Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines

ALESSANDRA GUEDES
Regional Advisor, Family Violence
Outline of the presentation

• What is the purpose of the guidelines?
• How were they developed?
• What are the main recommendations for the health sector?
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?

Scoping → Systematic Review → Expert Group → GRADE → Practitioners → Guideline

Health Sector Responses to Violence Against Women and Girls
What are the limitations of the process?

- 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).

**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.

**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.

**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.

**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.

**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.
What does ‘Women-Centered Care’ mean?

- 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
- helping her access information about resources, including legal and other services
- assisting her to increase safety for herself and her children

Must ensure that:

- consultation is done in private
- confidentiality is maintained
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 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

• 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.

• Where children are exposed to IPV, psychotherapeutic intervention should be offered, including sessions with and without mother

• Caveat: The extent to which this may apply to settings outside of antenatal care or its feasibility in low- or middle-income countries is uncertain.
What type of care is recommended for survivors of sexual assault?

- Offer first line support to women survivors of sexual assault by any perpetrator (see women-centered 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
  - Safe abortion as per national law
  - Written information for coping strategies for dealing with anxiety/stress
What type of mental health interventions should be offered to survivors of sexual assault?

• First-line support
• Watchful waiting for up to 3 months (unless there are 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 post-traumatic stress disorder, 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.
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
What are the next steps?

- Development of a clinical handbook, based on guidelines
- Companion tool to address system-wide changes
- Development of two curricula
- Partner with ministries, NGOs, sister UN agencies to disseminate and implement guidelines
- Primary prevention
Thank you for listening!

Alessandra Guedes
guedesal@paho.org