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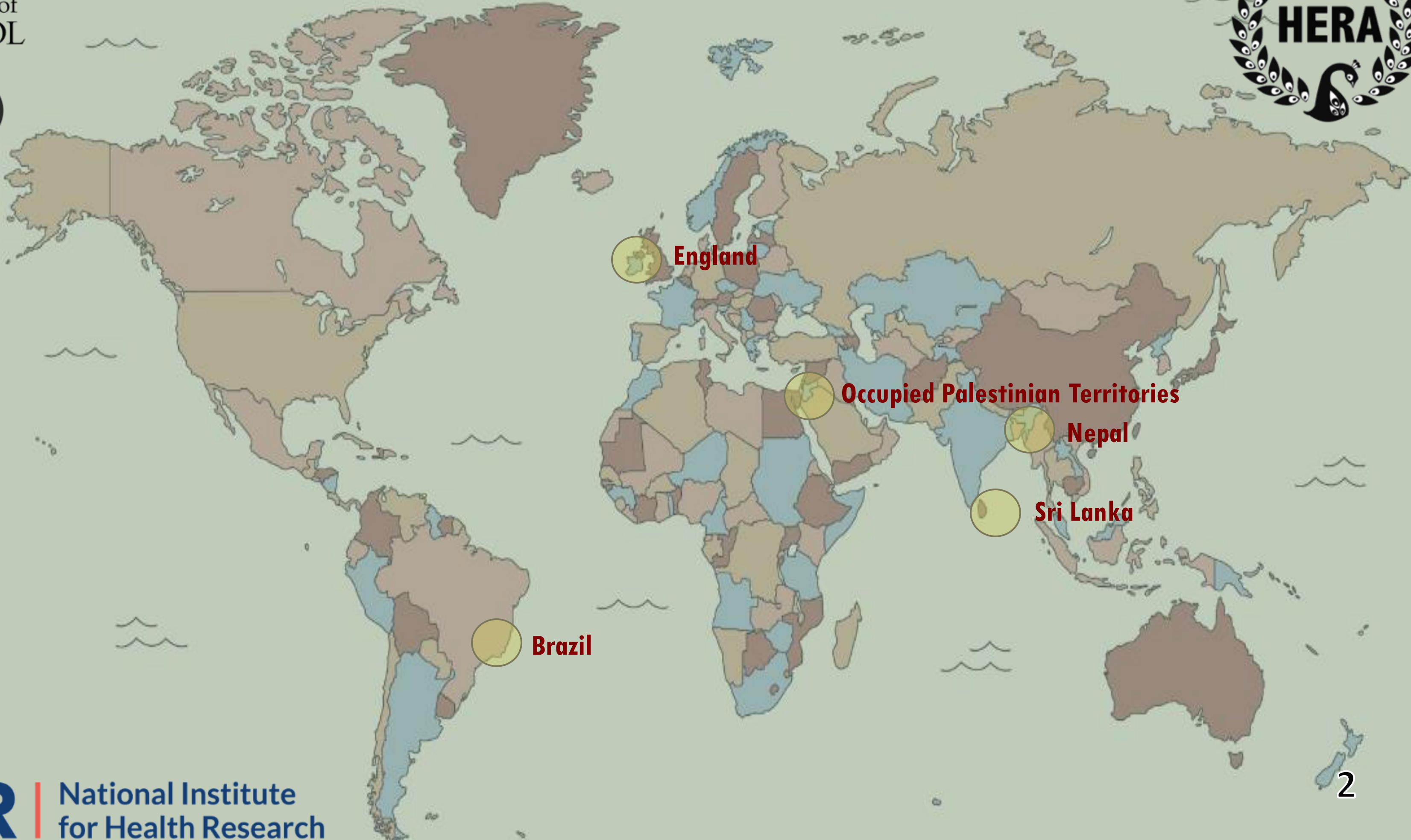
National Institute  
for Health Research

# Improving primary health care response to domestic violence against women in Brazil: the evaluation of a culturally tailored intervention

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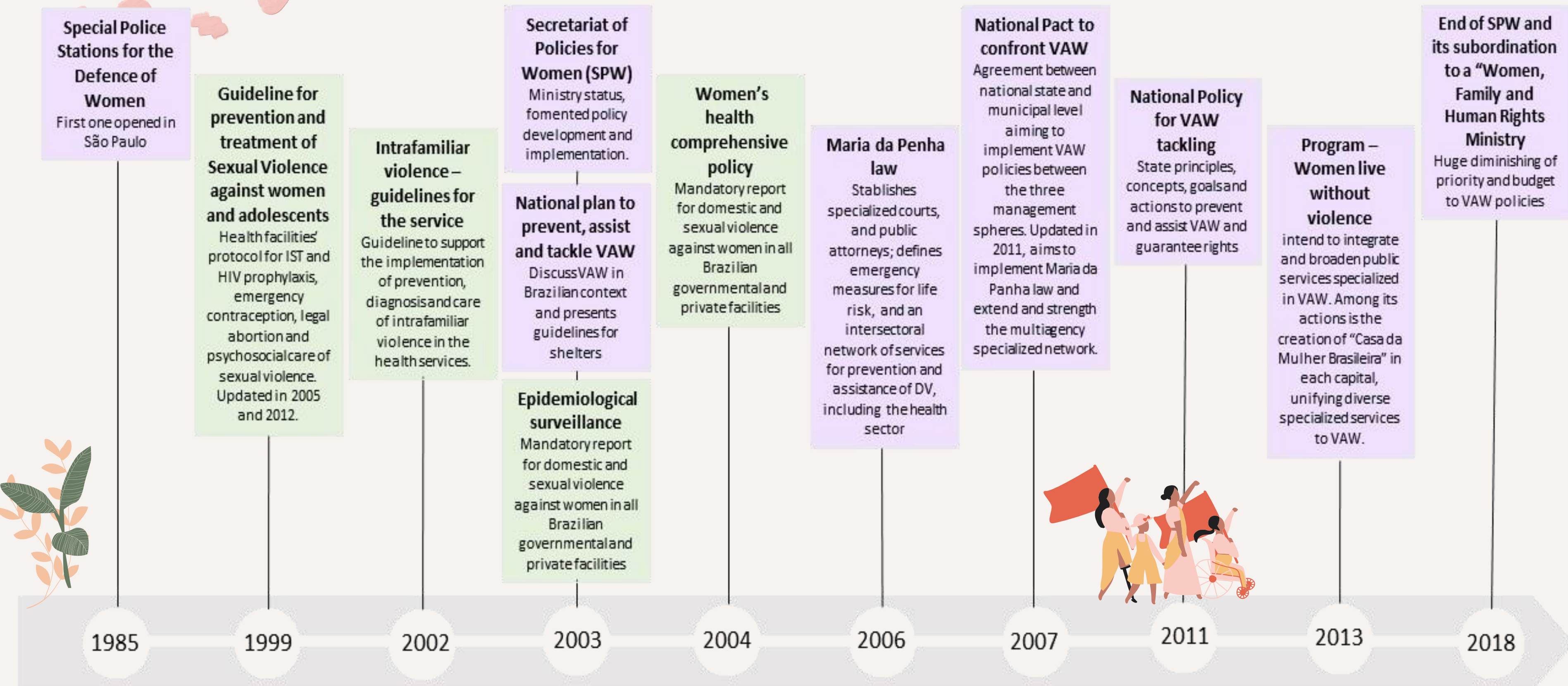


# Study Aims

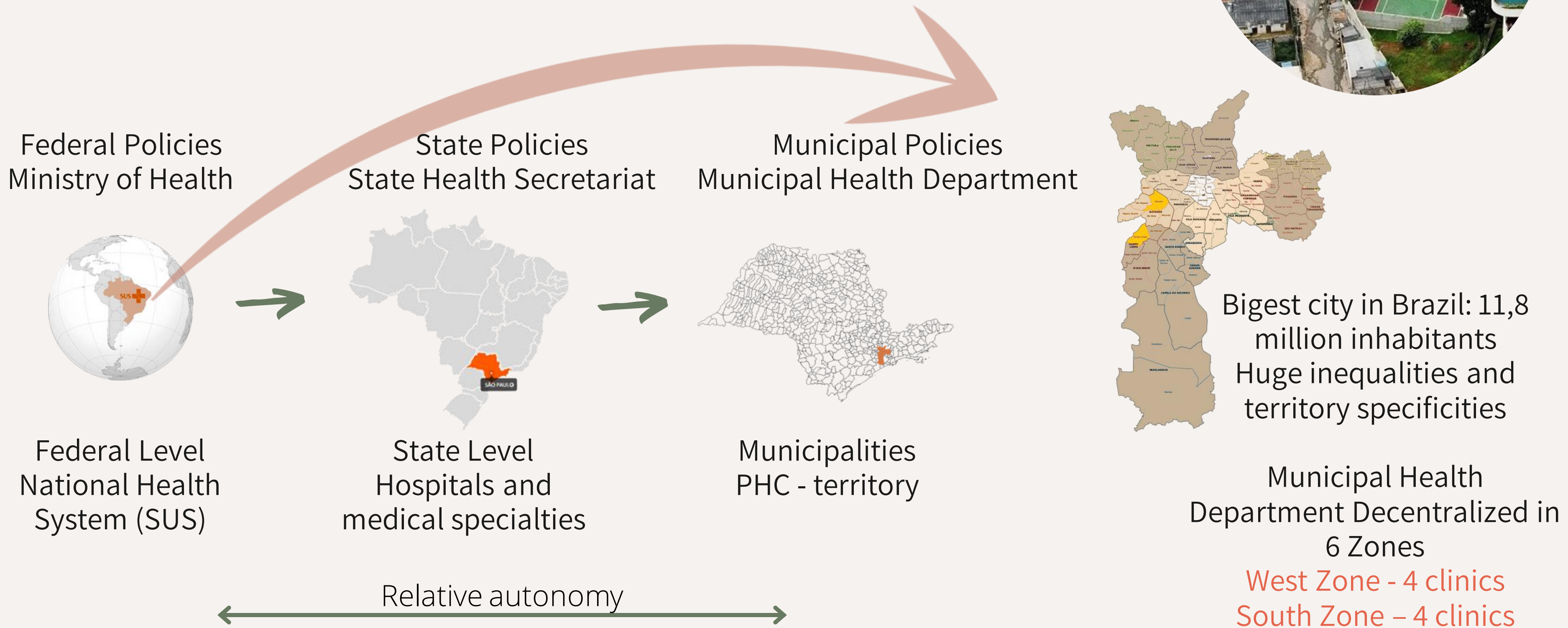


To adapt and to implement a tailored and culturally sensitive intervention to improve the response to cases of Domestic Violence Against Women (DVAW) in Brazilian Primary Health Care (PHC) clinics, evaluating changes in identification and referral of women.

# Brazilian health and VAW main policies in the last 30 years



# Brazilian Universal Health System (SUS)





# Methodology

## Phase I -Formative Study

- Qualitative interviews with managers (8) and health care providers (50)
- Facility observations (8 clinics)
- Reported cases to the epidemiological surveillance (identification and referral) 12 months before

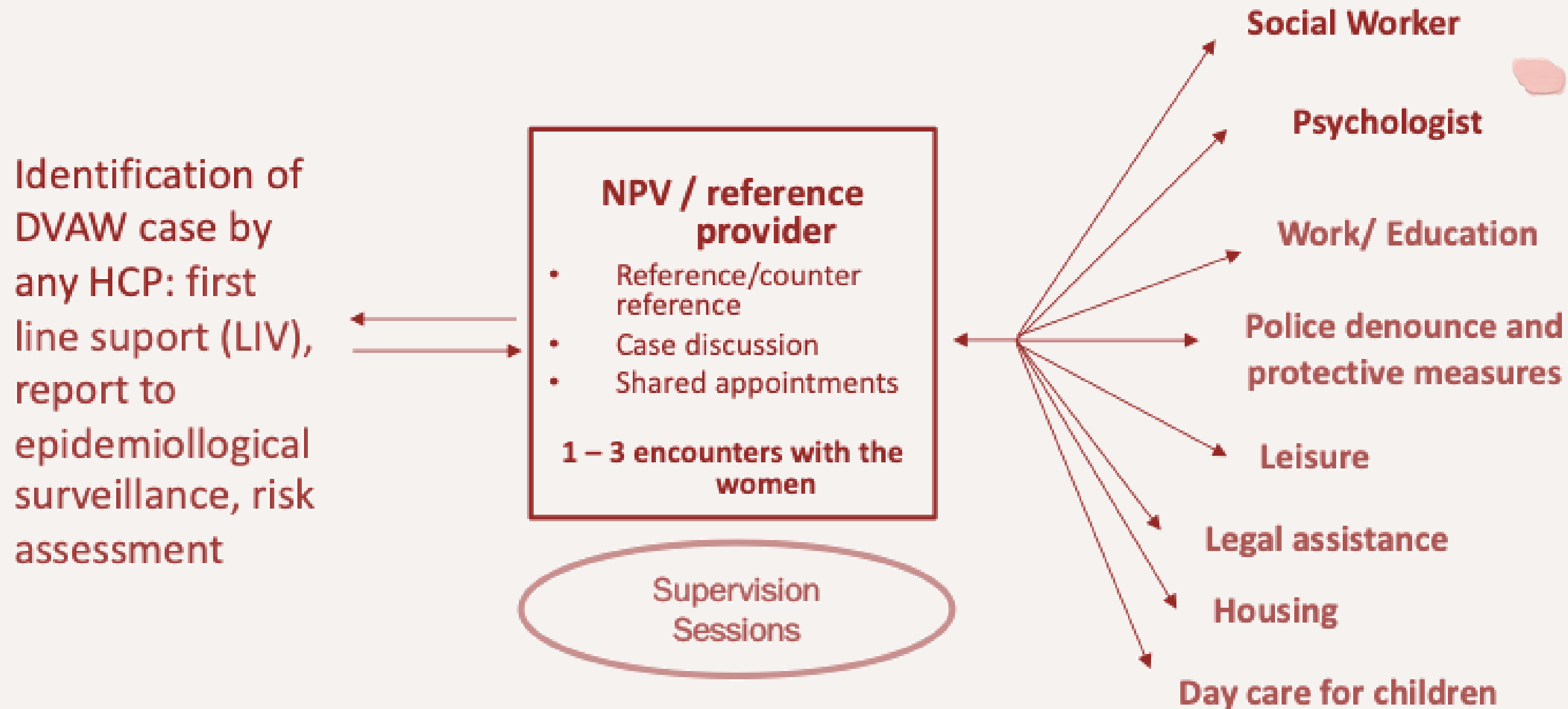
## Phase II: Intervention Implementation

- Adapted from HERA 1 pilot and the results of Phase I.
- Referral pathway based on municipal policy and adapted for each intervention site
- Specific training for the DV references in the Clinics (12h)
- DV references replicate a short training version to all HCP in the study clinics (4h).
- Educational Material
- Monthly supervision sessions to support the HCP and discuss identified cases

## Phase III: Mixed Methods Evaluation

- Qualitative interviews with managers (7), HCPs (20) and DV survivors (5)
- Records of attendance at training
- Field notes from training and supervision sessions
- **Difference-in-difference analysis: reported cases of DV to the epidemiological surveillance (identification and referral) 12 months after**

# Agreed internal referral pathway(NPV)



Linha de Cuidado para  
**Atenção Integral à  
Saúde da Pessoa em  
Situação de  
Violência**

SUS+ PREFEITURA DE  
SÃO PAULO  
SAÚDE

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

# Difference-in-difference analysis: increase of identification and referrals after the intervention



Identification increased 82,4%  
(compared with the other health units of the same region – 8 intervention and 33 control)

Referral increased 87,8%. (compared with the other health units of the same region)

Controlled for patient inflow, clinical supervision, region, clinic and COVID-19 lockdown







# Main Findings from qualitative evaluation

## **Barrier to implementation:**

- Pandemic
- Staff turnover
- Lack of providers
- Fear
- Managing
- Unrealistic expectations regarding immediate resolution of DVAW cases

## **Facilitators to implementation:**

- Activist HCP
- Previous experiences of DV among providers
- Role of manager in organising training and care pathways.



# Main Findings from qualitative evaluation

- HCP towards a **more women's centred approach** after intervention – non blaming and nonjudgmental attitudes, inclusion of women perspective in assistance
- **Fear** as a barrier to deal with cases: risk perception diminished after intervention due to concepts as **teamwork, confidentiality and understanding the limits of assistance** (clear professional role)
- Resistance of some providers to external referral: HCP think women do not want to be referred; women take referrals that makes sense to what they want (**shared making decisions**)
- Increase of knowledge of the multiagency network: importance of **PHC to introduce and refer women to specialized services**



# Supervision Sessions

- Sustainability of Intervention Over Time
- Strengthening Teamwork (Division of Labor, Common Goals)
- Identification and Support of Violence Cases in the Workplace and Domestic Environment Among Professionals
- Vicarious Trauma
- Supporting Workers in Handling Cases
- Impact Beyond Domestic Violence Against Women (Comprehensive Care, Violence Against Children and Adolescents, Violence Against the Elderly)
- Strengthening Network Collaboration



# Implications for policy makers and future research

- **Importance of Contextual Understanding**

Tailor interventions to the specific context of each PHC setting for optimal results.

- **Women-Centered, Gender-Sensitive Care**

Essential commitment to care practices, enhanced by ongoing reflective training and supervision.

- **Critical Role of Managers**

Engage managers actively throughout the intervention process to ensure success.

- **Focus for Future Research**

- Explore specific intervention components that effectively engage managers.
- Conduct Randomized Controlled Trials (RCTs).



# THANK YOU!

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