

Beyond the Social Lens: The Critical Call to Integrate Gender-Based Violence into Healthcare, Medical Education and Research

Namratha Kulkarni^{1*}, Pavan P Havaladar²

¹KLE JGMMMC, Hubli, KLE Academy of Higher Education and Research, Hubballi, Karnataka, India

²Gadag Institute of Medical Sciences, Gadag, Karnataka, India

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***Correspondence:** Dr. Namratha Kulkarni (Namratha.d.kulk@gmail.com)

Dear Editor,

The purpose of this letter is to emphasize why gender-based violence (GBV) needs to be integrated into healthcare research. GBV affects individuals, their families, and their communities significantly, making it an extremely significant global health problem. Despite its prevalence, there is a paucity of research on GBV within healthcare settings, which limits our capacity to generate evidence-based, beneficial therapies. Increasing research efforts and leveraging GBV studies into healthcare systems are essential for enhancing assistance for those who survive GBV. To address this issue, thorough research supported by sufficient finances and support from institutions is essential. Given the significant effects that GBV has on both individuals and communities, its implications must be further investigated. This letter includes highlighting why GBV has to be incorporated into healthcare research and the pressing need to boost this field of research, as discussed in the sections that follow and as illustrated in Figure 1.

The Importance of GBV Studies

The vulnerabilities of women and children living in abusive environments have been made public by the "shadow pandemic" of GBV. The National Commission for Women reported a large increase in complaints and a surge in domestic abuse events during the COVID-19 lockdown in 2020.¹ The seriousness of this situation has been further highlighted in India over the past few years by several significant occurrences, such as horrific attacks, conflict-related sexual violence, online harassment, and institutional sexual harassment.

These occurrences demonstrate how urgently comprehensive, empirically supported research and stronger interventions are needed to effectively address GBV. About 30% of Indian women between the ages of 15 and 49 have experienced physical violence, and 23% have reported experiencing either physical or sexual violence in the previous 12 months, according to the National Family Health Survey (NFHS-5, 2019–21).² However, these figures

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likely do not fully capture the extent of the problem due to severe underreporting.

GBV's Effects on Health

Despite being regarded as a societal issue, GBV has long-lasting effects on one's health. Physical Health issues include gastrointestinal problems, chronic discomfort, and injuries. Mental health issues include signs and symptoms of post-traumatic stress disorder (PTSD), feelings of sadness, anxiety, and suicidal thoughts. Additionally, people could feel increasingly alone, have trouble regulating their emotions, and have problems going about their everyday lives. Eating disorders, substance addiction disorders, and self-harming behaviors are examples of behavioral health issues. Additionally, these difficulties may cause people to act impulsively or participate in risky behaviors. Chronic stress disorders and cardiovascular disease are examples of long-term health issues. Women who suffer GBV report worse health and more healthcare use, according to NFHS-5 data. Ignoring GBV puts communities at risk for a public health emergency as well as decreased economic output and social advancement.

The Relevance of Integrating GBV in Healthcare and Research

Integrating gender-based violence (GBV) considerations into healthcare and research is essential for improving the overall quality of care and addressing significant public health challenges. This approach allows healthcare providers to better support survivors and contribute to systemic change through evidence-based practices.

Early identification and intervention: Healthcare providers often serve as the initial point of contact for GBV survivors. Implementing routine screening for GBV in both primary and tertiary care settings can significantly enhance the identification of cases and facilitate timely referrals to relevant support services. This proactive approach ensures that survivors receive appropriate care as soon as possible.

Comprehensive care delivery: Including GBV considerations in patient care plans allows healthcare providers to extend their focus beyond physical treatment to include psychological and social support. Such holistic care helps address the multifaceted impact of GBV on survivors' overall well-being.

Addressing health disparities: Targeted GBV research is crucial for identifying at-risk populations and customizing interventions to meet their specific needs. For example, data from the Dilaasa Crisis Intervention Centre in Mumbai highlights that many GBV survivors belong to economically disadvantaged groups, underscoring the critical role of healthcare practitioners in supporting vulnerable communities.³

A study found that 72% of women preferred inper-

son GBV screening by medical professionals, demonstrating the potential for creating secure, confidential environments conducive to disclosure.⁴

Several initiatives demonstrate the successful integration of GBV services into healthcare. India's One-Stop Crisis Centres (OSCCs) provide medical, psychological, legal, and police support in one location, reducing stigma and improving coordination, particularly in rural areas.⁵ The Dilaasa Centre's advocacy for hospital-based GBV screening has improved survivor support³, while the SWATI initiative in Gujarat trains Accredited Social Health Activists (ASHAs) to identify and respond to GBV in rural communities, where they are key first responders.⁶ Telangana's Bharosa Centres offer integrated healthcare, legal, psychological, and police services, minimizing trauma and enhancing recovery.⁷ Globally, the UK's IRIS program trains healthcare staff to identify and refer domestic violence cases, improving case detection⁸, while the U.S. Affordable Care Act mandates IPV screening as part of preventive services, further embedding GBV into healthcare.⁹ Malaysia's OSCC model highlights the role of comprehensive care for women and children in resource-limited settings.¹⁰ These initiatives underscore the importance of integrating GBV response measures into healthcare, improving outcomes for survivors and societal well-being.

Integration of GBV Into Medical Education and Research

Integrating gender-based violence (GBV) education into medical and nursing curricula is crucial for enhancing healthcare's ability to prevent, detect, and respond to GBV. Medical and nursing schools should include modules on GBV's health consequences, screening techniques, trauma-informed care, and documentation. This will better equip healthcare providers to identify and support survivors. Continuing Medical Education (CME) programs are vital for keeping professionals updated on GBV research and intervention strategies. Emergency department staff should receive specialized training to recognize abuse and direct patients to appropriate resources. Hospital administrators must implement policies that support survivors and create safe disclosure environments. Mental health providers also need training in trauma-informed care to address survivors' psychological needs. This approach will improve GBV recognition, management, and prevention, leading to better care for survivors and a supportive healthcare environment.

While initiatives like CEHAT's collaboration with Maharashtra University of Health Sciences (MUHS) have integrated gender-sensitive training into medical education¹¹, there is a significant gap in research and examples focused on GBV integration in curricula, healthcare, and research in India. Studies, such as Fawole et al. (2019)¹², highlight the lack of formalized GBV training, leaving medical students with limited awareness. Innovative teaching methods, like

clinical simulations (Adánez-Martínez et al., 2023)¹³, can enhance students' ability to manage GBV cases. Multi-component interventions—screening, training, and referrals—have proven effective in addressing family violence, especially in primary healthcare settings, by improving provider knowledge and fostering multidisciplinary collaboration.¹⁴

Barriers and Ethical Implications in GBV Research

Increasing research on GBV within healthcare is crucial to understanding its full impact and developing effective interventions, as it remains a significant yet underexplored issue in India, hindered by cultural taboos, stigma, and underreporting. Victims often face humiliation, fear of retribution, and lack of trust in support systems, complicating accurate data collection. Ethical concerns, such as obtaining approvals, ensuring confidentiality, and avoiding retraumatization during interviews, further hinder GBV research. Frameworks like "Putting Women First: Ethical and Safety Recommendations for Research on

Domestic Violence Against Women"¹⁵ offer valuable guidance in addressing these concerns. Integrating GBV research into healthcare requires navigating these challenges with sensitivity, ensuring survivor safety, and generating meaningful data. Ethical guidelines help researchers design trauma-informed studies, overcome cultural and systemic barriers, and improve care for survivors while building a stronger evidence base for healthcare interventions.

The Scope of Funding Agencies in GBV and Health Care Research

Funding organizations can make a significant difference by promoting further research on GBV, particularly in healthcare environments. Innovative initiatives can completely transform early intervention techniques. One such example is the use of artificial intelligence to identify domestic violence in hospital settings. However, many of these projects encounter difficulties because of budgetary limitations, which restrict their advancement.

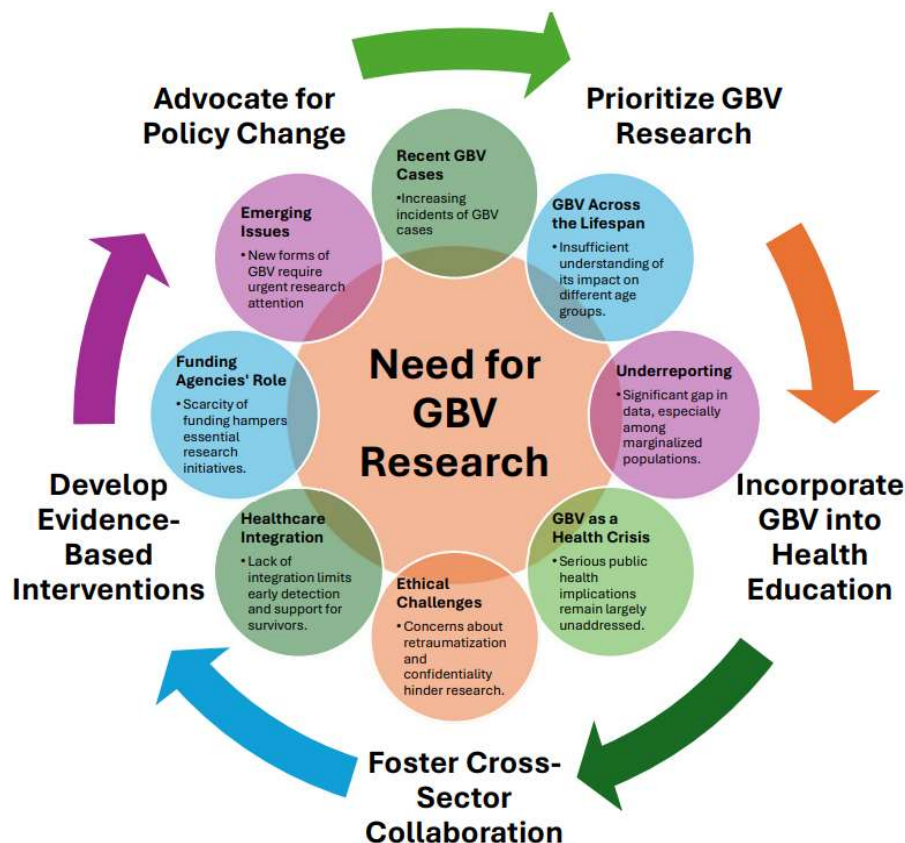


Figure 1: Need for GBV Research

CONCLUSION

In conclusion, healthcare stakeholders, researchers, and educators must collaborate to integrate gender-based violence (GBV) awareness and protocols into healthcare systems, research, and medical education. Healthcare professionals need training to identify

and respond to GBV, ensuring standardized protocols across settings. Medical curricula should focus on the impact of GBV and equip future healthcare workers to support survivors effectively. Researchers play a vital role in generating evidence to improve interventions. As highlighted by NFHS-5², India has a unique opportunity to set an example glob-

ally by systematically incorporating GBV education into medical training, healthcare practices, and research. This will help create a more responsive healthcare system focused on survivor well-being. In the words of Nelson Mandela, "It is in your hands to make a better world for all who live in it." By embedding GBV awareness into healthcare systems and education, we can create a compassionate, proactive healthcare system that both responds to and prevents GBV, ensuring better care for survivors nationwide.

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