

A model health system approach to gender-based violence

VIOLENCE AGAINST WOMEN:

The Health Sector Responds.

Velzeboer M, Ellsberg M, Arcas CC, Garcia-Moreno C
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THIS EXCELLENT REPORT complements and extends World Health Organisation efforts to emphasise the importance of health sector reform to combat gender-based violence, outlined in the 2002 WHO World Report on Violence and Health. In this case the Pan American Health Organization (PAHO) describes the process, experience and outcomes of model reform undertaken by a collaboration of government and non-government organisations in Central America to improve the health sector as part of an overall response to gender-based violence. For Australian readers interested in Australian health care reform, the value of this report lies both in the proposed model and processes used to drive the reform and the excellent resources section and bibliography. While the report cites the UN definition of violence against women (acts of gender-based violence resulting in harm to women) as the basis for its action, in fact the book addresses mainly responses to intimate partner violence.

Section 1, *The health sector responds to gender-based violence*, profiles the evidence, rationale and processes of model development. The first chapter reviews the health outcomes of violence against women. The second describes findings

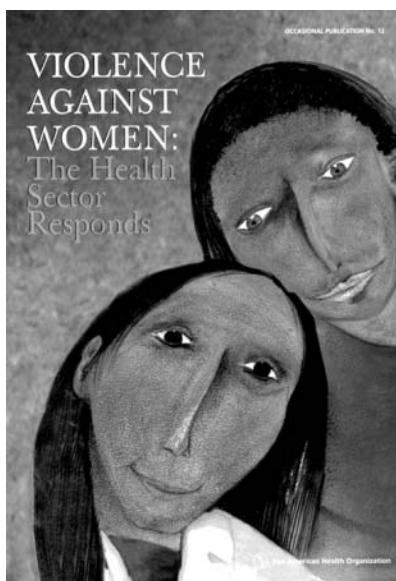
of what is described as the 'Critical Path' studies in 10 countries. These summarise in-depth interviews with women and service providers in a range of government and non-government sectors about pathways for women and the services they access in order to leave a violent relationship behind. The analysis (unsurprisingly) identified, among other things, that the success of interventions depended on the availability, quality, and coordination of services and most of all on the commitment of providers.

Chapter three then goes on to describe important factors (coalition building, legal reform, research dissemination, screening, surveillance

and training strategies, etc.) utilised in the participating countries within the PAHO integrated model. This includes suggested strategies (eg, symposia, campaigns) to bring community, legal, education and health sectors together at national and regional levels. The authors argue for the overall incorporation of 'cross-cutting values' of gender equity, participation, and partnerships.

Section 2, *Lessons learnt from Central America*, presents highlights from a participatory process evaluation in four of the countries. Chapter four reviews the legislative reform and other governmental policy changes and their limitations in these countries, which will be of limited interest to Australian readers.

Chapter five is most useful, highlighting lessons from the PAHO evaluation of this integrated approach within the health system. The barriers to change are very familiar to Australian



readers familiar with health system responses: unhelpful provider attitudes shaped by prevailing cultural norms; victimised women's mistrust of the health system, women's shame and embarrassment about disclosure; providers worried that screening would add another burden to their overstretched capacity; and some providers acknowledging that they have been the victims and abusers themselves. Useful lessons included the following:

- A specific health policy outlining the role of providers in addressing violence is critical and must be disseminated as widely as possible so that health systems can be held accountable for its implementation.
- The placement of program coordination within women's health or reproductive health services may facilitate lateral integration into other programs and services and also requires inter-programmatic coordination to assist sustainability.
- Officially approved norms and protocols help to ensure quality of care and assist evaluation.
- It is essential to train health personnel. Training must include discussions of gender equity and provide participants not only with technical information but also an opportunity to examine their own experiences and beliefs. It should be regularly and systematically evaluated.
- Information and surveillance are an important part of an integrated approach. They must not function independently of the development of services.
- It is unethical to collect data about screening for violence where there are no services to respond.

Chapter six moves downward to the clinic and outlines the strengths and challenges of a care path: 'screening' for abuse; risk assessment; appropriate care; documentation; counselling referrals; and scheduling of follow-up visits.

Moving accounts walk the reader through the strengths and weaknesses of various approaches tried in different countries, with the voices of women and providers speaking directly from their experience and the lessons learned.

The seventh chapter outlines the value and importance of health providers collaborating with community movements and organisations working for the elimination of gender-based violence. This includes clearly outlined lessons about why women's support groups, community education programs, legislative change, men's reflection groups and abuser treatment programs are an essential part of system change and changing community norms with regard to gender-based violence.

The final chapter discusses the relevance and critical aspects of the PAHO model, emphasising the flexibility and non-prescriptive nature of the model for other countries contemplating health system reform. I was encouraged to see that universal 'screening' was not recommended as gold standard and that the reasons why mere identification was not considered adequate were included. Some Australian state governments should take note. The report recommends horizontal rather than vertical integration of violence programs and that providers themselves need emotional support. This final chapter addresses some critical points for policymakers contemplating important factors in health system reform to tackle gender-based violence. The flexible, participatory and respectful approach which the authors of this blueprint for health system reform have outlined, and the resources they document on the final pages, are recommended not only for urban-focused policymakers, but will be of particular interest to those involved in and concerned for Aboriginal and Torres Strait Islander family violence and health system reform.

Angela Taft MPH PhD

Research Fellow, Mother and Child Health Research,
La Trobe University, VIC.