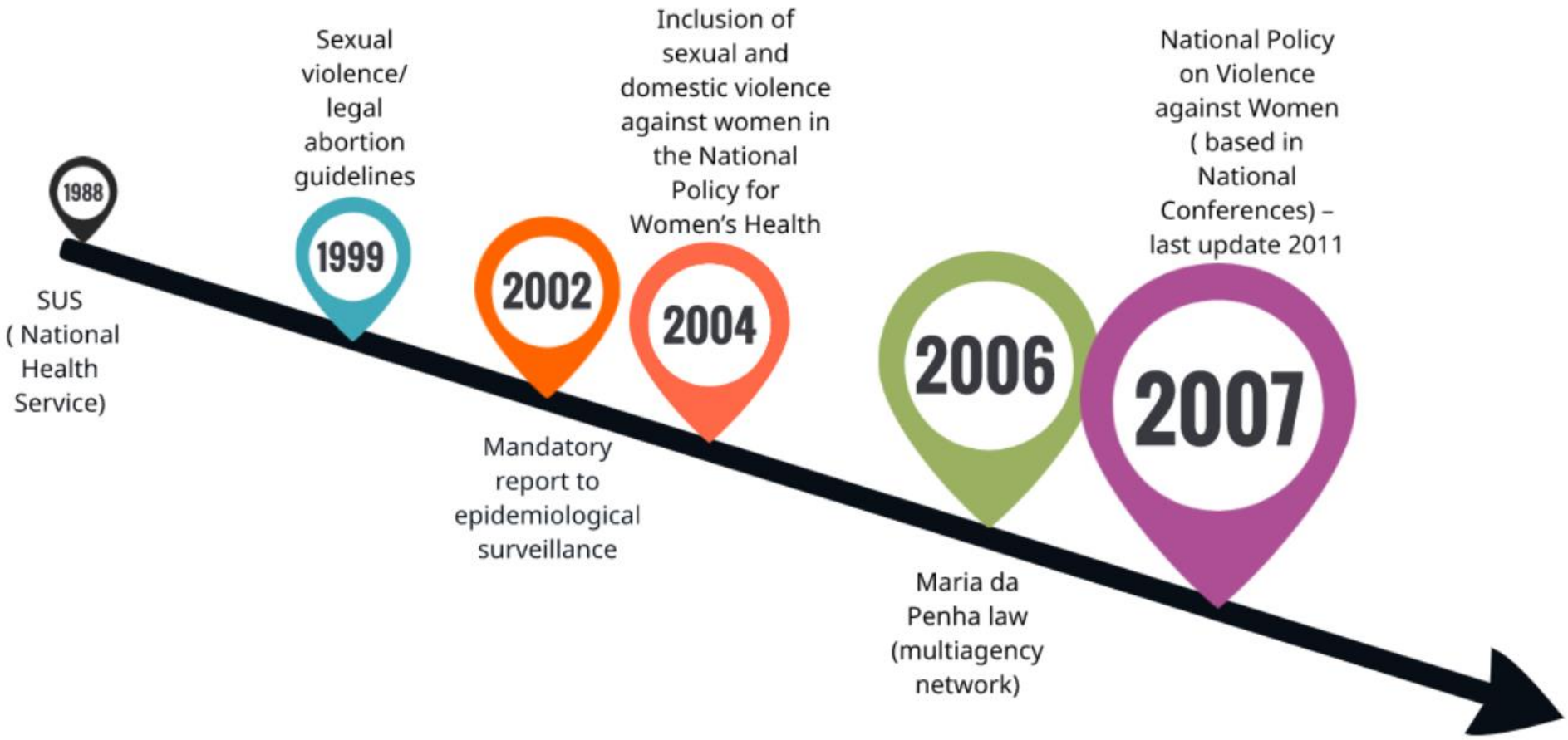
HERA

HEALTHCARE RESPONDING TO VIOLENCE AND ABUSE

UK Meeting 2018

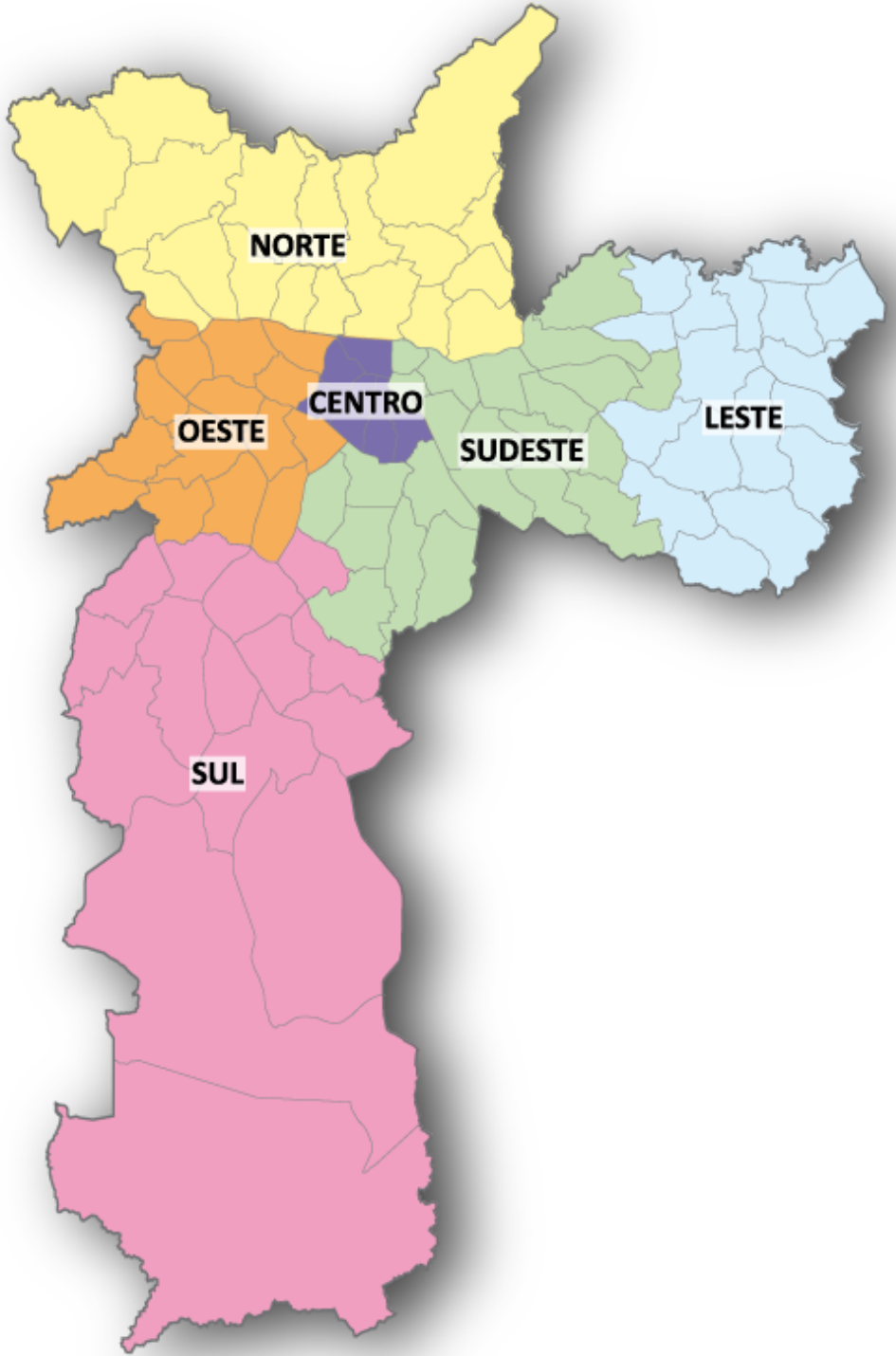
Presentation of key findings from Phase 1 and implications for intervention

Brazil health and VAW main policies in last 30 years



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

São Paulo city
11,32 million inhabitants



6 regions divided in 28 subregions
Each region and subregion has one person responsible for “violence”, among other responsibilities

São Paulo City

PHC recently commissioned to philanthropic sector (Weak transparency and public control over contracts)

Contracts ruled by goals centered in number of patients (420/doctor/month).

Other indicators: antenatal care and immunization. (maybe to think how to convince central managers to include some indicator related to VAW detection/referral in the goals??)

Violence Prevention Group (NPV): a SP municipal Department initiative

-Determined by the municipal guideline 'Integral care for people facing violence situations', 2015;
- Addresses all types of violence, including VAW;
- EVERY health service needs a reference NPV.

The Violence Prevention Group (NPV) is composed by a multidiciplinary team of the Health Service and is responsible for organizing the assistance and also for articulate actions to overcome violence and promote a culture of peace.

Training for NPV
-Offered by the Local Health Technical Supervision;
- Length: 2 years – once a month. (mar 2016- fev 2018)

Key messages from the fieldwork (preliminar analysis)

Data Collection

- 20 survivors and 17 HCP from previous interviews
- 16 HCP and 2 survivors interviewed last two months – being transcript
- 39 papers - systematic review

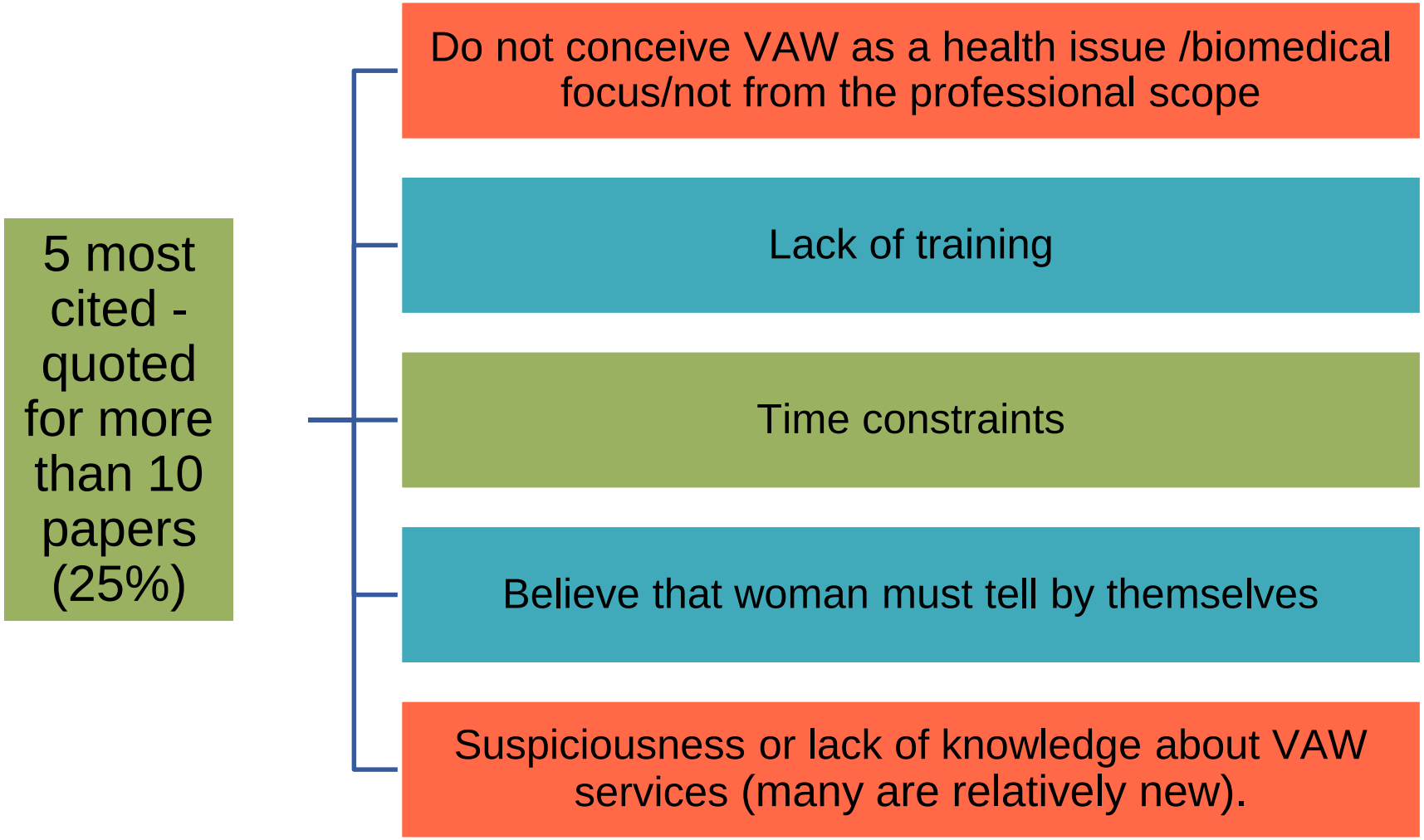
Analysis

Looked at obstacles and facilitators to shape intervention

Used categories from previous research on VAW and PHC + generated new from the empirical material.

Coding (content analysis) by all the team and collective discussion.

Obstacles - Literature

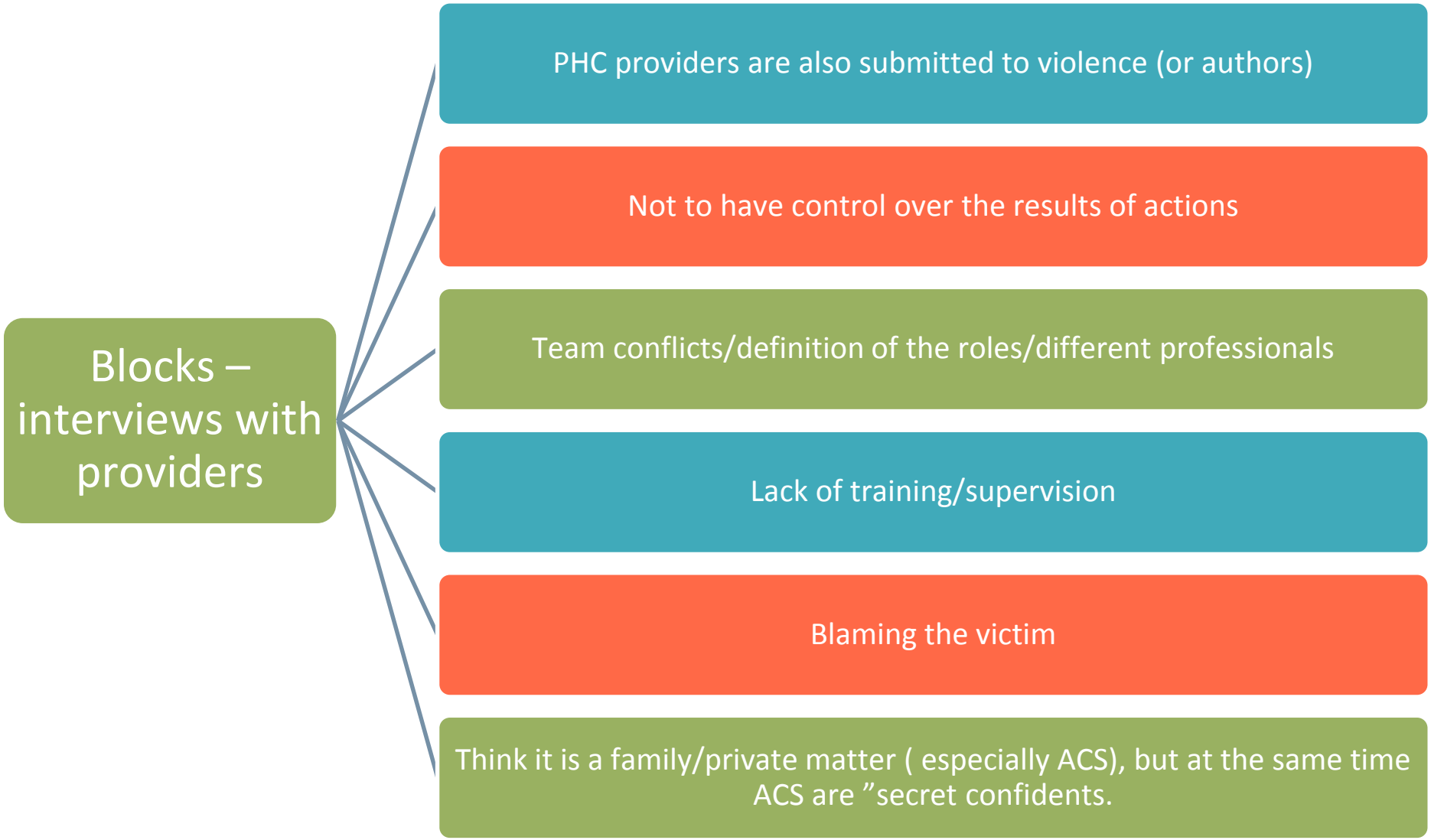


Obstacles - Interviews with providers

- **Do not know what to do/ how to approach**
  - I don't know if it is our role, but, I feel that there is not much to be done..in this phase... When everything else went wrong, isn't it? (Doc)
- **Time constraints**
  - What else would you need for your work?
  - Time!! If I had more time, could talk... But you are responsible for a huge population, so we don't have time!!
- **She does not consider violence/ women should report by herself:**
  - " [...] You guess there is a suffering, you guess it is in marital life, but… she never made it clear… never told it... So I prefer not to touch it, isn't it? I may not solve her problem and may bring more suffer to me, isn't it?...". (ACS).
  - But…
  - Spontaneously it is very difficult. It is once case here, another there... In the last month my team saw one, maybe two "explicit case, when the reason of the person to come is violence. (Fam Doc)

Obstacles - Interviews with providers

- **Lack of knowedge/trust in VAW services**
  - As a doctor, I am not the person who makes this sort of contacts. Because of the organization of our work... Especially now that we are seeing more patients, seeing patients is occupying most of my time.. I have little time to other activities. I think the social worker is used to do this orientations (on VAW services). MF Boa Vista
- **Lack of effectivity of the intervention I can not help**
  - Violence interferes in health, but we get super limited: Are we going to denounce? Is it mandatory to denounce? OK. And how she gets back home? (Nurse)
- **Fear of the author of violence**
  - “I can not talk because, if I talk, the guy from the crime come to threaten me, or to fight, or he can steal my car, or… we always have this fantasy…”

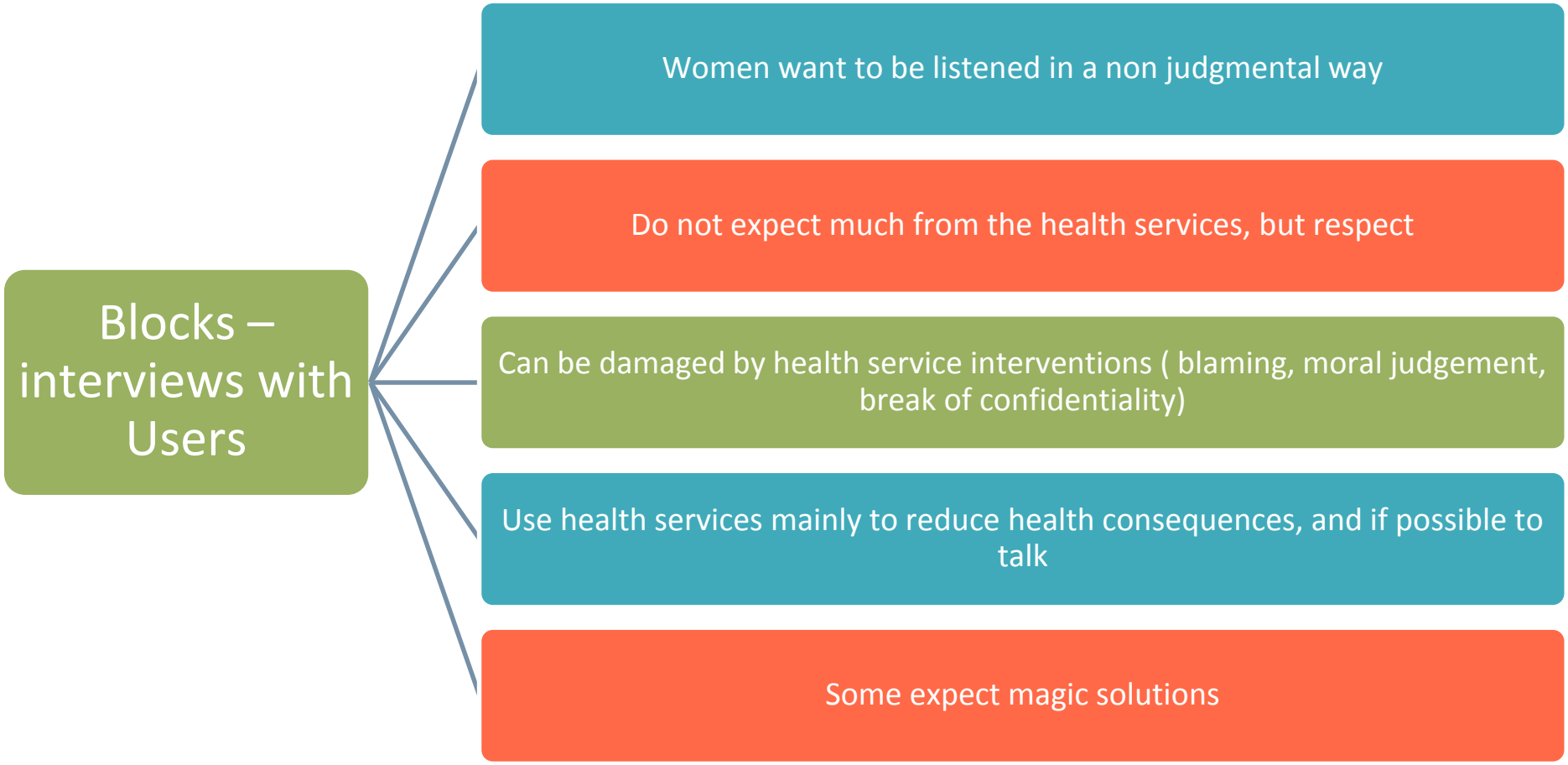


Attention to heterogeneous positions/ activists professionals

Women users

Less analysed and less present in the literature – WHY?

To think about diversity and its impacts in intervention: homeless, sex workers, travesti, teenagers, elders, mental suffering... Class, race, sexuality.


Blocks – interviews with Users
Women want to be listened in a non judgmental way
Do not expect much from the health services, but respect
Can be damaged by health service interventions (blaming, moral judgement, break of confidentiality)
Use health services mainly to reduce health consequences, and if possible to talk
Some expect magic solutions