



Myers-JDC-Brookdale Institute
Smokler Center for Health Policy Research



Ministry of Health

The Women's Voice: Perceptions of Care Provided in Hospitals to Victims of Domestic Violence

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Executive Summary

Background

In 1999, the government approved a national program to identify and treat victims of domestic violence through the health system.

Since 2000, the program has been implemented in various sectors of the health system – hospitals, mother and child clinics, and in the community. In the hospitals where the program is being implemented, the goal is to increase the rate of identification of victims of domestic violence by the hospital staff and to provide immediate assistance by pairing them with a specially trained social worker. Within this framework, the social worker draws up a post-discharge plan with a referral for further care through services in the community that corresponds to the woman's wishes; two weeks after her discharge from hospital, the social worker contacts the woman to find out whether she is following the plan and whether she needs help with it.

The Ministry of Health asked the Myers-JDC-Brookdale Institute to contact a sample of these women directly to ascertain how they perceive the hospital intervention in general and, in particular, to ascertain the contribution of the follow-up discussion with the social workers.

Study Method

The study population comprised women who had suffered violence at the hands of their spouse/partner, had been identified and treated at general hospitals in Israel, had been seen by a social worker during their stay in hospital, and who agreed to participate in the study.

During the period in which the study was conducted, social workers worked with 401 women in the 13 hospitals that were implementing the program. For ethical reasons, the women were recruited for the study only by the social workers, who asked for their consent. The study population included 208 women who were invited to participate in the study and agreed to do so. Of these women, 151 were interviewed and the response rate was 73%. The interviews were conducted on the telephone between June 2004 and December 2005. A comparison was made between the characteristics of the women who were interviewed (151 women) and those of women who participated in the program, but were not interviewed, in order to assess the implications of not fully covering the target population. The comparison of the two groups did not reveal significant differences in the background variables or in the characteristics of the abuse.

However, the generalizability of the findings to all program participants is limited, since there may be differences between them and those interviewed in regard to characteristics that were not measured. Despite this limitation, the study is important in that it is the first to present findings about the care provided at the hospitals from the perspective of the victims of violence themselves. Their perceptions provide unique insights that will help the Ministry of Health and the hospitals improve their care of this group, whose voice is being heard for the first time.

Main Findings

The main characteristics of the respondents are as follows: 68% of them are aged 18–39; 68% have only high school education or less; 68% are not working or are homemakers. Almost half (48%) are Jewish (27% are immigrants) and 52% are Arabs. About two-thirds of the women are married and about three-quarters have children. Fifty-one percent described their state of health as fair to poor and 80% reported a high level of depression.

In most cases (92%), the abuse was physical and was classified as light injury (77%). Sixty-percent reported psychological abuse (respondents could report more than one type of abuse).

The data reveal that 32% of the women reported that they had concealed the problem until they went to the hospital and that a small percentage of the women are in contact with care provision services.

In general, the women were found to be satisfied with the medical treatment they received. Most of them (69%) consider inquiring about violence to be part of the medical staff's job and were satisfied to a great or very great extent (54%) with the fact that the medical staff had asked them about their own experience of violence. When the women were asked whether it should be mandatory for the hospital staff (physicians, nurses, social workers) to report incidents of violence to the police without asking the victim's permission, the responses were divided; 47% of the women said that the medical staff should be required to report.

Large percentages of women reported satisfaction with the social workers' work. The respondents reported they were satisfied to a great or very great extent with regard to the following: feeling comfortable talking to the social workers about the violent incident (84%); the social workers related nicely to them (94%); were genuinely concerned about them (94%); gave them enough time personally (90%); answered all their questions (78%); involved them (the victims) in their decision-making (79%); made certain that they (the victims) had understood all the options available to them for further treatment of the problem (91%); and took an interest in their children's welfare (82%). A relatively small percentage of the women (39%) reported that talking to the social worker had raised their hopes that the situation could be changed. Altogether, 62% of the respondents reported that they received the help they wanted from the social worker to a great extent or a very great extent.

The social workers' responsibility to the victims also includes working with the women to devise a plan for further care after their discharge from the hospital, in particular referrals to services in the community, and a follow-up discussion with the women after their discharge to check how they are and find out whether they are implementing the program for further care. About half of the women (54%) felt that the plan drawn up with them was suitable for them, wanted to implement it (63%), and felt themselves capable of doing so (60%) to a great extent or a very great extent. Fifty-five percent of the women reported that they would implement it to a great extent or a very great extent. The data reveal that in addition to the positive feelings ("I'm not

alone," "Somebody cares about me," and generally feeling good) expressed by the women after their follow-up talk, the discussion was also perceived by the women to be important for the continuation of the program: 50% of the respondents noted that the follow-up discussion helped them continue with the plan.

The data reveal that in most aspects, more than half of the women reported that the care plan contributed much to them and they felt better able to cope with the problem of violence than they had in the past. Thus, a relatively large percentage reported an improvement over the past in three areas: Motivation to deal with the problem (73%); ability to ask for and receive help (60%); and ability to tell professionals about the problem of violence (60%).

Conclusion and Directions for Improving the Program

In conclusion, from the perspective of the women interviewed for this study, it is evident that the program to identify and treat victims of domestic violence who refer themselves to the hospitals makes a considerable contribution to the women's wellbeing. It also emerges that the follow-up discussion with the social worker after the women are discharged from the hospital is an important element that helps half of the women continue to implement the further-care plan, which focuses particularly on keeping in touch with the services in the community.

However, the study findings also indicate aspects of the program that can still be improved in order to respond better to the victims' various needs, since between a third and half of the women did not report great satisfaction with several aspects of the care they received. It is also worth examining to what extent the care given in the hospitals meets the needs of women from differing cultural backgrounds, since the findings reveal that the Jewish women made greater use than the Arab women of the information given to them and reported that the care made a greater contribution, although the Arab women were more satisfied with other aspects of the care, such as the sense of comfort they felt when talking with the social worker. It may therefore emerge that the matter should be clarified with the social workers and that victims of domestic violence from different population groups should be offered different care programs, adapted to meet their needs. Furthermore, it is important to examine the program's suitability for women in different situations, since it was found that women who have been in the cycle of violence for over a year are more likely to participate in the care program than those who have been victims for less time. Finally, it is important to examine the hospital care model, particularly with regard to the provision of instrumental help to the victims (financial help, nursing help) and the way in which the care plan is adjusted to the situation of each woman.

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