

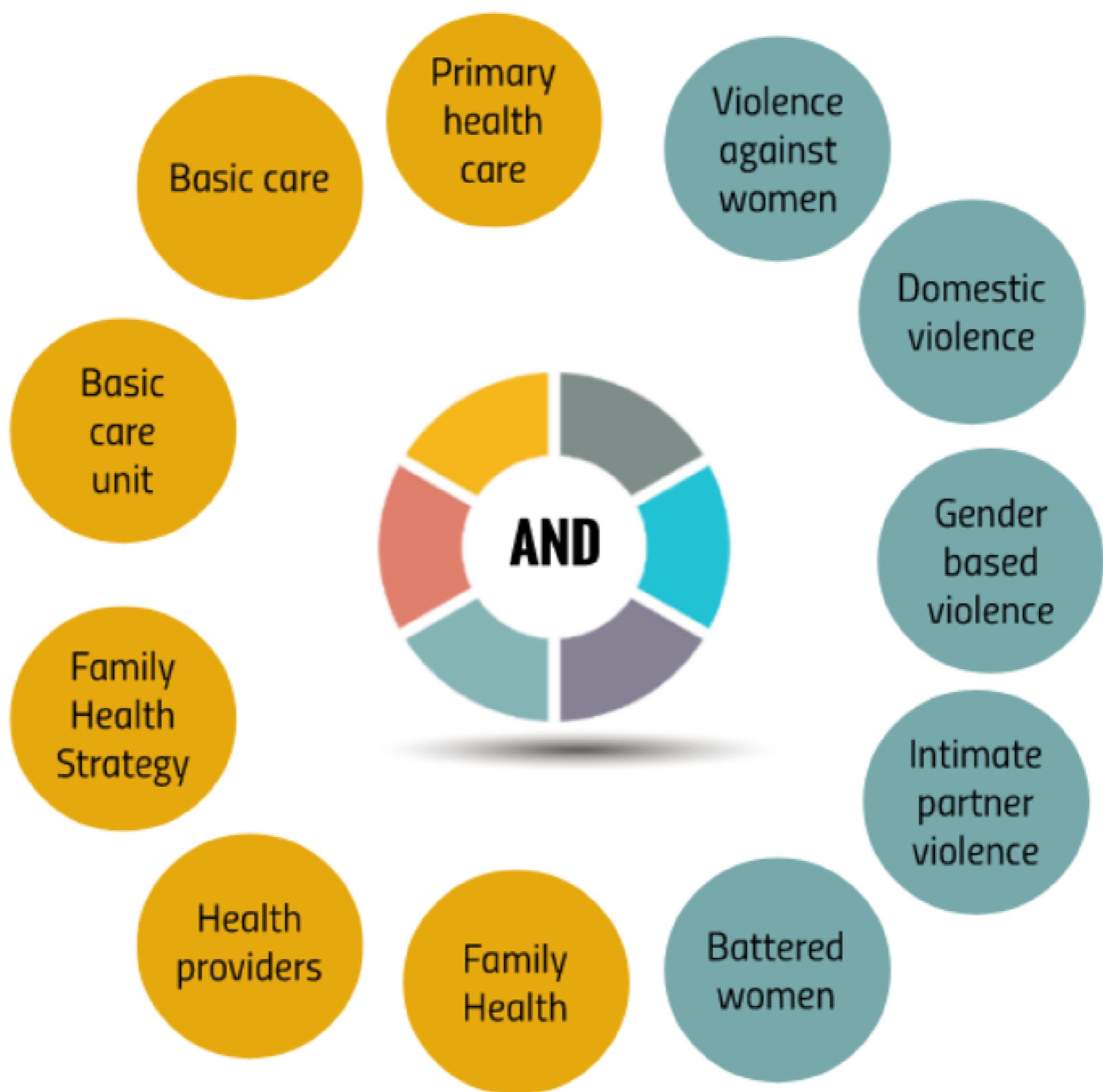


**HEALTHCARE RESPONDING**  
TO VIOLENCE AND **ABUSE**

# UK Meeting 2018

Systematic review

# Search Strategy



Search date: 15/08/2017



**Inclusion criteria:** papers with empirical research, focusing on violence against women and primary health care settings, with findings on obstacles and facilitators to disclosure and referral of VAW

**Exclusion criteria:** thesis, theoretical essays, Ministry of Health materials, other revisions. Focus on children, elderly domestic violence without specifying women, just sexual violence/hospital.

Two different researchers looked at a set and when were they did not agree it was discussed with the whole group



**Selected after reading title and if necessary abstracts:**

**71 papers**

# After reading the whole paper

## Excluded: 32 from 71 (45%)

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Reason	Number
Studies with same authors and empirical material, but with less precise methodology	11
Do not approach assistance to survivors	9
Do not approach PHC	5
Methodological inconsistency	4
Workshop evaluations	2
Do not look at barriers and facilitators	1

***All papers were read and organized in a matrix with a standardized extraction of data and then discussed with all team***

# Final Revision: 39 papers

*Main features*

37 (95%) first author female



19 (49%) southeast region



28 (72%) qualitative and 6 both qualitative and quantitative



Health care providers subject in 32 papers; 05 both and 2 only users

80% defines violence  
28,2% defines gender

Health care providers subject in 32 papers; 05 both and 2 only users

# Blocks – Literature

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5 most cited -  
quoted -  
for more  
than 10  
papers  
(25%)

Do not conceive VAW as a health issue /biomedical focus/not from the professional scope

Lack of training

Time constraints

Believe that woman must tell by themselves

Suspiciousness or lack of knowledge about VAW services

# Blocks – Literature

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- Fear of the author / fear of retaliation
- Do not know what to do
- Blaming the victims
- Lack of control over the result of the intervention.
- Trivialization
- Feel unease to ask
- Do not believe should interfere

- Lack of access
- Do not know how to ask
- Do not have supervision
- Lack of union in the team
- Lack of specific protocol
- Impotence facing violence experience
- Personal beliefs/traditional gender perspective

- Turnover of providers
- Violence asks for new actions
- Too normative/prescriptive
- Racism
- Lack of register
- `Lack of structure/providers
- Less involvement if the violence is against women

# Facilitators

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5 top  
referred

Listening, welcoming, attachment –  
interpersonal relationship

Intersectorial network to support women

Training

Human rights promotion as health  
responsability

Team work

And more:

(to ask more, to have ACS, psychologist, to assist men authors, partnership with University, home visits)