BARRIERS TO DISCLOSE OF VIOLENCE AGAINST WOMEN IN HEALTH SERVICES IN PALESTINE: A QUALITATIVE INTERVIEW-BASED STUDY


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RATIONAL & BACKGROUND OF THE STUDY

- Violence Against Women (VAW) is a global public health concern; 1 in 3 women (WHO, 2013)
- Around 37% of ever married Palestinian women had been exposed to at least one form of violence by their husbands (PCBS, 2012)
- MoH joined the national referral system by 2016
- This study is a part of Larger study
- HERA; “Health Care Response to Abuse and Violence”
AIM

To qualitatively explore barriers to disclose VAW in primary health care clinics (PHC) by survivors
METHODS

- A convenience sample of 20 women aged 18+
- Women were recruited from a local NGO
- Social workers invited survivors
- In-depth Semi-Structured Interview
- Audio recorded in Arabic
- Transcripts were analyzed thematically
RESULTS

Barriers reflect on three levels;
1. Individual
2. Health care services
3. Societal
RESULTS

“I felt like I would be blamed for it and people might say; look, she let out secrets between her and husband. Why would she say that? So that would make me shy, embarrassed to talk about it” (SW06, 39).
RESULTS

“yes I had the potential to, but I didn’t feel like the doctor would listen to me if I did … because there were a lot of people waiting for a turn and other than that, she works fast … she doesn’t ask about the person’s state…it was just an exam for the fetus, and that’s it, work is done” (SW17, 24).
“Because my family, if I divorced, don’t want me to keep his children and I don’t want to lose my daughters. If I lose the children I will suffer” (SW01, 34).
IMPLICATIONS

1. How to ask sensitively about VAW in private
2. The importance of reassuring survivors about confidentiality
3. Paying attention to other forms of violence, rather than the physical signs
4. Clarify the roles of health care services in reference to other sectors in the NRS
THANK YOU FOR LISTENING