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Strengthening the Health System to address intimate partner violence and sexual violence

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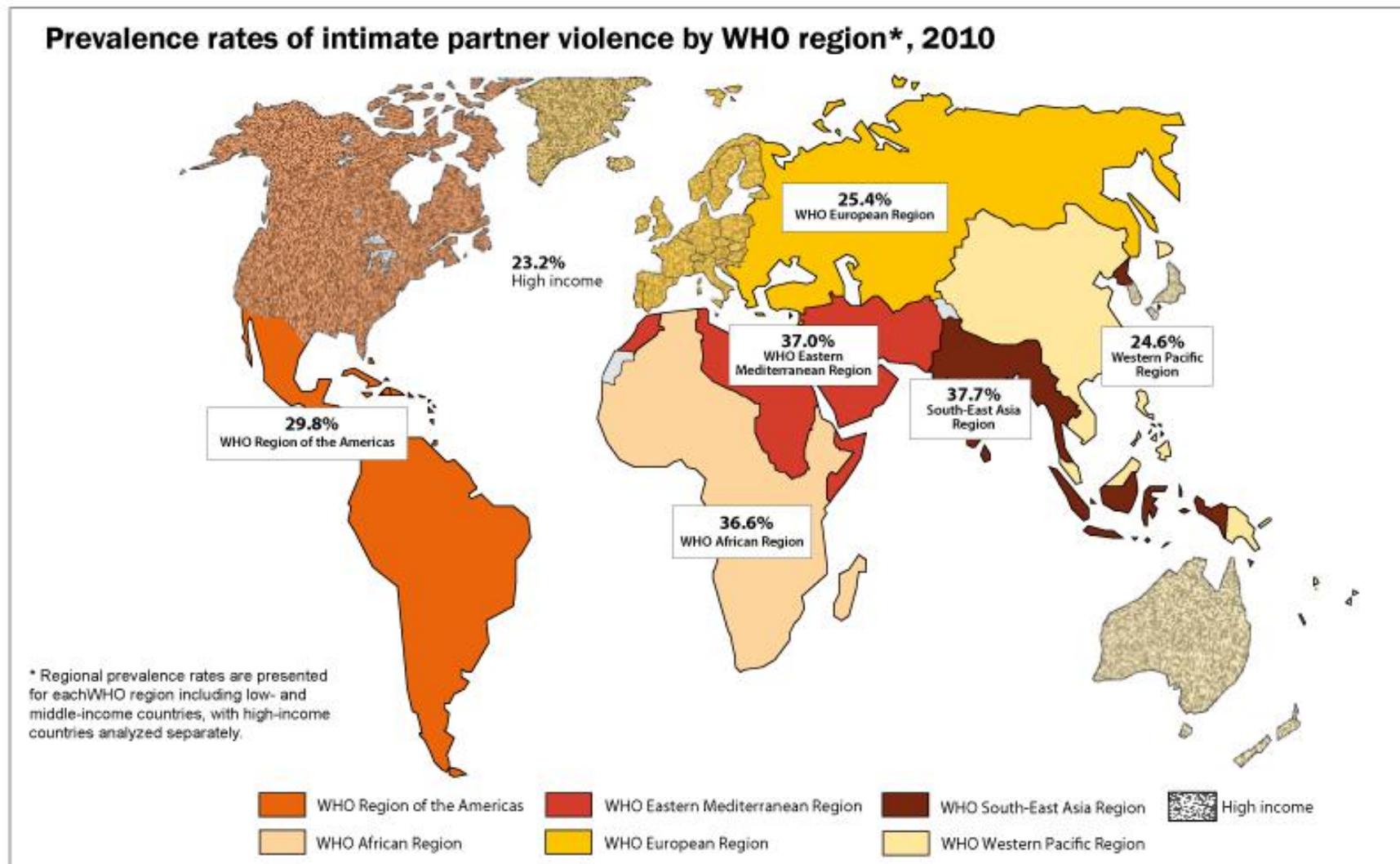
S.I.G.N.A.L.
20 November 2015



Presentation

1. Why is this important for WHO? Global overview of prevalence and health consequences of intimate partner and sexual violence
2. Global context: SDGs and WHO Global Plan of Action to strengthen the health system to address violence, in particular against women and girls.
3. WHO Guidelines and WHO Clinical Handbook: why were they developed, what is the process?
4. Actions at country level

Globally 1 in 3 women (30%) will experience physical and/or sexual violence by an intimate partner



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Data Source: *Global and regional estimates of violence against women*. WHO, 2013.

Median prevalence of intimate partner homicides out of all female homicides by WHO Region

- South–East Asia Region: 59%
- **High income countries: 41%**
- African region: 40%
- Region of Americas: 40.5%
- Western–Pacific: 19%
- Eastern–Mediterranean: 14%

Health consequences of intimate partner violence

HEALTH IMPACT: Women exposed to intimate partner violence are →

Mental Health

TWICE 
as likely to experience depression

ALMOST TWICE 
as likely to have alcohol use disorders

Sexual and Reproductive Health

16% 
more likely to have a low birth-weight baby

1.5 TIMES 
more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

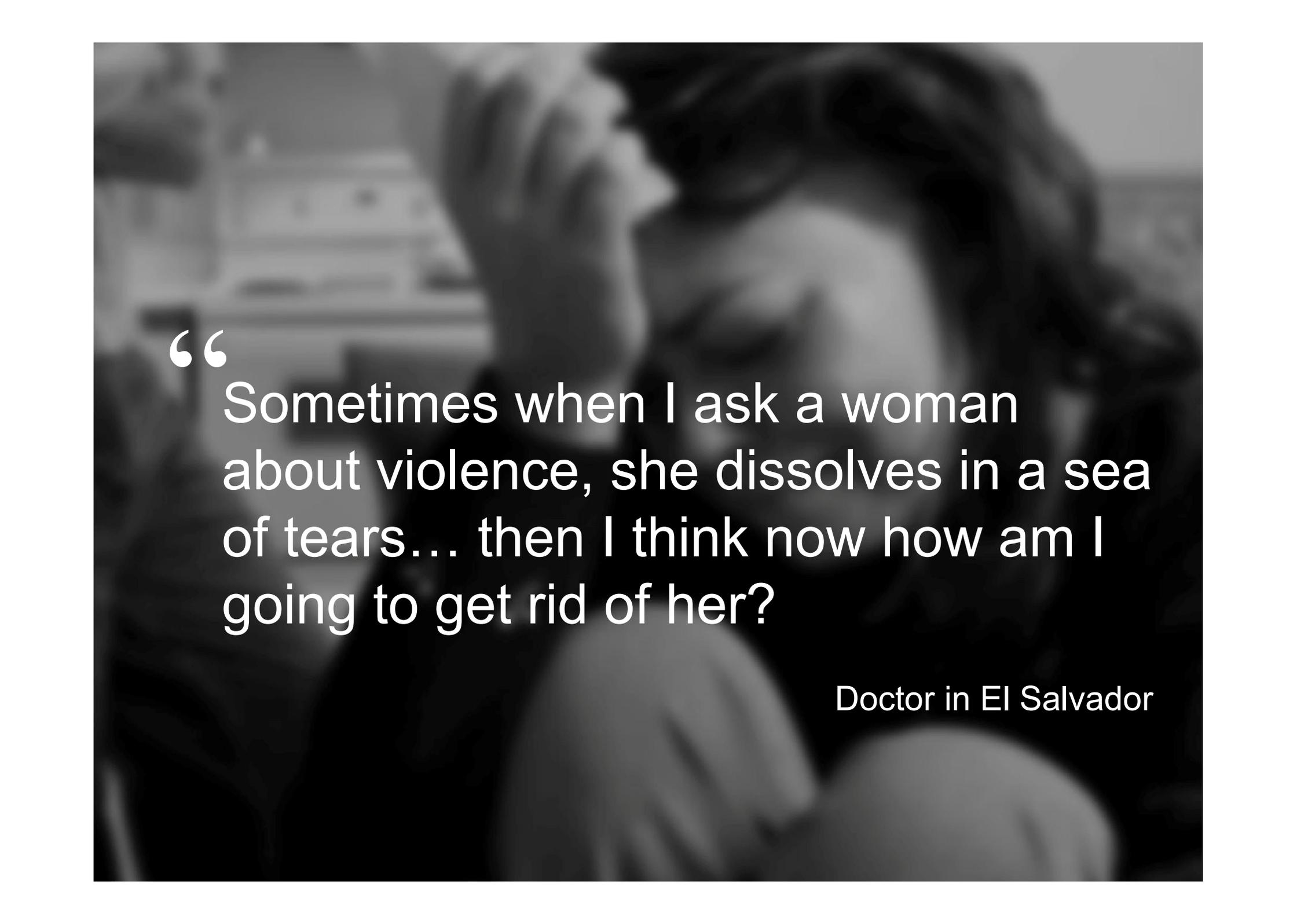
Death and Injury

42% 
of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result

38% 
of all murders of women globally were reported as being committed by their intimate partners

WHY should the health sector address VAW?

1. Abused women more likely to seek health services
2. Violence is an underlying cause of injury and ill health
3. Most women attend health services at some point, especially sexual and reproductive health
4. If health workers know about a history of violence they can give better services for women
 - Identify women in danger before violence escalates
 - Provide appropriate clinical care
 - Reduce negative health outcomes of VAW
 - Assist survivors to access help / services/ protections
 - Improve sexual, reproductive health and HIV outcomes
5. Human rights obligations to the highest standard of health care



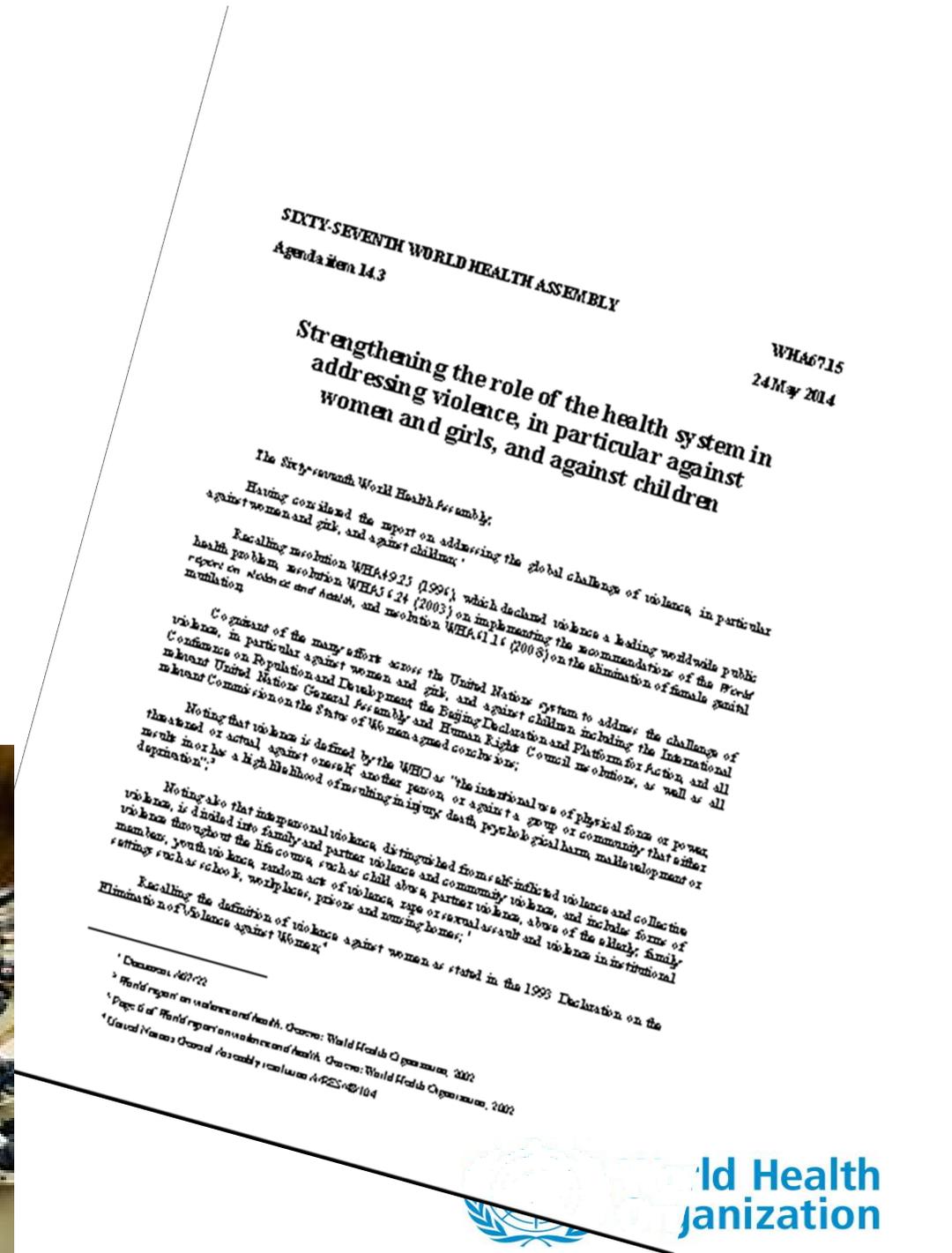
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Sometimes when I ask a woman about violence, she dissolves in a sea of tears... then I think now how am I going to get rid of her?

Doctor in El Salvador

67th World Health Assembly, May 2014

WHO Member States adopted a resolution (WHA 67.15) to strengthen the role of the health system in addressing violence, in particular against women and girls, and against children



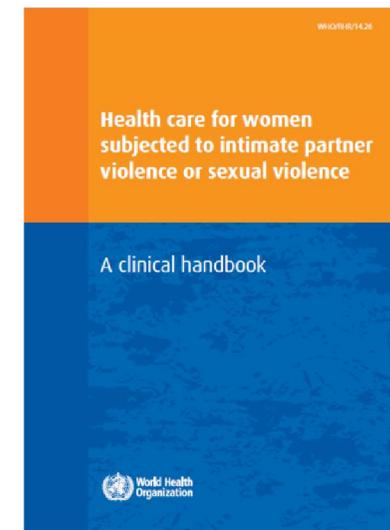
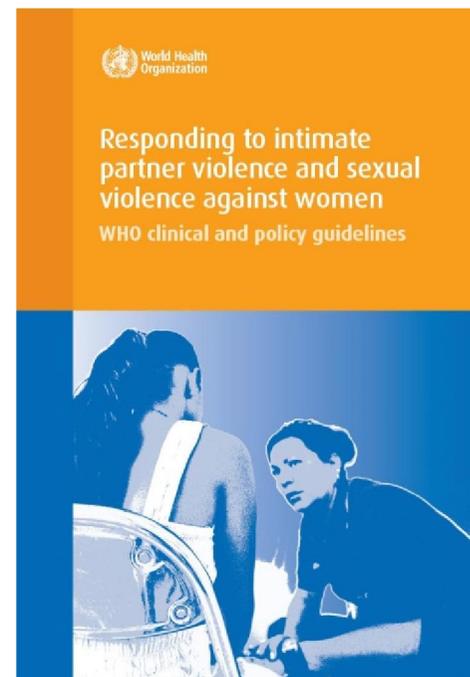
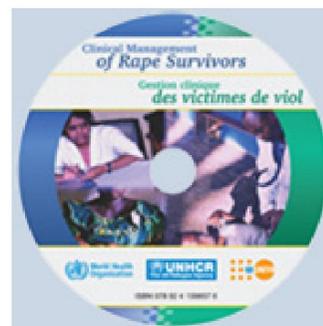
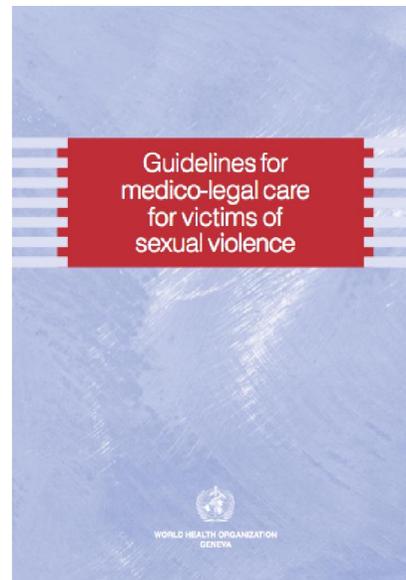
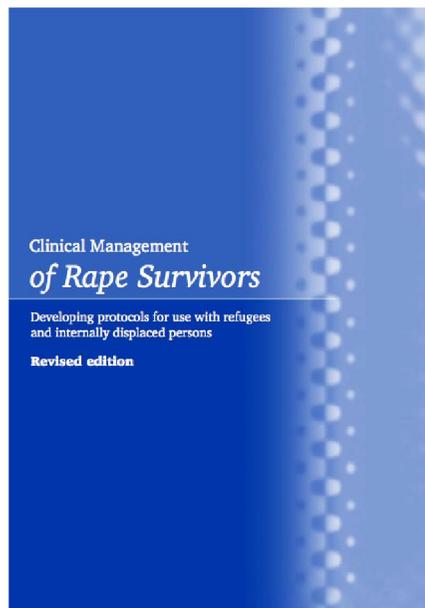
Global context

- **SDG 5 Achieve gender equality and empower all women and girls**

Target 5.2. Eliminate all forms of violence against women and girls in public and private spheres including trafficking and sexual and other types of exploitation

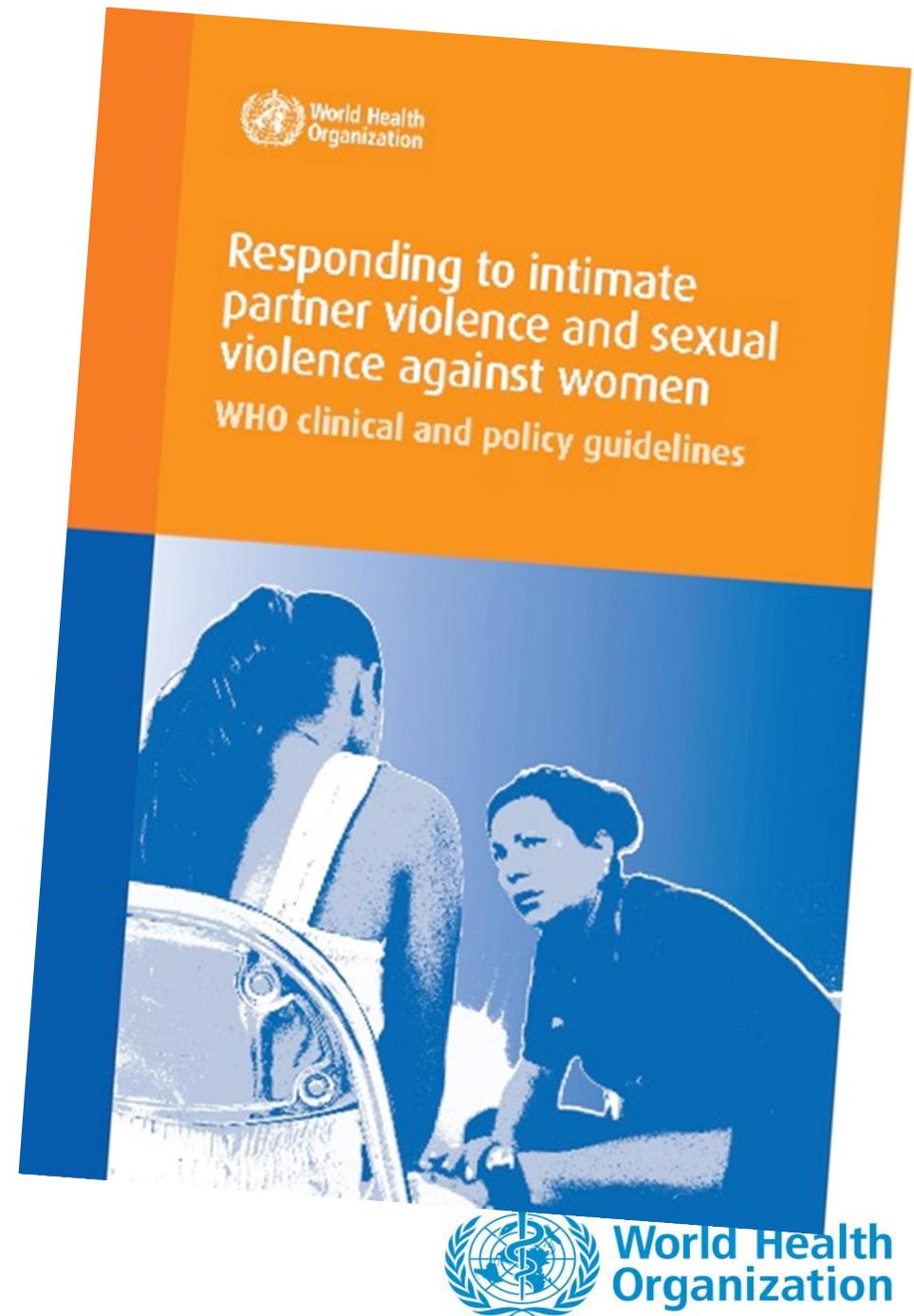
- **WHO Global Plan on Strengthening the Health System to Address interpersonal Violence, in particular against women and girls.**

WHO tools for training health providers

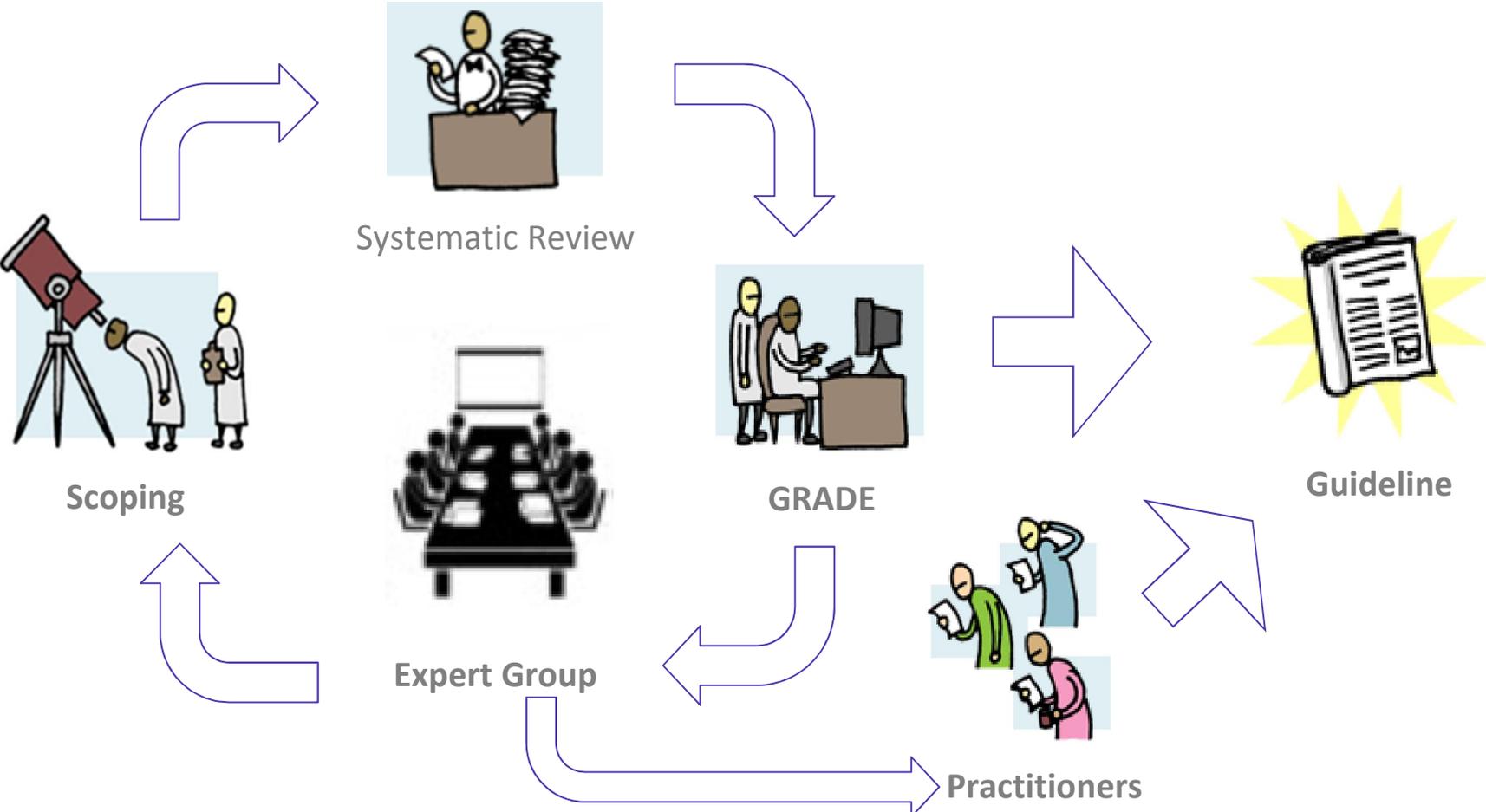


The Guidelines: Purpose

- Provide evidence-based guidance for clinicians on how to respond to intimate partner violence (IPV) and sexual violence (SV)
- 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 training



How were guidelines created?



Guidelines & the Clinical Handbook



Women-centred 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 woman chooses.

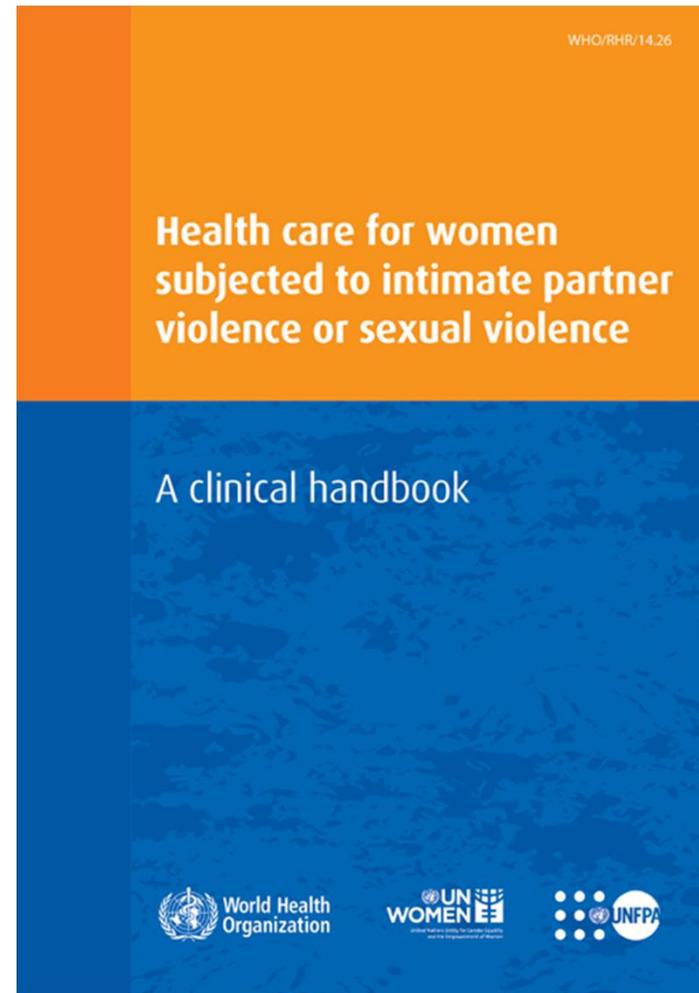
The Clinical Handbook: What is it?

Objective

To strengthen the capacity of health-care providers, including at the primary level, for assisting women subjected to **intimate partner violence (IPV)** and **sexual violence (SV)**.

What does it do?

- Provides **operational guidance** (the 'how to') based on WHO guidelines (the 'what')
- It is an **easy-to-use guide** including practical tips and job aids
- Addresses **physical, sexual and emotional violence**, by an intimate partner or any perpetrator
- It does not directly address young women (under 18) and men, although many of the suggestions can be applicable to them.



The Clinical Handbook: Contents

- **Part 1 - Awareness about violence against women**
- **Part 2 - First-line support for intimate partner violence and sexual assault**
- **Part 3 - Additional care for physical health after sexual assault**
- **Part 4 - Additional care for mental health**

Identifying a woman who may be subjected to violence

Asking about violence

- **Never raise the issue of partner violence unless a woman is alone.** Even if she is with another woman – could be the mother or sister of an abuser.
- Use **language** that is appropriate and relevant to the culture / community. Some women may not like the words “violence” and “abuse”; use the words that women themselves use.
- Do it in an **empathic, non-judgmental** manner

What if I suspect violence, but she doesn't disclose it?

- **Do NOT pressure her.** Give her time to decide what she wants to tell you.
- Tell her about **services** that are available if she chooses to use them.
- Offer **information** on the effects of violence on women's health and their children's health.
- Offer her a **follow-up visit.**

First-line support for sexual assault and intimate partner violence

- Involves 5 simple tasks:

L istening

I nquiring about needs and concerns

V alidating

E nhancing safety

S upporting

Basic psychosocial support

If care for mental health is not available, **there are things that first-line health-care providers can do** to reduce the suffering of women who are subjected to IPV or SV.

What is basic psychological support?

- Explain that she is likely to feel better with time.
- Help strengthen her **positive coping methods** .
- Explore the availability of **social support**.
- Teach and demonstrate **stress reduction** exercises.
- Make regular **follow-up appointments** for further support.

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



Training 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, incentives
- > referral networks



Role of the Health sector in a multi-sectoral response

Provide

Comprehensive health services for survivors



Collect data

about prevalence, risk factors and health consequences



Inform

policies to prevent violence against women



Prevent violence

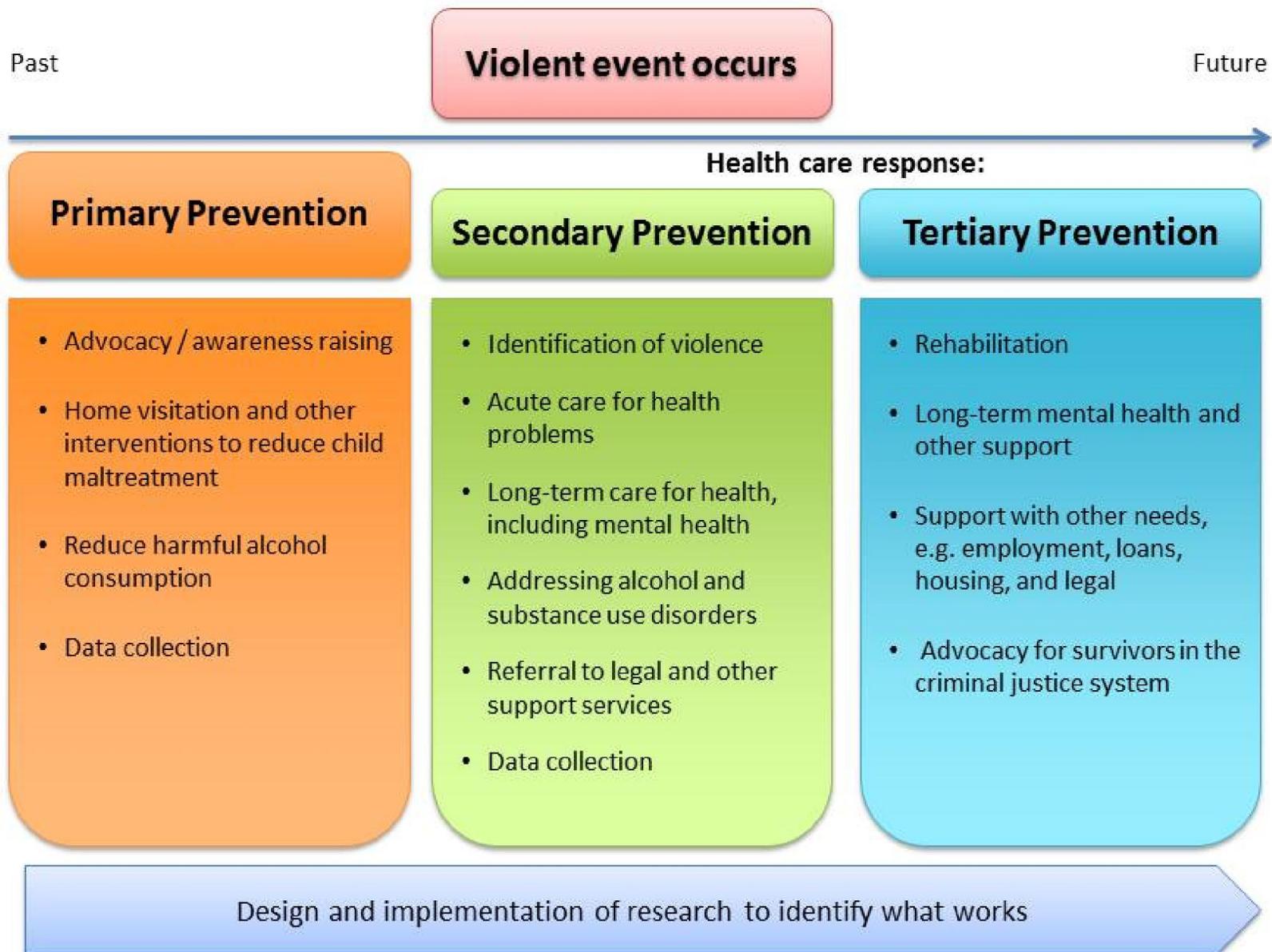
by fostering and informing prevention programs

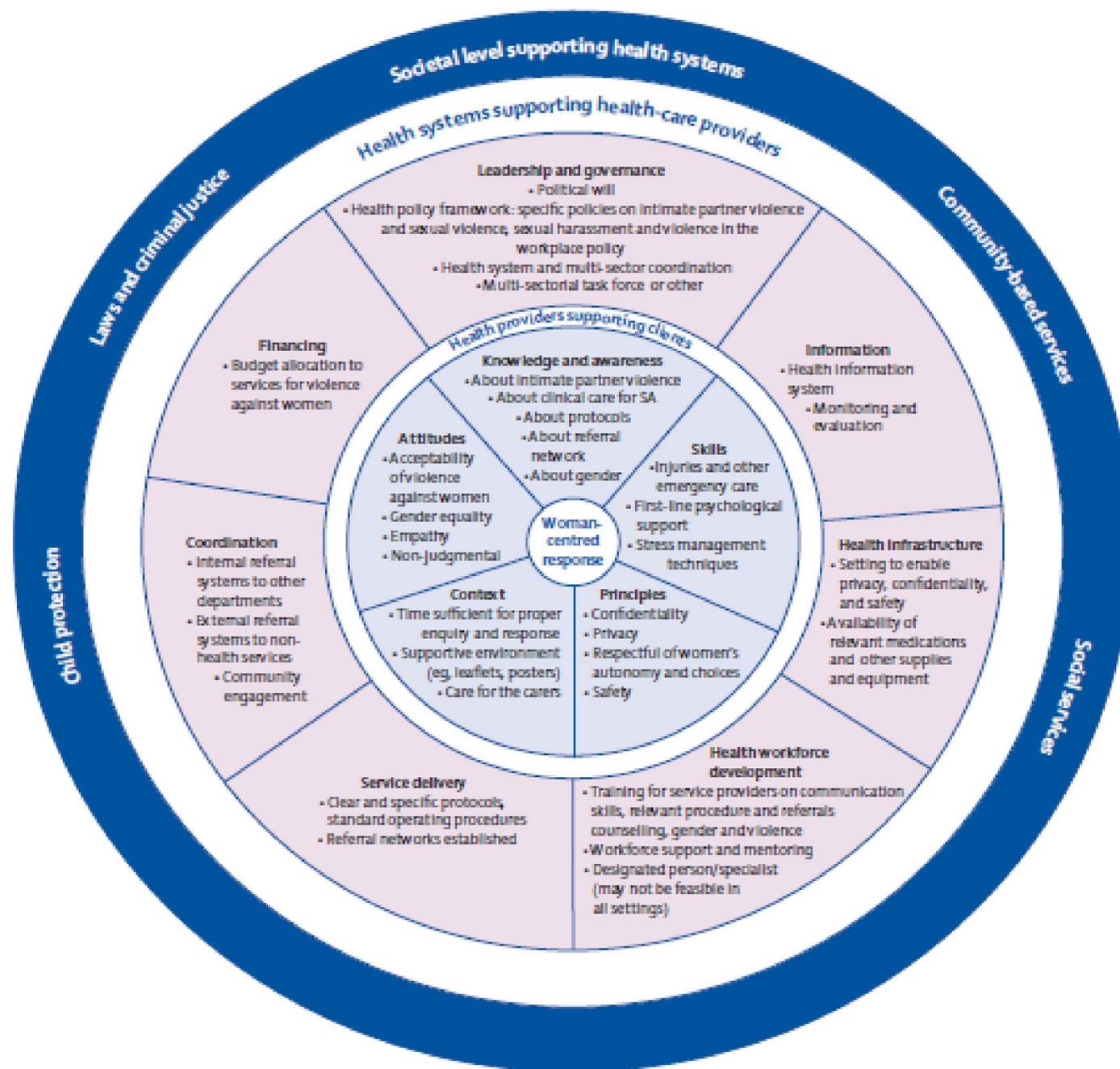


Advocate

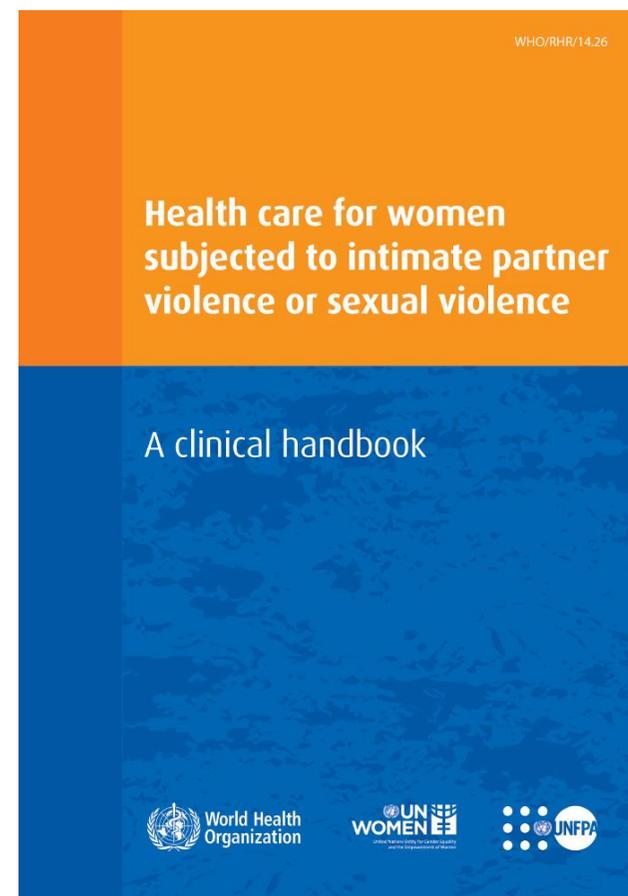
for the recognition of violence against women as a public health issue







- Use the information, tips and learning aids in the handbook to adapt and inform the development of national protocols.
- Use the handbook to check for reference as needed or read it from cover to cover.
- Promote the handbook as a tool for self-learning of health care providers or for developing training materials and curricula.



Enabling policy environment: Uganda



- Target high level policy makers
- Establish VAW champions
- Strengthen capacity & recognition of VAW as a public health problem



"I will find a way to include a line item for addressing GBV in the reproductive health budget"

Assistant Commissioner,
Reproductive Health, Ministry of
Health, Uganda

Pictures: Ministers of Health &
Gender, Senior Judge, WHO
Representative





Protocol launched to treat victims of gender-based violence



By Akhtar M. Nikzad

KABUL: Ministry of Public Health (MoPH) and World Health Organization (WHO) with cooperation of the United Nations Women, on Sunday launched the first ever Gender-based Violence (GBV) Treatment Protocol for healthcare providers in Afghanistan.

The protocol is established based on WHO global guidelines launched in 2013. Afghanistan is the first country to develop the

Healthcare providers to be trained in all 34 provinces over five years.

Health facilities to be strengthened to provide quality care to survivors.

Kabul, 16 November 2014 – Today the Ministry of Public Health and the World Health Organization, with support of UN Women, launched Afghanistan’s first-ever gender-based violence (GBV) treatment protocol for health care providers.

WHO, EMRO

Actions to strengthen health system leadership and governance

- Allocating appropriate budget /resources
- Including in universal health coverage or other packages of services
- Strengthening political will by publicly committing to address and challenge the acceptability of all forms of VAWG
- Establishing a unit or designating a focal point to address violence against women in ministries of health
- Ensure response to VAWG a is clearly articulated in health policies, regulations, plans, programmes and budgets
- Strengthen accountability

Actions to strengthen health service delivery and health workers/providers capacity to respond

- Develop and implement guidelines, protocols, or standard operating procedures
- Provide comprehensive health care services to all women and girls
- Improve access to quality care by integrating into existing services (e.g. antenatal care, mental health, etc.
- Improve accountability
- Integrate into undergraduate and in-service training for health professionals

Actions for strengthening prevention

- Develop, test and implement/scale-up programmes to prevent and reduce VAWG that can be delivered through the health system, e.g. identification and psychological care for children witnessing/exposed; addressing harmful alcohol and substance use
- Challenge gender inequality and harmful norms on the acceptability of violence against women
- Conduct research on and evaluate interventions in other sectors

Actions for improving information and evidence

- Strengthen routine reporting of statistics
- Support the establishment of baselines for prevalence of VAW throughout the life-course including against adolescent girls and older women,
- Carry out periodic surveys
- Conduct or support research to develop, pilot, evaluate and implement/scale up VAWG prevention and response interventions
- Build research capacity.

Key points

- ❑ Violence against women needs to have a higher priority in health policies, budget allocations and in training/capacity building of providers
- ❑ Need to integrate into undergraduate curricula and also in-service, with ongoing support and supervision
- ❑ Sexual and reproductive health services offer a unique entry point to address violence against women
- ❑ Use existing opportunities to integrate programming to address violence, e.g. sexual and reproductive health, adolescent SRH, maternal and child health, HIV
- ❑ Strengthen mental health programmes/capacities
- ❑ Health policy makers need to show leadership and raise awareness of the health burden and cost of violence

Next steps for WHO

- Manual for health system managers
- Curriculum for health workers:
 - Undergraduate
 - In-service
- Development of brief psychological interventions (SelfHelp Plus)
- Finalization of global plan of action for approval in WHA 2016
- Continuing to support countries to adapt and adopt guidelines and tools

For more information about WHO's work on VAW

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