



RESPONSE

Multi-agency response for reporting of GBV in women's health services 2017-2018



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Multi-agency response for reporting of GBV in maternal health services (RESPONSE)

Grant number: JUST/2015/RDAP/AG/MULT/97460

What is the impact of GBV on women's health?

Women experiencing GBV are:

- 16% more likely to have a **low-birth-weight baby**
- more than twice as likely to have **an abortion**
- almost twice as likely to experience depression
- in some regions, 1.5 times more likely to acquire HIV, as compared to women who have not experienced partner violence

WHO. "Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence", (2013)



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Aim of RESPONSE (2017-2018)

To provide capacity building in 5 European countries [Austria, Germany, France, Spain and Romania] in order to increase referral/reporting to specialized services for survivors of gender-based violence in women's health settings using a rights-based approach, which is gender and survivor focused



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Project objectives

- Perform a situational analysis in each of the 5 partner countries (*Romania, Austria, Germany, Spain, France*)
- Perform and evaluate the capacity building seminars in each of the 5 partner countries
- Strengthen multi-sectoral and multi-disciplinary cooperation (obstetrical care doctors, midwives, social workers, women's shelters, police)
 - Maternity-based Victim Protection Groups in maternal health settings
 - Teaching module for health professional students
- To develop and implement an effective communications and dissemination RESPONSE package through collaboration with specialized networks.



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Constructed on the successes of IMPLEMENT (2014-2016)



Awareness Raising

- Improved interest in, and positive attitudes towards, theme of GBV
- Doctors listening for first time about GBV
- Improved knowledge of referral process

Structural

- Increased number of departments involved
- Regular systematic data collection by practitioners
- System improvements for disclosure, confidentiality
- Involvement of management = strong support and participation

Cooperation

- Strengthened referral pathway and multi-agency cooperation
- Training package translated (English, French, German, Italian, Romanian, Bulgarian)
- Data collection shared with GBV advocate
- Continuation of IMPLEMENT Model in health settings and beyond



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Why is GBV an issue for women's health care professionals?

- GBV is linked to a host of health outcomes
- GBV is a risk factor for immediate and long term health conditions
- Health care services spend a lot of time dealing with the impact and effect of GBV on women
- Health care services are often the first point of contact for women with experience of GBV
- Health can play an essential preventative role and offer early intervention
- The impact of GBV is wider than on the person experiencing it directly, e.g. affects children and wider family



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Encounters with patients - opportunities

Emergency Department

- May be easier to ensure patient is seen alone
- Can admit patient to a ward – secures short-term safety but then lose contact with patient
- May be able to follow up if seen by a subsequent hospital service, e.g. fracture clinic; psychiatric services

Maternity Services

- Planned and regular
- 4 weekly appointments after 16 weeks (fortnightly near term)
- Named professional responsible for care
- More likely to build rapport over time
- More opportunity to manage process of disclosure



Local variation

- Consider all settings:
 - ED (if a partner in Implement)
 - Maternity services
 - Gynae services
 - Sexual health services
- What do the services look like in each country?
- What does the training for stakeholders, including students, look like in each specialism in each country?
- What support services and onward referral services are in place or likely to be commissioned?



RESPONSE is a partnership model

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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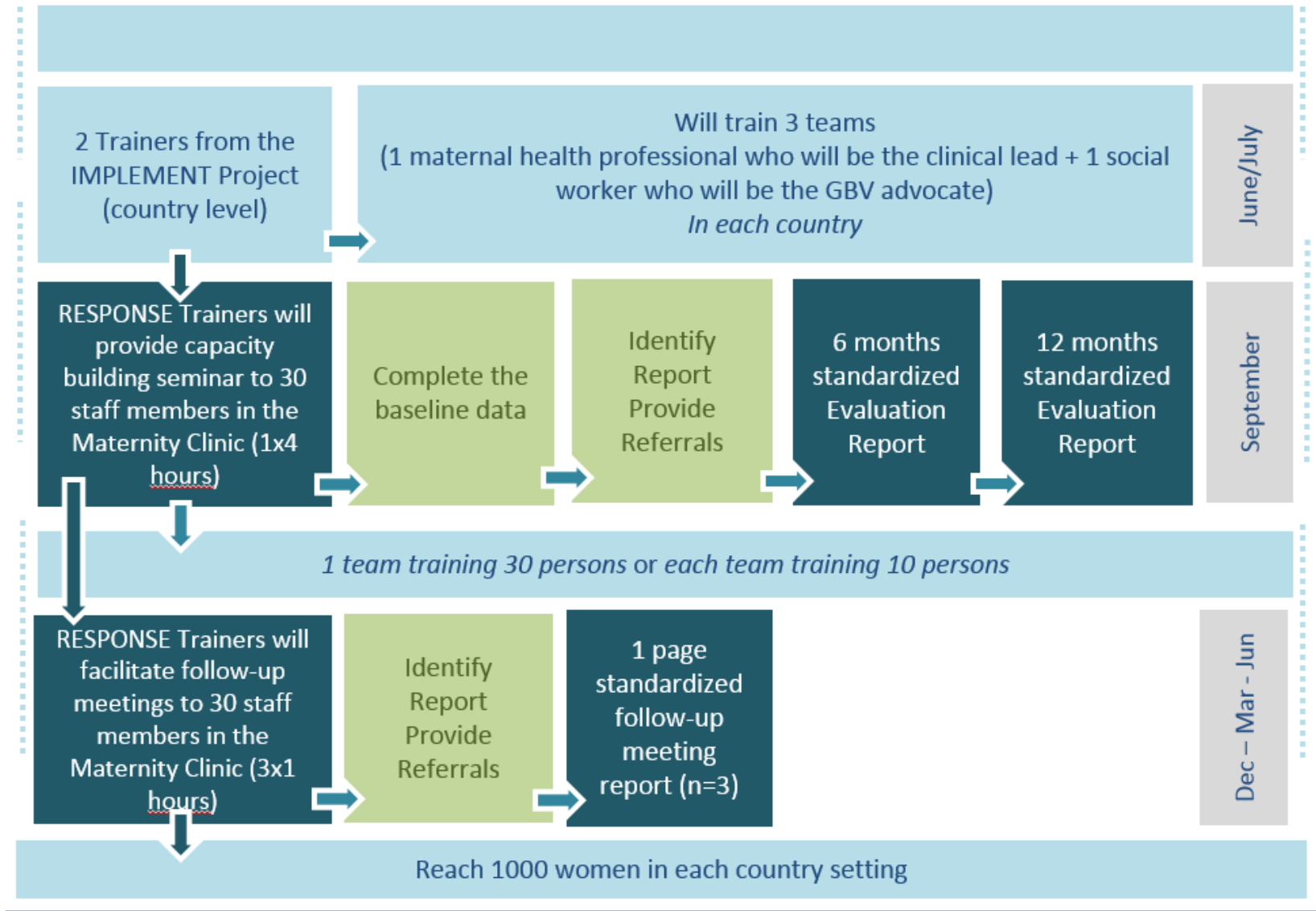


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RESPONSE INTERVENTION

RESPONSE Training Process Flowchart



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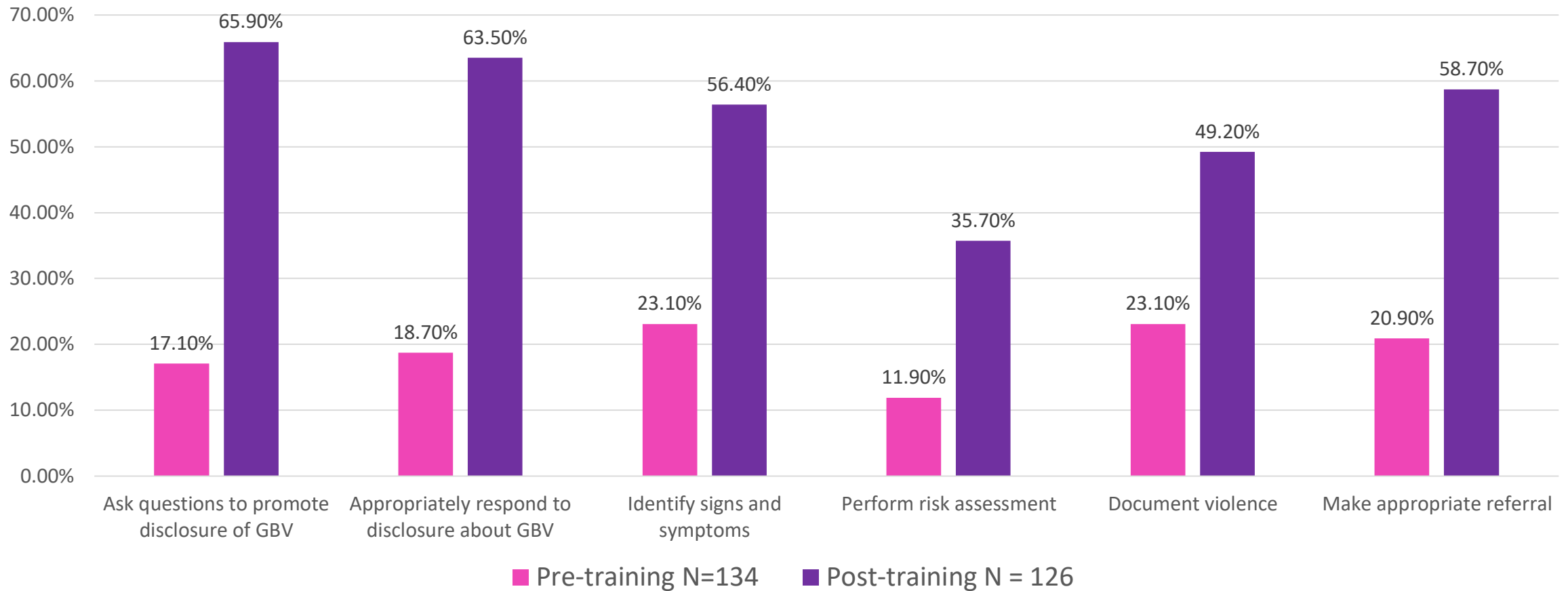


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Evaluation Results. Training (all partners)

How prepared (*medical doctors, nurses, social workers*) feel to perform the following tasks



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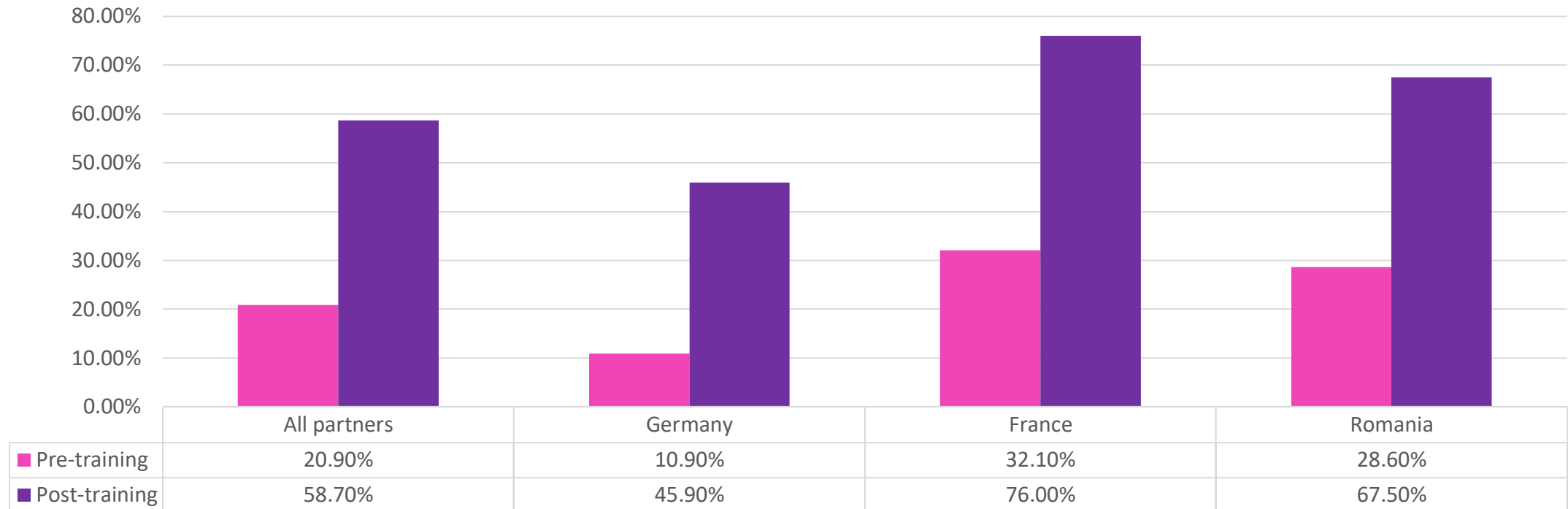


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Evaluation Results. Country comparison

Make appropriate referral for a patient



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Evaluation results (2)

- Increase in referrals to a social worker and to the police
- Decrease in referrals to a shelter and other violence prevention services
- on-going evaluation using qualitative approach *to document what obstacles health professionals encounter in trying to implement the training in terms of identification of GBV patients and referral*



RESPONSE is focusing on

Awareness Raising

- Improved interest in, and positive attitudes towards, theme of GBV
- Doctors listening for first time about GBV
- Improved knowledge of referral process
- Develop new materials to increase referral in OGBYN Clinics adapted to the needs of doctors and nurses

Educational

- Use of webinars for ToT
- Advocate for one educational module for students
- Training package delivered to medical and nursing schools (in German, Spanish, Romanian, English)

Cooperation

- Strengthened referral pathway and multi-agency cooperation
- Increase cooperation with clinics, medical schools and public health authorities
- Evaluation performed in all partner clinics
- Promote regular systematic data collection by medical practitioners
- Implement Victims Protection Groups



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Partners:



UNIVERSITATEA
BABEȘ-BOLYAI



Associate Partners:



Direcția de Sănătate Publică a Județului Cluj



Supporting institutions:



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TOOLS



RESPONSE Training Manual for Reporting of Gender-Based Violence in Women's Health Services

Training Manual for health care teams
JUST/2015/RDAP/AG/MULT/97460

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RESPONSE Training Manual for Reporting of Gender-Based Violence in Women's Health Services aims to support the training of health care teams: health care professionals side-by-side with social workers, working in women's health services.

The manual includes guiding information to improve the skills of health care teams to provide a comprehensive, patient-centred response. By health care professionals we refer to doctors, nurses, midwives, health visitors; particularly those working in gynaecology, obstetrics and sexual health, at specialist or hospital level. Primary care professionals with roles in prenatal and postnatal care might also represent a group of health care professionals that could benefit from the training (*country specific*). Along with health care professionals, the health care team includes social workers (support workers, psychologists) who have the role of gender-based violence prevention advocates.

The manual is available in: **ENGLISH FRENCH GERMAN SPANISH ROMANIAN**



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<http://gbv-response.eu>



gbv_response



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