based violence screening

In the aftermath of the murders of Uyinene Mrwetyana, Leighandre Jegels, Meghan Cremer and Ayakha Jiyane and her three siblings and the renewed focus on gender-based violence (GBV), the South African Society of Obstetricians and Gynaecologists (Sasog) has implemented guidelines for routine screening of patients for intimate partner violence.



Image source: Getty/Gallo

These guidelines, originally developed by the International Federation of Gynecology and Obstetrics (Figo), aim to guide the healthcare professional on the appropriate clinical and emotional support for women who have experienced GBV.

GBV is a public health scourge that affects one in every three women globally and is no doubt the most pervasive of all human rights violations. In South Africa, a woman is killed every three hours, ranking femicide in this country fourth highest in the world.

Cycle of violence

Most GBV takes place in the home and is perpetrated by a current or former intimate partner. intimate partner violence (IPV) takes the form of physical violence, sexual violence, stalking and psychological aggression and is estimated to be responsible for 38% of women who are murdered worldwide.

Professor Priya Soma-Pillay, Sasog's representative on the Figo board, believes that the cycle of abuse often prevents woman from leaving the relationship.

"A typical cycle will begin with a build-up of tension which leads to a battering phase, graduating to a honeymoon phase when the abuser may apologise, buy gifts or make promises of no more violence", she says.

While IPV occurs across all cultures and socio-economic groups, there are certain risk factors which include, marital disagreements; a history of child abuse or witnessing IPV as a child; gender inequality; cultural acceptance of GBV; and, poor or disparate educational levels.

The stigma associated with IPV and the fear of being victimised means that fewer than 40% of women will seek help of any kind, and fewer than 10% will seek help from the criminal justice system.

Sasog's view is that the reluctance by women to report IPV places a duty on all healthcare practitioners, and especially obstetricians and gynaecologists to identify, acknowledge, support and treat women in abusive relationships. This should include an assessment by the physician as to whether the patient or her children are in any immediate danger and, if they are, to assist in establishing a safety plan.

"IPV affects women in many ways that include physical, emotional and psychological wounds. Women who have experienced violence may present with acute injuries like traumatic brain injury, an unintended pregnancy, or chronic conditions such as headaches, depression, insomnia and pelvic pain. It is the responsibility of the physician to be aware of the signs of abuse and to be able to provide referrals, resources and a compassionate, caring environment", says Soma-Pillay.

Reasons for doctors failing to diagnose GBV include not only a lack of time and resources but more so, a lack of knowledge and awareness around the issue.

Guidelines

Sasog's newly introduced protocols aim to improve awareness and will mean that obstetricians and gynaecologists are advised to:

- perform regular screening for IPV as part of the routine medical history;
- provide a private and safe setting for the screening to take place;
- use professional language interpreters;
- inform patients of the confidentiality of the discussion; and,
- provide printed take-home resource material.

"Sasog believes that obstetricians and gynaecologists are in a unique position to make a real difference to women affected by GBV. We urge our members, which includes the majority of obstetricians and gynaecologists in the country, to immediately adopt these guidelines in the interest of healing our nation of this scourge", she says.