

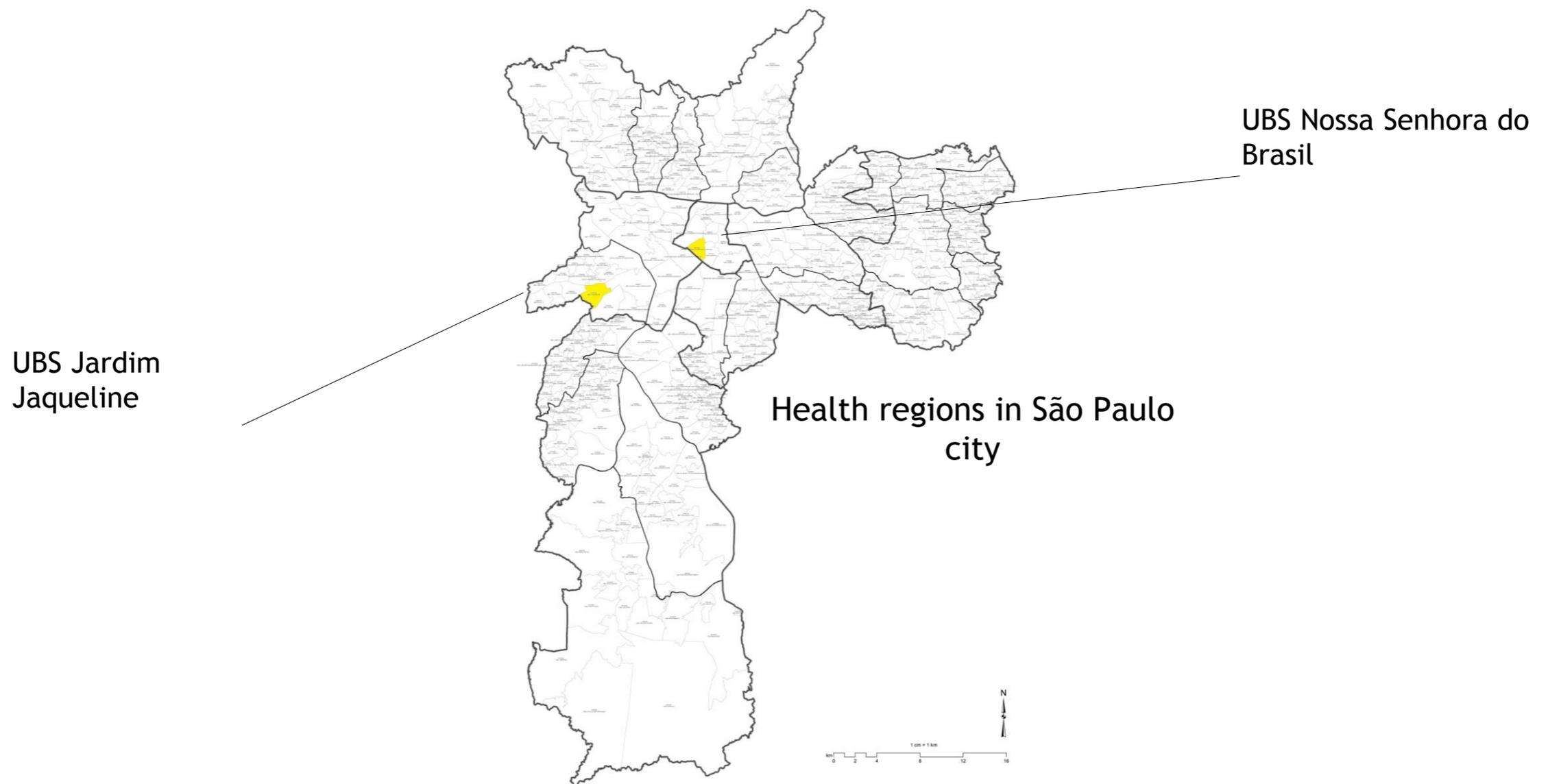


**HEALTHCARE RESPONDING
TO VIOLENCE AND ABUSE**

UK Meeting 2018

Intervention
Brazil

The Services

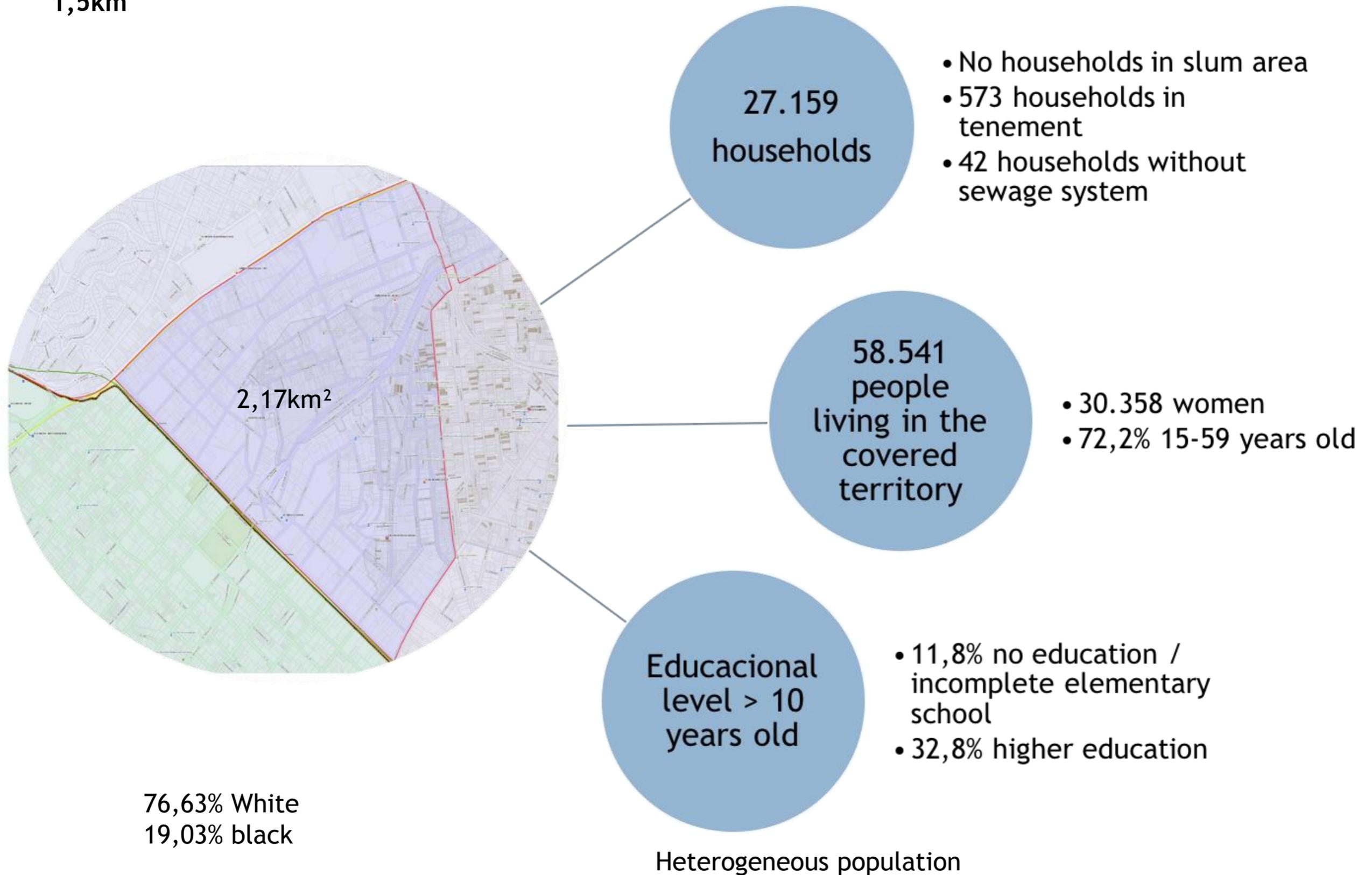


UBS Nossa Senhora do Brasil

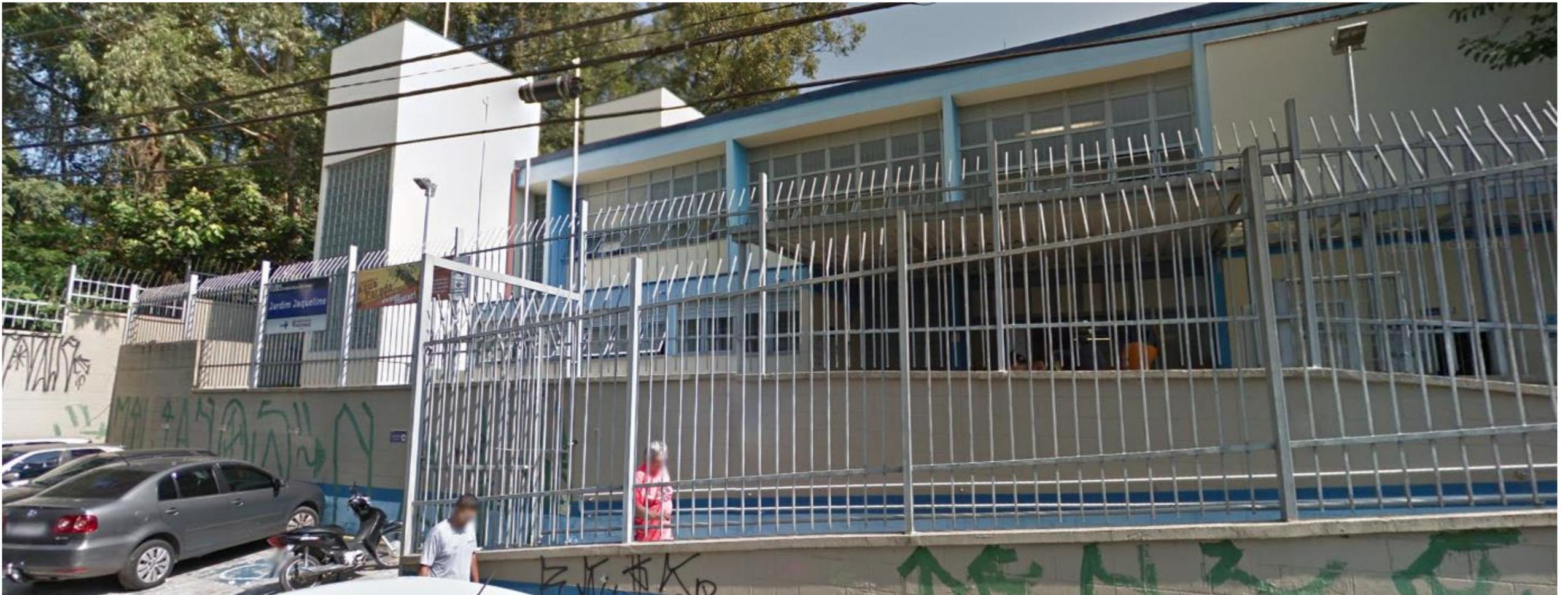


Traditional + Family Health Strategy

Distance to the specialized VAW Service:
1,5km



UBS Jardim Jaqueline



Traditional + Family Health Strategy

Mandatory notification of VAW in 2016: 2

Distance to the specialized VAW Service:
2,5km



60,35% White
36,14% black

13.348
households

- 4851 (36,3%) households in slum area
- 1778 (13,3%) households without sewage system

43.429
people
living in the
covered
territory

- 22.816 women
- 70,19% 15-59 years old

Educational
level > 10
years old

- 31,9% no education / incomplete elementary school
- 22,6% higher education

| | UBS Nossa Senhora do Brasil | UBS Jardim Jaqueline |
|--------------------------------------------------------------|-----------------------------|----------------------|
| Traditional + Family Health Strategy | ✓ | ✓ |
| Open from 7am to 7pm | ✓ | ✓ |
| Violence Prevention Nucleus | ✓ | ✓ |
| Suport nucleus for family health strategy - NASF | ✓ | - |
| Consultório na rua – specialized nucleus for homeless people | ✓ | - |

| | UBS Nossa Senhora do Brasil | | | UBS Jardim Jaqueline | | |
|---------------|-----------------------------|----|-----|----------------------|----|-----|
| | ♂ | ♀ | all | ♂ | ♀ | all |
| | Physicians | 8 | 7 | 15 | 5 | 12 |
| Nurses | 1 | 8 | 9 | 0 | 7 | 7 |
| Psychologist | 0 | 2 | 2 | 0 | 1 | 1 |
| Social Worker | 1 | 2 | 3 | 0 | 1 | 1 |
| Other | 14 | 75 | 89 | 11 | 42 | 53 |
| Total | 24 | 94 | 118 | 16 | 63 | 79 |

3 Family health strategy teams in each service:
- 1 physician
- 1 nurse
- 2 nursing technician
- 6 community health agents

Physicians

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General Clinician ----- 4
General Clinician of family health strategy- 4
Gynecologist ----- 3
Pediatrician ----- 2
Psychiatrist ----- 2

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Acupuncturist ----- 1
General Clinician ----- 4
General Clinician of family health strategy- 5
Gynecologist ----- 1
Homeopath ----- 1
Pediatrician ----- 3
Psychiatrist ----- 2

Demand of the day:

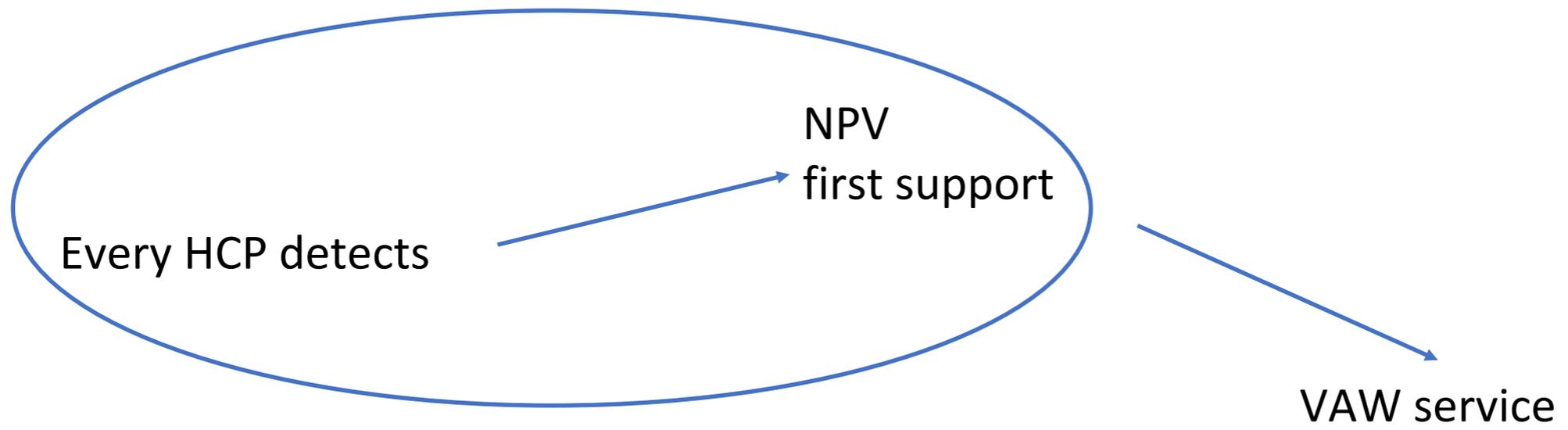
UBS Nossa Senhora do Brasil - Everyday, morning and afternoon by a nursing technician

UBS Jardim Jaqueline - Everyday, morning and afternoon by a couple composed by a nurse and a physician

Obstacles

- Austerity policies - Resources diminishing
- Time - productivity goals make difficult listening, meetings and training.
- Different models (family medicine and “tradicional”) and different managers in charge
- Biomedical tradition on therapeutic “fixing” and frustrate experiences in the past
- Perception that women do not recognize GBV as such
- Do not know how to ask/do not feel comfortable to ask/do not know how to respond
- Fear - criminality
- Lack of knowledge about intersectorial network and policies

Proposed flow



Training

All the professionals will be trained, from the front desk to doctors and nurses.

The staff will be divided into multidisciplinary small groups.

Three sessions of 1,5 hours.

The training will be performed by the Brazilian HERA team, in partnership with:

the 'violence prevention group' (NPV) of the PHC unit and
the VAW specialized services

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Day 1 - Raising awareness and link VAW with health issues

| Training objectives | Training methods | Training tools | Time |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------|
| Introduction and welcoming | Introduce themselves in couples and then present to the audience | chairs | 10 min |
| To be familiar with the concept of VAW and the gender role on it; | Each participant writes one act of VAW, they organize in small groups and plenary | Small papers, tape and pen | 30 min |
| To learn about prevalence among population and woman users of the PHC; | Each participant writes the prevalence they guess - then presentation with slides | Slides (prevalence in Brazil and world (Multicountry study) and in PHC in SP (FAPESP study | 20 min |
| To link VAW with health issues; | Brainstorm and presentation | Slides | 30 min |

Day 2 – Identifying VAW cases

| Training objectives | Training methods | Training tools | Time |
|------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|--------|
| Understanding why woman don't report the IPV and why professionals don't ask; | Brainstorm and presentation of findings | slides | 20 min |
| Learning to identify signs that the woman is experiencing a situation of violence; | Video | We would like to produce a video | 30 min |
| Developing skills on how to ask. | Role play | We will run it | 40 min |

Day 3 – Referral

| Training objectives | Training methods | Training tools | Time |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------|--------|
| Resume of Identification: do not judge, do not fix, safety plan, mandatory report, register | Role play | We will conduct | 20 min |
| Introducing IRIS | Presentation | slides | 15 min |
| Knowing the CDCM, NPV and what they do How to refer | Presentation of the CDCM and NPV by themselves - questions | slides | 45 min |

Training NPV

- 16 hours - with VAW services
- Workshop on her shoes
- More in depth knowledge of policies and network
- "Conversation technique"



Feed back sessions

Once a month, 1 hour to discuss cases with Hera team, CDCM and NPV facilitation to all doctors, nurses and ACS