RESPONSE

Meeting #2

09.11.2018

UMF Cluj

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Colaborarea inter-instituţională pentru raportarea violenței de gen în cadrul serviciilor medicale pentru femei (RESPONSE)
Grant nr. JUST/2015/RDAP/AG/MULT/9746

RESPONSE

The role of healthcare providers: doctors, midwives and nurses

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Services and service providers

Key sectors

Police
Legal system
Social assistance
Child protection
Medical services

Service providers

Public institutions
Private organizations
Non-profit organizations

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Medical services

- First line support
- Medical history and medical examination
- Treating the immediate injuries and medical complications
- Medical evaluation
- Psychological/Psychiatric examination

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First line support

- Obtaining the informed consent
- Correctly informing the patient, and the doctor’s obligation (if it exists)
- Creating a safe and friendly environment, the consultation must be private

……

- Ask about the violence history, listen and don’t put pressure on the victim
- Discuss the existing resources
- Discuss her safety and the children’s safety

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Medica history

#1 obtaining the patient's informed consent

Explain the patient the consultation procedure and everything that it involves

Explain the treatment and care options

....

Medical history:

Violence type and how long has it been since the event

Pregnancy risk

HIV and other sexually transmitted diseases risk

Evaluating the victim's mental status

Ask the patient to tell you what happened, using her own words

Try not to interrupt the patient

Social care

- Emergency counseling
- Finding a safe home
- Long term psycho-social counseling
- Other support services

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Medical Sector

Medical Managers / Health Commissions

The Hospital Management / Department Managers

Health care professionals

The role of clinics/hospitals

- To offer an institutional framework that encourages the medical personnel to address gender-based violence
- To implement protocols and work instruments
- Institutional support
- Adequate infrastructure
- Informative materials for the medical workers and for the patients
- Implementing a monitoring and evaluation system

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The role of medical workers

- To understand gender-based violence and to inform the patient about gender-based violence and its impact on health
- To ask about violence, if clinical symptoms were identified
- To create a friendly and safe environment
- To document the case and the patient’s medical history
- To offer medical care and psychological support
- To document the medical risk
- To refer the patient to social care and specialized services
- To follow the patient’s evolution

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Obstetrics. Factors to consider (1)

- Patient comes late or does not attend clinic appointments
- Patient repeatedly attends with minor problems or has repeat admissions
- Patient does not complete treatment or self-discharges
- Patient is depressed, anxious or self-harms
- High levels of symptoms of perinatal depression, anxiety, and PTSD are significantly associated with having experienced domestic violence*
- Patient presents with injuries, in particular to abdomen, breasts, inner thighs, head and neck. She may try to persuade the health care professional that these are not very serious.

M. Bewley, Susan, and Jan Welch, eds. "**ABC of domestic and sexual violence**." John Wiley & Sons, (2014), p.69-72

*Howard L.M., Oram S., Galley H., Trevillion K., Feder G. "**Domestic violence and perinatal mental disorders: a systematic review and meta-analysis**". PLoS Med. 2013; 10: e1001452.

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Obstetrics. Factors to consider (2)

- Patient experiences frequent vaginal discharge, post-coital bleeding, urine infections or pelvic pain
- Patient experiences recurrent miscarriages, unexplained stillbirths or pre-term labour
- There is intrauterine growth restriction or low birth weight
- The pregnancy is unplanned or unwanted
- Patient makes a termination request or has undergone multiple terminations
- Patient may have problematic substance use or be unable to stop smoking

M. Bewley, Susan, and Jan Welch, eds. “**ABC of domestic and sexual violence**.” John Wiley & Sons, (2014), p.69-72

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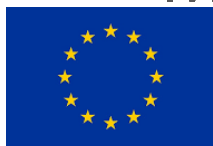
Obstetric complications

- Premature labour
- Stillbirth
- Low birth weight baby
- Antepartum haemorrhage
- Chorioamniotis

M. Bewley, Susan, and Jan Welch, eds. “**ABC of domestic and sexual violence.**”



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Gynaecology

Women who experience GBV have a three times increased risk of gynaecological problems.

The worse the combination of physical and sexual abuse, the worse the gynaecological problems

Campbell J et al. "**Intimate Partner Violence and Physical Health Consequences**". Arch Intern Med. 2002;162(10):1157-1163. doi:10.1001/archinte.162.10.1157. http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/211435

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Gynaecology continued

Women experiencing GBV may repeatedly fail to attend for cervical smear tests and are at increased risk of conditions including:

- Menstrual disorders
- Pelvic pain
- Pain during intercourse
- Vaginal discharge
- Pelvic inflammatory disease
- Post-coital bleeding

M. Bewley, Susan, and Jan Welch, eds. "**ABC of domestic and sexual violence**". John Wiley & Sons, (2014), p.69-72

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Sexual health

Women experiencing GBV may present to sexual health services or women's health services for a variety of reasons:

- Vaginal discharge
- Following rape
- After being forced to have sex with others for the financial gain of her partner
- With a STI caught from her partner
- Concern about HIV status

Younger women and women involved in street sex work may be more likely to attend sexual health services when they are experiencing GBV

M. Bewley, Susan, and Jan Welch, eds. "**ABC of domestic and sexual violence**".

John Wiley & Sons, (2014), p.69-72

Reproductive coercion

Reproductive coercion involves behaviours that a partner uses to maintain power and control in the relationship and that are related to reproductive health.

Women affected by GBV:

- are often not allowed to manage their own fertility
- may be forced to take contraception
- may be prevented from taking contraception (more usual than being forced to take it)
- are more likely to have an unintended pregnancy than those not experiencing GBV
- may fear becoming pregnant

M. Bewley, Susan, and Jan Welch, eds. "**ABC of domestic and sexual violence**". John Wiley & Sons, (2014), p.69-72

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Reproductive coercion

A patient who attends repeatedly requesting contraception or emergency contraception should be asked about her relationship and asked directly whether she is experiencing GBV.

Long acting reversible contraception should be discussed.

M. Bewley, Susan, and Jan Welch, eds. “**ABC of domestic and sexual violence**”. John Wiley & Sons, (2014), p.69-72

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Are we asking everyone or are we selecting who to ask?

Universal screening (routine consult):
Interviewing all the women who come to see the doctor

Case identification (clinical investigation):
Interviewing starting from clinical symptoms, medical history

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Signs and symptoms of violence

- Medical workers should ask about violence when there are clear symptoms/signs and when certain types of behavior can be observed
- This signs
    - Rise suspicion
    - Do not necessarily indicate the presence of violence
- Important! A safe and confidential environment
- If the patient doesn’t want to admit the violence, don’t make any pressure because she might come back to get help

RESPONSE is a partnership model of working

Team of health care professional (HCP) and social care/specialist GBV sector

Promotes a shared responsibility for the support and best care of patients with experience of GBV

Health care professional (HCP)	Social Worker
Initial response	Full risk assessment
Safety check	Safety planning
Referral to social worker/GBV specialist	Support planning including onward referrals

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Best care of patients with experience of GBV

The health care professional and social worker in each setting need to ensure the following for best care of patients with experience of GBV:

- A private space to meet and speak
- An interpreter if required who is not from the victim's family
- A survivor-centered approach
- Validation of the patient's experience
- Identification of GBV
- Risk assessment and safety planning
- Follow up care both for health and GBV related issues
- Clear contact details for next steps

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Requirements for asking about GBV

MINIMUM REQUIREMENTS WHEN ASKING

Protocol or standard procedure
Health care providers are trained on asking and responding to disclosure
Privacy and confidentiality considerations
Aware and knowledgeable or resources and referral system

WHEN IS IT SAFE?

Private and confidential space
Woman is alone – including no children present

From IMPLEMENT manual

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How to ask

- Some women have these symptoms/injuries when they are at risk of abuse. Are you afraid of anyone at home? Does anyone try to control you or what you do?
- How is your relationship with your husband/partner/family? Has someone hurt you? Do you feel safe?
- Sometimes people with chronic pain have a lot of pain or tension in their lives that is reflected in their bodies. Might that be happening to you? Are you ever afraid of, humiliated or hurt by anyone?
- Sometimes people with depression/low self esteem have experienced major life events that cause this and can explain why they feel so low. Living in an abusive relationship can cause this. Might that be happening to you?

From IRIS training

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Role of social workers (support workers, psychologists)

Social workers act as gender-based violence advocates. They are:

- Specialists working in the field of GBV
- Have experience and training in supporting survivors
- Can carry out detailed risk assessments
- Can support survivors to create a safety plan and talk through options around their care and onward decisions
- Are well connected with local support services and can make onward referrals into other services in agreement with the survivor they are supporting
- Have confidence and competence to work within the health setting and with health care professionals
- Are receiving good supervision from within the GBV sector to prevent repeat trauma

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Case study #2

The impact of the abuse upon:

Emotional health,

Physical health,

Sexual health

Her relationships outside the immediate family.

- Identify any safeguarding concerns
- Identify points of contact with healthcare workers and where an offer of a referral to a social worker could have been made
- Determine when, in your clinical role, you may have treated this woman as your patient, what you would have asked her to begin a conversation around domestic abuse and what support you would have offered

RESPONSE

Challenges and barriers for women and their health care providers

Topic 4

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Barriers in addressing GBV (1)

Patients	Health Care Providers
Shame, guilt Fear of negative response, being blamed Fear of an escalation of violence Social isolation Lack of safe options for themselves and their children Lack of physical access, especially in remote areas Language and cultural barriers	Insufficient knowledge about GBV and incompetent handling of cases Lack of time Lack of institutional support, such as standardized protocols and institutionalized training Own attitudes and misconcpetions about GBV

UNFPA-WAVE, **Strengthening Health System Responses to Gender-based Violence** in Eastern Europe and Central Asia(2014), p. 175

Barriers in addressing GBV (2)

Women Patients

Issues of diversity can create additional barriers and include:

- Language and cultural barriers faced by migrant and refugee women and women belonging to ethnic minorities
- Fear of drawing attention to irregular immigration status or of losing status following separation from a violent spouse
- Concern over ongoing support if the perpetrator is the person who looks after the woman if she has a disability
- Stigma or disbelief if a woman is in a same sex relationship
- Incorrect assessment by health care professionals that some cultures and communities accept GBV

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Overcoming the barriers

- Some key messages:
  - You are not to blame or responsible for what is happening
  - No one deserves to be treated that way.
  - You do not have to deal with the problem alone and support is available
- Offer ongoing support and keep the lines of communication open
- Ask her how things are going at subsequent appointments and whether there is anything she is concerned about that she wishes to discuss.
- If possible make arrangements so that you see her for the remainder of her care to facilitate ongoing support and communication. You will also be able to keep track of any changes occurring, e.g. if the GBV gets worse.

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Communication Skills
Focus: Motivational Interviewing

Topic 5

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Motivational Interviewing: Definition

Motivational Interviewing is “a **collaborative**, **person-centred** form of guiding, to elicit and strengthen motivation for change”

Miller, W. R., & Rollnick, S. “**Ten things that motivational interviewing is not. Behavioural and cognitive psychotherapy**”, (2009), 37(02), p. 129-140

Motivational Interviewing: Evidence

What problems can we address using MI?

Who can use MI?

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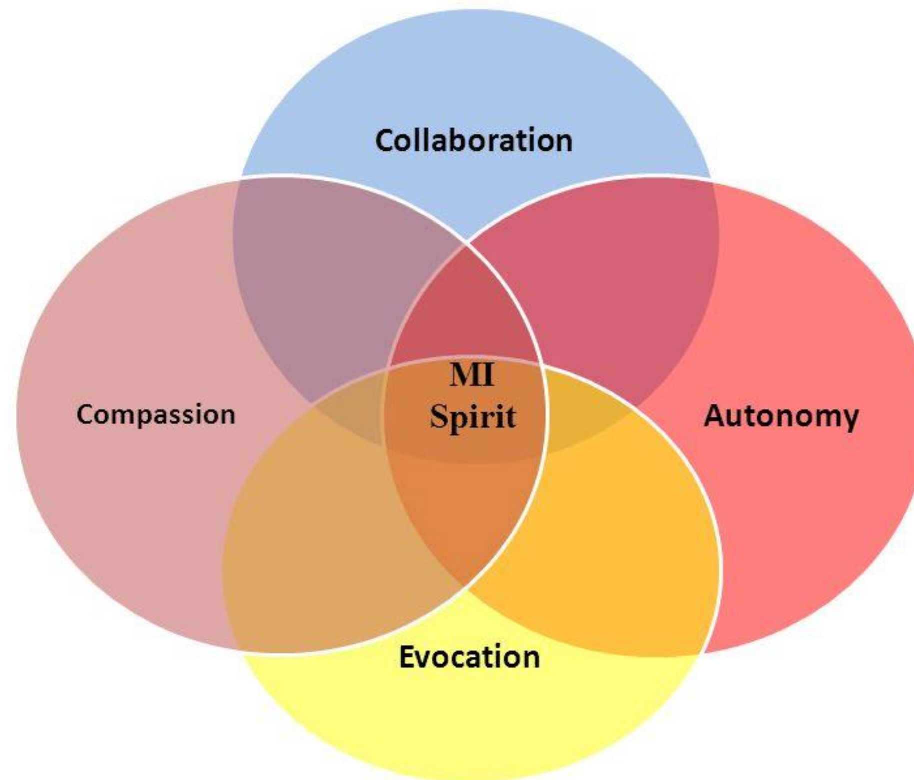
Motivational interviewing spirit



Miller, W. R., & Rollnick, S. "**Motivational interviewing: Helping people change**". Guilford press, (2013), p.25-36

Motivational Interviewing: Change talk

DARN	CAT
Desire: "I want/would like/wish to"	**C**ommitment: "I am going/intend to/will"
Ability: "I could/can"	**A**ctivation: "I am ready/prepared to"
Reasons: "I want this because"	**T**aking steps: "I did"/"I started to"
Need: "I ought/have/need to"	

Rollnick, S., Miller, W. R., Butler, C. C., & Aloia, M. S. "**Motivational interviewing in health care: helping patients change behaviour**", (2008), p. 33.

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Skills for health care teams

Open-ended questions

Affirmations

Reflections

Summarising

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1. Open-ended questions

Open-ended questions

How are you feeling today?

What would you like to talk about today?

How are things going with your partner?

What things worry you about your relationship?

What would be the things you would like to change in your relationship?

What are the things that concern you lately?

Closed questions

Where does it hurt?

Have you talked with someone about this?

Are things getting worse when your partner drinks?

2. Affirmations

Example 1

Patient: “I don’t want to talk about this because I don’t know what will happen to my children.”

Practitioner: “You deeply love your children and you are willing to go through difficult situations just to be with them.”

Example 2

Patient: “I want to speak about this. I can’t keep silence any longer.”

Practitioner: “You have a great determination to make your life better.”

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3. Reflections

Simple reflection (repeat what the client said – avoid using identical words)

Patient: “I don’t know what to do.”

Practitioner: “You feel you can’t do anything in this situation.”

Double-sided reflection (use patient’s words and express patient’s ambivalence about the situation)

Patient: “I don’t know what to do but I can’t go on with this.”

Practitioner: “On one side you feel like you’re trapped and you can’t see a solution for your situation but on the other side you know it’s time to do something, as this is not the life you want to live.”

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3. Reflections (2)

Amplified reflection (rephrase patient's words in an exaggerated manner)

Patient: "I don't know what to do."

Practitioner: "You're terrified by the thought that you will never find a way to get out of this."

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4. Summaries

Collective summary: “So let’s go over what we have talked about so far.”

Linking summary: “A minute ago you said you wanted to talk about ……Maybe now we can talk about…..”

Transitional summary: “So you will make an appointment today before you leave and we’ll talk again soon.”

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Motivational Interviewing: RULE principles

Resist the righting reflex

Understand your patient’s motivations

Listen to your patient

Empower your patient

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