

JOINT EVENT

Global Public Health Congress

Annual Congress on
Nutrition & Healthcare

October 18-20, 2018 Paris, France

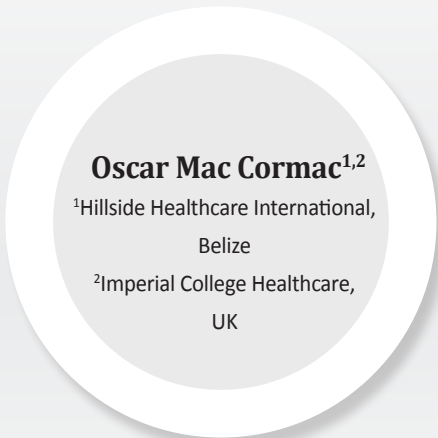
Domestic violence-the challenges facing women wishing to access support in developing countries: A case example from Belize

29 years-old female presents to Hillside Clinic, a charity run primary healthcare establishment in southern Belize. Her presenting complaints are two-fold, firstly, vaginal itching and discharge and secondly, to have the Implanon NXT contraceptive implant inserted. The vaginal itching and discharge, following history and examination was attributed to vaginal candidiasis and a subsequent treatment plan for this was offered. After thorough counseling, an Implanon NXT was inserted into the patient's left upper limb. During insertion, evidence of Deliberate Self-Harm (DSH) marks was identified. Initially these marks were put down to a fall in the bathroom by the patient, however on further questioning in a private environment, the patient opened up about things at being ok at home and that she was being both physically and emotionally abused by her husband. She gave numerous examples of alleged recent physical abuse and demonstrated some healing bruises on her body. She also gave examples of where her phone had been taken and broken due to her husband's jealousy. The patient had 3 children at home, all of whom she vehemently denied any physical or emotional abuse and maintained the alleged abuse only occurred towards her. She agreed this needed to be addressed and after some gentle encouragement, asked for our help in taking this further. Here lies the difficulty, in many developed countries (certainly the USA and UK), in a situation where an alleged victim of domestic violence consents to proceed in having this addressed, the clinician attending would then be able to refer the case to social services, where it would be picked up. In Belize, as with many developing countries, the onus is on the victim entirely. The limit of the clinical involvement is to complete a Ministry of Health Domestic Violence Registration Form, which is not followed-up, but used for data collection purposes. This poses a significant problem in terms of accessing services as it requires a domestic violence victim, who has taken the step to open up to a clinician and ask for help, to go to the police as a separate presentation numerous studies have demonstrated that reporting of domestic violence to the police is low (an estimated less than 50% of cases), due to numerous psychological and perceived social barriers. This case further identifies the need for development in the social aspect of public health in terms and improved accessibility to those systems for patients. It is worth noting that this system does not apply to suspected child abuse, where a clinician is able to report.

Biography

Oscar MacCormac is currently studying in Imperial College Healthcare NHS Trust, UK. He has published his original research work in peer reviewed and reputed journals and also participated into several scientific meetings.

oscar.maccormac@nhs.net



Notes: