

## Infrastructure considerations, barriers and suggestions to overcome them<sup>1</sup>

- Requirement: Allocate a private consultation space** – a separate room with 4 walls and a door, where the woman cannot be seen and her conversation cannot be overheard from outside the consultation room. If resources permit, consider having a private, separate or outside entrance to the examination and consultation room and creating a space where children accompanying their mothers can play, watched by other health facility staff.

**Barriers:** Lack of private consultation rooms that protect confidentiality and privacy.

**Overcoming barriers:** Many facilities have an unused or little-used room that could be repurposed.

If the room must also be used for other purposes, assure priority for women who have been subjected to violence so they do not have to wait for care.

Instruct staff not to ask about violence in front of anyone, including children. Arrange for staff who are not attending to patients to watch children during the mother's consultation.

- Requirement: Strengthen privacy** by adding doors to existing consultation space to improve privacy. If possible, also insulate walls. If doors are not possible, at least have curtains.

**Barriers:** In resource-poor settings many consultations can be seen or heard from adjoining areas because doors or walls are thin, or there are only curtains to separate consultation areas.

**Overcoming barriers:** If the walls are thin or only curtains are available, instruct staff to speak softly so that they cannot be overheard. Ask others to leave the area, if that is feasible.

- Requirement: Reduce stigma** by avoiding explicit names and signs that indicate that those who enter the exam room have been subjected to violence.

<sup>1</sup> Source: Adapted from *Improving the health sector response to gender based violence: a resource manual for health care professionals in developing countries* (Bott S et al 2010).

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**Barriers:** Health-care providers or receptionists may use stigmatizing language, such as directing women to the “room for abused women”.

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**Overcoming barriers:** Instruct staff to be aware and use non-stigmatizing language when discussing or directing women to the consultation area. Use general signage such as “women’s health” or simply a room number.

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**Requirement: Establish a privacy and confidentiality policy** limiting what women are asked or required to disclose in public areas of the health facility.

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**Barriers:** Receptionists or health-care providers may ask women to state the reason for their visit or provide intake information (such as name, address, medical history) in front of others or in waiting rooms.

Some women may be accompanied by the police, which may indicate to others that they have been subjected to violence.

Waiting in a public area for treatment can be difficult for women who have just been subjected to violence.

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**Overcoming barriers:** Consider changing patient flow so that women can bypass public waiting areas. If this is not possible, instruct staff to ask intake information only in a private space or in writing.

Brainstorm with staff how to get the woman alone for a few minutes if family members or the abusive partner accompany the woman.

Instruct staff not to interrupt a consultation between the woman and the health-care provider.

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**Requirement: Easy access to a toilet.** Also, for women who have been subjected to sexual assault, access to a bath or shower would be desirable once forensic evidence has been collected if appropriate.

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**Barriers:** In many resource-poor settings, toilets may be outside the health facility premises, or there may not be clean toilets.

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**Overcoming barriers:** Explore how to install toilet(s) accessible to women subjected to violence on the premises of the hospital or health facility.

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