

Snapshot 7



Pan American
Health
Organization



World Health
Organization

Tools to support country implementation of health response



Dr Avni Amin
Dept. of Reproductive
Health and Research

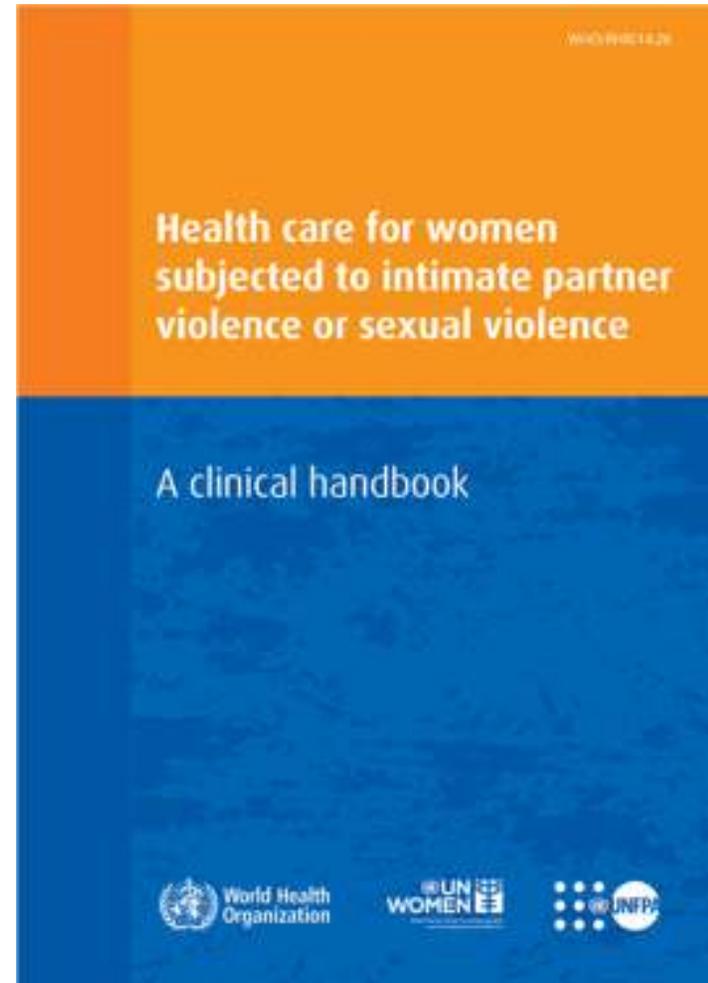
The Clinical Handbook for health providers – based on WHO clinical & policy guidelines

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 **detailed operational guidance** (the 'how to') based on WHO guidelines (the 'what')
- It is an **easy-to-use, helpful 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 them.



The Clinical Handbook: Contents

- **Part 1 - Awareness about GBV**
- **Part 2 - First-line support**
- **Part 3 - Additional care for physical health after sexual assault**
- **Part 4 - Additional care for mental health**

Part 1: Identifying a woman who may be subjected to violence

- A woman's health problems may be **caused or made worse by violence**. She may be facing ongoing abuse at home or has in the past, or suffered a sexual assault.
- Women often seek health care for **related emotional or physical conditions**, including injuries.
- They **often do NOT tell you about the violence** due to shame or fear of being judged or fear of their partner.
- **WHO does NOT recommend universal screening** for violence of women attending health care. However, raise the topic with women who have injuries or conditions that you suspect may be related to violence.

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.**

Part 2: First Line Support - Job aid

L ISTEN	Listen to the woman closely, with empathy, and without judging.
I NQUIRE ABOUT NEEDS AND CONCERNS	Assess and respond to her various needs and concerns— emotional, physical, social and practical (e.g. childcare)
V ALIDATE	Show her that you understand and believe her. Assure her that she is not to blame.
E NHANCE SAFETY	Discuss a plan to protect herself from further harm if violence occurs again.
S UPPORT	Support her by helping her connect to information, services and social support.

Learn to listen with your



Eyes – giving her your undivided attention



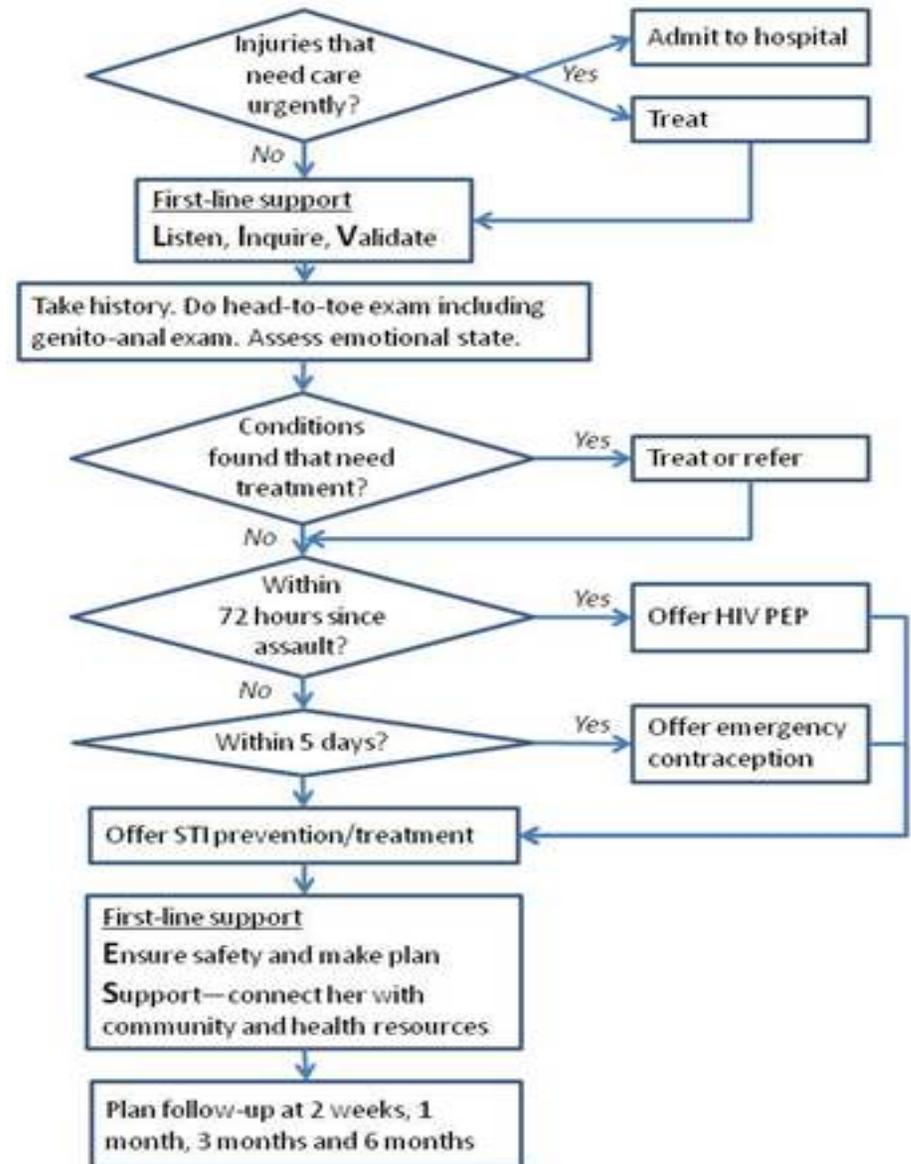
Ears – truly hearing her concerns



Heart – with caring and respect

Part 3: JOB AID: Summary protocol: Pathway for initial care after sexual assault

1. Immediately refer patients with life-threatening or severe conditions for emergency treatment.
2. If the woman comes within 5 days after sexual assault, then :
 - i. First-line support: Listen, Inquire, Validate
 - ii. Take history, conduct physical examination, assess emotional state
 - iii. Conduct full forensic examination if she wants to go to the police-legal redress
 - iv. Provide treatment
 - v. First-line support: Enhance safety, arrange Support.
 - vi. Discuss self-care & schedule follow up visits



Part 3: JOB AID: Conduct head-to-toe physical examination

Genito-anal examination

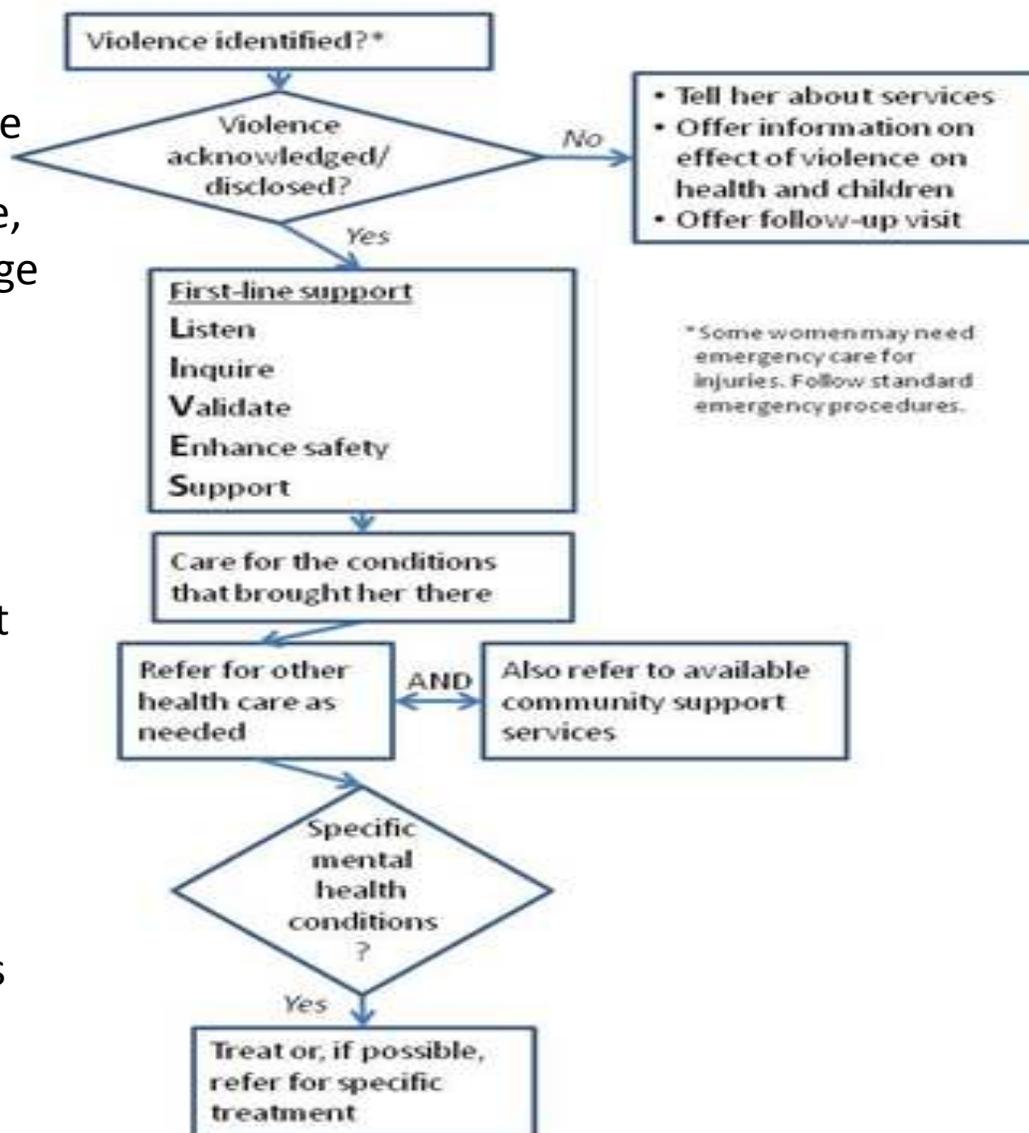
Genito-anal examination checklist	
Look at all the following:	Look for and record:
<ul style="list-style-type: none"> • Genitals (external) • Genitals (internal examination, using a speculum) • Anal region (external) 	<ul style="list-style-type: none"> • Active bleeding • Bruising • Redness or swelling • Cuts or abrasions • Foreign body presence

Genito-anal examination form:

Vulva/scrotum	Introitus and hymen	Anus	
Vagina / penis	Cervix	Bimanual / rectovaginal examination	Evidence of female genital mutilation? (where relevant) <input type="checkbox"/> Yes <input type="checkbox"/> No
Position of patient (supine, prone, knee–chest, lateral)			
For genital examination		For anal examination	

JOB AID: Summary protocol : Pathway for care for violence by intimate partner

1. Identification of partner violence
2. First line support: Listen, Inquire, Validate, Enhance Safety, arrange Support
3. Care for health conditions that brought her to health facility
4. Refer for other health services needed and community support services needed
5. Provide basic psychosocial support
6. Assess, treat or refer for more severe mental health conditions



Part 4: 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.

Part 4: Mental Health Assessment

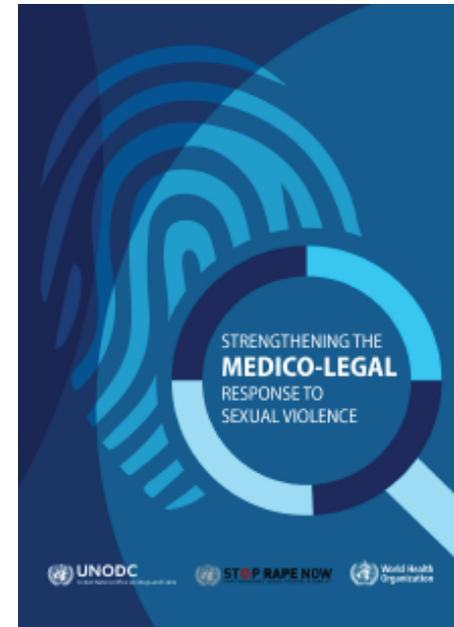
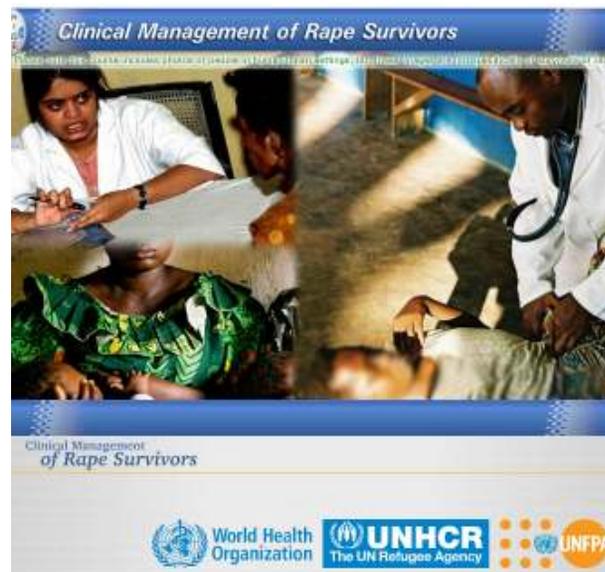
Assess her mental status by observing and listening closely. Take note of:

- Appearance and behaviour
- Mood
- Speech
- Thoughts

Additional practical guidelines and tips for the assessment and management of:

- Imminent risk of suicide and self-harm
- Moderate-severe depressive disorder
- Post-traumatic stress disorder (PTSD)

Tools for medico-legal response



Additional tools to monitor & evaluate implementation of clinical handbook



Pre-training questionnaire for health-care providers

II. Knowledge

7. Please indicate whether you think that the following statements are true or false:
(For each row, choose one option by checking/circling the corresponding number)

	True	False	I don't know
a. Women who experience violence tend to use health services more often than women who do not.	1	2	3
b. The majority of rapes of women are committed by strangers.	1	2	3
c. There are common injury patterns associated with IPV.	1	2	3



Post 6 Months Questionnaire

17. For the women subjected to IPV or SV that you have identified in the past 3 months, which of the actions below have you taken (Check/circle all that apply)
- Provided basic information about IPV and/or SV to the woman
 - Offered validating and supportive statements
 - Talked to the woman about her needs and the options she may have
 - Documented IPV and SV history and physical examination findings in patient's chart
 - Assessed the immediate level of danger for the woman
 - Helped the woman to create a plan to increase her and her children's safety
 - Provided education or resource materials about IPV and/or SV to the woman (pamphlets, brochures, etc)
 - Refer the woman to support services available within the community (psychological, legal, shelter, etc.)

Additional tools: Forthcoming (2017)

A health systems
manual for managers

Training Curricula for
health providers

Guidelines for Clinical
Management of
Sexual Violence
among children and
adolescents

Health Managers Manual - Job aid: Assessing health facility readiness

Health system domain	Questions	Ready? (Yes/No)	
Service delivery			
Protocols	Are there protocols for provision of health care to women subjected to violence?		
Models of care	Have appropriate models of care for service delivery been identified?		
Referrals within health system	Are there mechanisms for referrals within the health system for survivors of violence?		
Health work force			
Assigned or designated health-care providers	Are there health-care providers designated or assigned with specified roles & responsibilities to provide care to women subjected to violence?		
Training of health -care providers	Have providers received training on violence against women?		
Supervision and support to care-givers	Are there mechanisms in place to provide mentoring, supervision and support to health-care providers who are caring for women subjected to violence?		
Infrastructure and medical products			
Private space	Is space available to ensure private, confidential and safe consultation?		
Medical products and supplies	Are there medicines, equipment and other supplies to help in provision of care?		

Health Managers Manual – Job Aid: Essential Supplies for Health Facilities

Equipment

- examination couch (with curtains or screen if needed for privacy)
- light source (lamp or torch)
- medication cabinet
- speculum
- pregnancy testing kits
- evidence collection kit (depending on forensic laboratory capability)

Medicines

- emergency contraception
- antiretroviral drugs for post-exposure prophylaxis for HIV prevention
- drugs for treatment or prophylaxis for sexually transmitted infection
- analgesics
- anti-emetics
- hepatitis B vaccination
- tetanus toxoid
- supplies for wound care

Administrative supplies

- a protocol/SOP for clinical care
- job aids (e.g. flow charts, algorithms for care)
- consent forms
- medical intake,
- examination (including pictograms) and documentation forms (e.g. police forms for forensic evidence, medico-legal certificates)

Other

- sheet, blanket and towels
- clothes, in case hers are soiled or torn or taken for evidence collection
- referral directory with contact information

Thank you!

- Use the information, tips and learning aids in the handbook to adapt and inform the development of your national protocol (e.g. Namibia)
- Explore field-testing of the handbook (e.g. Pakistan, Botswana, Zambia, Uganda)
- Use the handbook to as a resource for health facilities (Afghanistan).

