

Effects of Violence on Women's Health

Violence against Women

Violence is any physical, psychological, sexual, economic and digital action used to control, punish or dominate a person.

In the Istanbul Convention, violence against women is defined as a violation of human rights against women and as a form of discrimination. Whether it is in the public sphere or in the personal life, violence against women includes any threats, coercions or arbitrary deprivations of liberty that cause physical, sexual, psychological or any other forms of harm, including all gender-based discrimination. In our country, women are subjected to all kinds of violence due to cultural factors and the socio-economic climate, but due to societal pressure or threats from the perpetrator, this situation is often not reflected in the judicial processes and/or it is covered up even though there are criminal sanctions.

The Relationship between Violence and Women's Health

One of the major effects of gender based systematic violence against women inside and outside the domestic life is on women's health. The diseases resulting from rape and domestic violence consist of a major portion of women's health issues in developed and developing countries. Early and forced marriages are frequent, followed by child pregnancies. As a result, maternal and infant mortality rises and many women are forced to live with many mental and physical health problems. There is a direct correlation between the social status and health of women (1).

Healthcare system is the main field where women's physical and mental needs should be met. However, this dimension of violence against women in our country is not adequately researched and revealed, neither are any actions taken. Research and data are not updated and shared with the public. The latest research on domestic violence against women was done by the Turkish Republic's Ministry of Family and Social Policies, General Directorate of Status of Women, with the support of Hacettepe University Institute of Population Studies 9 years ago in 2014 and this data has not still been updated (2).

1. Health is not only a state of physical and psychological well-being, it also includes a comprehensive institutional organization and lifelong follow-up. For a study on this subject, see: Nurşen Adak, *Sociology of Health, Women and Urbanization*, 2002.

2. See. *Research on Domestic Violence Against Women in Turkey*, Hacettepe University NEE & T.C. Family and Social Policies Ministry, 2015.

Health Problems Experienced by Women Exposed to Violence

Some of the psychological symptoms of women facing violence include but not limited to depression, emotional distress, sleep and eating disorders, self-harm or suicide attempts, alcohol or drug addiction problems (3).

Physical effects of violence include but are not limited to mutilation, bruises and injuries, miscarriages and similar pregnancy complications, chronic problems such as headaches, muscle aches and pains, sexually transmitted infections and other gynecological problems (4).

Among the effects of violence against women on sexual and reproductive health are, physical violence and beating during pregnancy, prenatal bleeding, fetal fractures, rupture of the uterus, lung or spleen, miscarriage, stillbirth, premature birth, low birth weight baby delivery. In addition, sexual and physical violence can lead to irregular vaginal bleeding, vaginal discharge, painful menstruation, sexual dysfunction, sexual desire disorders, decrease in the frequency of sexual intercourse and infections in the female reproductive organs. Psychological violence during pregnancy leads to postpartum depression. Moreover, sexual violence is an important factor on the transmission of various sexually transmitted infections including HIV.

Regardless of the form of violence, the first address for women to get help should be the healthcare institutions. For many women that are restrained from any social contact, the only opportunity for going out is a visit to the healthcare institution. For this reason, healthcare workers are often the first to notice that a woman has been subjected to violence:

- When women visit the health institutions, they mostly hide the violence they have been exposed to and disguise it as physical discomfort such as hand pains, headaches etc.
- In case of observing symptoms of violence, to make an inquiry on the incidence and fill the "Domestic Violence Inquiry Form" of the Family Health Centers of the Ministry of Health accordingly is a legal obligation, however this inquiry is often not done in detail.
- When the woman who applied for health services is identified as being exposed to violence, although the necessary notifications are made to the relevant units such as social services, law enforcement, prosecutor's office, administration, etc. the process is interrupted as the responsible institution does not respond fast and effectively enough. Seeing that they cannot create real change demotivates health workers.

3. Sağlık Çalışanları İçin Kadına Yönelik Şiddet ve Ev İçi Şiddetin Açığa Çıktığı Durumlarda Yaklaşım Klavuzu; Mor Çati

4. See. Mor Çati, a,g,e

5. Derya Aksoy İl, Sağlık Çalışanlarının Kadına Yönelik Eş Şiddeti Konusunda Tutumlarının Belirlenmesi, Yüksek Lisans Tezi, Gaziantep Üniversitesi Sağlık Bilimleri Enstitüsü, 2019.

- If the healthcare worker has seen and reported the sign of violence, but the survivor does not want any help or press any charges, the healthcare worker reporting the problem may face some difficulties. In such situations health workers have a dilemma in terms of professional ethics of either protecting the confidentiality of the information shared by the victims of violence or fulfilling their legal obligations to report violence. Based on such previous experiences, many healthcare professionals are reluctant to fill out these forms and carry out the procedures. As a result, women have to return to violence.
- Women applying to public women's shelters led by the Ministry are assessed on acute forensic and medical issues related to violence and support is provided. However a sustainable system for following up on the subject and providing appropriate psychosocial and medical care for the long-term effects of violence has not been established yet.
- In the Action Plan Against Violence Against Women IV, covering the years 2021-2025 of the Ministry of Family and Social Services, it is stated that a special service model will be created for victims of sexual violence. However, there are currently no such centers where women or children that have been raped or sexually abused can receive special services and support.
- Not being able to access emergency contraception to prevent an unwanted pregnancy after sexual assault is also an important violation of rights. Information about sexually transmitted infections after sexual assault is often not provided and access to preventive drugs is almost impossible. There is not enough information about the institutions that people can receive support and guidance after sexual violence. For example, a woman who has been admitted to a hospital after a suicide attempt may be not directed to the psychosocial support units of the hospital. A woman who wants to get a forensic examination report can be mistreated and not informed properly by the health workers and law enforcement personnel in this process.
- There are mistreatments in the access to healthcare services of the women for whom a confidentiality decision has been made. The perpetrator can access the woman's full record if the woman gets a hospital appointment without getting a full confidentiality record first, with applications such as Central Physician Appointment System (MHRS), E-Nabız application (6) and even more so if the woman's health insurance is on the perpetrator, the time and the location of the woman's appointment can be seen from the Social Security Institution (SGK) records. The perpetrator can even see the location if the child is with her and she gets an appointment for the child. Another problem is that if the woman has a formal "confidentiality decision", she cannot get appointments "because it is not displayed in the system."
- Women may get ill-treatment and not get properly informed when they apply to law enforcement after being exposed to violence. There may be mistreatments like deliberately denying detailed hospital examination and guidance for the available support system. Due to lack of proper precautions, the women may have to return to their domestic space where violence continues.

- In cases of deliberate head injury not to leave a scar on the body, the law enforcement officers may resist giving an official report claiming "There is no sign of beating on her body." However, it is proven that beatings to the head region cause brain trauma and may lead to many health problems such as depression (7).
- Lack of access to contraceptive methods is also a form of violence against women. In the first level health institutions, once freely and widely distributed materials are almost extinct after the Covid-19 pandemic.
- Although abortion is a right guaranteed by law in Turkey, in practice, access to voluntary abortion is subject to de facto restrictions and prohibitions. According to the research conducted by interviewing 295 public hospitals in Turkey in 2020 (8), only 10 of these hospitals in 8 provinces carry out voluntary abortions. In Istanbul, where a quarter of the population lives, there is only one public hospital where abortion is carried out and only for pregnancies up to 8 weeks. According to the same study, in the 55 of the hospitals interviewed, false and misleading information was given to the clients by saying that abortion was "prohibited" or it was "not legal". Women who cannot have abortions in public hospitals have to apply to private hospitals that provide the service and women with inadequate funds cannot receive services. As married women need the husbands' permission to get an abortion the women who are subjected to violence by their husbands also cannot access abortion or they have to settle for an unsafe abortion in an environment lacking minimum medical standards. .
- Women cannot receive adequate information about the sexual and reproductive health services they can demand from the state and health institutions. Moreover, those who can access this information can face restrictive morals. Women's inability to access even the most basic information about contraceptive methods and where to get sexual and reproductive health services, and the inability to benefit from these services are also forms of violence.
- Disabled women are subjected to violence not only by their spouses, but also by their mothers, siblings, etc. Their wages are confiscated, they are restricted from going out, they are made guilty when they make any such requests. They need to have an independent life, sufficient economic income and personal assistant service for meeting their needs and protecting their mental health. However, the amounts of disability pension or employee salary are not enough to have professional assistance. This leads to restricted access to health insurance and thus makes it difficult to benefit from free health services.

6. A public application of the Ministry of Health where one can access and revise all personal health information
URL: <https://enabiz.gov.tr/>

7. Rivara, Frederick, Avanti Adhia, Vivian Lyons, Anne Massey, Brianna Mills, Erin Morgan, Maayan Simckes, and Ali Rowhani-Rahbar. 2019. "The Effects Of Violence On Health". Health Affairs (Project Hope) 38(10):1622-29.

8. Türkiye'deki Kamu Hastanelerinde Kürtaj Hizmetleri, Mary Lou ÖNeil Deniz Altuntaş Alara Şevval Keskin, Kadir Has Üniversitesi Toplumsal Cinsiyet ve Kadın Çalışmaları Merkezi, November, 2020

- Although refugee women can get help from the Migrant Health Centers (GSM), when further examination and treatment is required, they cannot access it since they do not have social insurance, they often do not have the necessary money, and/or there is a language barrier. This leads to severe abuse of SHRH. Moreover, when they want to have an abortion, a photocopy of their official marriage certificate is requested, but there is no official document for religious marriage in Syria thus they are unable to receive this service.
- Trans women doing sex work refrain from or postpone applying for the health services after being exposed to discriminatory attitudes in private and public hospitals, infection departments and/or Volunteer Counseling and Testing Centers (GDTM). When sex workers are sexually assaulted, the case may not be considered as a sexual crime by the healthcare professionals and therefore ignored.

Women that are exposed to violence face many short and long-term health problems. Women cannot access their right to health due to the lack of knowledge and the hindrances in the law. When women cannot receive the service they demand from the healthcare system, they are compelled to resort within the family and their close circle such as relatives and friends to solve their problems and find validation and support. While women are struggling with domestic violence, they also have to struggle within the healthcare system to get access to their rights and protect their health.

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