

The SHE Framework

Safety and Health Enhancement (SHE) for Women Experiencing Abuse A Toolkit for Health Care Providers and Planners

Lynda Dechief, M.Sc. (Health Care & Epidemiology) & Jill Cory, B.A. (Sociology), Woman Abuse Response Program, BC Women's Hospital & Health Centre

Why the SHE Framework?

One in every three adult women has experienced serious physical or sexual abuse in her lifetime, and one in ten is currently in an abusive relationship [1,2].

Violence against women is a pattern of abuse of power exerted over a woman which, over time, degrades, controls, hurts, and isolates her [3].

The health impacts of experiencing abuse can include:

- insomnia, nightmares, repetitive dreams
- anorexia, bulimia, gastrointestinal illnesses
- fainting, seizures, chest pain, hypertension
- headaches, back pain, hyperventilation
- STIs, HIV/AIDS, cervical cancer
- unwanted pregnancies, forced abortions
- bruises, lacerations, burns, sprains, fractured bones
- broken teeth, choking, head injuries
- abdominal injuries, chronic pain
- hearing loss, visual impairment, disfigurement,
- brain damage, paralysis
- problematic substance use, mental health issues [4].

This is an urgent issue with serious health implications that the health care system must play a role in addressing. In collaboration with other sectors. A common health care response to violence against women is 'screening' the asking of all women in a health care setting one or more questions about whether or not they have experienced abuse from a partner. Screening is being debated in the academic literature [5]. It is no longer recommended by all, including the World Health Organisation (WHO), based on a lack of proven results in women's lives or health [6]. There is also evidence that it may detract from women's health and safety. Some health care providers who have tried screening have stopped after realizing that it may actually be scaring women away from their services; these same health-care providers also feel that they are "not doing anything" to address woman abuse [7].

The WHO recognises that any meaningful health-care response to violence against women needs to be systemic. To begin to develop what an appropriate response to woman abuse might look like, we did a systemic and critical analysis of the literature on the health care response to violence against women, and conducted an original research project.

How the SHE Framework was developed

The development of the SHE Framework began with an extensive review of the literature, including over 400 articles in our analysis. Most previous research in this area had been quantitative in nature, often predicated on untested assumptions about what is beneficial for abused women, and rarely examined the impact of various responses on women's lives or health. To understand more fully the impact of women's health-care experiences, a research method was needed that could incorporate the perspectives of women in abusive relationships, explore potentially complex processes and structures, and use a systematic analytic process to generate hypotheses that might explain how their health-care experiences affected their women's health.

Grounded theory systematically derives concepts and hypothetical linkages among those concepts from raw data regarding personal experience [8]. Through the constant comparative method of data collection and analysis, we interviewed 16 women who had experienced abuse in their relationships and developed theory grounded in their health-care experiences. We learned what was helpful, what was not, and why. Data collection ceased when theoretical saturation was reached [8].

We learned that women are engaged in strategies to stay safe and regain their health. Whether or not they are able to be healthy and safe depends on how supported they are in those strategies by their supports, including health care providers. From this theory, we developed a comprehensive framework for health care systems to support women in their safety and health strategies. The Safety & Health Enhancement (SHE) Framework supports health care systems and planners to implement evidence-based promising practices.

The Three Elements of the SHE Framework

The Safety and Health Enhancement (SHE) Framework is comprised of:

1. **EVIDENCE PAPER:** Including the literature review, women's voices, and examples of promising health care program models and policies to support women impacted by abuse and violence.
2. **TWO CONTRASTING MODELS:** The *Compounding Harms* and the *Safety and Health Enhancement (SHE)* Models contrast two ends of a continuum which illustrates factors which contribute to a woman's experiences within the health care system. On one end are aspects of the health-care system in that may inadvertently 'echo' or compound the harms done to women in their relationships. On the other end are aspects of health care that mitigate the harms done to women by supporting women's strategies to stay safe and regain their health.
3. **TOOLKIT:** A step-by-step guide walks health-care practitioners, planners, and community partners through a collaborative process to assess the potential impact of their services on the lives of women in abusive relationships. It further enables users to build on strategies and promising practices for increasing safety and improving health and health care for all women. **The result is an action plan for improving health services to better enhance the health and safety of female patients.**

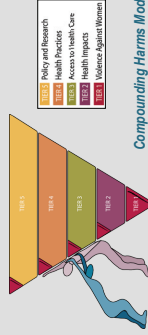
The Five Tiers of the Models

Both models use the same five tiers to describe women's health and their health care experiences within the context of abuse:

- Tier 1: Violence Against Women** describes the dynamics of abusive relationships and women's survival strategies.
- Tier 2: Health Impacts** describes the impact of abuse on women's physical and mental health.
- Tier 3: Access to Health** outlines barriers to utilizing health care and practices that are designed to facilitate access to health care.
- Tier 4: Health Practices** explores the institutional culture and routine practices that women experience in health care for those that put women at the centre of their care and those that can push women to the margins.
- Tier 5: Policy and Research** reviews social and health policy and research that either hinders or supports efforts for addressing woman abuse at international, national, provincial, and local levels.

Compounding Harms Model

The *Compounding Harms Model* is depicted as an inverted triangle pressing down on women who are impacted by abuse, with the additional burden of multiple tiers within the health sector compounding or echoing the dynamics of the abuse. All five tiers in the triangle threaten to topple onto the woman who is trying to negotiate the health system and advocate for her own safety and health.



Compounding Harms Model

The model begins with the harms that arise from violence against women (Tier One), such as isolation, degradation and loss of control. Arising from these experiences are the myriad health impacts (Tier Two) of the abuse. Despite the burden on women's health, access to health care (Tier Three) can be controlled by the abusive partner or diminished by factors within the health care system, creating additional harms. When women are able to access health care, routine and institutional health practices (Tier Four) can echo dynamics of power and control in women's abusive relationships, which can be re-traumatizing for women impacted by abuse. Such practices are often the result of gender-blind or gender-biased health and social policy and research (Tier Five) that obscure the inequality of women, violence against women and its contributing social factors.

Safety and Health (SHE) Enhancement Model

The *Safety and Health Enhancement Model* is a righted triangle in contrast to the five tiers of compounding harms. It illustrates safety measures that can reduce the harms and health impacts of experiencing abuse or violence. This model illustrates that, by addressing the systemic risks documented in the *Compounding Harms Models*, women can be shielded from further harm and have their safety and health enhanced by the health care system.



Safety and Health Enhancement Model

The *SHE Model* places the equality-based health and social policy and research (Tier Five) at the base of the triangle as a stable foundation. Each ascending tier is a potential source of protection within health care that could mitigate the harms of the abuse by a woman's partner. Such policy recognizes the health impacts of woman abuse and supports women-centred health practices (Tier Four) and principles that are in sharp contrast to the dynamics of abuse: women face in their abusive relationships. Such practices work to improve access to health care (Tier Three) by taking into account the context of women's lives, especially those impacted by abuse or violence. Connections are made between women's experiences of abuse and the related health impacts (Tier Two). This knowledge is incorporated into the care women receive. By strengthening and supporting a woman's own safety strategies, a health care encounter can improve a woman's health and reduce the harms of violence against women (Tier One), whether or not a woman chooses to reveal her circumstances.

"The problem of violence against women is enormous and troubling. There are no easy answers. The health sector cannot solve it alone. Still, with sensitivity and commitment, it can begin to make a difference."

- World Health Organization [6]

How to bring SHE to your area

We are available to provide an introduction to the SHE Framework to your health setting, and to assist you in the process of using the SHE Toolkit.

Jill Cory & Lynda Dechief
BC Women's Hospital & Health Centre
Email: j.cory@cw.bc.ca
E-mail: lynda@equality-consulting.ca
Phone: 604.873.5717

References

- 1 Statistics Canada (1993). Violence against women survey. Ottawa.
- 2 Bagshaw, D. & Chung (2000). Women, men and domestic violence. University of South Australia.
- 3 Dechief, L. (2003). Care, control and connection: health care experiences of women in abusive intimate relationships. M.Sc. thesis, Department of Health Care and Epidemiology, University of British Columbia.
- 4 Dechief, L. (2004). Women's voices: a qualitative analysis of how physicians with expertise in domestic violence approach the identification of internal medicine. 131: p. 578-84.
- 5 Bernay, J. et al. (2003). Should health professionals screen women for domestic violence? Systematic review. British Medical Journal, 325: p. 314-26.
- 6 World Health Organization (2004). World report on violence against women: preventing the global public health problem of violence against women. Geneva: World Health Organization.
- 7 Gilbert, B. et al. (1999). A qualitative analysis of how physicians with expertise in domestic violence approach the identification of internal medicine. 131: p. 578-84.
- 8 Newbury Park, Sage.

Download the SHE Framework at:

www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/Resources.htm