

Curbing Intimate Partner Violence

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A U-M Medical School researcher is working with the World Health Organization (WHO) to develop and evaluate a health care provider and student training curriculum on intimate partner violence and sexual assault among women in lower-resource countries. Vijay Singh, M.D. (Fellowship 2010), assistant professor of emergency medicine, of family medicine, and of internal medicine, is part of a WHO-funded project to create training specifically for health care providers and students in low- to middle-income countries (LMIC). In early 2018, after helping develop the curriculum, Singh traveled to Ghana to pilot the training to a few hundred medical students at Kwame Nkrumah University of Science and Technology, a U-M Medical School partner institution.

“There are studies showing that violence against women is more prevalent in low- to middle-income countries, but there are few if any trainings on it for health care providers and students,” says Singh, also a member of the U-M Injury Prevention Center. “By increasing the level of health care response through training, you can potentially have a positive impact on women’s health as health care represents a likely point of intervention.”

Singh was asked in 2015 to be part of an international working group tasked with taking existing WHO clinical guidelines on identifying and responding to violence against women and modifying those practices for LMIC settings. While signs and symptoms of intimate partner violence and sexual assault might be universal, the response varies widely depending on the setting and availability of resources, Singh points out.

“In the United States, I can help a patient call a national crisis hotline or the local emergency shelter, call local police services if she wants to make a report, or I can refer the patient to mental health resources if needed. However, in many parts of the world, some or all of these resources might not be available,” says Singh. “Yet even if there are few public resources available, a health care provider or student can still listen, inquire about help needed, and validate a survivor’s experience. The health care provider or student can serve as first-line support.”