Republic Of Serbia
Ministry Of Health
Office of the Minister

Republic of Serbia Ministry of Health - Special Protocol for The Protection and Treatment of Women Victims of Violence

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Dear Madam/Sir,

Let me remind the citizens, and, before all, health professionals employed throughout health centres in Serbia, that the **Special Protocol of the Ministry of Health of the Republic of Serbia on Protection and Treatment of Women Victims of Violence** was adopted in June 2010. The Special Protocol is an instrument used to recognize, record and document gender-based violence, with the aim to involve health professionals to respond on the plane of discovery, elimination and prevention of this negative social phenomenon.

The health sector is often the first and the only instance that women exposed to gender-based violence address. Health effects of violence endanger the physical, mental and social status of a woman. By understanding and accepting their role, health professionals can help tackle the issue of violence against women. Some institutions have not given the necessary importance to this problem, nor have they been using the Special Protocol and the Form for Recording and Documenting Violence, which means that many women exposed to suffering caused by abuse still do not receive adequate assistance from the persons they address, and if a problem is not recognised and not addressed adequately, it cannot be resolved.

Awareness and responsibility to discover, document and respond to gender-based violence is of key importance. The implementation of the Special Protocol and the relevant software ensures the promotion and improvement of health services and helps eliminate and prevent gender-based violence in Serbia. Therefore, I call upon all health professionals and other citizens to by reacting and not ignoring abuse of women take a step forward in their professional approach and in this way actively participate, together with other stakeholders in the community, in discovering, sanctioning, reducing, preventing and eliminating violence.

Sincerely,

Prof. Slavica Đukić Dejanović PhD
Minister of Health

1. Introduction

Violence against women includes a variety of different forms of abuse based on gender characteristics, directed towards women and girls in different periods of their lives. Violence against women is the result of imbalance of power between women and men, resulting in discrimination against women, in the society and in the family. It represents a violation of human rights, the very nature of which deprives women of their ability to enjoy fundamental freedoms, makes women vulnerable to further abuse and represents a big obstacle to overcoming societal inequalities between men and women[1]. Women rights are an integral part of universal human rights. In accordance with these international documents, these rights shall be guaranteed, respected and protected, which makes recognising and preventing discrimination against women very important.

Having in mind that women in Serbia, according to the last census of 2002, make 51.4% of the population, the importance of prevention and elimination of violence against women and the improvement of normative framework and harmonisation with international standards in this area. In 2002, World Health Organisation (WHO) declared violence top priority public health issue.

These are the reasons why violence against women is not only a personal but also a social phenomenon and issue. According to international documents, violence against women includes, primarily, *physical, psychological and sexual violence*, which can occur in the family and in the wider social community. They also indicate that some groups of women are more exposed to risk of victimisation by violence, especially the women from minority groups, women refugees, migrant women, women living in poverty in rural and remote areas, women in institutions or prisons, female children, women with disabilities, women of different sexual orientation, elderly women, displaced women, returnee women, women living in poverty, women in the situations of armed conflict etc.

Data indicate that violence against women is present in between 10 and 69% in different countries of the world[2]. Available data on the distribution, age structure, characteristics and effects of violence against women in the Republic of Serbia exist due to research conducted by the NGO sector[3][4]. Research conducted by the Victimology Society of Serbia in seven munici-

1 World report on violence and health. Geneva, World Health Organization, 2002. Preface by the Director-General.

2 World report on violence and health. Geneva, World Health Organization, 2002.

3 Domestic violence in Serbia, Victimology Society of Serbia, Belgrade 2002.

4 Intimate partner violence and health, Autonomous Women's Centre, Belgrade, 2005.

palities on the territory of the Republic of Serbia demonstrated that 28% women respondents experienced violence in general, 22.4% of whom experienced violence by intimate partner[5]. Research conducted by the Women's Health Programme, according to WHO methodology[6], on the sample of 1,456 participants, showed that the frequency of physical violence is 23%, sexual 6%, and both 24%. 22% of respondents experienced related mental health problems, 9% complained about poor general health state, and 30% reported bodily injuries. Each case of violence against women contains the risk of lethal outcome. According to this research, a particularly disturbing fact is that 78% of respondents do not turn to any of the institutions for help by naming experienced violence. In 2002, World Health Organisation declared violence a top priority public health issue.

1.1 International binding documents

Women's rights are an integral part of universal human rights, and in accordance with all international documents, they have to be guaranteed, respected and protected, which is why it is very important to recognise and prevent discrimination against women.

The Republic of Serbia, as a member of United Nations (UN), Council of Europe and other international organisations and signatory to a number of international documents related to women's rights and gender equality, shall continuously work on the equality of rights between women and men, in order to ensure equal opportunities in all areas of private and professional life.

Serbia also has obligations deriving from **UN Convention on Elimination of All Forms of Discrimination against Women** (**CEDAW**)[7], ratified in 1981, as well as the recommendations deriving from Concluding Comments of the UN Committee for the Elimination of All Forms of Discrimination Against Women (CEDAW Committee) after Serbia submitted the initial report of the Republic of Serbia according to this Convention. This Convention follows up on the Universal Human Rights Declaration, and Article 12 stipulates that "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning."

5 Domestic Violence in Serbia, Victimology Society of Serbia, Belgrade 2002.

6 WHO Multi-country study on women's health and domestic violence, WHO, 2005

7 Convention on the Elimination of All Forms of Discrimination against Women, adopted at UN General Assembly in 1979.

Beijing Platform for Action[8] represents a UN programme for empowering and advancement of women. This platform aims at removing all obstacles to women's active participation in all spheres of public and private life, emphasizing that women have the right to enjoy the highest standards of physical and mental health, which represent a pre-condition for their wellbeing and opportunity to participate in all spheres of public and personal life.

This declaration also indicates that "violence against women is a manifestation of historically unequal social power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of women's full advancement. Violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men."

Violence against women is a violation of fundamental human rights

Millennium Declaration with UN Millennium Development Goals[9] recognised violence against women as a fundamental threat to socio-economic development. Violence is connected with complex social situations such as poverty, lack of education, gender inequality, child mortality and maternal health. These aspects are recognised directly in MDG 3 on the promotion of gender equality and women's empowerment, and indirectly in MDG 5 on the improvement of maternal health, and in MDG 6 – Combat HIV/AIDS, malaria and other diseases, although gender mainstreaming is recommended in all MDGs.

Among the numerous **Council of Europe documents** on violence against women, the following should be singled out: Declaration on Policies for Combating Violence against Women in a Democratic Europe (Rome, 1993), Recommendation 1450 (2000) on Violence against women in Europe; Recommendation 1582 (2000) on domestic violence against women; Recommendation Rec(2000)5 of the Committee of Ministers to Member States on the protection of women against violence and Recommendation 1681 (2004) related to the Campaign to combat domestic violence against women in Europe.

1.2 National Documents

Violence against women is recognised and sanctioned in the following existing legislation of the Republic of Serbia:

8 Adopted at the Fourth World Conference on Women in Beijing, 1995

9 Millennium Development Goals, adopted at UN General Assembly in 2000

- Criminal Code of the Republic of Serbia (Article 194)
- Family Law of the Republic of Serbia (Article 197)

Also, several crucial national documents have been adopted recently, which, among other things, also include the issues of violence against women. These are:

- Law on Gender Equality (2009)
- Anti-Discrimination Law (2009)
- National Strategy for Improving the Position of Women and Promotion of Gender Equality (2008)[10]

Criminal Code of the Republic of Serbia, Article 194: Domestic Violence

1. Whoever by use of violence, threat of attack against life or body, insolent or ruthless behaviour endangers the tranquillity, physical integrity or mental condition of a member of their family, shall be punished by imprisonment from three months to three years.
2. If in committing the offence specified in paragraph 1 herein weapons, dangerous implements or other means suitable to inflict serious injury to body or seriously impair health are used, the offender shall be punished by imprisonment from six months to five years.
3. If the offence specified in paragraphs 1 and 2 herein results in grievous bodily harm or serious health impairment or if committed against a minor, the offender shall be punished with imprisonment from two to ten years.
4. If the offence specified in paragraphs 1, 2 and 3 herein results in death of a family member, the offender shall be punished with imprisonment from three to fifteen years.
5. Whoever violates a measure of protection against domestic violence that was imposed on them by the court in accordance with the law shall be punished with a fine and imprisonment from three months to three years.

National Strategy for Improving the Position of Women and Promotion of Gender Equality regulates areas related to women's participation in policy and decision making in economy, education, health, violence against women, as well as media and public opinion. Objective 2 of the Strategy re-

10 In the original text the following is missing: Action Plan for the implementation of the National Strategy for Improving the Position of Women and Promotion of Gender Equality 2010-2015 and National Strategy for Prevention and Elimination of Domestic and Intimate Partner Violence against Women, adopted in 2011.

lated to strengthening the capacities of the system of protection of women against violence identifies activities on drafting and adoption of a unified protocol on action in cases of violence against women in social protection, health, educational institutions, police and the justice system, as well as on continued training of staff in these sectors.

2. Basic Terms Related to Violence against Women

Violence against women is any act of gender-based violence resulting or potentially resulting in physical, psychological or sexual injury or suffering of women, including threats of such actions, limitation of or arbitrary deprivation of liberty, equally in the public or private sphere. Women from marginalised and multiply discriminated groups (Roma women, women with disabilities, refugee and displaced women, war victims, women living in same-sex relationships, women with psychologically altered behaviour, women dependent on alcohol, drugs and medicines, women living with HIV/AIDS, women with chronic diseases, migrant women, poor women, female children, elderly women, women from rural areas and other multiply discriminated groups) are particularly vulnerable to violence.

Because of its devastating consequences, violence against women is one of the main obstacles to a harmonious, human and democratic societal development. As already mentioned above, a number of international documents and recommendations have been adopted over the last decades, which point to the state's obligation to clearly define specific forms of violence against women and to develop efficient and effective instruments to protect women against violence, to protect the right to life, liberty and personal safety of women, to prevent violence regardless of where it occurs, and to provide comprehensive legal protection, social and economic assistance to women victims of violence to help them leave the situation of violence and mitigate the harmful effects caused by it.

> Physical, sexual and psychological violence often occur together, which significantly increases the risk to women's health.

The most common perpetrators of violence against women are their male intimate partners, regardless of whether the violence occurs in the context of living in a shared household or when meeting occasionally. In 96% of the cases of violence in heterosexual intimate relationships, the perpetrator is a man and the victim a woman, which makes it quite clear why priority was given to measures and activities directed at elimination of violence against women and its consequences.

WHO has defined **physical violence** as "the intentional use of physical force with the potential for causing death, disability, injury, or harm, including, but not limited to, scratching; pushing; shoving; throwing; grabbing; biting; choking; shaking; slapping; punching; burning; use of a weapon (gun, knife or other object)[11].

The same source defines **sexual violence** as "use of force, coercion or physical intimidation by one person to force another to sexual activity against their will, regardless of whether the act has been completed".

Psychological violence (or abuse) relates to "continuous denigration and humiliation by the partner, as well as intimidation of performing any of the above actions".

> Psychological violence must not be neglected or underestimated. It can have even more severe effects on the woman's health, regardless of whether it is accompanied by physical violence and injuries or not.

Different methods and tactics are implemented in order to exert power over and control women, as well as physical violence against them, as demonstrated in Box 1.

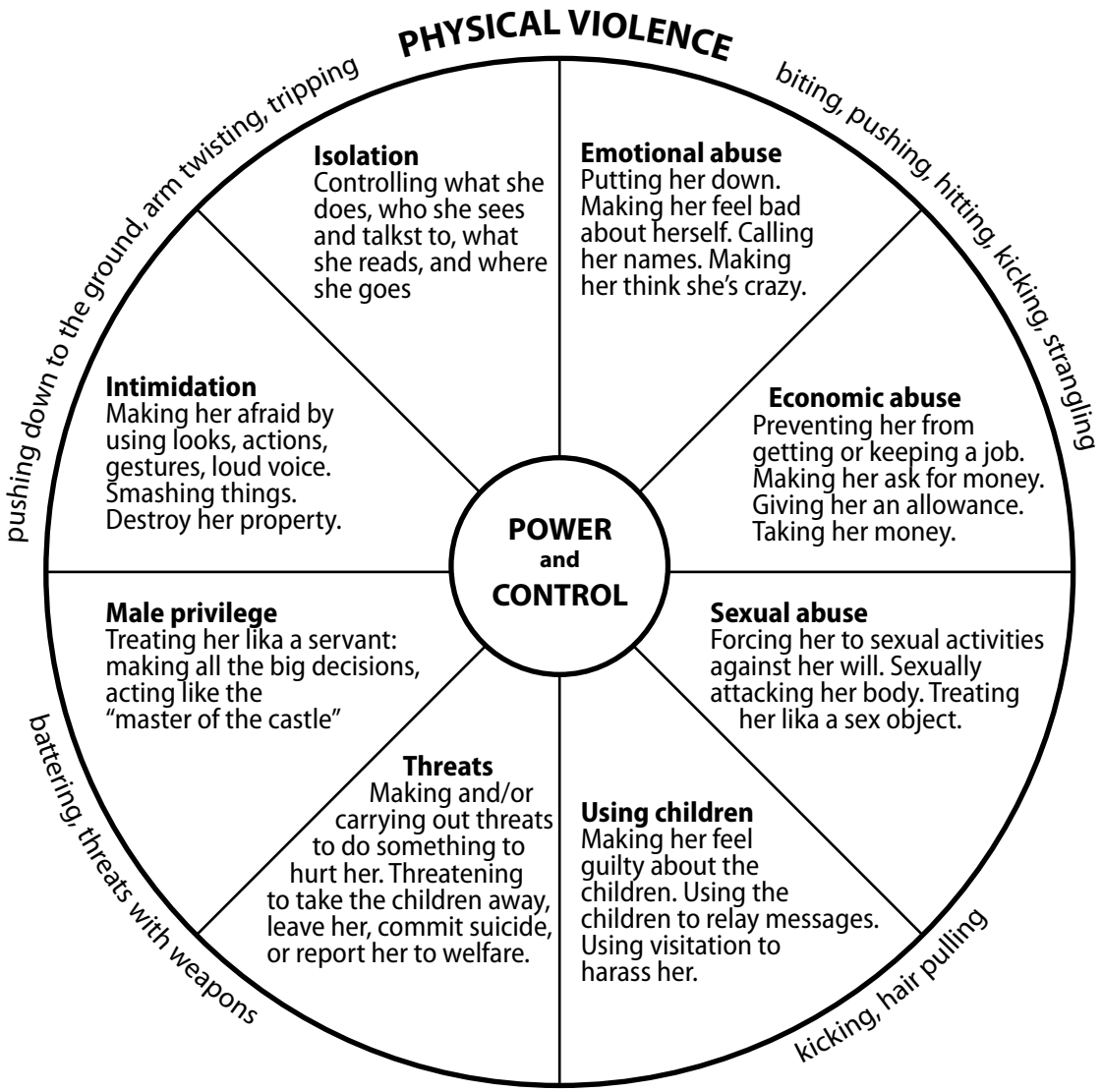
Modern concept explains violence as a risk factor that increases probability for the occurrence of numerous health disorders and illnesses, and it can lead to death, directly or indirectly. Therefore, violence is a risk factor that has a negative influence on a person's health, just as smoking tobacco, consuming alcohol or malnutrition.

Experienced physical or sexual violence can result in death, directly or indirectly caused by violence, as well as a number of non-death outcomes, i.e. disorders of physical, mental and reproductive health or risky behaviour that damage health. Box 2 gives an overview of health consequences in relation to violence. Also, any existing health disorder can be significantly exacerbated by exposure to violence.

Bodily injuries can be caused by the following acts of violence: slapping, shoving, hair pulling, throwing objects at someone, hitting, kicking, strangling, burning, use of guns, spiky (pointy) and sharp objects, etc.

11 World Health Organization, 2002.

Violence against women
POWER AND CONTROL WHEEL



Goal

Tactics

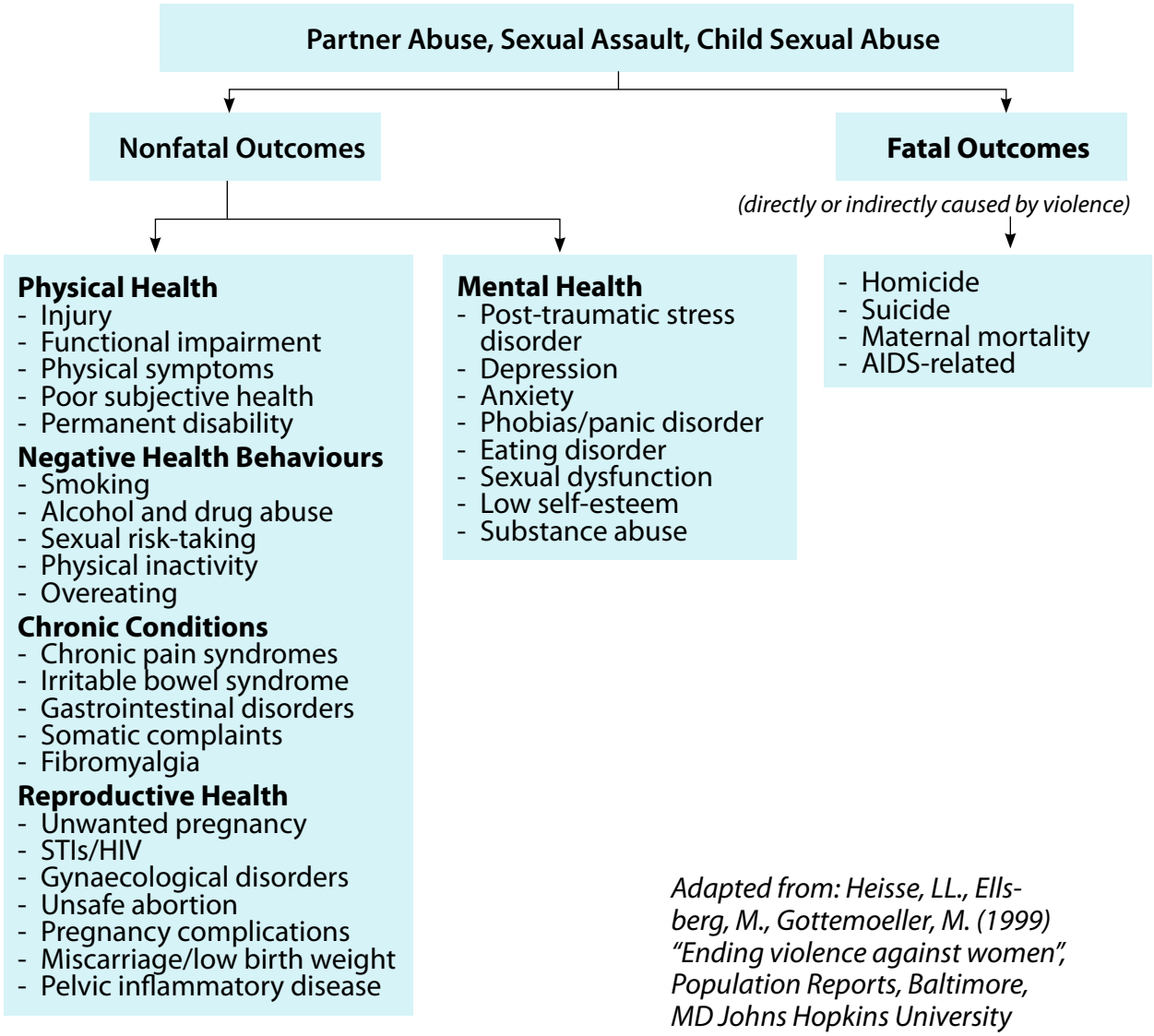
Serves to employ tactics and achieve the goal

Bodily injuries include bruising, cuts, tears, abrasions, stab-wounds, sprained ankles, fractured and broken bones, eye injuries, torn eardrum and internal organ injuries, which directly threaten one's life and can result in death. This Protocol will further elaborate on the methods of documenting such bodily injuries.

The health effects of violence are not just physical injuries, but many more, less visible health disorders.

Injuries, however, are not the only result of violence. Much more often than injuries, women experience the so-called functional health disorders, which occur as indirect effects of violence. Functional health disorders occur much more often with women who suffer violence in relation to those who do not live in violence. These are functional disorders of different organs and systems (Box 2) and they are not always accompanied by visible physical injuries. Therefore health workers rarely connect them with exposure to violence.

Box 2. Health outcomes of violence



Adapted from: Heisse, LL., Ellsberg, M., Gottemoeller, M. (1999) "Ending violence against women", Population Reports, Baltimore, MD Johns Hopkins University School of Public Health, Centre for Communications Programmes, Series L, No. 11. p. 18.

Health workers that discover signs presented in Box 3 with a patient, should suspect exposure of the woman to violence and undertake appropriate activities on prevention and intervention as described further in the text.

Box 3. Clinical indicators of violence

History	Chronic unexplained pain (persistent headache, abdominal, pelvic, chest pain, back or joint pains) Sexually transmitted diseases and exposure to HIV through sexual coercion Multiple therapeutic abortions/miscarriages Exacerbation of symptoms of a chronic disease (e.g. diabetes, asthma) Intra-oral injuries Non-compliance with medical treatment Frequently missed appointments
Psychological Symptoms	Insomnia, sleep disturbances Depression and suicidal ideation Anxiety symptoms and panic disorder Eating disorders Substance abuse, including tobacco Post-traumatic stress disorder Use of psychiatric services by victim or partner
Physical Findings and Common Characteristics of Injuries	Any injury, especially to face, head, neck, throat, chest, abdomen and genital areas Dental or temporomandibular joint (TMJ) trauma Burns Signs of sexual assault Central distribution of injuries, which can be covered up with clothing Injuries of the forearms (so-called defensive injuries) Wrist and ankle lacerations Injuries that are not explained adequately or consistently Injuries to multiple areas Bruises of different shapes and sizes, reflecting types of weapons Bruises in various stages of healing

Behavioural Indicators	Delay in seeking treatment Repeated use of emergency services for trauma or primary care Evasiveness during history taking or examination References to partner's temper or anger Reluctance to speak in partner's presence Partner answers all questions for patient or insists on being present when asked to leave exam room Overly attentive or verbally abusive partner Abuse or neglect of children, disabled person or elderly adult in the home
Findings During Pregnancy and Childbirth	Frequently missed prenatal appointments Low maternal weight gain Any injury including "falls" Complications such as miscarriage, low birth weight infant, premature labour, antepartum haemorrhage, etc) Poor self-care or compliance Substance abuse, including tobacco or alcohol during pregnancy

**Adapted from: Eisenstat, S & Bancroft, L, Primary care: Domestic Violence, New England Journal of Medicine, 1999;341: 886-92 and Lewis-O'Connor, A., Neighborhood Health Plan, 1997 and Passageway at BWH – Training Materials.*

3. Prevention and intervention

regardless of whether there are nationally defined strategies in the area of violence against women and the role of the health system, or they are being developed, the most important activities are at the level of health institutions. Health workers are the ones who, with their approach and through their work, translate recommended good practices into practice of all staff and so help adequately address the issue of violence against women, with all its specific characteristics. Data also tell us that women exposed to violence most often access the health system and that the violence, which is their main problem, remains unrevealed and their specific needs are not met.

Women are reluctant to speak spontaneously about the violence they experience, and on the other hand, health workers in the majority of cases do not perceive gender-based violence as part of their competencies. This is why it is necessary for health workers to be ready and trained to use their

attitude towards violence and other measures of assistance to women victims of violence, to name, recognise and identify violence and respond adequately. The discovery of violence should primarily be used to make immediately available all direct and indirect resources to the woman in order to empower her and enable her to use these resources.

Even though the woman has experienced violence, she will often deny this experience. There are many reasons to deny violence, and some of them are presented in Box 4. Health workers should be aware of these reasons and have understanding for them.

Box 4. Reasons why women deny violence

- Fear of the perpetrator
- Economic dependence
- Cultural pattern of tolerance to violence
- Concern for children (fear of losing children, fear of the perpetrator harming children, "children need both parents" attitude)
- Fear of being alone
- Loyalty and emotional ties to the perpetrator
- Feeling of guilt and of inferiority
- Embarrassment, shame, humiliation, degradation
- Dysfunctional family
- Alcoholism/drug abuse
- Personality disorders
- Pregnancy
- Violence experienced in childhood
- Lack of trust in anyone

Good practice in treatment of women victims of violence includes activities and actions presented in Box 5.

Box 5. Activities – good practice examples for providing health services to women victims of violence

1. Identify and confirm violence
2. Address the health outcomes of violence
3. Document violence
4. Assess safety
5. Develop a safety plan
6. Refer to community resources
7. End the conversation in a supporting toney

Box 5a. The purpose of the procedures

- To create conditions for the victim of violence to speak about the violence she is suffering or has suffered
- To ensure confidentiality of information and protection of privacy
- To enable adequate response to urgent needs of the client suffering violence
- To document violence
- To adequately assess the risk of the situation
- To enable multidisciplinary approach to domestic violence
- To enable client information and access to institutions dealing with the issues of domestic violence

Box 5b. Underlying principles of interventions

- Violence against women and children is a criminal act
- Violence endangers mental and physical health
- Violence is a serious personal and social issue
- Violence should be seen as a potentially life threatening form of behaviour
- Each victim of violence has the right to assistance without prejudice

- Non-disclosure and confidentiality of information received from the victim is of primary importance for her safety
- All interventions and care must be directed at empowering the victim of violence
- Education of health workers to recognise violence and react adequately is an integral part of prevention and efficient and timely intervention
- It is necessary to work continuously on raising the awareness of the entire social community about violence
- Giving information about the services dealing with these issues should be an integral component of proceduresa

Box 5c. Conditions for successful interventions:

- Respect confidentiality
- Respect the woman's independence in making decisions
- Believe what the woman is saying is her experience
- Accept the woman's feelings
- Listen, but not offer advice or ready-made solutions
- Provide support and participate in future planning
- Provide clear information on what can be received from professionals or institutions
- Not minimize the importance of violence
- Not ignore violence and/or avoid talking about abuse

3.1 Acknowledging and identifying violence

Regardless of whether the woman confirms the violence, health workers should clearly show that violence is illegal, it cannot be justified by anything, and they should show understanding for the woman's situation. Also, it is extremely important to preserve the woman's self-esteem and dignity. Box 6 gives examples of statements that health workers can use to do this. The examples of how not to communicate with the woman are also given, in order to prevent further stigmatisation and alienation from the health sector as a place of assistance.

Box 6. Acknowledging violence

Supporting statements	Potentially harmful statements
• I am sorry this has happened to you. • Violence is not your fault. • Violence is exclusively the responsibility of the perpetrator. • Nobody has the right to abuse you. • Violence is a crime. • You are not alone, if you want to, you can get assistance, I can refer you. • Abuse has serious effects on your health. • There is a way out. • I am concerned for your safety.	• Why did you allow this to happen to you? • What did you do to make him angry? • Why didn't you tell me before? • Why didn't you call the police? • Why are you with him when you know he's violent? • Why didn't you leave him the first time he hit you?

3.1.1. How to ask questions about violence?

If the health worker suspects a woman has experienced violence, they should ask questions to confirm their suspicion. WHO recommendations for health professionals say that whenever possible, they should routinely screen for violence when taking history.

The conversation with the patient must take place without any third person (perpetrator, person accompanying the woman to the examination, health institution staff, and similar). There is no standardized set of questions to be asked to the woman and each health professional shall adapt them to the specific situation and violence context. The questions asked can be indirect and direct. The proposed questions to verify the existence of violence are shown in Box 6a. and 6b.

Box 6.a Indirect questions for verifying the existence of violence

- I don't know if this is your case, but many women who come to this institution are exposed to violence, this is the reason why we decided to start talking about it.
- Since violence occurs often in the lives of women, would you like to talk about it?
- I am worried about how you sustained such injuries.
- Has someone hurt you?
- We can often see these types of injuries with patients who suffer violence.

Box 6b. Direct questions for verifying the existence of violence

- Are you afraid of your partner?
- Has in the last year your partner physically hurt you, slapped, pushed, hit or kicked you?
- In the past year, has your husband/partner humiliated, offended or tried to control you?
- Has your partner threatened you?

If you receive a positive response, there are additional questions:

- Do you need help regarding what you have told me?
- Would you like us to notify the police, centre for social work, and/or somebody else?

In this way, the message is sent to the patients that violence against women exists, that it is not socially acceptable and that medical professionals are not neutral and that this problem very well concerns them.

It is important that the health professional does not insist on verification of violence, even when everything indicates to it. It is necessary to respect the woman's decision/autonomy with each action. If the woman/patient is denying violence, and there is a suspicion of her being exposed to violence, in this case she should be examined and should not be insisted on her talking if she is not ready. An "open door" should be left for her to come back and say what she is experiencing.

3.2 Response to health effects of violence

The care for medical conditions caused by violence is, in effect, the only area in which health professionals recognise their competences. Only acute conditions and most often injuries are mainly seen as health effects on violence. This is certainly a very important segment of providing medical assistance, but we should not forget about a whole range of health conditions and diseases that occur as effects of women's exposure to violence (see Box 2).

In principle, medical care is not different than providing assistance for any other condition or circumstances they could arise in. In this phase of treatment, it is necessary for health professionals to mobilise their entire medical expertise and apply it absolutely adapted to the context of violence against women.

Box 7 provides the treatment procedures for health professionals of the effects of violence in the given context.

Box 7. Treatment of health effects of violence

The treatment procedures for health effects of violence
• Assess the effects of abuse on physical and mental health • Examine present and recent injuries, as well as old ones • Produce detailed medical records • Repair injuries and other conditions, in accordance with good practice examples • Give the women addresses and telephone numbers of services for assistance to women victims of violence, regardless of whether she wants to go to them at the moment or not

3.3 Documenting Violence

Documenting violence is a very important procedure and health professionals should be trained to routinely fill in the form for recording and documenting violence.

Medical documents that adequately register bodily injuries and health conditions after suffering violence can be used as forensic evidence. It is a valid indicator of the type and severity of injuries inflicted, thus representing important and often crucial evidence of suffered violence and its severity.

Box 8. Summary of information in the form for recording and documenting violence

Basic information include:

- Main reason that brought the woman to the health institution or history of the present condition
- Detailed records on suffered abuse and the relation to the existing health problem
- Records of health problems that could be the result of abuse
- Summary of present and former abuse, including:
  - Social situation, relation with the perpetrator and his name (if possible)
  - Patient's account of the event (using her words)
  - Date, time and place where violence occurred
  - Appearance and psychological condition of the patient
  - Object and/or weapon used
  - Threats and psychological abuse
  - Name or description of witnesses of violence

Information on physical examination include:

- Findings related to the violence suffered (general and specialist)
- Detailed description of injuries, including type, localization, number, size, colour – drawn on the body map
- Colour photographs, if possible

Laboratory and other diagnostic procedures

- Record lab test results, X-rays, the results of other diagnostic procedures related to the violence experienced

Records on assessment, referral and monitoring

- Information on patient's health
- Information on safety assessment, including the potential for murder or suicide (according to the patient's and the health professional's evaluations)
- Records on where she was referred to
- Records of date and time of scheduled control examination

It is important to mention that this approach, i.e. detailed description and documenting injuries should not be exclusively linked to specialists in forensic medicine. On the contrary, all health professionals who come in contact with the victims of domestic violence, including doctors of various specialists treating the effects of the violence suffered, can adequately perform a forensic examination and compose a valid medical document if trained properly.

The form for recording and documenting violence is a valid indicator of the type and severity of sustained injuries and is of first-rate forensic medical importance.

Pursuant to Article 332 of the Criminal Code of the Republic of Serbia – Failure to Report a Criminal Offence or Offender, doctors shall report the following offences punishable under law by imprisonment of five or more years, if discovered on duty: severe bodily injuries; all injuries inflicted with fire or other weapons, dangerous tools and other means used to afflict severe injury to the body or impair health; all criminal acts in the area of sexual crimes (rape and other).

In accordance with Article 194, Paragraph 3 and 4 of the Penal Code of the Republic of Serbia, doctors shall report the following offences: abuse in the family if leading to serious bodily injury or serious impairment of health or was inflicted on a minor or has resulted in death of the family member.

3.4 The assessment of safety and threat to life

In a number of cases, intimate partner violence can result in murder. Therefore it is always necessary to perform an assessment of the woman's safety, i.e. ask her weather her life is in danger at the moment. The examples of concrete questions that health workers need to ask are presented in Box 9.

Box 9. Assessment of threat to life

Sample questions used to assess vulnerability

- Are you afraid that your husband/partner might hurt you again?
- Does your husband/partner know you came to the examination?
- Has your husband/partner threatened to hurt himself/you/the children?
- Do you feel safe going home or to work?
- Was the aggressive behaviour of your husband/partner preceded by the use of drugs or alcohol?

If the woman replies to any (one or more) of the questions positively, the health professional can assess that the woman is in direct life threatening situation, in which case a safety plan needs to be developed.

3.4.1 Safety plan development

Safety plan development is a necessary measure the lack of which can endanger the life of the woman and children. It helps increase safety, within the violent relationship as well as if the woman decides to leave the violent partner. It is assumed that the woman victim of violence can recognise the pattern of violence and the regularities in it, which can help plan steps toward safety. To develop the safety plan it is necessary also to have functional resources in the community. Their role is to, by applying the principles of intersectoral cooperation, intervene and take care of the woman whose life is threatened at the given moment.

All these activities develop in cooperation with the woman, who is given information on available sources of further assistance, which are not within the competencies and capacities of health professionals and the health service. What a health professional can and should do is presented in Box 10.

Box 10. Safety plan development

Activities that aim to increase victim safety
• Ask the woman if she has somewhere to go if violence repeats or escalates • Call the police, if the woman so desires, and offer her to make the call for her • Offer her to choose a person she can talk to and plan her safety (immediately or later) • Inform the woman about safe houses / telephone helplines / NGOs / community institutions that provide assistance to victims of violence • Give the woman addresses and phone numbers of services providing protection, regardless of whether she wants to contact them at the moment or not • Support the woman's autonomy to decide on her safety measures by herself

The woman who is exposed to violence should be encouraged to thinks about the steps and plan safety in the following situations:

A When sharing the household with the perpetrator

B In case of having to leave the home quickly if the violence escalates

C When she decides to leave the perpetrator

3.5 Referrals to community resources

Violence against women and addressing its effects requires participation of the wider social community. It is necessary to establish multisectoral cooperation on the local level in order to ensure efficient communication between institutions and establish a functional system for the provision of assistance and prevention of violence against women. It is necessary for this purpose to establish procedures and mutual cooperation mechanisms between the police, centres for social work, judiciary and NGOs. The list of services dealing with this issue needs to be developed within local communities, in order to enable insight in the best possible way and the availability of institutions and concrete professionals in charge of dealing with this issue in the society.

3.6 Ending the interview

Regardless of whether during the examination the woman has confirmed her experience with violence by the partner or not, whether she accepted police and other relevant services assistance, the duty of the health professionals is to fully respect the woman's autonomy in making decisions regarding the violence, unless there is an obligation to report. Good practices are based on the health professional's trust in the woman's statement. It means to establish a good relationship with the woman, based on mutual trust and understanding, and to clearly let her know she can address them for help.

Health worker's attitude should be in accordance with the advocacy strategy with the message:

- I can see what is happening to you
- I respect your feelings
- I will document violence and report it
- I will refer you to services and institutions that can help you
- I will help you make a decision that you feel is the best

Condemning violence, considering the health effects of violence, timely and adequate reaction of health professionals are an integral part of successful treatment and recovery

4. Staff training to implement the protocol

As we have already pointed out, violence against women is a serious public health problem. It has also been recognised as an important factor adding to non-fatal and fatal health results and long-term psycho-social effects on women, children and family. The programmes in the educational system of health professionals are changing slowly, and currently content of the sort in health education is scarce and insufficient for practical work. This is why it is necessary for the contents on violence, and especially on violence against women to be integrated in on-going education, as an additional or integral part of any programme on women's health.

For health professionals, education is the best way to overcome their fear and uncertainty for work in this area, especially in identifying women exposed to violence. Health professionals should be aware of their responsibility in providing assistance to women victims of violence, which was presented in the previous section of the Protocol. The Protocol shall be promoted to health professionals during meetings and other opportunities for the promotion of good practices.

As part of increased awareness on zero tolerance to violence, posters are recommended to be put up in visible places in health institutions (waiting rooms, corridors and similar). Pamphlets in different formats, education material and addresses and phone numbers of community resources for assistance, are key for the successful implementation of the Protocol. They should be available in all doctors' offices.

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Annex 1. Form for recording and documenting violence

The form to be used to document experienced violence can be found in this part of the protocol for health professionals. This document is of forensic medical importance and health professionals are encouraged to document violence whenever they suspect it.

Health organization:_____**Place:** _____

Doctor (position):_____**Nurse (position):** _____

Violence Documentation

Form

Date of examination:_____Time of examination:_____

Basic data:

Name and last name:_____Age:_____
Children: Number_____Age(s):_____

Reason of visit:

a) patient reports violence: YES □ NO □

b) if no, why was violence suspected at: _____

_____

Has police intervened?

No □
Yes □ (Police Station): _____

Information related to violent event:

Where did violence occur?: _____

Date:_____

Time:_____

Perpetrator: Known □ Unknown □

*If **known**, state the relationship with the victim:*

husband □ *ex husband* □ *partner* □ *former partner* □ *same-sex partner* □

father □ *brother* □ *son* □ *cousin* □ *guardian* □ *other* :_____

Description of the event (using patient's words):

_____

_____

_____

_____

_____

Type of violence:

1. Physical violence Yes □ No □

2. **Sexual violence:**
coercion to sexual intercourse □,
coercion to unwanted sexual activities □,
humiliating sexual intercourse □
forced prostitution □
other:_____

3. Emotional/psychological violence

insults □ restrictions □ intimidation □ threats □

other:_____

Orientation assessment of psychological condition:

communication □ **no communication** □ **agitated** □

other:_____

A. Medical information:

a) Is the patient pregnant? No □ Does not know □ Yes □ (How many weeks:_____)

6) Does the patient have any chronic conditions? No □ Does not know □ Yes □

If **YES** which? _____

History of abuse:

1. Is there information or signs of past injuries? Yes □ No □
2. Has she reported information on past injuries? Yes □ No □
3. Other important medical information:

sleep disturbances □ chronic pains □ headaches □

abuse of medicines or other psychoactive substances □

other: _____

B. Objective examination:

1.Appearance of clothes (describe traces of violence if any):

_____

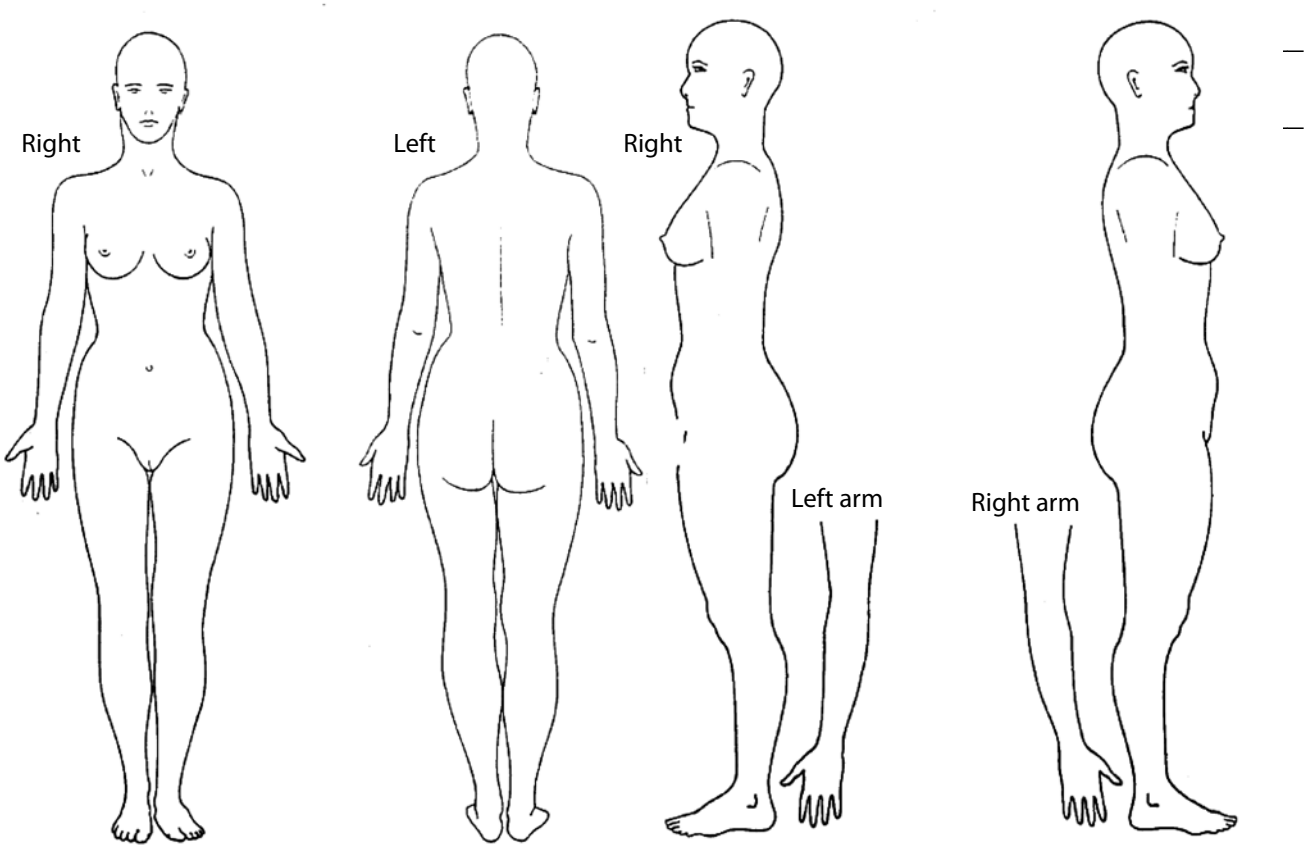
_____

_____

_____

_____

2.Bodily injuries *(record type, shape, size, colour of the injury and draw them on the body map as accurately as possible):*



Документ креирао тим програма Женско здравље

C. *Risk assessment (put X in appropriate boxes)*

A*	Yes	No	B**	Yes	No
Has there been a threat or use of weapons?			Is there a history of abuse in marriage/ relationship?		
Has frequency and severity of violence increased in time?			Does the perpetrator currently live in the shared household?		
Does the patient assess her safety is at risk upon return home?			Did police intervene before?		
Has the patient attempted suicide or considered suicide?			Does anyone else know about the abuse?		
Have children been exposed to threats or violence?			Has the abuse started or increased during pregnancy?		
			Is the patient seeking medical assistance?		

Risk:

A) If the patient answered affirmatively to any question in group **A**, express concern about the situation she is in and help her find a solution (encourage her to make contact with people or organisations that could provide protection and security)*

*B**) If the patient answered affirmatively to one or more questions in group **B**, help her look at all the options available to her. Give her information and phone numbers of organisations and institutions dealing with violence.*

Given recommendations:

a) Control examination □
b) Specialist examination □
c) Centre for social work □
d) Police □
e) Legal aid □
f) Psychological/psychiatric assistance □
g) NGO working with violence victims □
h) Other _____

Final conclusion:

Findings *are* consistent with the stated time and type of injuries
Findings *are not* consistent with the stated time and type of injuries
It is inconclusive

Remarks:

_____

_____

_____

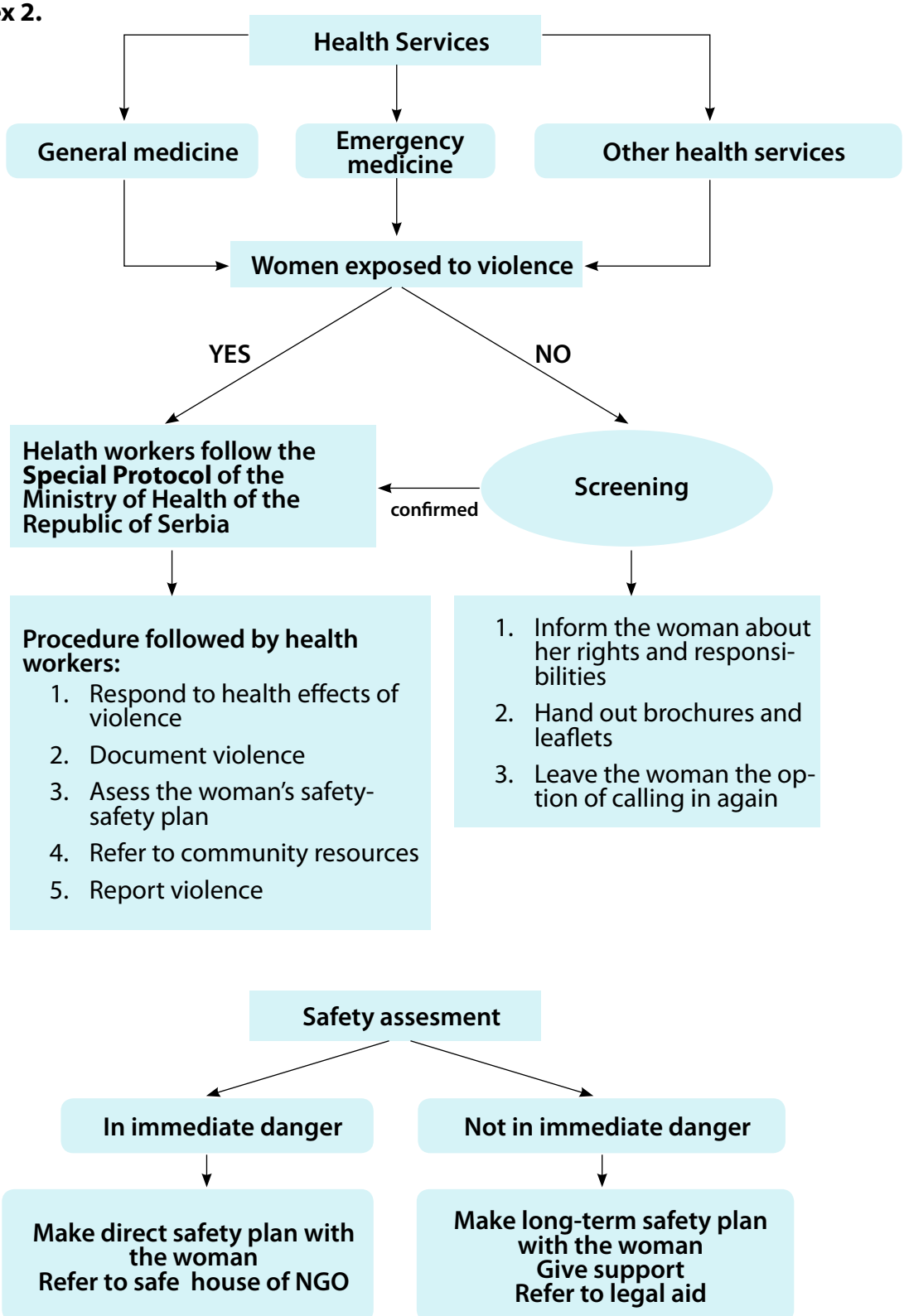
_____

_____

_____

Doctor's signature and facsimile
Nurse's signature

Annex 2.


Health Services
General medicine
Emergency medicine
Other health services
Women exposed to violence
YES
NO
Helath workers follow the Special Protocol of the Ministry of Health of the Republic of Serbia
confirmed
Screening
Procedure followed by health workers:
1. Respond to health effects of violence
2. Document violence
3. Asess the woman's safety-safety plan
4. Refer to community resources
5. Report violence
1. Inform the woman about her rights and responsibilities
2. Hand out brochures and leaflets
3. Leave the woman the option of calling in again
Safety assesment
In immediate danger
Not in immediate danger
Make direct safety plan with the woman
Refer to safe house of NGO
Make long-term safety plan with the woman
Give support
Refer to legal aid

ANNEX 3.

Names and telephone numbers of relevant institutions in the area, with the aim to facilitate the health professional in primary health protection, contacting, referring and/or taking care of the victim of violence.

INSTITUTION	TELEPHONE NUMBER
Police administration	
Prosecutor's office	
Centre for Social Work	
Pre-school institutions and schools	
Local self-government	
Media	
Safe house (if there is one)	

UN Joint Project **„Integrated Response to Violence against Women in Serbia“** is supported by UN Trust Fund to End Violence against Women