

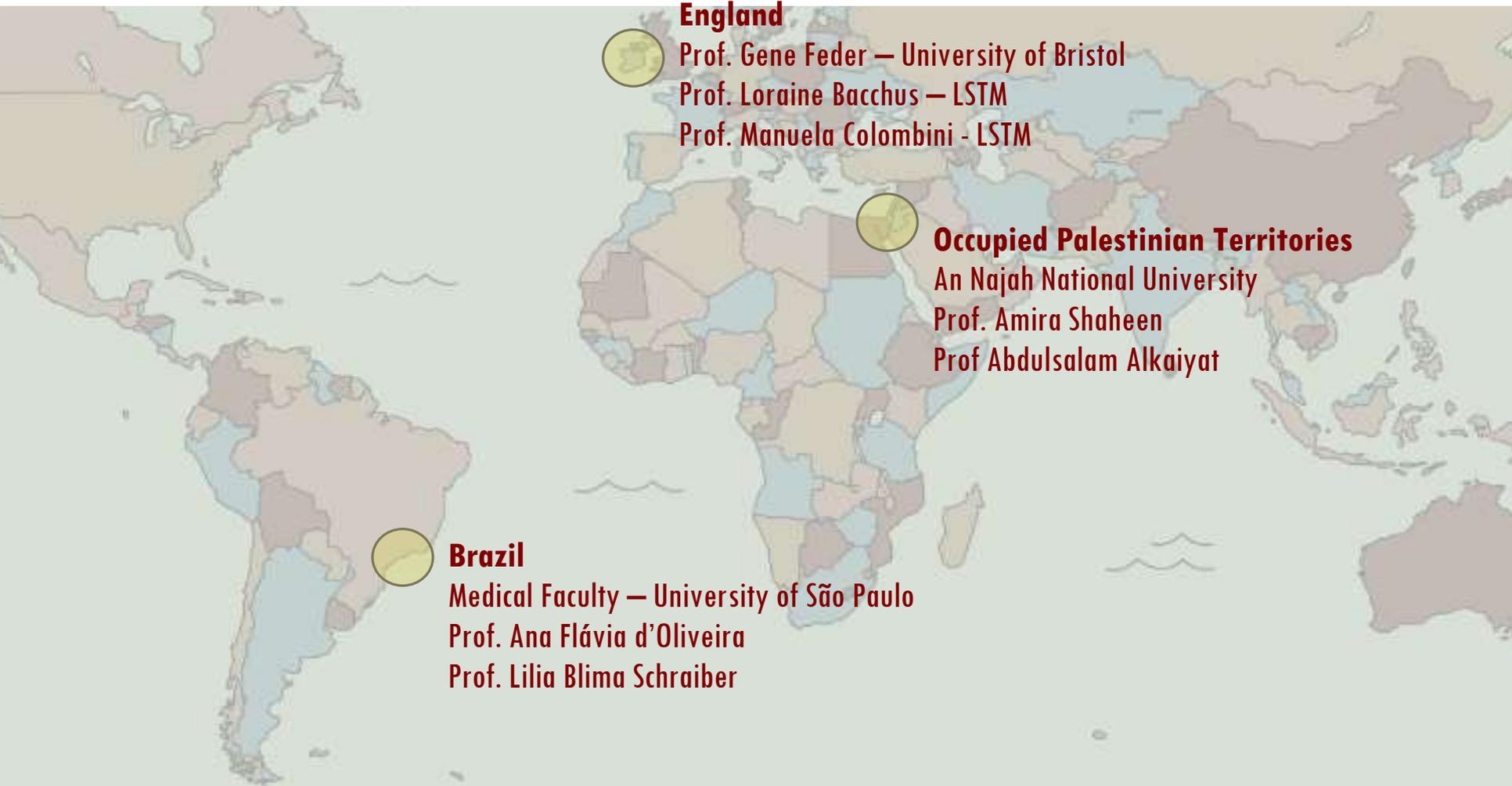
IMPROVING THE PRIMARY HEALTH CARE RESPONSE TO VIOLENCE AGAINST WOMEN: KEY FINDINGS AND LESSONS LEARNED FROM BRAZIL AND THE OCCUPIED PALESTINIAN TERRITORIES



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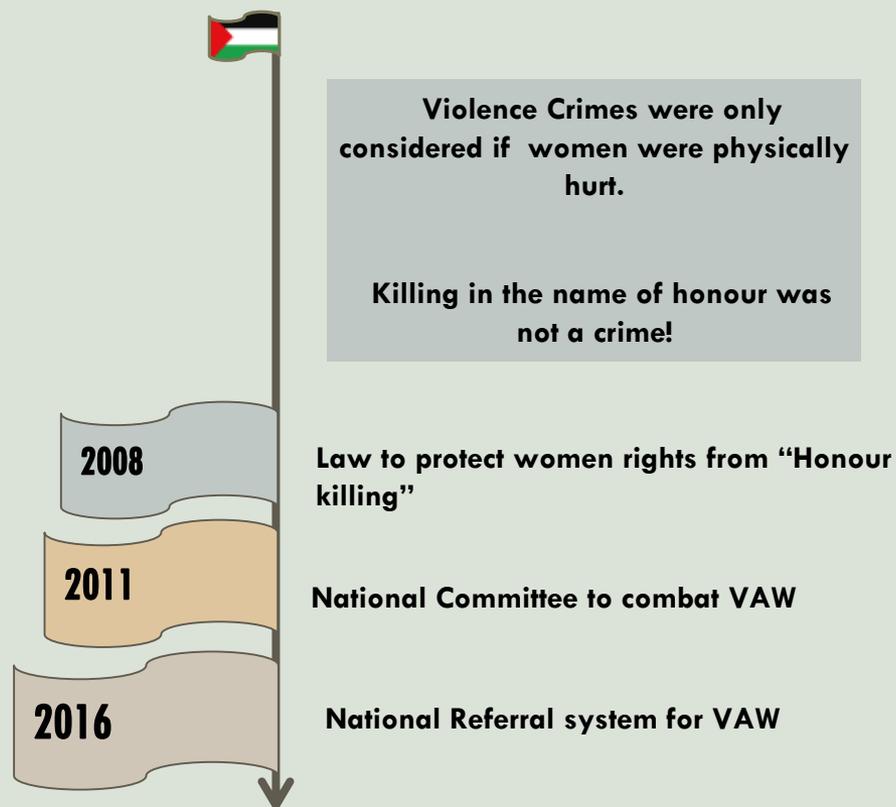
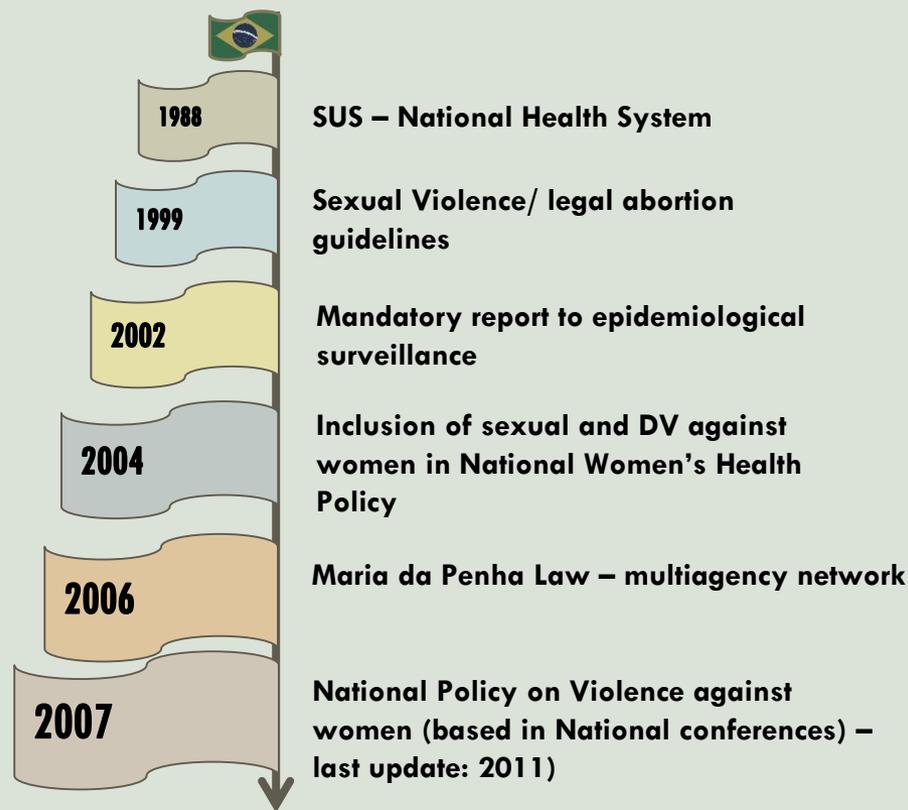
STUDY AIM AND OBJECTIVES

To understand how **primary healthcare** systems in Brazil and the Occupied Palestinian Territories can develop and evaluate interventions for domestic violence (DV) against women that link with community services, and ultimately ensure better health outcomes for women and their children.

1. To evaluate the readiness of primary care services to identify DV against women, respond to survivors needs, and provide referrals to specialized VAW services;
2. To develop and pilot the feasibility of an intervention through the dialogue with stakeholders (professionals, managers and service users).



BRAZIL AND OPT HEALTH AND VAW MAIN POLICIES



In the last 15 years hundreds of specialized services are in place in big cities (special court, public attorney, women's police station, reference centers, shelters)



METHODOLOGY

Phase I: Formative study

- Systematic review
- Qualitative interviews
- Facility observations
- Review of key policy documents on DV

**Two PHC Clinics
in each country**

Phase II: Intervention development

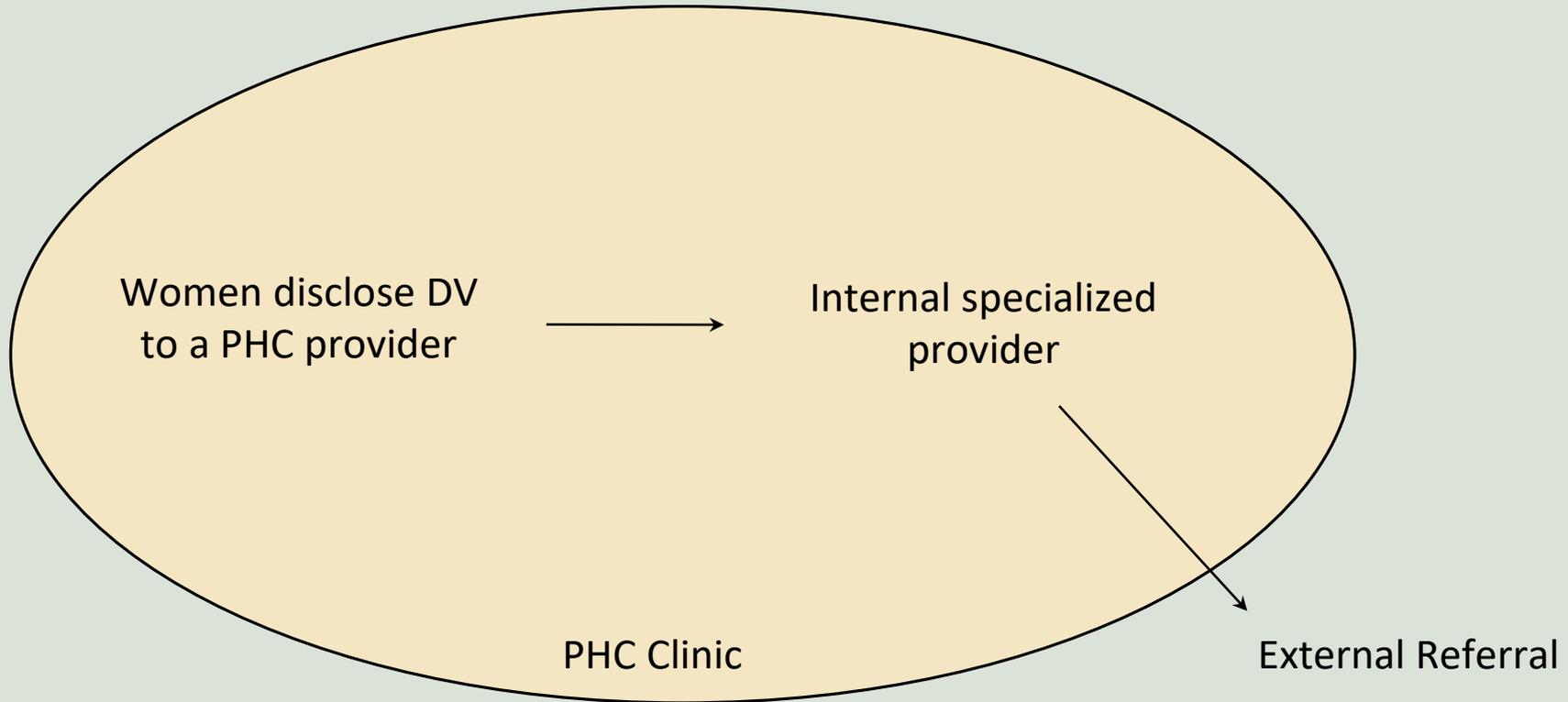
- Informed by the results of Phase I
- Referral pathway agreed at a key stakeholder meeting
- Developing a theory of change for intervention
- Implementation of the intervention: referral flow, training and follow up

Phase III: mixed methods Evaluation

- Qualitative interviews
- Provider Intervention Measure (PIM) administered pre and 6 months post-training
- Clinic registers on identification and referral of domestic violence cases
- Records of attendance at training



THE AGREED REFERRAL FLOW FOR IDENTIFIED VAW CASES





OVERCOMING THE CHALLENGES

LACK OF TRAINING

Before the training, we had little experience in detecting cases of domestic abuse. We used not to pay much attention to the conversations we had with them



LACK OF TIME

I was already forgetting, falling into oblivion again, because in fifteen minutes, you do not easily remember of asking about aggression. And I think that when we go through training, it happens ... we get back on the surface again, and we try to remember that it's also part of health.





OVERCOMING THE CHALLENGES

FEAR

Because we got better instrumentalised, it comes from how to approach, and what I have as a support tool, so fear diminishes. It's natural. You are often afraid of what you do not know.



CONFIDENTIALITY

There are cases where woman do not want people to know about her being tortured at home. I tell the nurses to write down that she refused to be signed or to be referred





OVERCOMING THE CHALLENGES

REFERRAL AND UPTAKE

We calm her down, we calm her soul, we reassure her, make her feel safe, and talk with her. She, she felt relived, and we would tell her we want to stay in contact with you and see what can be done.



For me the most useful was to know that we have a very nice network behind, right. Because we do not think so, and it's just here... and we used to think that all cases need to go to the police station and it is not necessarily that, right?





INCREASE IN IDENTIFIED CASES AFTER THE INTERVENTION



Pre intervention
8 cases reported*

Post intervention
27 cases reported*



Pre intervention
4 cases reported

Post intervention
21 cases reported

Internal referral
Strengthened

*Reported to the epidemiological surveillance.



LESSONS LEARNED

- **Training is not enough** to institutionalize the DV care within the PHC services.
- The manager support - competing priorities of the daily facilities routine
- Supervision for specialized DV within PHC service
- Lower referral uptake – what do women want?
- How to deal with issue of provider safety and fear. Needs input from a higher level.
- Impact of austerity policies (shortage of staff/increase of demand and goals).



NEXT STEPS: HERA 2

- Sexual and reproductive health focus
- Adapt and expand the intervention
 - New formative research – each facility has its own dynamic
 - Attention to register, managing and supervision – mission critical
- Longitudinal follow up of women and HCP after disclosure
- Sustainability of the intervention
- Cost-effectiveness economic evaluation



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