



Module 1: Healthcare and Gender Based Violence – why does it matter

Session 4: DISCLOSURE

Dr Amanda Noovao Hill, MMed (O&G), GCMEd, FRCOG

Head of Secretariat, Pacific Society for Reproductive Health (PSRH), 24 April 2025



Session Objectives

Discuss	Discuss barriers that may prevent GBV survivors disclosing to health providers
Identify	Identify red flags that a client may be subjected to violence in consultations
Understand	Understand how to conduct indirect questioning to assist identification and referral
Understand	Understand how a health worker's response to a survivor's disclosure can impact mental health

Rationale – Why is it important

- **'Do No Harm' must guide all interactions.**
- Consider physical safety, emotional, mental, social, and spiritual wellbeing — especially for marginalised groups
- Disclosure is risky; can expose survivors to backlash violence if perpetrators find out
- Social stigma and ostracisation may follow disclosure
- Interactions must minimise unintended harm and empower survivors
- Health workers are not expected to be family violence experts — but the way we treat people can reduce barriers to disclosure

Barriers to Disclosure — General

Barriers to Disclosure — What Stops People from Disclosing?

- Shame, fear of judgment, or fear of the partner (*WHO, 2019*)
- Fear of retaliation if violence is discussed (*Vranda et al., 2018*)
- Fear of consequences: child protection involvement, disbelief, further violence (*Rose et al., 2010*)
- Hidden nature of violence; perpetrator control and manipulation
- Medical model focus on symptoms can miss underlying abuse (*Rose et al., 2010*)

Barriers Preventing GBV Survivors Disclosing to Health Providers

How can we as health workers reduce barriers to Disclosure?

- We are not expected to be a family violence expert
- How we treat survivors can make a critical difference
- Show empathy, patience, and non-judgment
- Ensure privacy and confidentiality
- Stay attentive to emotional and clinical cues
- Understand that disclosure is a gradual process, not a single event

Key Indicators of Serious Risk in Healthcare Settings

- Frequent unexplained injuries
- Chronic anxiety, depression, vague health complaints
- Partner overly controlling during appointments
- Reluctance to speak openly
- In Fiji, 10 women were killed in GBV cases for 2019 alone some of these risky behaviours were already evident to close family and friends of the victims

Key Indicators of Serious Risk: What to Look for in Healthcare Settings

DVRCV FACTS ON FAMILY VIOLENCE 2017

Red flags

RISK FACTORS: Victims who are experiencing any of the following are at increased risk of being killed or almost killed.

DVRCV FACTS ON FAMILY VIOLENCE 2021

Serious Risk Factors



For information and training, visit [The Lookout.org.au](http://TheLookout.org.au)

THE LOOKOUT
Your friend for domestic violence support

Domestic Violence Resource Centre Victoria
www.dvrcv.org.au

VICTORIA
State Government

© 2021 Domestic Violence Resource Centre Victoria

How to Conduct Indirect Questioning to Assist Identification and Referral

Health care providers are in a unique position to help survivors of GBV

- Survivors subjected to violence often seek health care without disclosing violence;
- Only raise the issue if the woman is alone;
- Begin with general questions about home life;
- Use compassionate, non-judgmental language;
- Match questions to the culture and setting.
- Focus on creating an opportunity, not forcing disclosure.

How to Conduct Indirect Questioning to Assist Identification and Referral (cont.)

Identifying partner violence is done through staying attentive to possible clinical cues and emotional signs.

Raise the topic indirectly first. Examples:

- 'Is everything okay at home?'
- 'I have seen other women with similar problems.'
- 'Many women have problems with their husbands.'
- 'You seem worried. Is there something you would like to talk about?'
- Critical: Provide her the opportunity to disclose to you in a safe, private environment promoting confidentiality, trust, compassion, etc.

Examples of Direct Questions

Once a woman begins to open up, ask direct questions sensitively:

'Has your husband ever threatened to hurt you or your children?'

'Are you afraid of your husband?'

'Does your husband bully or insult you?'

'Does your husband control your money or movements?'

'Has your husband forced you into sex?'

'Has he ever threatened to kill you?'

How a Health Worker's Response to Disclosure Can Impact a Survivor's Mental Health

Survivors of GBV often experience emotional and mental health challenges—these are common, and, with support, most will improve over time.

Health workers play a crucial role in supporting mental health recovery by:

- **Offering basic psychosocial support** to reduce distress and promote safety;
- **Encouraging and strengthening positive coping strategies** the survivor already uses;
- **Helping identify or connect with safe social support networks.**

Key Point:

Believing the survivor's experience and responding with **compassionate, confidential, and competent care** is one of the most protective actions a health worker can take.

Key Messages

Stay alert to clinical cues

- Ask with compassion and without judgment
- Use strong verbal and non-verbal skills
- Active listening is vital
- Skills improve with practice

Conclusion

Disclosure is an act of immense bravery by survivors. Our responsibility is to meet that bravery with empathy, professionalism, and a deep commitment to Do No Harm.

Thank you. Any Questions or Comments?

Key Resources

1. World Health Organization (2014). Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook.
WHO/RHR/14.26 <https://www.who.int/publications/i/item/WHO-RHR-14.26>
2. <https://safeandequal.org.au/wp-content/uploads/DVRCV-Serious-Risk-Factors-Infographic-2021.pdf>