Responding to intimate partner violence and sexual violence against women

Effective health sector interventions

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Why should the health sector be concerned?

Can contribute to prevention:

- Reframe VAW as a public health problem
- Apply public health approaches to prevention

Improve the health service response:

- Identify women in danger before violence escalates
- Provide emergency care
- Reduce negative health outcomes of VAW
- Assist survivors to access help / services/ protections
- Provide better care for women

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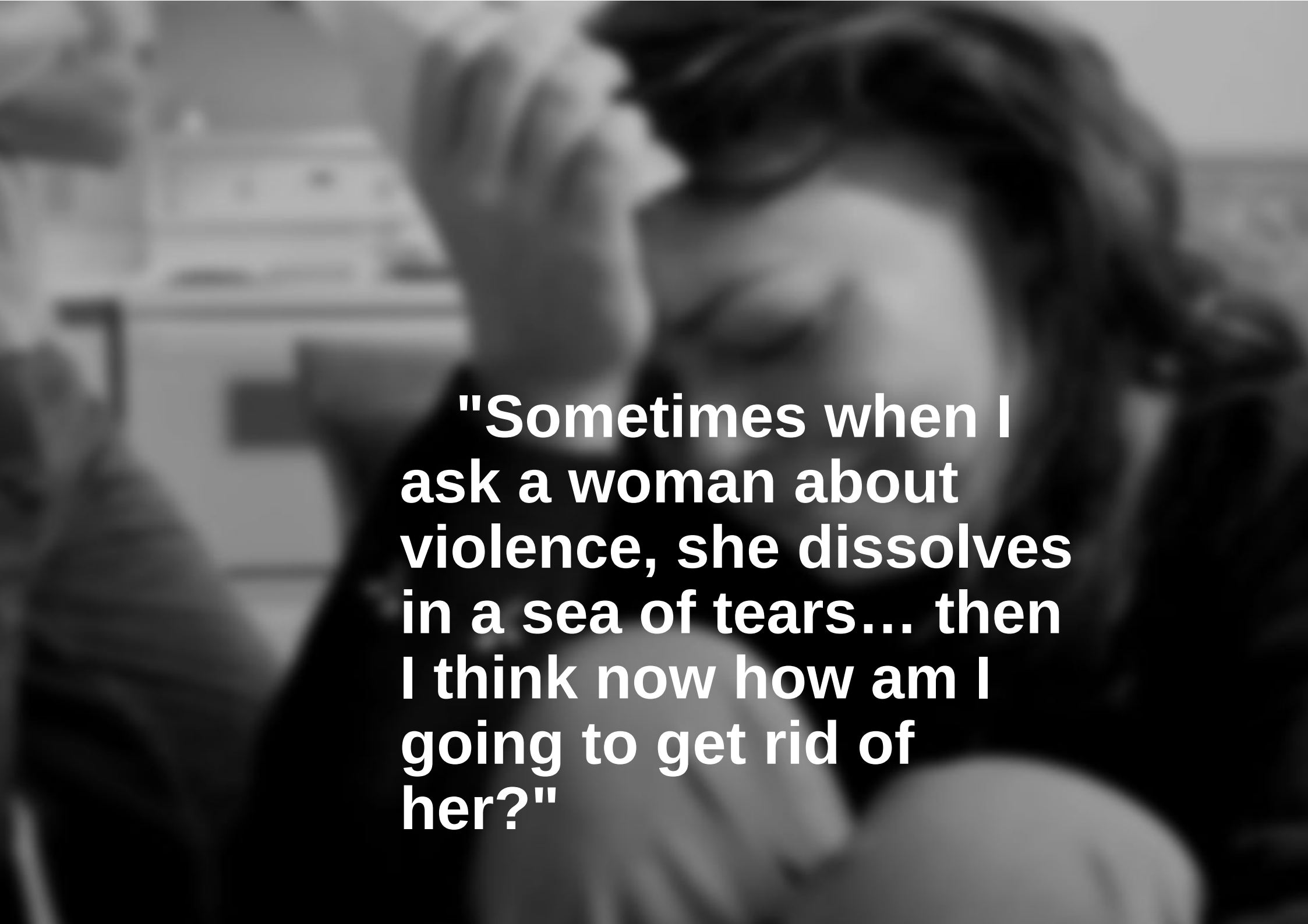
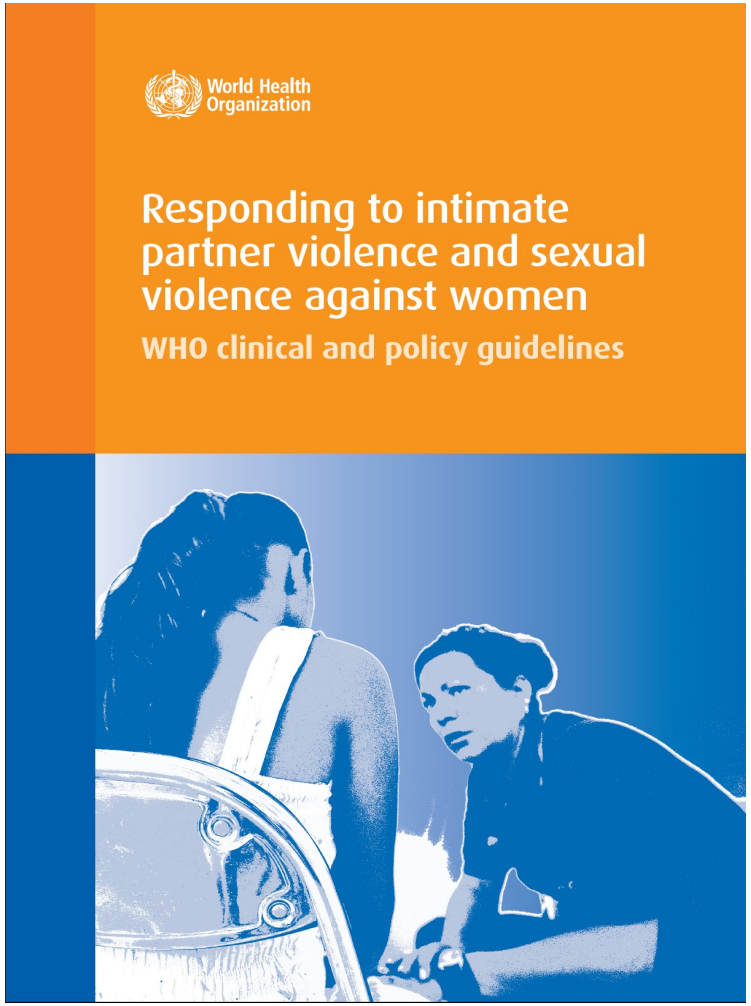

"Sometimes when I ask a woman about violence, she dissolves in a sea of tears… then I think now how am I going to get rid of her?"

VAW 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

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GUIDELINES FOR HEALTH SECTOR RESPONSE

WHO's new clinical and policy guidelines on the health sector response to partner and sexual violence against women emphasize the urgent need to integrate these issues into clinical training for health care providers. WHO has identified the key elements of a health sector response to violence against women which have informed the following recommendations:

1.

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).

2.

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.

3.

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.

4.

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.

5.

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.

6.

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.

Women-Centred Care: provide first-line support

- ensuring consultation is done in private
- ensuring confidentiality, while informing women of the limits of confidentiality (e.g. when there is mandatory reporting)
- being non-judgemental, supportive and validating
- providing practical care that responds to her concerns, but does not intrude
- asking about her history of violence, listening carefully, but not pressuring her to talk (care to be taken for sensitive topics involving interpreters)
- helping her access information about resources, including legal and other services that she might think helpful
- assisting her to increase safety for herself and her children where needed and mobilizing social support

Identification

- Universal screening not recommended
  - Certain sites may want to consider it provided certain requirements are met (e.g. 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)

Clinical care for IPV

Primarily focused on mental health care and includes:

- Mental health care for pre existing or IPV related conditions
- Cognitive behavioural therapy (CBT) or eye movement desensitization and reprocessing (EMDR) for those suffering PTSD (and are no longer in abusive relationship)
- 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.
- The extent to which this may apply to settings outside of antenatal care or its feasibility in low- or middle-income countries is uncertain.

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Clinical care for sexual assault

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

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Clinical care for sexual assault

- Offer EC to those presenting within 5 days of sexual assault, ideally as soon as possible after the assault to maximize effectiveness.
  - Levonorgestrel
  - Combined oestrogen-progestogen + anti-emetics if available
  - Copper bearing IUDs
- If EC fails or woman presents after 5 days or is pregnant, safe abortion should be offered as per national law.
- HIV PEP should be considered, ideally as soon as possible and within 72 hours

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Clinical care for sexual assault –mental health

- First-line support
- Watchful waiting for up to 3 months (unless mental health concerns)
- Treat other mental health conditions in accordance with WHO guidelines
- If the person is incapacitated by the post-rape symptoms or has PTSD, arrange for cognitive behaviour therapy (CBT) or eye movement desensitization and reprocessing (EMDR), by a health-care provider with a good understanding of sexual violence.

Health care policy and provision of ca

- Care for women experiencing intimate partner violence and sexual assault should be integrated 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.

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 training, that teaches them appropriate skills including:
  - when and how to enquire
  - the best way to respond to women
  - how to conduct forensic evidence collection where appropriate
- Training should be integrated into undergraduate curricula for health care providers
- Address attitudes of health care workers

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Encourage system wide changes

- 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,
  - confidentiality, feedback to health workers,
  - referral networks

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HEALTH-CARE WORKER INTERVENTION ➔

Violence against women is a global public health problem of epidemic proportion, requiring urgent action. Health-care providers are in a unique position to address the health and psychosocial needs of women who have experienced violence, provided certain minimum requirements are met:

- ✓ Health-care providers are trained
- ✓ Standard operating procedures are in place
- ✓ Consultation takes place in a private setting
- ✓ Confidentiality is guaranteed
- ✓ A referral system is in place to ensure that women can access related services
- ✓ Health-care settings are equipped to provide a comprehensive response, addressing both physical and mental consequences
- ✓ Health-care providers gather forensic evidence when needed

Key messages

- The health sector has an important role to play in addressing violence against women
- Health workers should provide confidential, non-judgmental clinical care and links to social support
- All health workers should be trained in first line response and acute post-rape and other health care
- Recommendations and approaches to service delivery need to be tailored to the local context and availability of human, financial and other responses.

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For an integrated response we have to look further than the clinic

- Changing social norms that support and condone violence
- Children, young people should be educated in social skills needed to handle conflict and have healthy relationships
- Involve families and communities to strengthen support networks

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