

# Strengthening the health sector response to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines

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# Outline of the presentation



1. What can the health sector do?
  - World Health Assembly Resolution
2. WHO Clinical and Policy Guidelines
  - What is the purpose of the guidelines?
  - How were they developed?
  - What do they recommend?

# What can the health sector do?



- Provide comprehensive health services to survivors:
- Collect data about prevalence, risk factors, and health consequences
- Inform policies to address violence against women
- Foster and inform prevention programs
- Advocate for the recognition of violence against women as a public health problem

# World Health Assembly Resolution WHA 67.15

## 24 May 2014



### Key Recommendations for 194 Member States

- Ensure access to timely health services
- Improve the collection and dissemination of data
- Ensure health system engagement with other sectors

### Key Recommendations for WHO

- Develop the global plan of action
- Continue to provide technical assistance to strengthen health systems
- Continue to strengthen efforts to develop evidence

# Regional Strategy and Plan of Action on strengthening the health system to address violence against women - Americas



It proposes 4 lines of action, including:

- strengthening the availability and use of evidence
- strengthening political and financial commitment
- strengthening the capacity of health systems to provide effective care to survivors
- strengthening the role of the health system to prevent such violence



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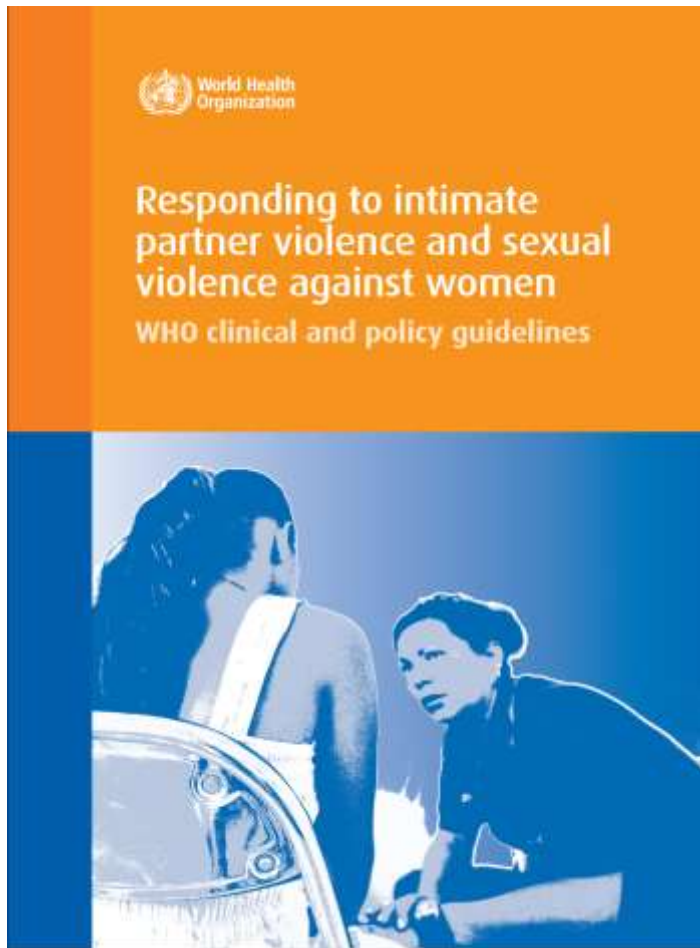


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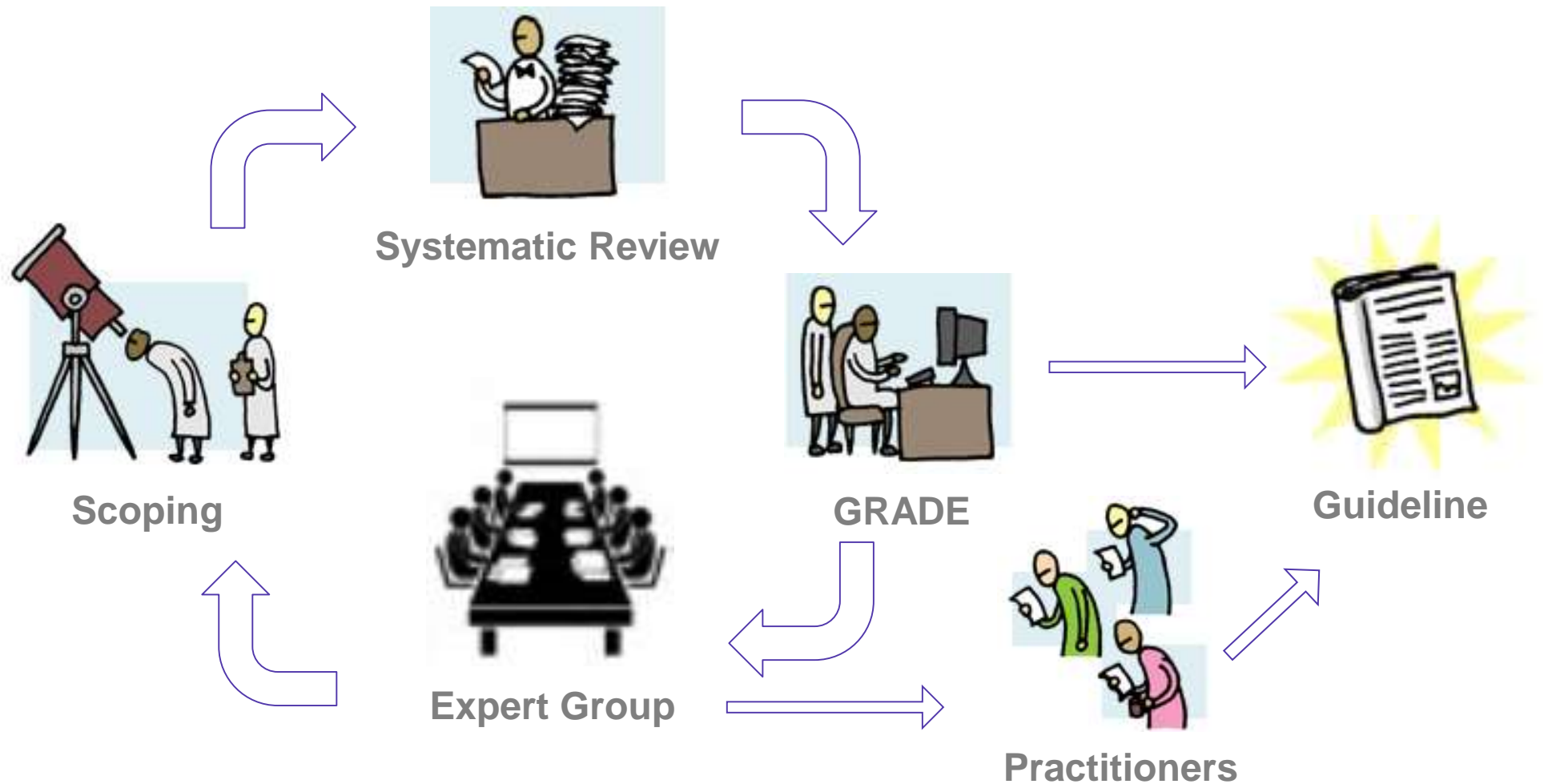
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# What is the purpose of the Clinical & Policy Guidelines?



- Provide evidence-based guidance for clinicians on how to respond to intimate partner and sexual violence
- Guidance to policy makers on how to deliver training and on what models of health care provision may be useful
- Inform educators designing medical, nursing and public health curricula regarding the integration of training on intimate partner and sexual violence

# How were the guidelines created?



# What are the limitations of the evidence?

- Limited evidence-base
- Evidence highly skewed towards high-income countries
- Heterogeneity of interventions, settings, professionals carrying out interventions
- Poor study design
  - Small sample sizes
  - High attrition rates

Important gaps:

- Children and adolescents
- Women with disabilities



# What are the key elements of a health sector response to violence against women?

## Guidelines for Health Sector Response



### **Women-Centered-care:**

Health-care providers should, at a minimum, offer first-line support when women disclose violence (empathetic listening, non-judgmental attitude, privacy, Confidentiality, link to other services).



### **Training of health-care providers on intimate partner violence and sexual violence:**

Training at pre-qualification level in first-line support for women who have experienced intimate partner violence and sexual assault should be given to healthcare providers.



### **Identification and care for survivors of intimate partner violence:**

Health-care providers should ask about exposure to intimate partner violence when assessing conditions that may be caused or complicated by intimate partner violence, in order to improve diagnosis/identification and subsequent care.



### **Health-care policy and provision:**

Care for women experiencing intimate partner violence and sexual assault should, as much as possible, be integrated into existing health services rather than as a stand-alone service.



### **Clinical care for survivors of sexual violence:**

Offer comprehensive care including first-line support, emergency contraception, STI and HIV prophylaxis by any perpetrator and take a complete history, recording events to determine what interventions are appropriate.



### **Mandatory reporting of intimate partner violence:**

Mandatory reporting to the police by the health-care provider is not recommended. Health-care providers should offer to report the incident if the women chooses.



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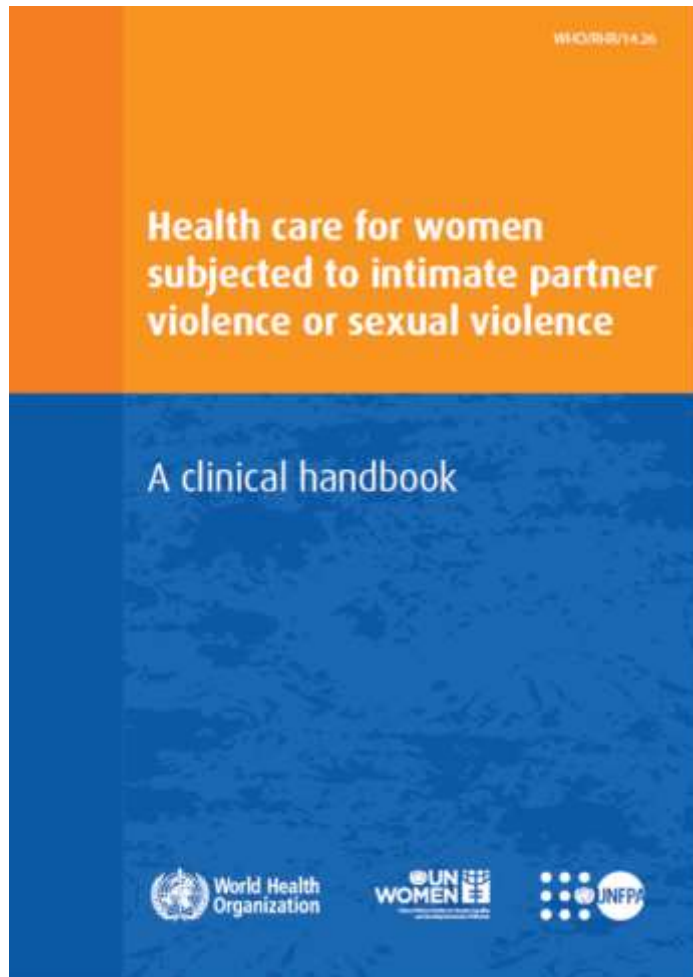
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# WHO Clinical Handbook



- Awareness about violence against women
- First-line support for intimate partner violence and sexual assault
- Additional care for physical health after sexual assault
- Additional care for mental health
- Job aids

# What does 'Women-Centered Care' mean?

<b>L</b> isten	Listen to the woman closely, with empathy, and without judging
<b>I</b> nquire about needs and concerns	Assess and respond to her various needs and concerns
<b>V</b> alidate	Show her that you understand and believe her. Assure her that she is not to blame
<b>E</b> nhance safety	Discuss a plan to protect herself and her children from further harm
<b>S</b> upport	Help her connect to information, services and social support.

# What about the identification of women?



- Universal screening not recommended, but...
  - > Certain sites may want to consider it provided certain requirements are met, including mental health, HIV testing and counselling, antenatal care
- Clinical enquiry is recommended – especially where can improve diagnosis and treatment
- Written information on IPV should be available in health care settings in the form of posters and pamphlets or leaflets made available in private areas such as women's washrooms (with appropriate warnings about taking them home)

# What are the minimum requirements that must be in place prior to asking women about violence?

- A protocol/standard operating procedure
- Training on how to ask, minimum response or beyond
- Private setting
- Confidentiality ensured
- System for referral in place

# What type of care should be offered to survivors of intimate partner violence?

Primarily focused on mental health, including:

- Mental health care for pre-existing or IPV-related conditions
- Basic psychosocial support
- Stress reduction strategies
- Strengthening positive coping methods
- Cognitive behavioural therapy (CBT) for those suffering PTSD
- Brief to medium duration empowerment counselling (up to 12 sessions) and advocacy/support, including a safety component, where health systems can support this intensive care
- Where children are exposed to IPV, psychotherapeutic intervention should be offered, including sessions with and without mother

# What type of care is recommended for survivors of sexual assault?



- Offer first line support to women survivors of sexual assault by any perpetrator
- Take a complete history recording event, any injuries, mental health status, etc.
- Emergency contraception (within 5 days)
- HIV PEP as appropriate (within 72 hours)
- STI prophylaxis/treatment
- Safe abortion as per national law
- Mental health support
- Written information for coping strategies for dealing with anxiety/stress

# Mental health

- Basic psychosocial support
  - First-line support
  - Help her strengthen her positive coping methods
  - Explore availability of social support
  - Teach and demonstrate stress reduction exercises
  - Regular follow-up care
  - Mandatory reporting of intimate partner violence to the police by the health care provider is NOT recommended
- Help with more severe mental health problems
  - Assessment of mental health status
  - Imminent risk
  - Depressive disorder
  - PTSD



# What are the policy recommendations for the provision of care?



- Integrate care into existing health care, rather than as stand-alone service
  - > Ensure minimum requirements are in place.
- Consider different models – no one size fits all, but support provision of care at primary health care level.
- Ensure providers are trained.

# What about mandatory reporting?

- Mandatory reporting of intimate partner violence to the police by the health care provider is NOT recommended
- But, health care providers should offer to report to appropriate authorities if the woman wants to do so
- Child maltreatment and life-threatening incidents must be reported where there is a legal requirement to do so

# What are the key elements for training health providers?

- All health care providers should be trained in first-line response and acute post-rape care.
- Health-care providers offering care to women should receive in-service skills-based training, including:
  - > when and how to enquire
  - > the best way to respond to women
  - > when and how is forensic evidence collection appropriate.
- Training should be integrated into undergraduate curricula for health care providers
- Training must address attitudes of health care workers
- Trainings should be accompanied by reinforcement and provision of continual support

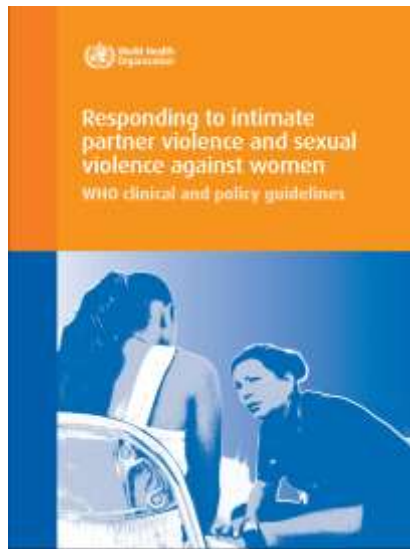


# System wide changes are necessary



- Emphasis in many countries is on training or routine screening
- Training or screening alone does not lead to sustained changes in health worker behavior or improved outcomes for women, unless accompanied by institutional changes
- Institutional changes include:
  - > procedures around patient flow,
  - > documentation,
  - > privacy and confidentiality,
  - > feedback to health workers,
  - > referral networks

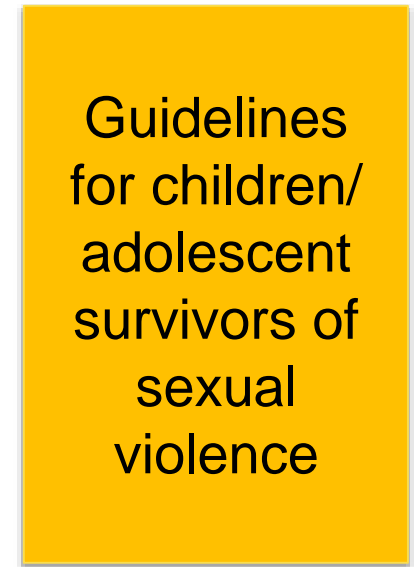
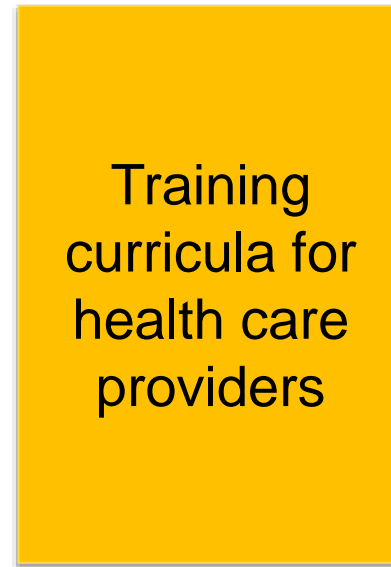
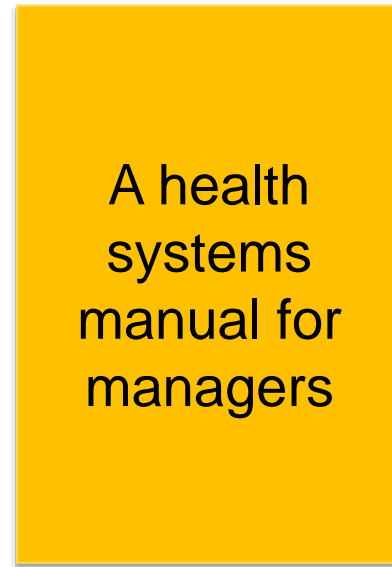
# Additional WHO tools



2013



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# Thank you for listening!

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