

ATTITUDES AND PRACTICES OF EMERGENCY MEDICINE PHYSICIANS IN THE MANAGEMENT OF VIOLENCE AGAINST WOMEN FROM THE PERSPECTIVE OF MEDICAL ETHICS: A QUALITATIVE STUDY

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ABSTRACT

Objective: Emergency physicians should conduct management of violence against women systematically and in accordance with ethical principles. Understanding and analyzing the ethical aspects of the attitudes and practices of emergency physicians in the management of Violence Against Women (VAW) is important. This study aimed to assess the attitudes and practices of emergency medicine physicians in the management of VAW cases in terms of medical ethics and to suggest a model for emergency services.

Material and Method: This qualitative study was conducted on 32 physicians at the emergency medicine departments of six university hospitals in Ankara. Semi-structured questionnaire was used for in-depth interviews and the data were analyzed using the Grounded Theory from the medical ethics perspective. Observation form were used to evaluate the conditions of emergency departments.

Results: The attitudes of emergency physicians, which reflect their ethical perspectives of VAW cases were categorized into the main themes of "skeptical approach," "approach to women," and "professional approach." The roles of physicians in VAW cases from the perspective of medical ethics are stated according to the themes of "history-taking," "diagnosis," "treatment," "preparing a forensic incident report," "forensic incident reporting," and "informing women about process." Observations showed that emergency services' conditions significantly influence VAW case management.

Conclusion: The management of VAW cases in emergency departments should not be left to physicians' personal attitudes and behaviors. It should be ensured that physicians are well-trained in the management of cases in emergency departments and that they adhere to the ethical and professional values.

Keywords: Emergency medicine, violence against women, gender-based violence, medical ethics, physicians' attitudes, qualitative study.

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TIP ETİĞİ AÇISINDAN KADINA YÖNELİK ŞİDDET YÖNETİMİNDE ACİL TIP HEKİMLERİNİN TUTUM VE UYGULAMALARI: NİTELİKSEL BİR ARAŞTIRMA

ÖZET

Amaç: Acil tıp hekimleri kadına yönelik şiddet olgu yönetimini sistematik ve etik ilkelere uygun olarak yürütmelidirler. Kadına yönelik şiddet yönetiminde acil tıp hekimlerinin tutum ve uygulamalarının etik yönlerinin anlaşılmasının ve analiz edilmesi önemlidir. Bu çalışma, acil tıp hekimlerinin kadına yönelik şiddet vakalarının yönetimindeki tutum ve uygulamalarını tıp etiği açısından değerlendirmeyi ve acil servisler için bir model önermeyi amaçlamaktadır.

Materyal ve Metot: Bu niteliksel araştırma, Ankara'daki altı üniversite hastanesinin acil tıp bölümlerinde görev yapan 32 hekimle yapılmıştır. Derinlemesine görüşmeler için yarı yapılandırılmış soru yönergesi kullanılmış ve veriler, tıp etiği perspektifinden "Grounded Teori" kullanılarak analiz edilmiştir. Acil servislerin koşullarını değerlendirmek için gözlem formu kullanılmıştır.

Bulgular: Acil servis hekimlerinin kadına yönelik şiddet vakalarına etik bakış açılarını yansıtan tutumları "şüpheli yaklaşım", "kadına yaklaşım" ve "profesyonel yaklaşım" ana temaları altında toplanmıştır. Tıp etiği perspektifinden kadına yönelik şiddet vakalarında hekimlerin rolleri "öykü alma", "tani", "tedavi", "adli olgu bildirim raporu hazırlama", "adli olgu bildirim yapma" ve "kadınları süreç hakkında bilgilendirme" temalarına göre belirtilmiştir. Gözlemler, acil servis koşullarının kadına yönelik şiddet vaka yönetimini önemli ölçüde etkilediğini göstermiştir.

Sonuç: Acil servislerde kadına yönelik şiddet vakalarının yönetimi hekimlerin kişisel tutum ve davranışlarına bırakılmamalıdır. Acil servislerde hekimlerin vaka yönetimi konusunda iyi eğitilmeleri, etik ve mesleki değerlere bağlı kalmaları sağlanmalıdır.

Anahtar kelimeler: Acil tıp, kadına yönelik şiddet, toplumsal cinsiyete dayalı şiddet, tıp etiği, hekim tutumları, niteliksel araştırma.

INTRODUCTION

Violence against women (VAW) is a social issue that has cultural, social, economic, political, and legal aspects based on gender inequality. It is the violation of the fundamental rights of women, especially the right to health.¹ VAW is associated with acute and chronic serious health problems such as physical injuries, gynecological and mental pathologies, infections, and substance abuse among women.^{2,3}

Healthcare professionals are typically the first professional point of contact, and they play a vital role in reducing the adverse effects of violence on women's health.⁴ Hence, the primary objective of healthcare should be combating violence. It should provide medical and psychological assistance to women and also protect them from recurrent exposure.^{5,6}

The United Nations Entity for Gender Equality and the Empowerment of Women (UNEGEEW) has explained the basic standards of the comprehensive approach of the health system to VAW in four guiding principles: (a) Human Rights-Based Approach, (b) Survivor-Centered Approach, (c) Care Quality-Based Approach (equity, effectiveness, efficiency, and appropriateness), and (d) Medical Ethics-Based Care Approach (respect for autonomy, beneficence, non-maleficence, fairness, privacy, and respect for human dignity).⁷⁻¹¹

As per the World Health Organization's (WHO) report on VAW (2017), one out of every three women worldwide is experiencing physical and/or sexual violence by their spouse or intimate partner. The odds of VAW cases to receive emergency departments rises because of the adverse health outcomes of violence.^{6,12}

Thus, healthcare staff have a crucial role in identifying VAW because they have the chance to evaluate women's exposure to violence. However, considering the workloads and time constraints that emergency physicians face, it may be difficult to do what is necessary regarding the cases of VAW.¹³

Emergency departments generally do not have proper settings to ensure the privacy and confidentiality of patients. Regarding sensitive medical decisions and important treatment options, this problem causes difficulties in communication between patients and physicians. The result can be poor communication and loss of trust, and disruptions may happen while providing healthcare.¹⁴

Moreno *et al.* describe the essential characteristics that healthcare staff should have when combating VAW: (a) knowledge and awareness (combating VAW, gender), (b) skills (approach to medical emergencies, stress management skills), (c) ethical principles (respect for privacy and confidentiality, respect for women's autonomy and choices, and prioritizing women's safety), and (d) attitude (empathy, non-judgement, adopting a

gender-equality based approach, and not considering violence acceptable).⁶ Emergency physicians should also have these characteristics.

Upon reviewing the literature, we did not find any qualitative study that assessed the attitudes and practices of emergency physicians regarding the management of VAW in terms of medical ethics. Therefore, this research is important as it contributes to the literature on the practices of emergency physicians.

The aim of this qualitative study is to assess the attitudes and practices of emergency physicians regarding the management of VAW cases in terms of medical ethics and to propose a model for the management of VAW cases that can be used by emergency physicians, in line with the results of the research.

MATERIAL AND METHOD

Design

The study is designed based on the Grounded Theory, developed by Glaser, BG, and Straus, AL. Grounded Theory, which is used in qualitative research, is a method of giving sociological meaning to a phenomenon. This method is a way of conceptualizing, describing, and explaining a strategy for processing qualitative data obtained by providing a perspective on a particular attitude or behavior. Therefore, it provides guidance to research. Thus, it is possible to make it practical by making the estimated reasons or explanation of an attitude or behavior which is the subject of the research. According to the Grounded Theory, data collection and analysis are conducted concurrently. Analysis is performed using a systematic, inductive, flexible, repetitive, and comparative method. The existing knowledge and views of the participants are explained and interpreted through detailed analysis.^{15,16}

This research was conducted between March 2017 and June 2018 using the methods of "face to face in-depth interviews" and "observation" in the Emergency Departments (ED) of six different medical faculties in Ankara province of Türkiye (hospital names have been anonymized for ethical reasons). Initially, up-to-date theoretical knowledge has been acquired through reviewing the national and international literature related to the research topic. In this context, a semi-structured questionnaire was designed (Annex 1). In-depth interviews were carried out through a semi-structured questionnaire with volunteers for the study. The interviews were conducted in the emergency departments, the working environment of the participants, during the time and in the setting specified by the participant. After conducting the interviews, an observation form was prepared in the light of the data obtained from the participants (Annex 2).

Annex 1. Semi-Structured Questionnaire Form

I- Demographic characteristics

- Age
- Gender
- Marital status
- Professional experience (years spent in the profession, institutions where the physicians worked and still works for)

II- Knowledge:

1. What can you say about the effects of different types of violence on health?
2. Do you encounter cases of violence against women? If so, how often (in the last 6 months to 1 year) and what types of violence do you encounter?
3. Could you share what you know about what to do in the cases of violence against women you encounter?

III- Attitude:

4. Could you explain what the cases of violence against women mean to you in emergency medicine practice?
5. How is your approach to women exposed to violence? What should be the ideal approach?
6. Could you give information about the characteristics of the environment provided to female patients who were exposed to violence during the diagnosis, treatment, observation, and notification stages and the factors/issues you consider during the communication process with the patient?

IV- Practice:

7. How do you use the opportunities, which are offered by the institution you work for, in approaching female patients who were exposed to violence?
8. What can you say about the practices you have done during the diagnosis and treatment of female patients who were exposed to violence?
9. How do you think the incident reporting procedure should be conducted when it comes to violence against women?

V- Other:

10. What do you suggest for both physicians and institutional arrangements regarding the case management of violence against women?

Annex 2. Observation Note Form

I- Physical Environment

- Pre-Triage Zone
- Triage Zone
- Green Zone
- Yellow Zone
- Red Zone

II- Social Dimension of the Environment

- Pre-Triage Zone
- Triage Zone
- Green Zone
- Yellow Zone
- Red Zone

III- Interactions in the Environment

- Pre-Triage Zone
- Triage Zone
- Green Zone
- Yellow Zone
- Red Zone

IV- Speech in the Environment

- Pre-Triage Zone
- Triage Zone
- Green Zone
- Yellow Zone
- Red Zone

V- General assessment

Observations were made based on this form in the emergency departments. One observation was made for each ED during the previously decided periods within the day, observing the dynamics of the physicians' working environment in the emergency departments regarding the specified issues and taking written notes.

This study was based on the PhD thesis on Medical Ethics and History of Medicine, which was defended by Arif Hudai Koken in the year 2019.

Determination and Selection of Participants

Inclusion criteria were (a) being a physician, (b) beginning and continuing emergency medicine residency training, (c) having completed emergency medicine residency training and (d) to be volunteer to participate the study. Purposive sampling method allows for in-depth study of situations that are thought to have rich information. Thus, a total of 32 volunteer emergency physicians were interviewed using the purposive sampling method basis on the inclusion criteria.

Research Team

The research team consisted of three researchers: Arif Hudai Koken (Male, MD, Research Assistant at the time of the study), Nuket Ornek Buken (Female, MD, PhD, Prof.), and Nuket Paksoy Erbaydar (Female, MD, Assoc. Prof. at the time of the study). The researchers received training in qualitative research methods.

Collection of Data

The preliminary implementation of the research was achieved through three pilot interviews, and the adequacy of the open-ended questions in the semi-structured questionnaire was evaluated.

According to MQ Patton, a voice recorder should be utilized to record data from the qualitative interviews. If recording is not allowed or is not possible, the data should be written down meticulously.¹⁷ Only participants and researchers attended the interviews. Interviews were recorded using a voice recorder. The responses of the three participants, who did not consent to record the interviews, were noted down after obtaining their permission. The interviews were completed upon reached to the saturation point on the 32nd participant. Arif Hudai Koken conducted the interviews. The minimum duration of the interview was 34 minutes, whereas the maximum duration was 74 minutes, and the mean duration was 47.55 minutes.

During the interviews, physicians were allowed to express themselves openly, their words were not interrupted, no positive or negative comments were made, and body language and verbal expressions, indicating that they were listened to, were used.

Observations of each emergency department were made on different days and at different four-hour time intervals. The physical environment of the hospital emergency departments and the social dimension, interactions, and speech used in each emergency department were observed in the pre-triage zone, triage zone, green zone, yellow zone, and red zone throughout these periods. The issues noted during observations, which were considered to be ethically problematic, were recorded as findings. In order to make a general assessment of emergency departments, findings were recorded during the observation period. According to MQ Patton, this is considered an unnoticeable type of observation that does not lead to behavior change among physicians in the workplace, and the observer is the audience.¹⁸

All the data was collected at the emergency departments.

Analysis

First of all, audio recordings were transcribed word for word prior to data analysis. Data analysis was carried out in seven phases as pointed out by Kavas *et al.*¹⁹ The transcriptions were read in detail in order to dominate the data. Prominent concepts in the participants' statements were determined, and raw data were structured crudely. In order to generate a thematic framework, notions were assessed and frequently recurring concepts were detected. Content was formed using frequently recurring concepts. Related context, theme, and sub-themes were displayed in tables. An association was made between the context, theme, and sub-themes to make the data more intelligible. Ultimately, the data were interpreted.

Moreover, the themes that were detected from the observation notes, the observation topics related to each emergency service, and the ethically problematic issues regarding emergency services were displayed in tables. Thanks to this procedure, the perspectives that contributed to the discussion were obtained.

All data sources were anonymized. In the statements that serve as examples for the context, themes, and sub-themes, first-year residents are referred to as ATA1, fourth-year residents as ATA4, and lecturers as

OU. The protocol numbers (such as ATA1-3, ATA4-7, and OU-9), which were written on the informed consent form signed by participants, were added at the end of the statements. Anonymization of the observation notes was ensured by providing codes (such as H1 and H2) to each emergency department.

No data analysis software was used for the transcription of the records and analysis of the obtained qualitative data. Researchers performed data analysis together. The study was reported in accordance with the COREQ Checklist (https://cdn.elsevier.com/promis_misc/ISSM_COREQ_Checklist.pdf).

Ethical Aspects of the Research

This study was conducted after obtaining the ethics committee approval from the Non-Interventional Clinical Research Ethics Committee of Hacettepe University, decision number GO 17/238-26. Following the approval of the ethics committee, administrative permission was also obtained from the medical faculties. Informed consents were obtained from participants before conducting the interviews.

RESULTS

The interviews were analyzed by considering the socio-demographic characteristics of the participants. The socio-demographic characteristics of the participants are shown in Table 1.

The participants stated, according to the three different main themes, the ideal approach to VAW cases, regarding the physician's attitude. Table 2 shows the analysis of physicians' statements.

Maintaining Suspicion Index

A significant part of the participants emphasized the necessity of a skeptical approach towards the detection of VAW cases in emergency services. In addition, they explained about how this skeptical approach should be.

"I routinely question violence or abuse, whenever I find physical findings among women and children." (OU-2)

Approach to Women

The participants, who stated that special approaches are needed for women who are exposed to violence in emergency services, mostly explained from their own perspectives how these approaches should be. These approaches, which are emphasized as necessary, have been systematized by the researchers.

Table 1. Socio-demographic characteristics of the participants (n=32)

Socio-demographic characteristics	Number	Percent (%)
Sex		
Female	9	28
Male	23	72
Participants		
Resident	22	69
Lecturer	10	31
Duration of professional experience (in years) (Mean: 8.75 ± 6.67)		
0 to 5	9	28
5 to 10	15	47
10 to 15	1	3
15 to 20	3	9
20 to 25	4	13
Education about ethics		
Yes	32	100
No	0	0
Education about violence against women		
Yes	7	20
No	25	80
Education about gender		
Yes	2	6
No	30	94
Institutions physicians previously worked for*		
Hospital Emergency Services	26	
Prehospital Emergency Services	4	
Community Health Centers	4	
Primary Health Care Center	3	
Military Units	2	
Other Units	6	
Emergency medicine experience (in years) Mean: 8.72 ± 7.13		
Graduation year		
Earliest graduation	1993	
Latest graduation	2016	

*n: folded

"I try to empathize; I definitely avoid incriminating attitudes. I would be supportive to help them more." (ATA1-3)

"Staying calm, acting without questioning, paying attention to the privacy, listening carefully, spending adequate time, making interventions as much as the patient allows are important. Based on the experience I have acquired so far; I consider that all these issues are crucial." (OU-7)

Table 2. Ideal approach to Violence Against Women (VAW) cases in emergency departments

Context	Themes	
	Main theme	Subtheme
The ideal approach to the case of violence against women	Maintaining suspicion index	<ul style="list-style-type: none"> - What the women said should be considered skeptically - The social life of women should be questioned - The medical history of women should be questioned - The examinations of the women should be assessed skeptically - Should be skeptical of any physical finding - Should skeptically approach elders - Should skeptically approach children
	Approach to women	<ul style="list-style-type: none"> - A balance should be struck regarding the process - Should have a protective approach - Ensure women have confidence in the physician - Should take care of women - Should empathize with women - Should make women feel valuable - Should stand next to women - Should make positive discrimination - Should approach women calmly - Should approach women moderately - Should be affectionate - Should be merciful - Should be kind - Should be candid - Should care about women - Should speak consolingly - Should respond to the demand of women - Should be made to feel good - Should be guiding - Should be sympathetic - Should be supportive - Should not make women ashamed - Women should not be kept waiting - Should not be incriminating - Should not be questioning - Should not be persistent - Should not act formally
	Professional Approach	<ul style="list-style-type: none"> - Human-centered approach should be adopted - Should obtain informed consent - A selfless approach should be adopted - Should act according to the sociocultural characteristics and values of women - The guidelines and informative material should be used - Confidentiality should be ensured - An isolated setting should be provided *Privacy should be ensured *Women should be examined alone *The relatives of the women should be moved away *Assisting female auxiliary staff should be demanded, if needed - Women should be examined in detail - Pregnancy status should be questioned - Should not hurt women *Should not do a forced examination - Should ask indirect questions - Should give women time - Should approach women according to the nature of the violence - Should empathize with women - Should provide psychological support - Should cooperate with relatives - The process should be managed rapidly and in a multidisciplinary way *Should demand appropriate consultation *Should receive social worker support *Should develop a safety plan *Should provide proper guiding - Should prepare a forensic incident report *Should be reported if there is doubt *Should explain the reason for the forensic incident report *Should not damage the honor of women *Should pay attention to the health of women *Inform women about the significance of their condition *Should ensure women's privacy *Detailed report should be prepared

Professional Approach

The participants stated that it is critical to approach VAW cases professionally. In addition, most of them tried to explain from their own perspectives how a professional approach should be provided.

"...at least it is important that the interview is performed by people specialized in this field, examined and talked to the domestic violence and VAW cases, who know the case management and actually who is a performer of this field." (ATA1-3)

"... I think we should be in the manner of approaching everybody with equal mentality, equal attention and equal care. We should act without discrimination who are exposed to violence..." (ATA1-4)

"A multidisciplinary approach should be followed... Depending on the severity of the case, relevant branches should take an active role." (ATA4-5)

"Ensuring patients' privacy is quite important. In fact, there should not be too many healthcare staff in the setting where there is a woman who was exposed to violence." (OU-3)

The participants stated the roles they undertook when they encountered VAW cases in emergency departments under six different main themes regarding physician practices. They emphasized what emergency physicians should do depending on these roles. Table 3 shows the analysis of physicians' statements.

In History Taking

It is widely accepted among the participants that taking a history plays an important role in the management of violence against women.

"Confirming the accuracy of the story and comparing the story with the examination findings are crucial in detecting violence." (OU-3)

In Diagnosis

The diagnosis of VAW has some difficulties especially in emergency services. If the woman cannot say that she has been subjected to violence, the role of the emergency physician in the diagnosis is perhaps the most critical stage of the violence case management.

"We already pay heed to be alone during the physical examination. For this, one of the rooms is evacuated for examination. The physical examination is performed in a way that includes the whole body, not superficially and careless." (OU-1)

In Treatment

The treatment process of the woman who exposed to violence requires special approaches. At this stage, the emergency physician should approach more sensitively and plan a careful and meticulous treatment, especially for the role the physician undertakes.

"We act more sensitive because this is a forensic incident. As I said before, stabilization of the patient, medical treatment is performed, and analgesics are given. We can easily consult, use technical opportunities and provide treatment." (ATA1-6)

In Preparing A Forensic Incident Report

The participants stated that all findings related to violence should be reported in detail for a fair judicial process of women.

"When we are preparing forensic incident reports, we also assess their story. We record all positive findings. We record the story that the patient told us and how the incident began and ended." (OU-3)

In Forensic Incidence Reporting

The participants expressed the forensic incidence reporting process may cause situations that will endanger the safety of the women as well as the physicians.

"Law enforcement should definitely be nearby. Because we are also likely to be subjected to violence. Put differently, men who think that this incident should be kept within the family typically want us to cover it up, just as they try to cover up the violence that has already been committed by them. This both leads to pressure on us and not to assess effectively." (ATA1-7)

In The Process Of Informing Women

Participants explained in detail that emergency physicians should be more active and what they should do in the process of informing women exposed to violence.

"Usually, forensic medicine unit comprehensively provides support lines, contact telephones of the units of the state ministry of family social assistance or the bar associations for these matters, or the legal or psychological or state-made solution options such as lawyer support, and their contact numbers to the individual." (OU-1)

Table 3. The role of emergency physicians in approaching Violence Against Women (VAW) cases		
Context	Themes	
	Main theme	Subtheme
The role of the emergency physician in approaching violence cases	In history taking	<ul style="list-style-type: none"> - Should be approached skeptically - Life-threatening conditions should be handled first - Detailed history should be traced - Should be examined alone in an appropriate setting - Should gain women's trust * The physician should introduce himself * Should comfort women * Appoint appropriate assistant personnel * Should ensure the safety of women - Should remove the source of violence - Should console women - Ensure the safety of staff
	In diagnosis	<ul style="list-style-type: none"> - Should ensure privacy/confidentiality - Women's safety should be ensured - Should request accurate examination - Detailed assessment should be made * Odds of sexual assault should be assessed * Odds of child abuse should be assessed * Odds of elder abuse should be assessed - A detailed physical examination should be made - A mental examination should be made - A psychiatric consultation should be requested - Should talked with women's relatives
	In treatment	<ul style="list-style-type: none"> - A treatment should be prepared - Women should be informed about treatment process - Medical follow-up should be planned - Should approach women based on their needs - Should provide emotional support - A consultant physician should be invited * Psychiatric consultation * Gynecology consultation * General surgery consultation * Forensic medicine consultation
	In preparing a forensic incident report	<ul style="list-style-type: none"> - A detailed forensic examination and history should be taken - A detailed report should be prepared * Medical risk factors should be identified * Detailed lesion description should be made * The blood alcohol level should be determined * Estimated time for the occurrence of violence should be determined * Even if the lesion is not visible, patient complaints should be added * The results of the examination should be included * The blood medication level should be determined * Mental examination findings should be added * Radiological examination findings should be added * Laboratory results should be added * Women's statements should be added * The type of violence should be indicated * Life-threatening situations should be stated - The forensic incidence report should be based on facts
	In forensic incidence reporting	<ul style="list-style-type: none"> - Should ensure confidentiality - Should provide police support * Should control the source of violence * Should ensure the safety of women * Should ensure the safety of employees - Should report the violence - * A domestic violence registration form should be prepared - Forensic incidence report should be prepared * A temporary report should be prepared * The final report should be prepared
	In the process of informing women	<ul style="list-style-type: none"> - Women and, if necessary, their relatives should be informed - The women should be informed about the legal process - Informative material should be used - Women should be guided to units where they can obtain information * To the forensic science specialist * To the police * To the social worker * To the relevant non-governmental organizations * To the relevant phone contacts

Table 4. Results of the observations made in emergency departments	
Hospitals/Observation Hours	Observation Results Regarding Emergency Services (Pre-triage zone, Triage zone, Green zone, Yellow zone, Red zone)
H1 (01.00 - 05.00)	- Crowded emergency service - Unsanitary setting - Inability to ensure privacy and confidentiality - Inadequate physical conditions
H2 (05.00 - 09.00)	- Inability to ensure privacy and confidentiality - Inadequate physical conditions
H3 (09.00 - 13.00)	- Crowded emergency service - Inability to ensure privacy and confidentiality - Inadequate physical conditions
H4 (13.00 - 17.00)	- Crowded emergency service - Inability to ensure privacy and confidentiality
H5 (17.00 - 21.00)	- Crowded emergency service - Unsuitable setting for female patients who were exposed to violence - Inadequate physical conditions
H6 (21.00 - 01.00)	- Crowded emergency service - Lack of privacy and information confidentiality

The results of observation regarding the emergency departments are shown in Table 4. This table is important in terms of expressing the negative dynamics of the emergency room in context of women exposed to violence and working area for emergency physicians.

DISCUSSION

Emergency physicians must provide high-quality healthcare as rapidly as possible. However, specific conditions of the emergency department environment negatively affect healthcare.²⁰ Under these difficult conditions, it is inevitable that physicians' decisions have negative ethical consequences.²¹ When it comes to VAW cases, emergency physicians' attitudes and practices as well as the characteristics of the working environment are also factors that should be taken into consideration as they ethically impact case management.

According to Mosadeghrad AM, the quality of healthcare is correlated with the knowledge and technical skills of physicians. Therefore, the cruciality of undergraduate medical education was highlighted.²² Undergraduate ethics education offers conceptual tools for medical students to identify, analyze, and solve ethical problems in clinical practice.²³ In this context, the UNESCO Bioethics Core Curriculum intends to introduce the bioethical principles of the Universal Declaration on Bioethics and Human Rights to university students.²⁴ According to the National

Undergraduate Medical Core Curriculum (NUMCC) in Türkiye, the medical education curriculum includes "Medical ethics, ethical and professional values and responsibilities; humanitarian, social and cultural values and responsibilities" subtitles, and it is suggested to be included in the training program and to identify appropriate competencies.²⁵ On the other hand, in the emergency medicine residency education curriculum, there is no definition of competency in ethics education.²⁶ In this study, all of the participants stated that they received ethics education and that they knew the basic ethical issues theoretically. In light of this information, physicians have ethical awareness.

Regarding education about VAW, it is suggested in NUMCC that medical students should acquire a certain level of case management skills, in the event that they might encounter violence in clinics.²⁵ However, there is no specific competence about VAW in the emergency medicine residency training.²⁶ In this study, seven participants stated that they received education about VAW before or after their graduation. Therefore, for most physicians, VAW case management is dependent on their own individual motivations and skills.

The Attitudes of Physicians

In this study, participants stated their attitudes toward VAW cases in the context of ideal approach according to three main themes, which are maintaining suspicion index, approach to women, and professional approach. According to the study performed by Ramsay *et al.*, most clinicians (physicians and nurses) display a favorable attitude toward VAW cases. However, the rate of detecting and reporting violence was low. It was reported that these clinicians had basic knowledge of certain risk factors and clinical issues related to VAW, but this knowledge was not adequate for detecting and managing violence cases.²⁷ When a woman applies to the emergency department, she might feel shy, timid, scared, guilty and might disguise the fact that she was exposed to violence. In order to determine the relationship between the current health problem and the type of violence the woman experienced, the physician should approach her skeptically.²⁸ The data obtained within the scope of the study indicate that physicians have a skeptical attitude toward the probability of women's exposure to violence in emergency departments.

Another crucial issue is how to appropriately approach women in emergency departments based on the type of violence they experienced.²⁹ It is recommended to

provide appropriate healthcare immediately when they are suspected of being exposed to violence. In addition, women's emotional, physical, security, and support needs should be met, and confidentiality and privacy should be ensured.²⁸ In this study, physicians stated that they exhibited ethically significant attitudes such as empathy, compassion, understanding, positive discrimination, guiding, and supportive approach to women.

The UNEGEEW suggests that VAW cases should be provided medical ethics based and human-centered healthcare.¹¹ In line with this, the participants stated that they professionally exhibited a human-centered and self-sacrificing attitude. Moreover, they emphasized that they adopted an approach that respected women's values.

A professional attitude in line with the ethical principles such as privacy, confidentiality, respect for human dignity, safety, non-discrimination, and equality is another significant aspect of VAW case management.³⁰ According to WHO, it is necessary to provide the most appropriate support and display a professional attitude through ethical approaches such as taking accurate steps for the benefit of women, protecting them from potential harms, and respecting their autonomy by ensuring them to attend the decision-making process. Moreover, women should be listened to without judgment and feel empathy, their needs and concerns should be highlighted, the information given should be verified, they should be assured that they are understood and believed, their fears about security should be eliminated against the reoccurrence of violence, and they should receive assistance in accessing the services and social support they need.²⁸ In this study, it was highlighted that the participants displayed professional ethical attitudes, which are expected at the international level, toward VAW cases in emergency departments.

Physicians' Practices

Emergency physicians should assess women in terms of the physical, mental, and social aspects in detail. However, according to Fain J. *et al.*, process management depends on the individual attitudes and practices of physicians, if there is no existing protocol about VAW case management in emergency departments.³¹ In such cases, physicians should adopt a case-specific attitude.³² It was found out in this research that emergency physicians in Türkiye determined their attitudes and practices toward VAW cases based on their personal points of view. This is

due to the lack of training and the lack of a standard ethical approach model.

The roles of physicians in VAW case management were categorized by participants into the stages of "history-taking," "diagnosis," "treatment," "preparing a forensic incident report," "forensic incident reporting," and "informing women." The emphasized physicians' roles are in line with the roles of physicians mentioned in international sources. The United Nations Population Fund (UNPF) describes the key roles of physicians in VAW cases as follows: (a) they should understand the symptoms of VAW, (b) the effects of violence on woman's health should be stated, (c) key questions should be asked to detect violence, (d) women's privacy and confidentiality should be protected, (e) women should feel they are listened to well and should be given confirmation messages that they are understood, (f) women should be examined in accordance with their medical history, (g) medical and psychological support should be provided, (h) the health consequences of violence should be recorded, (i) women should be informed about their health status, (j) relevant consultation should be provided, (k) safety planning should be done, and (l) regular follow-up on women's health should be provided.³³ The fact that participants have stated the roles of physicians mentioned above indicates that they are aware of their responsibilities in this regard.

Sheridan DJ *et al.* developed a guideline for the treatment of VAW cases in emergency departments. According to this guideline, the practices that should be followed by physicians to determine violence have been systematized.³⁴ Compared to this guideline, the results of this study demonstrate participants' practices through more up-to-date, advanced, and international ethical perspectives.

Emergency Departments' Conditions

The participants stated that an unfavorable working environment leads to ethically various challenges in the management of VAW cases. Therefore, observational data was used to corroborate physicians' statement regarding the approaches that they take.

According to Ulrich RS *et al.*, the physical environment of the hospital is crucial in terms of ensuring patients' privacy and confidentiality, providing social support, safety, communication, quality of healthcare, and patient satisfaction.³⁵ When it comes to emergency departments, compared to other departments, the significance of the physical environment stands out.³⁶

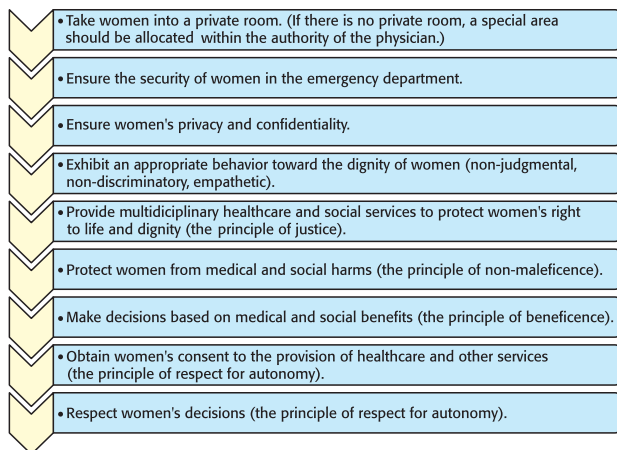


Figure. Model for the case management of Violence Against Women (VAW) in emergency departments from the perspective of medical ethics

ACEP demonstrates that emergency departments should be designed to protect the patient's right to privacy and confidentiality.³⁷ This way, the dignity of the patient would be secured.³⁸ Based on these observations, it was determined that the hospitals where the physicians worked had inadequate physical conditions. This situation negatively impacts the quality of healthcare provided to VAW cases in emergency departments.

The quality of healthcare in emergency departments includes six dimensions: safety, effectiveness, patient-centered care, efficiency, punctuality, and equity.³⁹ According to Salway RJ *et al.*, crowdedness in emergency departments could lead to decrease in the quality of care.⁴⁰ According to Lin Y *et al.*, when the crowdedness problem in emergency departments is overcome, the waiting duration will decrease and the patient will go through a more satisfactory process.⁴¹

The physical characteristics and the social dimension of emergency departments bring along a series of ethical problems. According to Lin Y *et al.*, the working environment of emergency departments leads to privacy and confidentiality problems due to various interactions. Thus, efficient regulations will solve these problems.⁴¹ Considering the particular situation of VAW cases, optimizing emergency departments' conditions would enable women to feel safer, and, thus, support is provided more effectively.

Limitations

Due to the nature of qualitative research, the research results cannot be generalized. Moreover, three of the participants did not give consent for recording. However, they gave permission to record their responses in writing. Thus, data loss due to this reason was considered as another limitation of the study.

CONCLUSION

Physicians are faced with a wide variety of health problems in emergency departments. Primarily, it is the responsibility of the physician to unveil the linkage between the clinical condition of women and exposure to violence.

Incidents of VAW cases vary depending on the social, economic, and cultural characteristics. Hence, the approach to each case differs. Therefore, it is much more important to manage VAW cases in light of the ethical and professional values in the most appropriate way for the benefit of women.

On the other hand, combating VAW should not be left solely to the individual practices of emergency physicians. All stakeholders should act with a sense of responsibility. This problem should be eliminated by a multidisciplinary team that provides emergency services and safeguards women's rights and dignity through necessary regulations.

The results of the research have demonstrated that there is no systematic approach for the management of VAW cases in emergency departments in Türkiye. It was stated that the subjective attitudes and behaviors of physicians were effective in managing each case of VAW. Therefore, emergency physicians should receive education about VAW at every stage of their professional life. Ethics should be an indispensable part of education. In addition, health and institutional policies specific to emergency departments should be developed to combat VAW.

In conclusion, we established a “model for the case management of VAW in emergency departments from the perspective of medical ethics” based on the results of the study through reviewing national and international literature (Figure). We believe that this model will guide emergency physicians in the management of VAW.

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*The authors declare that there are no conflicts of interest.

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