KU LEUVEN
ACADEMISCH CENTRUM HUISARTSGENEESKUNDE

Wonca special interest group on family violence

Family violence :
More care, tools and resources needed.

Leo Pas
Academic Center General Practice Univ Leuven

WONCA SPECIAL INTEREST GROUP ON FAM VIOLENCE

famviolence@gmail.com

Violence is unacceptable …
but it has been of all ages…

WHAT PRECEDED

- WONCA The Hague 2004 first gatherings
- Nijmegen EGPRN satelite 2009 : research strategy
- WONCA BASEL, , ISTABUL, MALAGA, MEXICO WARSHAW, KUCHING, GHANA, LISSABON…
- EGPRN ANTALYA, EDRINE…

Leuven & Lissabon 14 blended learning strategy

Packages since:

- Undergraduate md online package 2014-15
  - J Coles AUSTRALIA
- UNPFPA
  - Wave package ASIA 2013-15
- IMPLEMENT 2015-2016
  - IRIS and Wave EUROPE
- WHO PACKAGE

Family Violence in primary care

1. What do we know?
2. What can primary health care providers do ?
3. What should be done additionally ?
4. The way forward together!

1° WHAT DO WE KNOW ?

- FV high prevalence and impact
- PHP ask seldomly to disclose FV
- Reluctancy to ask due feelings lack of power and … prof culture (Move)
- Referring to advocacy probably effective (Feder et al.)
- No mayor harms if asking ‘state of the art’
- Training signs & asking identification X 4-6 (S lo Fo wong , G feder)
- Involve PHP through reflective partcipation pos (Move).
- Support in practice and pathways improve referral (IRIS)
- Not all survivors disclose
- Mayor part does not attend special services
- Volunteer & trained peers can positively support (Home support/MM)
- Collaborative care systems probably positive protective effects

2° WHAT CAN PHCP DO?

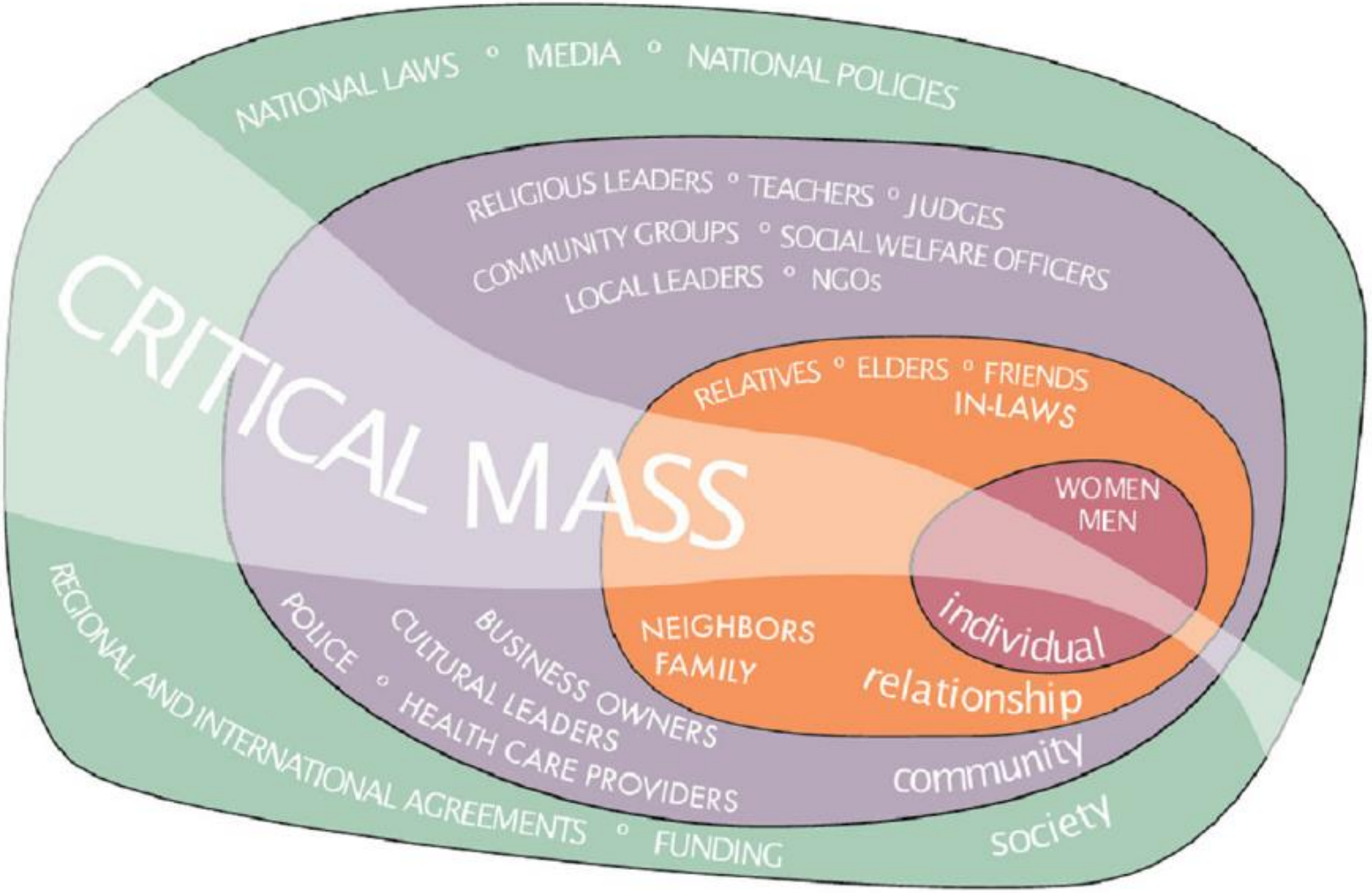
A. AT COMMUNITY LEVEL ?

B. AT INDIVIDUAL CARE LEVEL ?

C. AT TEAM LEVEL ?

A. COMMUNITY LEVEL :

An ecological model for action



Abimbola Silva

"the fight against family violence and especially violence against women in the African local community or context is essentially a fight against societal norms, attitudes and accepted cultural practices".

(full statement see : WONCASIGFV newsletter)

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SASA project (Uganda)

Abramsky T et AL. BMC Medical 2014,12:122

Figure 1 Four phases of SASA!

Cluster RCT SASA (kampala, Uganda)

Reduced acceptability of gender inequality

Reduced acceptability physical violence man against woman	Cluster comparisons OR (95% CI)	Individuals and matched controls
Males' attitude	**0.13** (0.01-1.15)	**0,09** (0,01-1,24)
Females' attitude	**0.54** (0.38-0.74)	0,34 (0,30-0,63)

Community mobilisation is an effective means for both primary and secondary prevention of IPV

Abramsky T, et al. J Epidemiol Community Health 2016;0:1–8. doi:10.1136/jech-2015-206665

Statistically significant effects were observed for :

continued physical IPV	0.42	95% CI :	0.18 to 0.96
continued sexual IPV	0.68		0.53 to 0.87
continued emotional aggression	0.68		0.52 to 0.89
continued fear of partner	0.67		0.51 to 0.89
new onset of controlling behaviours	0.38		0.23 to 0.62 .

University of South Wales
Prifysgol De Cymru

Home start : an example of community action and voluntary support

33,925 families resident in the UK:

- 11,644 (34%) Living alone: 379 fathers
- 8668 (26%) Mental Health
- 5053 (15%) Postnatal depression
- 4391 (13%) Domestic abuse
- 1702 (5%) Learning disabilities
- 1390 (4%) Substance abuse
- 1146 (3%) Teenage pregnancy
- 365 (1%) Interpreter needed

University of South Wales
Prifysgol De Cymru

Needs of families supported

Domain	Need
Parenting skills	Managing child's behaviour
	Involved in child's development
Parenting well being	Coping with own physical health
	Coping with own mental health
	Coping with feeling isolated
	Coping with own self esteem
Children's well being	Coping with child's physical health
	Coping with child's mental health
Family Management	Managing the household budget
	Day to day running of the household
	Stress with conflict within the family
	Coping with multiple children under 5
	Use of services

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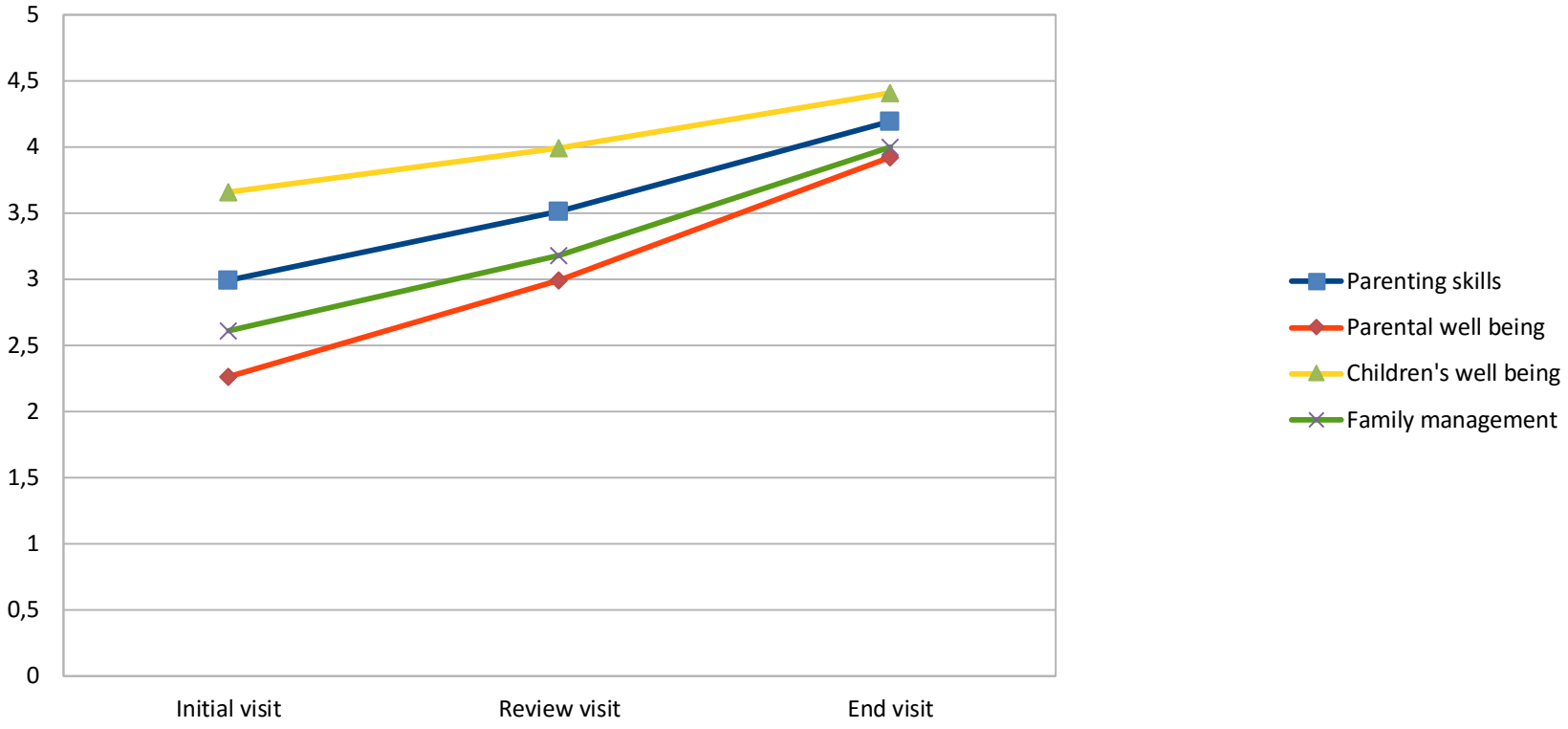
Prifysgol De Cymru

Domains - Journey of Change



Wonca Ghana meeting 2015 conclusions

- Firm resolution that GP/FM can be role model
- GP should create a longstanding trusted relationship with the community
- Involve positively community leaders
- Document negative consequences
- Of any kind of violence and agressive acts
- Combat underlying problems (alcohol,views…)
- Feelings of lack of power : action plan needed
- Involve Ngos and voluntary community workers

MORE DETAILED STATEMENT
ON COMMUNITY ORIENTED ACTION FOR RURAL AND LOW INCOME COUNTRIES
(WS DUBROVNIC AND GHANA 2015)

A. GP/FM should

- Act as role models
- Be alert and plan casefinding tailored to cultural and health service contexts and location
- Help to empower survivors
- Support and stimulate collaborative care
- Fight against underlying problems (inequity men and women, alcohol, views, mental health…)
- Document and try to prevent health consequences of violence individual & at community level

B. Promote awareness rising in local communities

- To change attitudes in relation to FV
- To involve opinion leaders positively
- To provide education in the community

C. Stimulate public action, empower women and the underserved by favoring

- Access to education
- Education of children to cope with problems positively
- Policy development on family violence prevention and care
- Increasing availability of shelters
- Improvement of legal protection for survivors and their children
- Application of legal provisions
- Alternatives for sharing needed information other than mandatory reporting

B. AT INIVIDUAL CARE LEVEL
IN REALITY WE **DONOT**

- ASK
- ASSESS
- AGREE
- ADVICE
- ASSIST
- ASSURE FU

WHO SHOULD ASK ?

- At least GP, Nurses , Midwives (WHO 2013)

- SIGFV members' enquiry :
  - *'PHC professionals as in country'*
  - ** pharmacists * physiotherapists * dentists*
  - ** home care*

- Conditions :
  - Adequate enquiry & counseling skills are trained
  - A care pathway is clearly defined
  - Needed support available

COUNSELING MODEL : 3 A'S

1. ASK — ANXIETY TO GO HOME?
   Why ?

2. ASSESS — TYPOLOGY
   Ideas Concerns Context Impact Expectations

EVOLUTION	time/severity
SAFETY	survivor Children Treats / Weapons
CONTEXT	pregnancy/drugs
DEPENDENCY	emotional-financial-cultural

3. ADVICE — ACKNOWLEGDE
   INFORM ABOUT FACILITIES
   MOTIVATE REFFERAL

COUNSELING MODEL : 3 A'S

1. ASK — ANXIETY TO GO HOME?
   Why ?

2. ASSESS — TYPOLOGY — HIT / HARK …
   IDEAS **C**ONCERNS **C**ONTEXT **I**MPACT **E**XPECTATIONS

   EVOLUTION — Time/severity
   SAFETY — survivor
   Children
   Treats / Weapons
   CONTEXT — pregnancy/drugs
   DEPENDENCY — emotional-financial-cultural

3. ADVICE — ACKNOWLEGDE
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IDEAS EMOTIONS AND CONSEQUENCES

Day and date	WHO? WHAT? WHEN? 				
	SITUATION	THOUGHTS	FEELINGS • EMOTIONS • BODILY SIGNS	REACT	CONSEQUENCES

3. WHAT SHOULD BE DONE MORE ?

Conditions for involvement PHC:

- Awareness raising, attitude change and… training skills
- Practice management
- Team approach
  - Taskdefinition professions involved
  - Care pathways
  - Collaborative care principles
  - Relating to law enforcement !
  - Monitoring
- Further research

TRAINING NEEDS (DUBROVNIC 2015)

1. Raising awareness, women empowerment and training should be parts of an interdisciplinary approach programs for all services (e.g. GPs, ED, GYN/OBST , social services, mental health care and lawenforcement)

2. Training at undergraduate & graduate level
   - Physicians should be trained regarding forensic documentation

     INCLUDING :
     - injuries, how to look for injuries that are not obvious,
     - how to document the mental state of the woman,
     - take photographs according to local rules to be admissible as legal evidence.

2. Training of all staff in primary care is needed
   - including receptionists

4. Train PHCP interdisciplinarily to promote consistent responses.

Counseling : interactive skills training

- Active listening exercises Gunn (2006)
- Attitudinal exercises Warshaw (2006)
- Simulated patients - role play different ‘readiness for change’ scenarios Frasier (2001)
- Use of survivor’s voices Warshaw (2006)
- Modeling of respectful behaviours in interactions with GPs Warshaw (2006)
- Focus on Stages of Change (Chang, 2005)

THE UNIVERSITY OF MELBOURNE

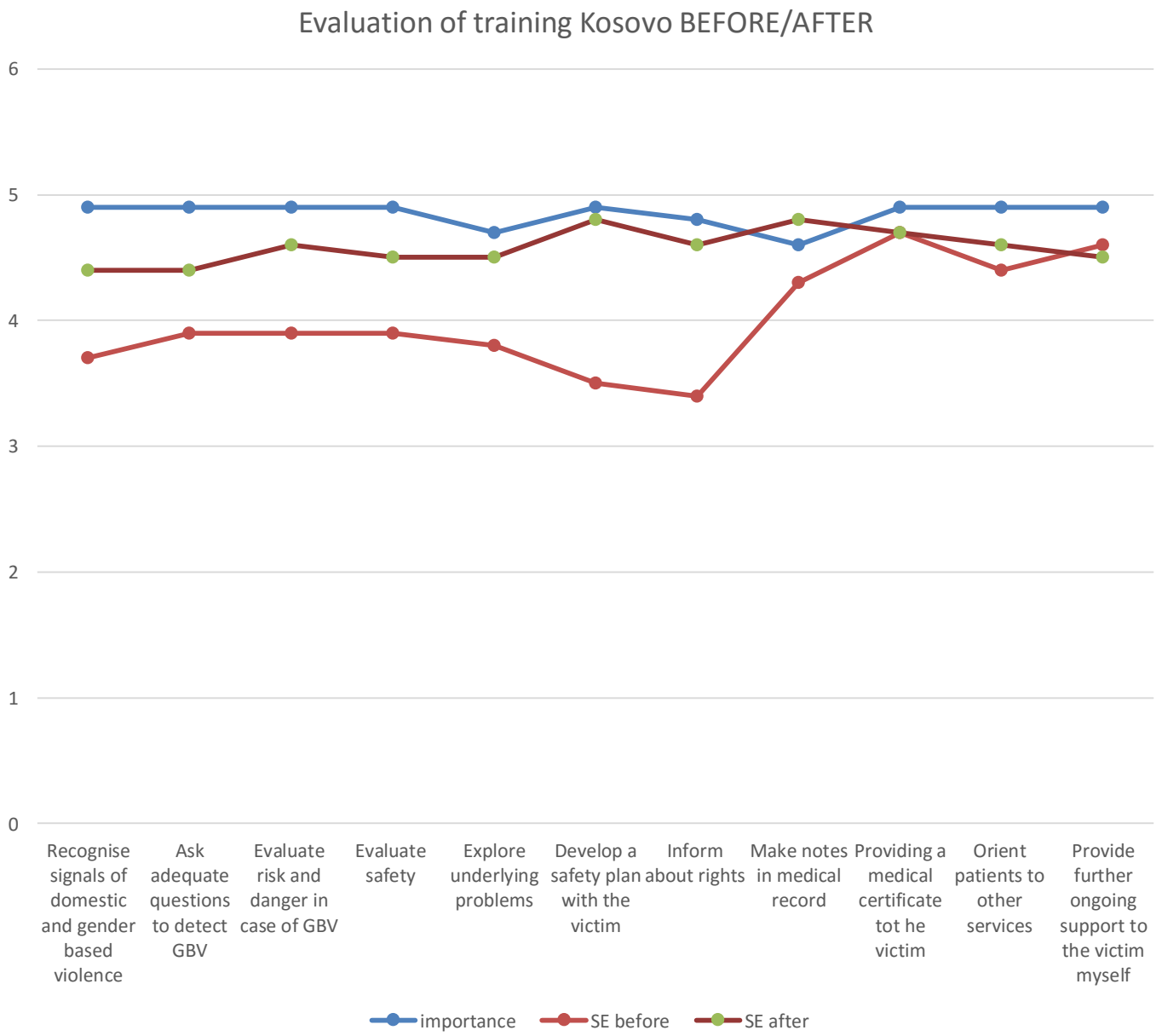
Review on training methods

Ester Cornelis, Kristof Hillemans, Leo Pas

(Domus Medica, 2007)

- Combination different methodologies superior
- Facilitators in practice most effective
- Individual training supperior to group approach
- Experience based best
- Interactive any way
- From simple to more complex cases
- Monitoring needed with feedback

Training oriented and evaluated according needs



Evaluation aimed at feedback (Malaga 2010) !

For which tasks information should be gathered :	mean	mode	stdev
Recognizing signs and symptoms	3,9	4	0,4
Refer	3,7	4	0,4
Asking adequate questions in case of suspicion	3,7	4	0,6
Safety assessment of children	3,7	4	0,6
Make notes in medical records	3,6	4	0,5
Plan active follow-up	3,6	4	0,5
Screening in high risk situations	3,6	4	0,6
Safety assessment of victim	3,6	4	0,9
Respond to patient expectations	3,4	4	0,6
Respond according patient readiness for action	3,4	4	0,8
Providing certificates for complaints (police/justice)	3,4	4	0,9
Mandatory reporting if existent	3,3	3	0,7
Safety planning with victim	3,3	4	0,9
Sharing information with other care providers	3,2	3	0,6

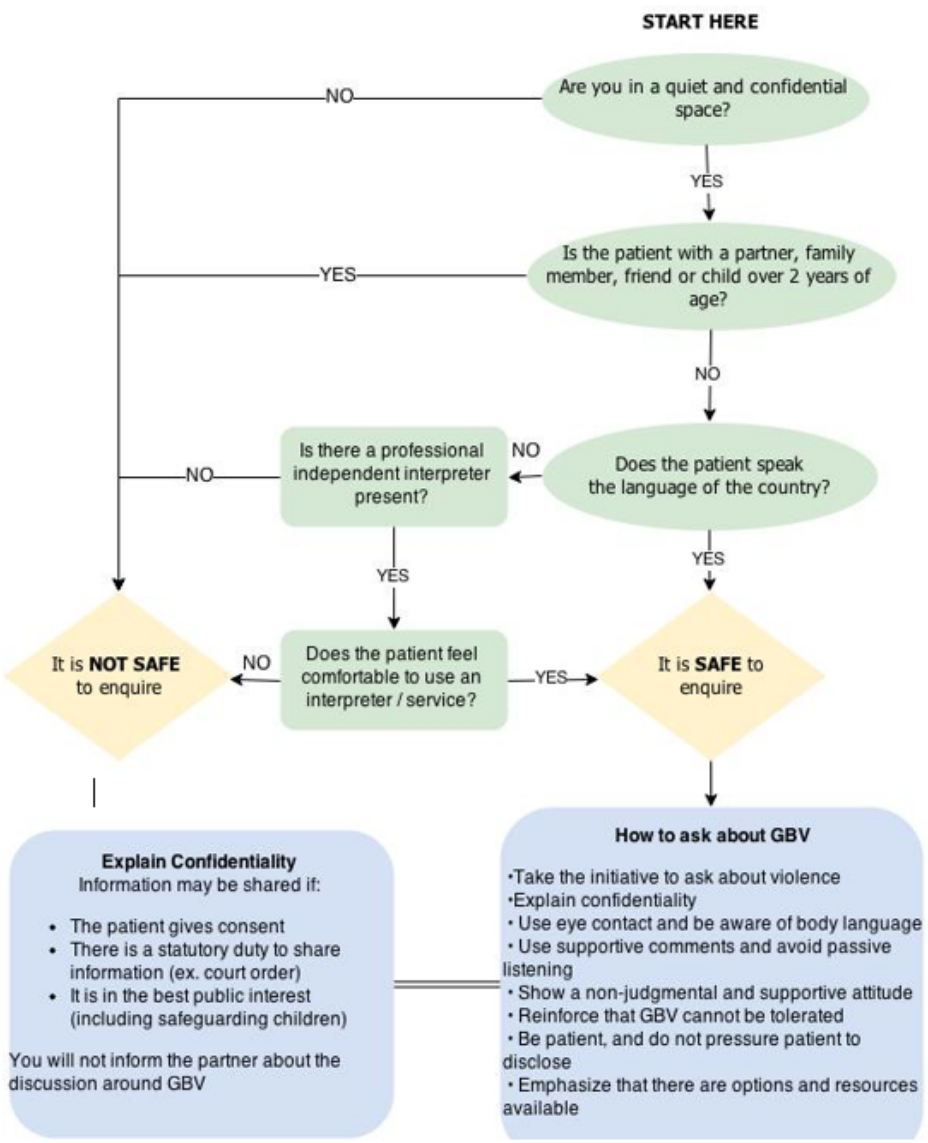
WHAT SHOULD BE DONE MORE ?

I. Creating practice conditions

- Visibility of the availability of services
- Management support for specific protocols and training
- Practice materials : patient flyers, posters

Health Sector Response to Victims of Gender-based Violence (GBV)

WHEN IS IT SAFE TO ASK PATIENTS ABOUT GBV?



REFERRAL PATHWAY

Name of person referring
Name of referring organization
Contact details of person referring

IMPLEMENT
HEALTH SYSTEM RESPONSE TO GENDER BASED VIOLENCE

Examples of Introductory Questions

"From my experience, I know that abuse and violence at home is happening to many women. Is it happening to you?

"Many of the patients I see are dealing with abusive relationships. It can be frightening and feel uncomfortable to talk about this. Have you ever experienced violence or abuse from your partner?"

Examples of Direct Questions

"I am concerned that your symptoms may have been caused by someone hurting you. Has someone been hurting you?"

"From our experience we know that patients can get this kind of injury from a physical attack. Has this happened to you?"

"Has your partner/ex-partner or an adult family member humiliated or threatened you?"

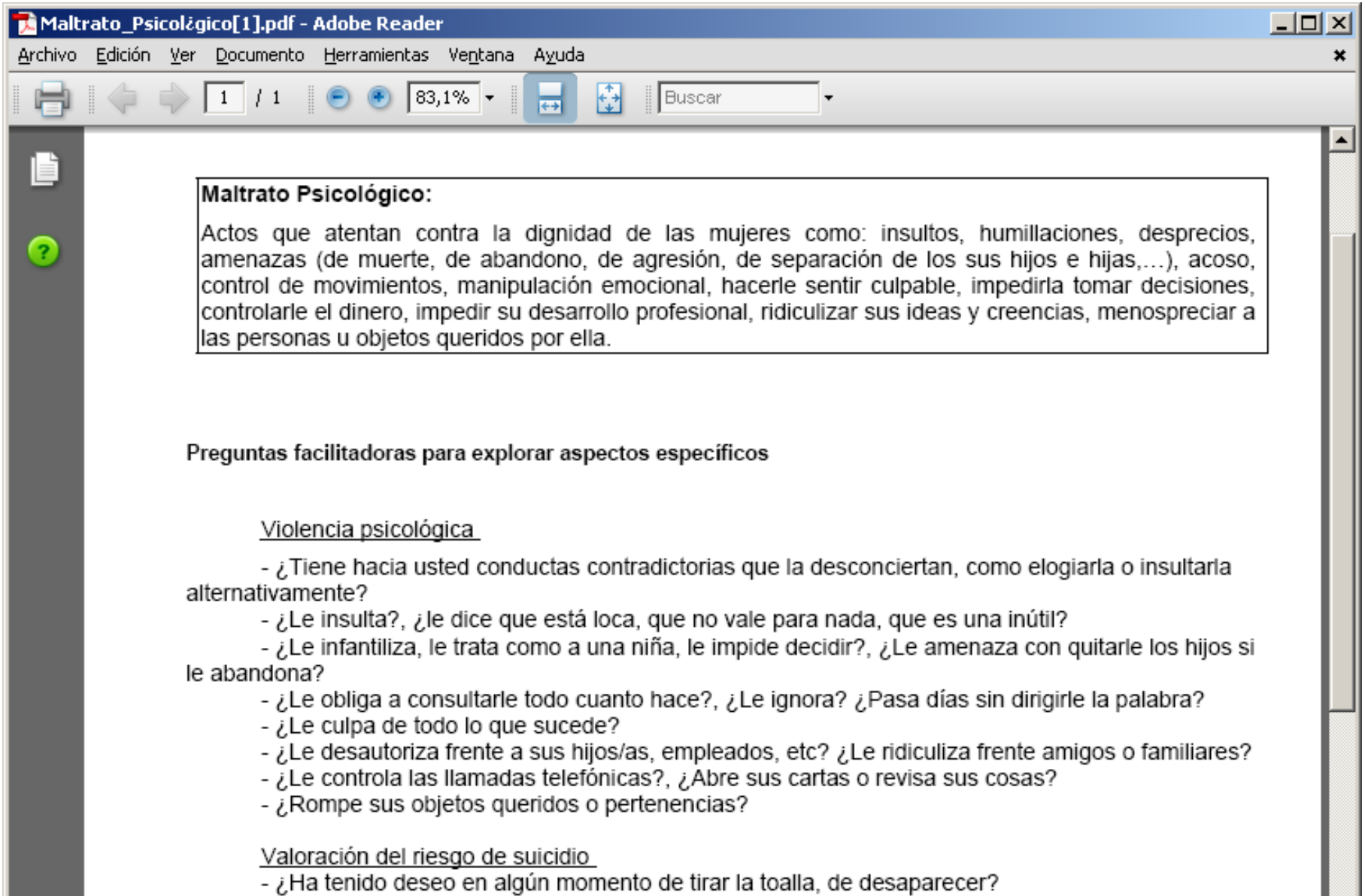
"Are you afraid of your partner, ex-partner or an adult family member?"

"Has your partner ever tried to restrict your freedom or keep you from doing things that were important to you?"

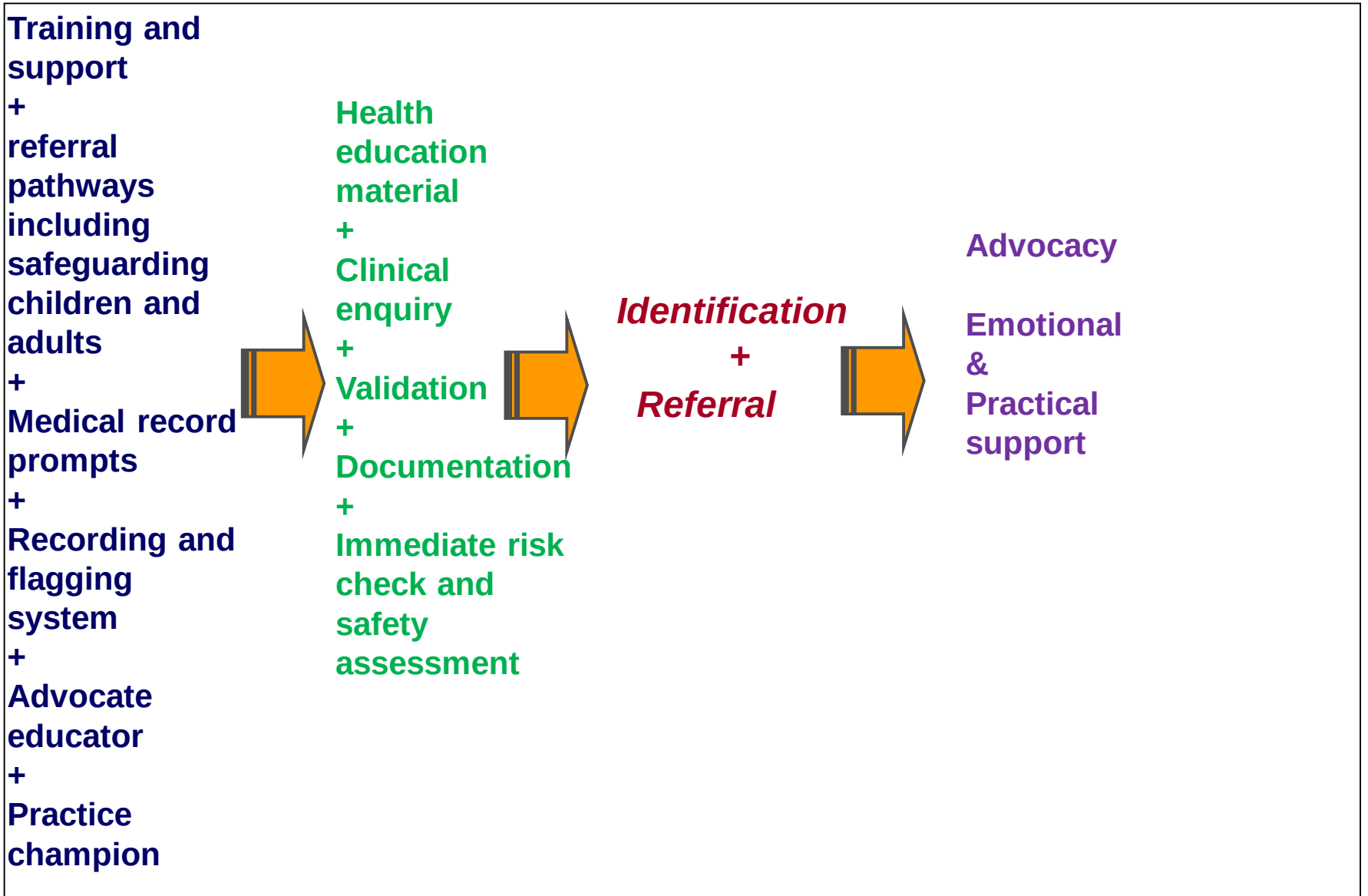
SECURITY IN THE HEALTH SYSTEM

- Staff is informed about how to proceed in cases of acute violence, including how to ask a woman if she is experiencing GBV in a private setting
- Safety plans for employees
- Information about prevention and support is available and complete
- Discretion in distribution of information is taught to staff, and no information shall ever be given to the perpetrator - ensure confidentiality
- System referral in place

Online or EHR linked tools



Identification and Referral to Improve Safety
G Feder (2012)



DOMESTIC VIOLENCE ADVOCATE in IRIS :

- offers emotional and practical support to patients in practice
- provides choices and empowers
- patient led –flexible approach according to the victim's situation, pace, readiness to change and individual goals
- offers referrals to wide range of services
- collects patient and practice data

- provides case updates to primary care professionals

MORE RESSOURCES NEEDED for longer term management

1. BASED ON NEEDS + SAFETY ASSESSMENT

   development of practice oriented clinical tools :

   - Lengthy risk scoring systems for specialised services
   - Smaller not really validated tools used in many projects

2. ADDITIONAL SUPPORT SERVICES

   - EG. CHILD ABUSE/PROTECTION CENTERS
   - EG. DOMESTIC VIOLENCE ADVOCATES IN PRACTICE
   - EG. FAMILY JUSTICE CENTERS
   - EG. VOLUNTARY SUPPORT AND NGO WORK (LACK SHELTERS)
   - …

II. TEAM APPROACH

5 A'S + SHARING INFORMATion

1. Describe signals — ASK
2. Concert with carers in own setting — DISCUSS
3. Consult advisory- and reportcenter — CONSULT
4. Discuss with client — AGREE
5. Weighing violence — ASSESS
6. Decide to assist or report — ASSIST / REPORT

ASSURE FU

SUBSIDIARITY
according to health service setting

	UK	SPAIN	FLANDERS
	NHS contractants	Salaried teams	FFS paid (Liberal)
ASK	+	+	+
ASSESS	+/_	+	++
AGREE	**REFER**	**SUPPORT OR REFER**	**SUPPORT OR REFER**
ASSIST + FU	**DVA IN HC, MARAC**	**PHC TEAM ….**	**GP, OBST …. FJC**

MARACs

- For High risk domestic abuse victims
- Information shared between local agencies
- Ensuring voice of the victim is heard
- Risk focused
- Co-ordinated safety plan made

TAKE INTO ACCOUNT DIFFERENT PREVALENCE AND CASE MIX FOR TOOLS

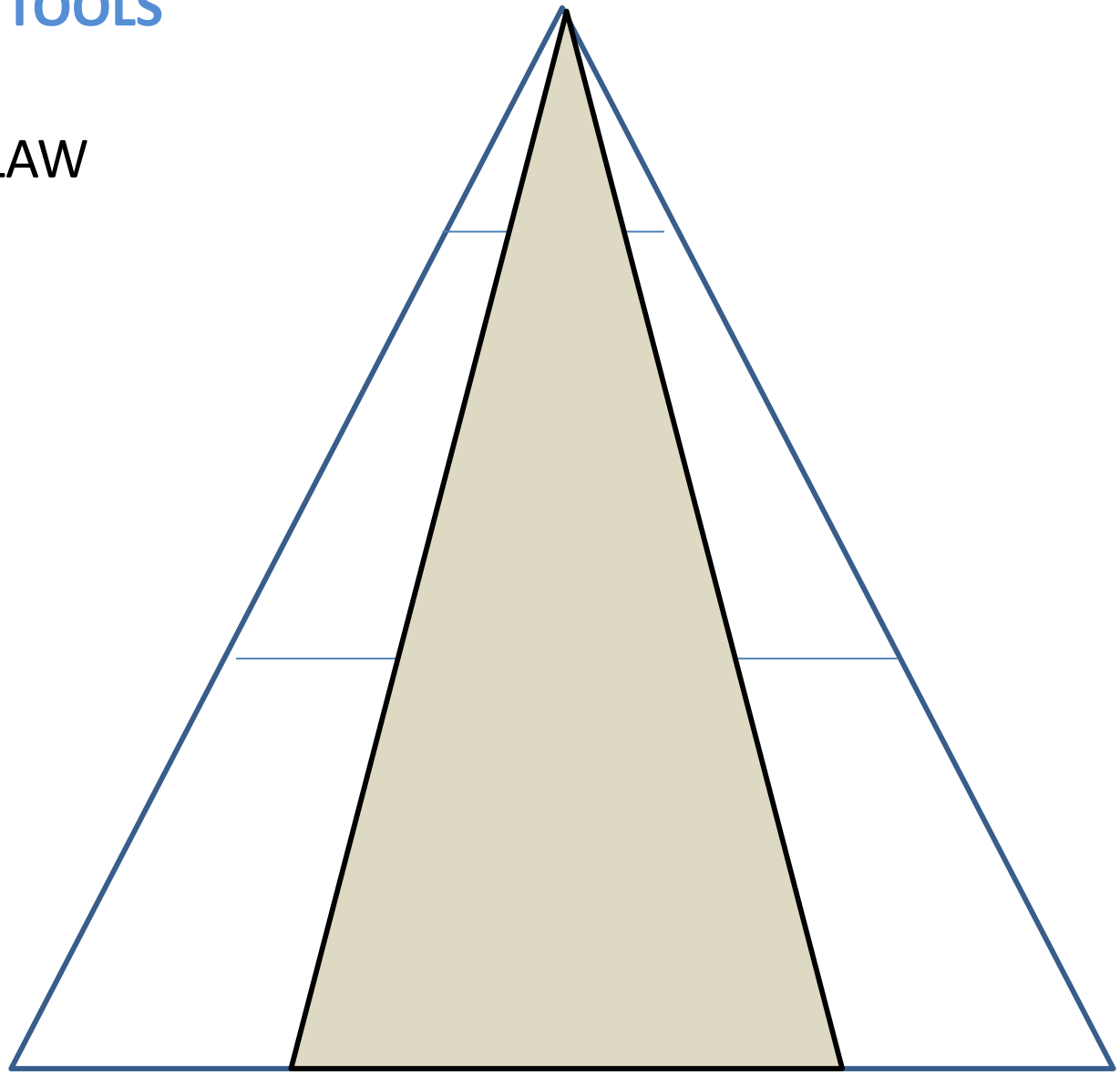
TOP OF ICEBERG : LAW ENFORCEMENT

MIDDLE :

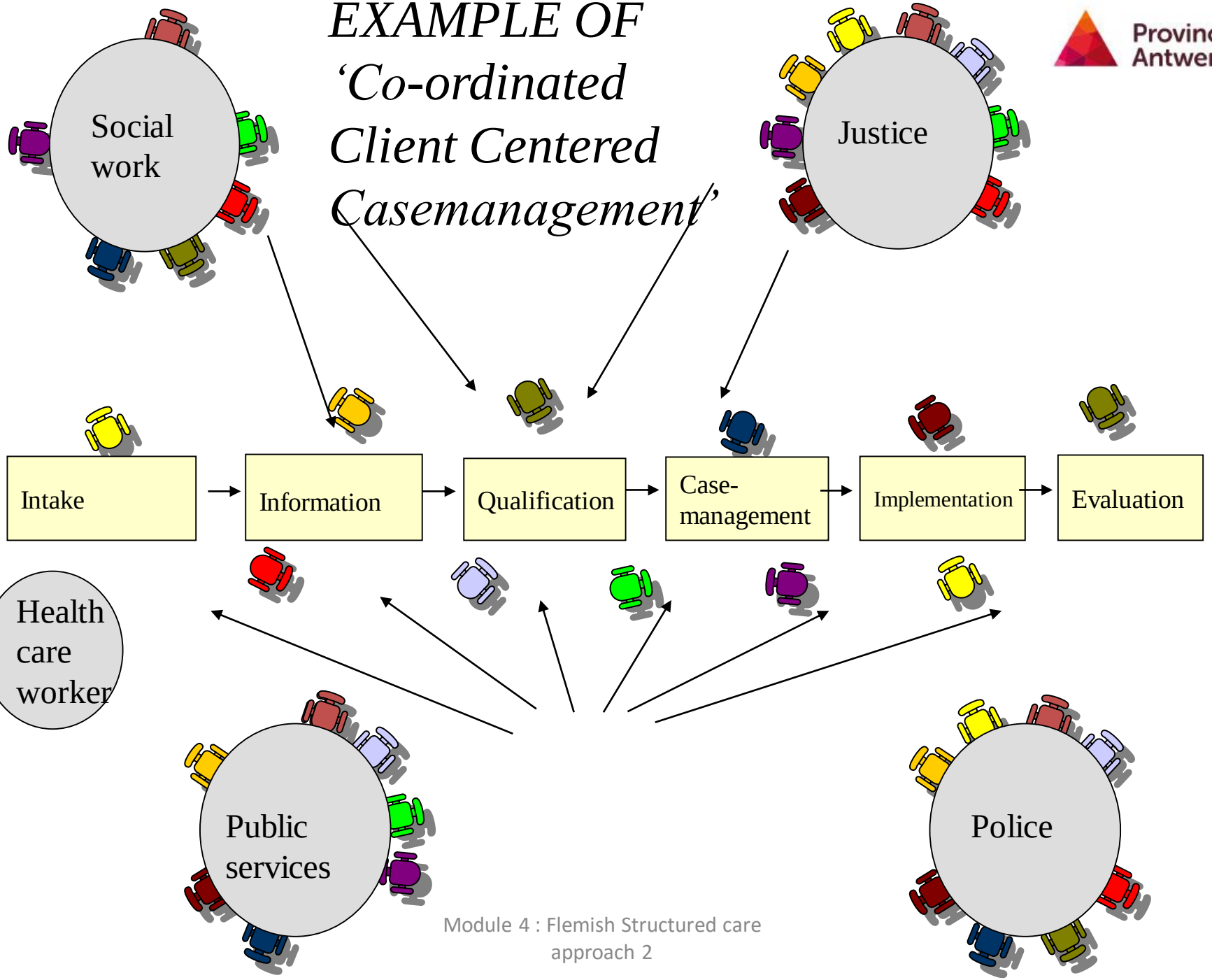
SPECIAL CARE PROVISION

BOTTOM :

PRIMARY HEALTH CARE & SOCIAL WELFARE



EXAMPLE OF 'Co-ordinated Client Centered Casemanagement'



Guiding Principles of a Family Justice Center

- **Victim-centered**: co-location
- **Safety-focused**
- **Survivor-driven**: ask clients what they need
- **Empowered**: offer survivors many services
- **Intervene & prevent**: outreach & community education
- **Offender-accountability**
- **Culturally competent**
- **Relationship based**: establish partnerships
- **Transformative**: adjust services to best practices and survivor input
- **Kind-hearted** to staff, cliënts and volunteers

The way forward : invitation to collaborate between professional bodies

1. Child abuse, intimate partner abuse and elderly abuse are all underestimated in health care but have mayor health and societal impact
2. Clear taskdefinitions are needed and new innovative models for collaborative care and cooperation between prevention, problemsolving and protection
3. An awareness and interactive skill training strategy is needed avoiding to reinvent the wheel working together of international bodies and professionals
4. Health care conditions for adequate management include apart form guidelines, defined carepathways according to facilities and cultural contexts
5. International collaboration and reorientation of ressources

WONCA Special Interest Group
Family Violence
Aims :

1. Compare care pathways, protocols & guidelines on FV
2. Collect evidence on provision of care for FV
3. Share expertise to support groups in other countries
4. Review evidence and areas for further R&D
5. Develop collaborative projects
6. Develop a minimum dataset to document and compare studies on violence
7. Study and promote collaboration with specialized multidisciplinary care on FV
8. Develop effective training protocols for PHC
9. Develop further policies on FV

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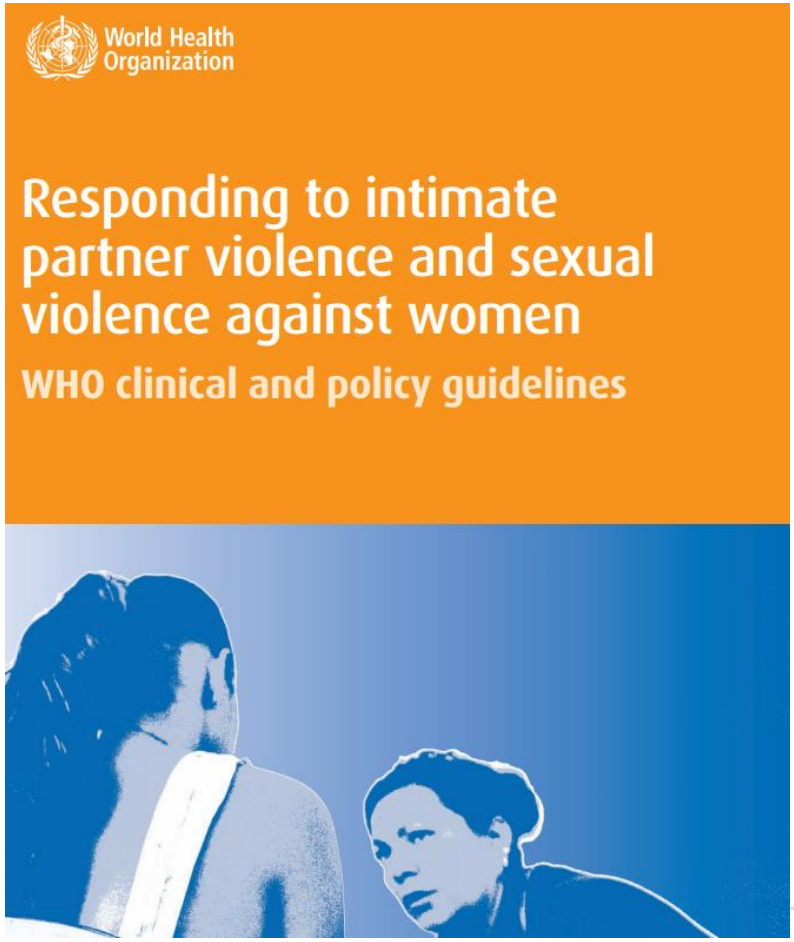

www.health-genderviolence.org/170

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Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia

A resource package

Country Info

This country information corner provides a collection of country-specific resources from the region, such as prevalence studies, research reports, manuals and web portals that provide useful background information for planning training and implementing programming initiatives. Resources listed below focus on GBV in general and health system response to GBV in particular. Most materials are available for download in both English and Russian. If you would like to suggest additional resources for this page, please don't hesitate to contact us.

- Albania
- Armenia
- Azerbaijan
- Belarus
- Bosnia and Herzegovina
- Georgia
- Kazakhstan
- Kosovo
- Kyrgyzstan
- Macedonia
- Moldova
- Montenegro
- Romania
- Russian Federation
- Serbia
- Tajikistan
- Turkey
- Turkmenistan

- Guidance for health care professionals in strengthening health system responses to gender-based violence
- Training package for health care professionals on strengthening health system responses to gender-based violence
- Annexes to the package
- Complete resource package for download

WHO 2013 guideline :
http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf

TESŞEKKÜR EDERIM

THANK YOU SO MUCH

DANK U WEL!

MUCHAS GRACIAS

ΕΥΧΑΡΙΣΤΩ OBRIGADO TACK SÅ MYCKE

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