



Qendra Kosovare për Studime Gjinore
Kosovar Gender Studies Center

PRACTICAL GUIDE TO INTEGRATION OF GENDER AND TRAUMA PERSPECTIVES IN HEALTH CARE



The Kosovar Gender Studies Center (KGS) www.kgscenter.net has contributed to the integration of a gender perspective since 2002 and continues to strive to achieve gender equality in Kosovo. It has been a pioneer in changing discriminatory systems, social norms and double standards, and is very active in monitoring public institutions. The mission of the KGSC is to integrate gender-sensitive analyses, programs and policies into all sectors of Kosovar society by increasing gender awareness and focusing on gender issues, developing gender studies and ensuring the inclusion of gender-sensitive policies through research, policy development, advocacy and lobbying.

Disclaimer

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PRACTICAL GUIDE TO INTEGRATION OF GENDER AND TRAUMA PERSPECTIVES IN HEALTH CARE

● Introduction

Gender-responsive and trauma-informed healthcare is key to quality, inclusive and ethical services. This practical guide aims to support doctors, nurses and health system leaders in Kosovo, particularly in mental health and gynecological/obstetric services, in integrating the principles of gender equality, trauma-sensitive care, confidentiality and social justice into their daily work. It provides concrete guidance on responding to the needs of women and vulnerable groups, in line with national strategies and international human rights frameworks.

● Why is this guide needed?

Women and girls often face structural and social barriers to accessing health care, from gender bias to the consequences of gender-based violence. Inappropriate approaches can lead to re-traumatization or exclusion from services. The Kosovo Health Sector Strategy 2025-2030 emphasizes that a gender perspective should be integrated into all health policies and services, to reduce inequalities and ensure equal access for all.

International frameworks such as **CEDAW**¹ and the **Istanbul Convention** also emphasize the obligation of health institutions to provide women with unconditional and non-discriminatory care, and to train

¹ CEDAW- *The Convention on the Elimination of All Forms of Discrimination against Women is an international treaty of the United Nations (UN), adopted in 1979.*

professionals in handling cases of gender-based violence. This guide summarizes these principles and translates them into practical steps that can be easily implemented in hospitals, family medicine centers, and specialized clinics.

● **What does the guide contain?** The following sections include:

- **Basic principles** of a gender-sensitive and trauma-informed approach, which should guide every interaction with patients.
- **Practical guidelines** for maintaining confidentiality, respecting dignity, and ensuring fair treatment for every patient, without discrimination.
- **Identifying gender-based violence and reproductive trauma**, warning signs, and ways to ask the patient questions in a safe and empathetic manner.
- **Response steps**, including providing emotional and medical first aid and referring patients to appropriate support services.
- **Checklists** for clinical staff and institutions, which serve as a quick summary for creating a safe and supportive environment for patients and staff.
- **Tools for preventing burnout** and recommendations for supporting female health workers, taking into account their specific challenges in the workplace.
- **Integrating policies and legal frameworks**, with a summary of national strategies and international obligations related to gender-sensitive and trauma-informed care, to help institutions comply with them.

*The guide is structured in a **practical way**, with **clear language** and **concrete examples**, so that it can be used as a daily working tool.*

● Principles of Gender Sensitive Care and Trauma Informed Care

Equality and non-discrimination

- Provide accessible and equitable services to all patients.
- Treat every person with the same respect, regardless of gender, sexual orientation, gender identity, ethnicity, age or disability.

Avoiding gender stereotypes

- Do not underestimate women's pain or concerns as "emotional."
- Do not discourage any man from seeking psychological support.
- Recognize the specific needs of marginalized groups (women with disabilities, women from minority communities, LGBTQI+).

Tailored approach to women's needs

- Provide quality services around family planning, prenatal/postnatal care, and treatment of complications.
- Consider gender differences in symptomatology and expression of stress or pain.
- Provide a welcoming environment and trained staff.

Safe and violence-free environment

- Ensure that the institution's spaces are physically and emotionally safe.
- Prevent any form of harassment or violence from staff or patients.
- Respond immediately to incidents and ensure that patients can seek help without fear.

Respectful and inclusive communication

- Use neutral, non-discriminatory and gender-neutral language.
- Avoid humor or comments that could be perceived as prejudiced.
- Use nonverbal communication that conveys calm, respect, and closeness.
- Ensure that information materials are clear and inclusive of all genders.

● Key Principles of Trauma Informed Approach

Emotional and physical safety

- Provide safe physical environments (private rooms, doors that lock, presence of staff of the same gender when required).
- Avoid retraumatization by explaining each step of the examination and giving the patient full control (the ability to stop the procedure at any time).
- Use calm communication, without pressure and without inciting shame.

Trustworthiness, transparency and respect

- Clearly explain the purpose of each question, procedure, and clinical decision.
- Set clear expectations and guarantee confidentiality.
- Take the patient's reports seriously and examine them without prejudice.
- Fulfill professional promises (referrals, information, follow-up).

Active patient participation

- Involve the patient in decision-making and in developing the treatment plan.
- Offer clear opportunities and options, increasing the sense of control and security.
- Build relationships of cooperation, not authority.

Avoiding prejudice and second victimization

- Never blame the victim; avoid comments that suggest responsibility.
- Listen actively without judgment and validate the patient's experience.
- Provide a supportive attitude: "It's not your fault" is an essential message.

Cultural and individual sensitivity

- Respect the cultural, social and personal differences of patients.
- Adapting communication, language, and clinical approach to cultural needs increases safety and trust.
- Be aware that some women may be hesitant to talk about reproductive issues or trauma due to cultural norms or stigma.

● Patient Confidentiality and Privacy

Confidentiality is a fundamental principle of medicine and a basic right of every patient. It takes on particular importance when dealing with sensitive issues such as gender-based violence, mental health or reproductive health, because only a safe and trusting environment encourages the patient to speak openly. Below are practical guidelines for ensuring confidentiality and privacy in gender-sensitive and trauma-related contexts.

Private consultation

- Ensure that medical interviews and conversations take place without the presence of unauthorized persons.
- Politely ask family members to leave, unless the patient requests company.
- In cases of suspected domestic violence, do not ask questions in the presence of the partner or family members; create a natural reason for the patient to be left alone.

Careful and discreet documentation

- Record only necessary clinical information, respecting privacy protocols.
- Use neutral wording or approved codes, instead of direct descriptions that may expose the patient.
- Medical records and data should be stored securely; sensitive tests (e.g. pregnancy, STIs) are only communicated directly to the patient.

Physical privacy in the institution's premises

- Knock and ask permission before entering the room.
- During the physical examination, use curtains or sheets to cover the parts not being examined.
- Provide environments that protect patients from unnecessary exposure.

Confidential communication after consultation

- When contacting the patient outside the institution, avoid health details in voice or text messages.
- Ask the patient in advance about the safest way to communicate.
- Do not share medical information with other people without the patient's consent.

Implementation of legal and ethical rules

- Staff should be aware of legal provisions that protect confidentiality (e.g. Health Law, Code of Ethics).
- Exceptions to confidentiality apply only when required by law (e.g. serious danger to self or others, abuse of minors).
- Even in mandatory cases, disclosure should be minimal, justified, and ideally communicable to the patient.
- Always explain the limits of confidentiality to build trust and transparency.

How to Identify Gender-Based Violence and Reproductive Trauma

Physical

- Recurrent bruising, especially in areas that are easily covered.
- Fractures or unclear injuries, in various stages of healing.
- Recurrent STIs, multiple unwanted pregnancies.

Psychological

- Severe anxiety, fear, depression, insomnia.
- Extremely submissive or very irritable behavior.
- Avoidance of check-ups, especially gynecological ones.

Dynamics with the companion

- The companion speaks instead of the patient, constantly intervening.
- Minimizes complaints: "It's nothing, she's exaggerating."

Reproductive trauma

- History of pregnancy loss, very traumatic birth, forced abortion, infertility.
- Intense fear/anxiety of motherhood, refusal of pelvic exams, nightmares about childbirth.

Note: Establish as a routine (when there is clinical suspicion), always with the patient alone:

- *“How are things at home? Do you feel safe in your family?”*
- *“Sometimes partners can be violent. Has anyone ever pushed you, hit you, insulted you, or forced you to do things you didn’t want to do?”*
- *“Pregnancy and childbirth can be very difficult. Have you had any particularly difficult experiences during pregnancy, childbirth, or afterward that still bother you?”*

*If the patient denies violence, **do not make a diagnosis**, but maintain clinical suspicion and return to the topic in future consultations.*

Response – What to Do When the Patient Discloses Violence or Trauma

Remember: Listen – Trust – Value – Support – Respect

When a patient shares an experience of violence or trauma, how you respond can directly impact her safety, well-being, and healing. These simple steps can serve as a practical guide.

Listen carefully

Goal: to create a safe space for her to talk.

- Stop what you are doing and focus on her.
- Listen without interrupting, without judging.
- Use supportive statements like: “I’m so sorry you’re going through this.”

Trust and know her experience.

Goal: to reduce feelings of guilt and shame.

- Say clearly: “I believe you. What happened is not your fault.”
- Don’t ask for excessive or painful details.
- Focus on her emotions in the moment.

Assess safety and urgent needs

Goal: to understand if there is immediate danger.

Simple and direct questions:

- “Do you feel safe coming home tonight?”
- “Are you hurt? Are there children involved who could be in danger?”

In reproductive trauma, check:

- signs of depression,
- suicidal thoughts,
- difficulties relating to the baby.

Support and inform with clear options

Goal: to give them choice and control.

- Calmly explain practical options: psychiatrists, helplines, politics, social centers, psychologist.
- Provides health services she may need: emergency contraception, STI prophylaxis², forensic examination (with her consent).
- Help connect with referral services: We can call the shelter/NGO together, if you want.”

Respect her decisions

Goal: to empower him, not to decide for him.

- She decides whether to file a report, leave the house, or seek psychological services.
- Inform them: “You can always come back here. Our doors are open.”
- Schedule a follow-up meeting for follow-up and support.

² “STI prophylaxis” means the prevention of sexually transmitted infections (STIs)

● Practical Tips: Quick Checklists

These checklists are intended as practical tools for daily use by clinical staff and leaders of health institutions. They serve for self-assessment, supervision and internal training, with the aim of ensuring that gender-sensitive and trauma-informed care is implemented in a sustainable manner.

Checklist for Clinical Staff (doctors, nurses, psychologists)

Safe and private environment for consultation

- Consultations take place in a separate room, without interruption.
- Companions do not participate in sensitive conversations (unless the patient requests it herself).
- During intimate examinations, privacy is ensured: curtains drawn, door closed, body covering.
- Offer the presence of staff of the same gender, if the patient requests it.

Empathetic and non-discriminatory communication

- Use neutral language, free of gender stereotypes.
- Introduce sensitive questions delicately: "These questions help us take better care of you..."
- Listen actively, non-judgmentally, and with compassion.

Identifying violence and trauma

- Ask routinely (when clinically appropriate) about violence/abuse.
- Observe for possible physical and emotional signs of violence and explore tactfully.

Careful handling during physical examinations

- Explain each step of the procedure and ask for informed consent.
- Monitor the patient's reaction; stop immediately if she shows anxiety or panic.
- Provide emotional support after the examination, if there are signs of distress.

Confidentiality and secure documentation

- Do not discuss sensitive topics in open spaces (corridor, waiting room).
- Document only clinically necessary details and with discreet language.
- Store files and data in secure systems (physical or electronic).

Referral and follow-up

- Provide information about support services: psychologist, social worker, shelter, specialized NGOs.
- Keep the contacts of local support institutions ready.
- Schedule a follow-up visit for patients who have experienced violence/trauma.

Taking care of yourself as a professional

- Reflect on signs of secondary stress and seek support when needed.
- Discuss difficult cases with colleagues (while maintaining patient anonymity).
- Practice self-care techniques to prevent emotional exhaustion.

Healthcare leaders should use this checklist as an internal audit tool. By regularly checking these indicators, you can ensure that your hospital or center is moving in the right direction towards more equitable and supportive care for all. These measures are in line with national and international strategies to strengthen healthcare systems as friendly to women and vulnerable groups.

