Policy Issue Brief

Hospital Case Record on Violence Against Women

By Sylvia Estrada-Claudio, MD,PhD.

This is the story of two women. One, a battered wife. The other, a rape victim. Only from their stories will we know how invisible their sufferings are, no matter how real is their pain and how vivid the colors of black and blue on their skin.

** Lorna Cruz (not her real name) had been in and out of the hospital for a broken wrist, cuts and bruises, and lately, a broken jaw. She was too ashamed to let on that her own husband physically abused her.*

Her "accidental" injuries were noted as such in hospital records. Did it ever occur to hospital personnel that Cruz could be a battered woman? If it did, there was nothing in the hospital form that would indicate it. Unless she files for assault, then a medico-legal officer will examine her, not in the hospital but at the National Bureau of Investigation (NBI) or at the Philippine National Police (PNP) at Camp Crame.

** Medico-legal examinations at the two venues vary. There is no single protocol or form for victims of violence (VAW). This was evident at a case conference held at the Department of Health (DOH) sponsored by the National Commission on the Role of Filipino Women (NCRFW), where a rape victim narrated her experience at Camp Crame medico-legal examination.*

VAW victim with burns and head injuries.
WCC photo

"I had bruises on my inner thigh but it was never mentioned in the report. He just examined my vagina. However, there was an entry about my breasts which he did not examine," Victoria Reyes (not her real name) said in front of representatives of DOH, Department of Justice (DOJ), PNP and NBI, Department of the Interior and Local Government (DILG) and the Department of Social Welfare and Development (DSWD). Officers of NCRFW, Women's Crisis Center (WCC), East Avenue Medical Center (EAMC) and United Nations Population Fund (UNFPA) involved in the Policy Development and Advocacy for Women's Health Project were also present.

The observation among the group present was that the form was not filled up properly, and that the indifference of some medico-legal practitioners seems to give little importance to their report, which forms the basis of a legal case.

The above examples show that VAW cases, especially battering, are not recorded and when they are, the procedures and data-gathering leave much to be desired.

What is the most urgent policy gap in addressing the issue of VAW?

One identified gap which was deemed most urgent by the NCRFW is the lack of statistics on VAW. Data is the first basis to enable policy makers to determine the huge incidence of VAW and the existing lack of uniform protocol or forms to get data. A review of existing DOH forms showed that indeed, no such registry form existed

The need to put in place a national statistical system to monitor the incidence and prevalence of VAW was given priority. In order to begin the steps towards this, it was decided that a VAW registry form be drafted for piloting in Project Haven.

Is there a policy directive to answer this need?

DOH Administrative Order 97-1B, establishing women and children protection units in DOH hospitals calls for "a standard patient's flow and clinical protocol in interviewing, physical examination and management; and a gender-sensitive recording system which also ensures utmost confidentiality."

What is the purpose of a hospital record form?

With additional inputs from the EAMC and WCC, Dr. Sylvia Estrada-Claudio, project consultant, attempted to develop a hospital case record form that would serve two purposes:

1. Serve as a basic form in establishing a statistical registry for VAW cases.
2. Help towards setting-up a complete protocol for Project-Haven-EAMC in the handling of VAW cases.

Has this form been used to evaluate its usefulness?

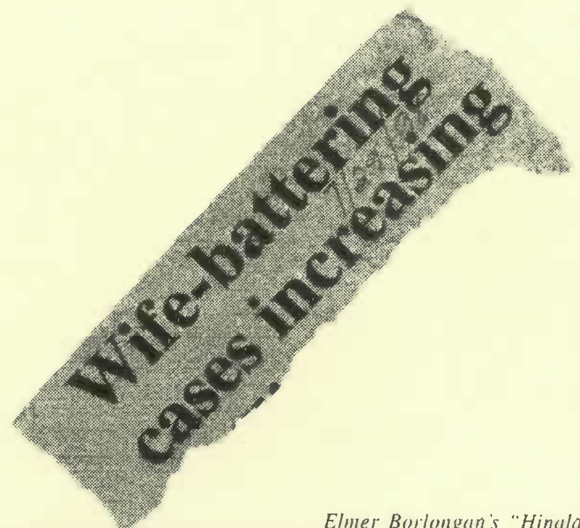
It is currently being used at EAMC as part of a project initially called, "Project Haven," a joint undertaking by the DOH, NCRFW and the WCC. Project Haven is a cooperative effort of government and non-governmental sectors (represented here by the WCC) in order to pioneer a hospital-based management program for survivors of VAW.

Because Project Haven was meant as a "pilot" for similar hospital-based programs in other government hospitals, the record form can become useful for other hospitals in the future. The DOH may find it eventually useful in setting up a registry of VAW cases.

This form is now presented after several months of meetings and consultations with the various stakeholders of the project. It has undergone a pre-test and has been revised on the basis of this pre-test. Suggestions from Project Haven staff as well as potential users of the form were incorporated in the form.

Can this form alone get the data necessary to prosecute VAW cases?

1.This form must be part of a larger protocol of referral systems, procedures and other documentation forms of a hospital-based VAW unit. It represents a very small part of the total protocol. Notations in the form which ask that the attending physician use a separate sheet to draw physical findings for example, assume that such forms are available and such a procedure is part of the protocol. Such drawings are good standard practice for possible medico-legal cases and it is assumed that most hospitals have such a form.



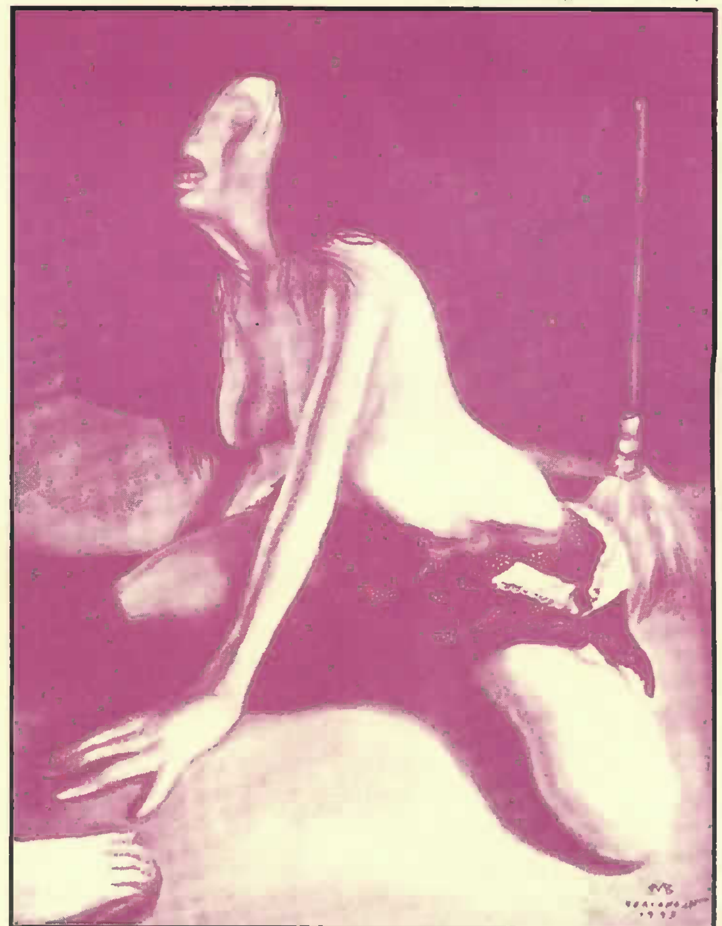
2.Similarly, there should be a separate form for documenting all clinical samples that are taken (hair combings, finger nail clipping, garments, blood sample, cervical swabs, etc.)

It is meant as an "intake" form in the sense that it attempts to elicit all information that should ideally be recorded during the first interview with the survivor. These items include information necessary for subsequent legal proceedings that need not be statistically tracked.

What statistics can be derived from this form?

Most other items however, are meant to be tracked statistically so that we may have some sense of the incidence and prevalence of VAW, the types, the common perpetrators, the most common physical and psychological consequences. All this data are necessary to the planning of various policies and programs to deal with VAW.

Elmer Borlongan's "Hinalay"



The data of medical/surgical/psychiatric diagnosis for example allows program planners in the DOH to project the kinds of services, medical equipment and infrastructure and personnel needed by a VAW program.

What else can be achieved by using this form?

Such data also eventually allow us to project the "cost" of VAW to the hospital system. Income data for both survivor and perpetrator, may help economists put a "cost" to VAW to the family.

Other demographic variables allow us to understand the nature of the phenomenon more clearly and perhaps, evolve more effective prevention and public information programs.

Portions of the form are reproduced here to give an idea of the scope of the form.

What are the different types of VAW?

A.Items specific to sexual harassment

___asks for dates and/or sex despite refusal
___making threats to survivor that she will lose promotions or her job if she refuses dates and/or sex
___initiates physical contact like holding hands, touching her breasts, etc. against her will (i.e. "panynyansing")
___comments about her dressing, her figure, her face, her attractiveness to the point where woman becomes uncomfortable
___makes it difficult for her to avoid pornographic or sexually suggestive materials which he puts on display
___uses foul sexual language
___makes sexual innuendoes verbally or by looks and gestures
___reveals things too personal for the nature of the relationship with the survivor (e.g. when an employer reveals marital problems to an employee for whom this level of intimacy is unwelcome)
___others. specify ___________

B.Physical abuse (to be filled up also for rape cases aggravated by the use of added physical violence and sexual harassment cases if appropriate)

___biting
___beating by use of fists, elbows, feet, etc.
___use of hammer, stone, unbroken bottle or other blunt object
___use of knives, ice-pick, broken glass or other sharp objects
___use of guns or other projectiles such as arrows, darts, etc.
___use of cigarettes, boiling water, acid
___others, specify__________

C.Psychological violence (check items also for rape and sexual harassment when appropriate)

___making threats to kill or hurt physically or emotionally (e.g. take away her children, retaliation if survivor should report to relatives or authorities)
___use of intimidation by looks and gestures, destroying property ___treating the survivor in a derogatory manner, making insults, making her think she is crazy, ignoring her completely
___controlling where she goes, what she does, who she sees
___trying to prevent her from getting a job, taking her money, giving her too little
___using her children against her
___being jealous all the time, constantly accusing her of having relations with other men
___deprive survivor of freedom of movement, food, sleep, use of toilet
___uses foul language
___infidelity
___abandonment
___others, specify______________

D. Sexual violence

___penile penetration of vagina___anus___mouth
___insertion of a foreign object in vagina___anus___mouth
___rubbing the penis on any part of the body
___rubbing___licking___maiming breasts
___rubbing___licking___maiming genitalia
___others, specify_____________

What are the different types of examination?

The form is to be accomplished by three different physicians (surgeon, obstetrician and psychiatrist)

A.Physical Examination (Please use separate sheet to draw findings.)

___hematoma/s
___contusions
___abrasions
___lacerations
___bite marks
___puncture/stab wounds
___gunshot wounds
___fractures
___rupture of viscera
___burns (specify first, second or third degree)
___others, specify (e.g. note scarring or healed fractures which may indicate previous abuse)

B. Obstetrical/Gynaecological Examination

It is exactly the same as that of physical abuse except for the last.

___others, specify (e.g. describe condition of hymen and anal orifice)____________

C. Psychiatric/Psychological Examination

___hyperalertness
___delusions
___frequently remembering/thinking about the event
___hallucinations
___inability to concentrate and make decisions
___disorganized speech
___sensitivity to cues that recall abuse
___grossly disorganized behavior
___flashbacks
___mood swings
___nightmares
___sleep disturbances
___loss of sexual enjoyment
___feelings of physical revulsion
___fear of sex
___other fears and phobias
___vaginismus
___memory loss
___significant weight loss or gain
___depressed or inappropriate affect
___recurrent thoughts of death
___feelings of sadness and emptiness
___loss of interest and pleasure in most activities
___discrete periods of fear with any of the following: sweating, trembling and shaking, palpitations, shortness of breath or smothering, feelings of choking, chest pain or discomfort. nausea or abdominal distress, dizziness, faintness, lightheadedness, derealization or depersonalization, fear of going crazy or losing control, fear of dying, numbness, hot or cold flashes.

PRE-TEST HIGHLIGHTS

A total of 33 completed forms were gathered as of the first half of February 1998. The records cover cases seen from December 1997 to February 1998. Because of time constraints, the findings herein presented are tentative. It should also be clarified that these 33 cases should be seen as a form of pre-test on the registry form itself and is not meant to show statistics that can lead to any generalisations.

What types of cases were listed?

Seventy-two percent of cases handled where classified as battering while rape, sexual harassment and child abuse had equal percentages at 6% each. Sixty seven percent of incidents occurred at home.Sixty-four percent of cases suffered physical abuse, 55% psychological violence and 14%, sexual violence. Forty-seven percent suffered two or more forms of abuse.The most common forms of findings documented in both the general physical examination and the obstetric examination are hematomas, contusions and abrasions.

What basic information were gathered about the VAW victim?

1. Fifty percent of clients fall within the 20-29 age group and 75% fall within the 20 to 39 age group. The youngest patient is 5 years old and the eldest, 46.

2. Eight-six percent of clients are Roman Catholic.

3.Fifty-six percent are legally married, another 25% are living in. Sixty-nine percent of women had children as opposed to 14% who did not. Another 17% of the cases were not in the reproductive age group or reported themselves as "single".

4. Thirty-five percent of the women reported that they received no income in cash terms while another 26% reported daily incomes of P200 or less. Forty-two percent of women reported their occupation as "housewife".

5. Majority of the women interviewed had some form of formal education with a majority having reached high school and 22% having reached college.

Any data about the abusers?

67% are in the 20 to 39 age group. All except one were known to the client and had relatively long standing relationships with her. Only 17% were unemployed although 14% of the forms had no answers for this item. Unlike the survivors, none of the men were reported to have "no income".

Based on the initial analysis, are there any flaws in its format, structure and administration?

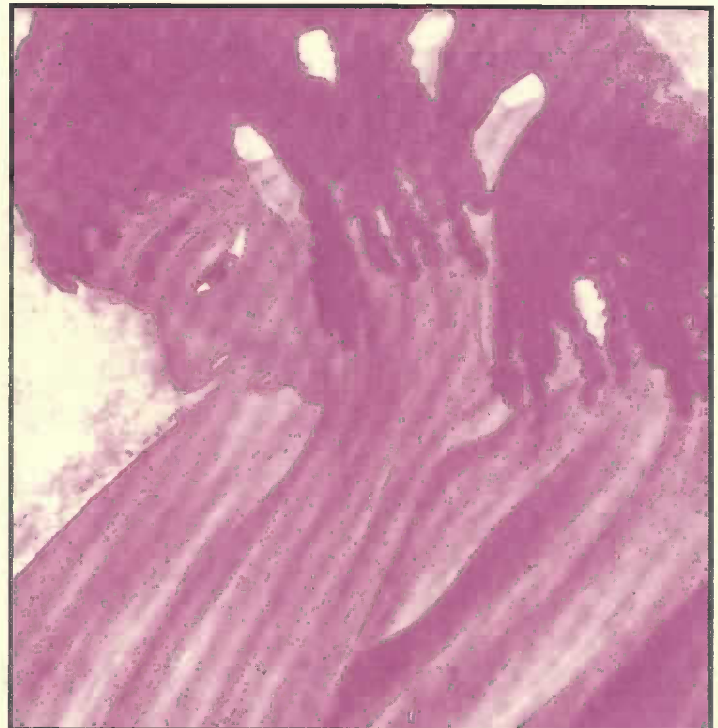
Diagnosis for physical examinations are not being made in the suggested manner for which they could be coded statistically, i.e. slight, moderate or serious physical injuries. It was hoped that these diagnoses could be made in order to attempt to begin to compute hospital and work related costs of violence..

CONCLUSION

This form has evolved taking into consideration the peculiarities of the Project Haven-EAMC experience. For example a woman's advocate from the WCC or medical personnel with training on this issue from the WCC, should accomplish sections 1 to 9 of the intake/registry form. Other hospitals or institutions may need to modify a few items or aspects to better suit their system. The DOH take up most of this form intact and begin a VAW registry as soon as it is able to put in place its VAW programs.

Hospital based statistics cannot be considered representative of the larger population. Those who determine policy and plan programs might find this data useful initially in the light of the absolute lack of national statistics at this point. However, there is a need to support (and integrate) other efforts by government to put in place a more representative system for monitoring VAW at the national level.

For a copy of the Hospital Case Record on VAW, contact NCRFW, EAMC or WCC.



"Nude"(detail) 1995 by Rorie Aradanas

Credits: the WCC as the form integrates into it other forms that they were already using. The residents of the EAMC Department of Obstetrics and Gynaecology helped in pre-testing this form, Ms. Raquel Edralin Tiglao, Tish Vito Cruz and Sally Ujano of the WCC; Dr. Lourdes B. Manlongat, Chair of the Department of Obstetrics and Gynaecology of the East Avenue Medical Center and; Ms Jennifer Quizon, statistician and anti-VAW activist from Aru-Kalakasan, for their invaluable contributions.

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