



Missed opportunities to respond to violence against women in the health sector (MISSOP study)

24th of October 2024

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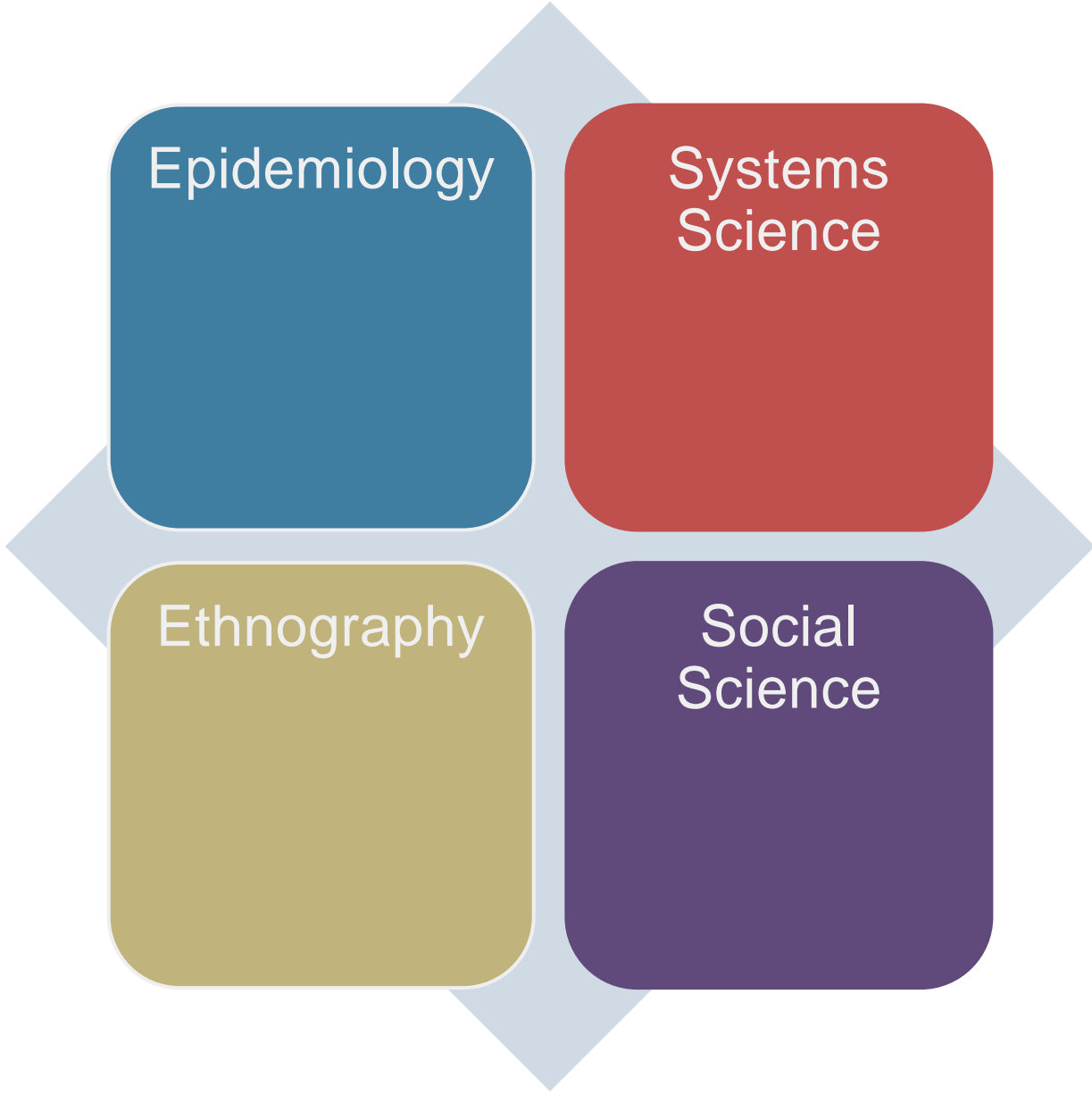
Unidade Básica de Saúde, Belo Horizonte - *Isabella Vitral Pinto*

- **How many** times did Maria access health services and did not get recognized as a survivor of violence or get the response she needed?
- **Why** did these missed opportunities occur?
- How can we **prevent** these missed opportunities?

Missed Opportunities to respond to VAWG in the health system



A systems approach to Violence Against Women and Girls



A mixed methods - systems approach

Quantitative

- 5 health database linkage (SIM / SINAN / SISREDE / SIH/ SIA)
 - Retrospective cohort of femicides
- Cascade of care

Qualitative

- Participatory observation
- In-depth interviews (54 health professionals + 17 women)
- Group interviews (2 health worker groups + 5 women groups)



Triangulation

- Discrete event modelling
- Participatory workshops

Retrospective cohort of femicides

52 femicides

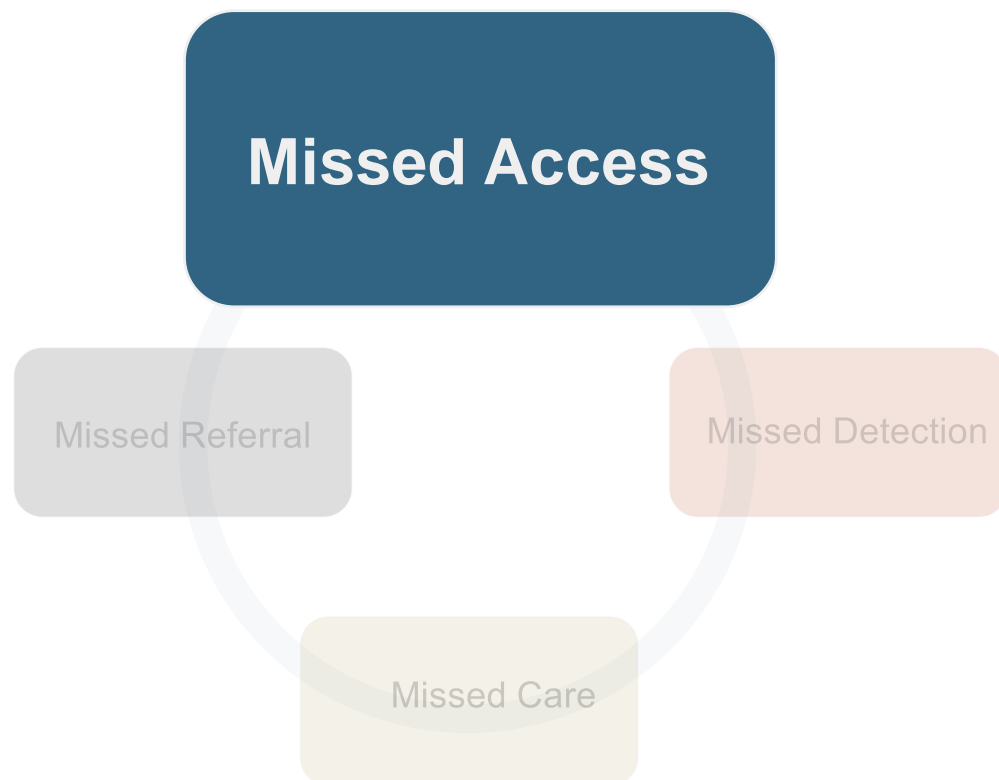
Ministerio Público Belo Horizonte
femicide database
2016-2020

Average age: 31.8 years

Mostly black women (N=29, 55.8%)

Living in Belo Horizonte (N=45, 86.5%)

Determinants of missed opportunities



64% Missed access - 33 out of 52 women did NOT access public health services

- Limited operating hours and days of primary health facilities

- Perpetrators may prevent women from accessing health services
- Women are unaware they are in situation of violence ('chronic' violence)
- Women do not view healthcare facilities as supportive environments for addressing VAW

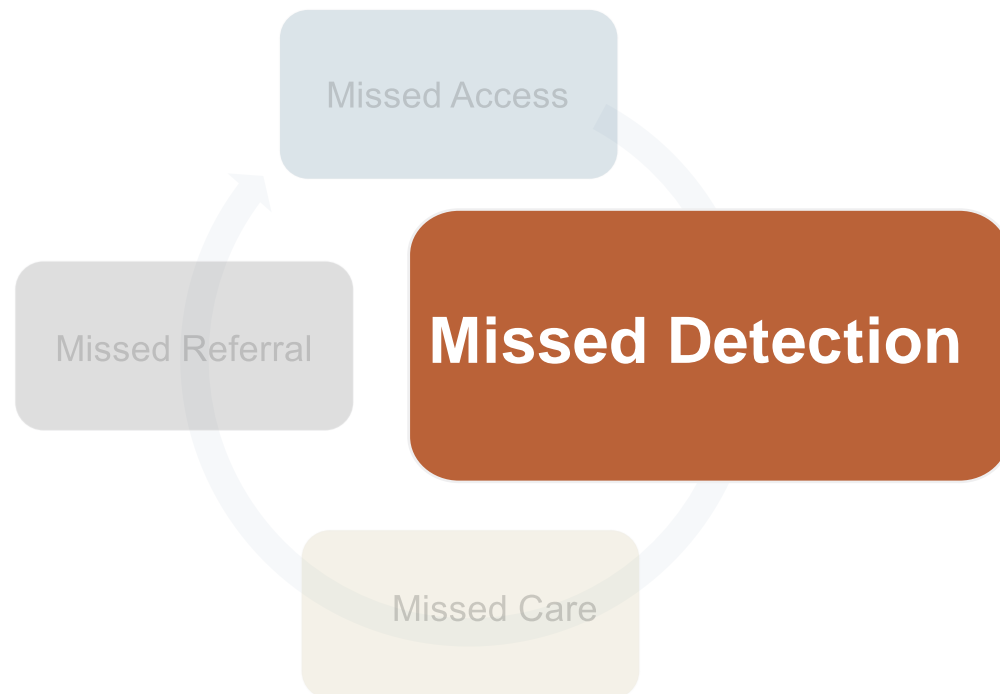
Determinants of missed opportunities

11.5% Missed Cause of Death statistic: 6/ 52 did not have aggression as underlying Cause of Death

68.4% Missed detection – 13/19 that accessed primary health services had no VAWG recorded

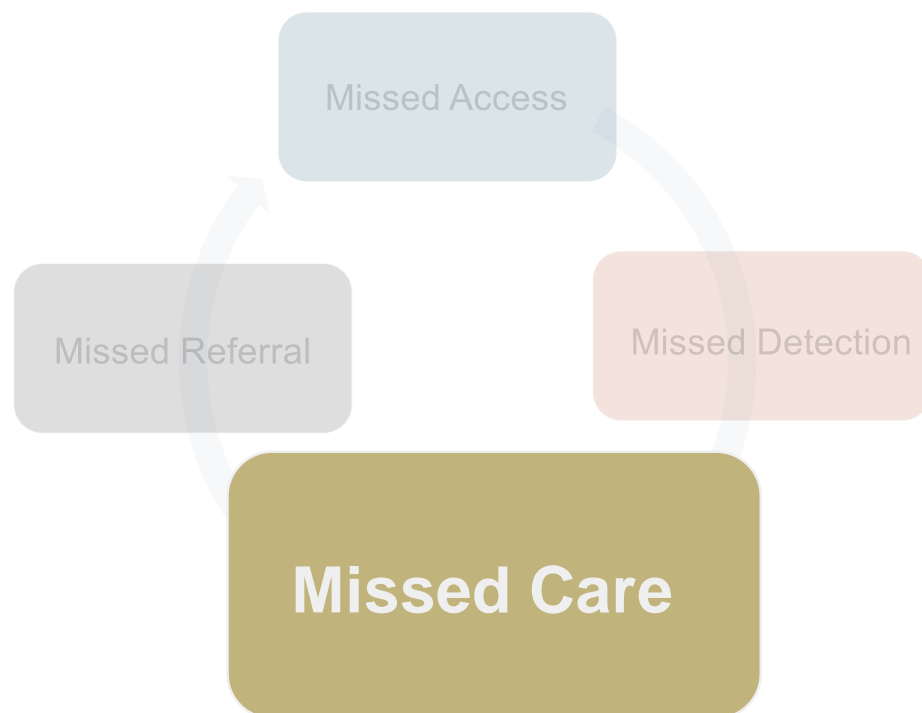
- Health professional don't know their role in the VAWG response
- Lack of integration - health information systems
- No VAW performance indicators

- Women hesitate to disclose violence ---> fear or shame
- Lack of privacy - inadequate spaces in health facilities



Determinants of missed opportunities

65% Missed notification: 15/ 23 without notification



- Notification of violence (Notifiable Events Information System - SINAN) is seen as a bureaucratic task or police denouncement
- Professionals without specific training on VAWG
- Medicalization of VAWG

- Women have specificities that worsen the experience of VAWG that can not be covered by the health system alone

Determinants of missed opportunities



- Health professionals are unaware of the service network and of intersectoral practice in assisting women in situations of VAWG

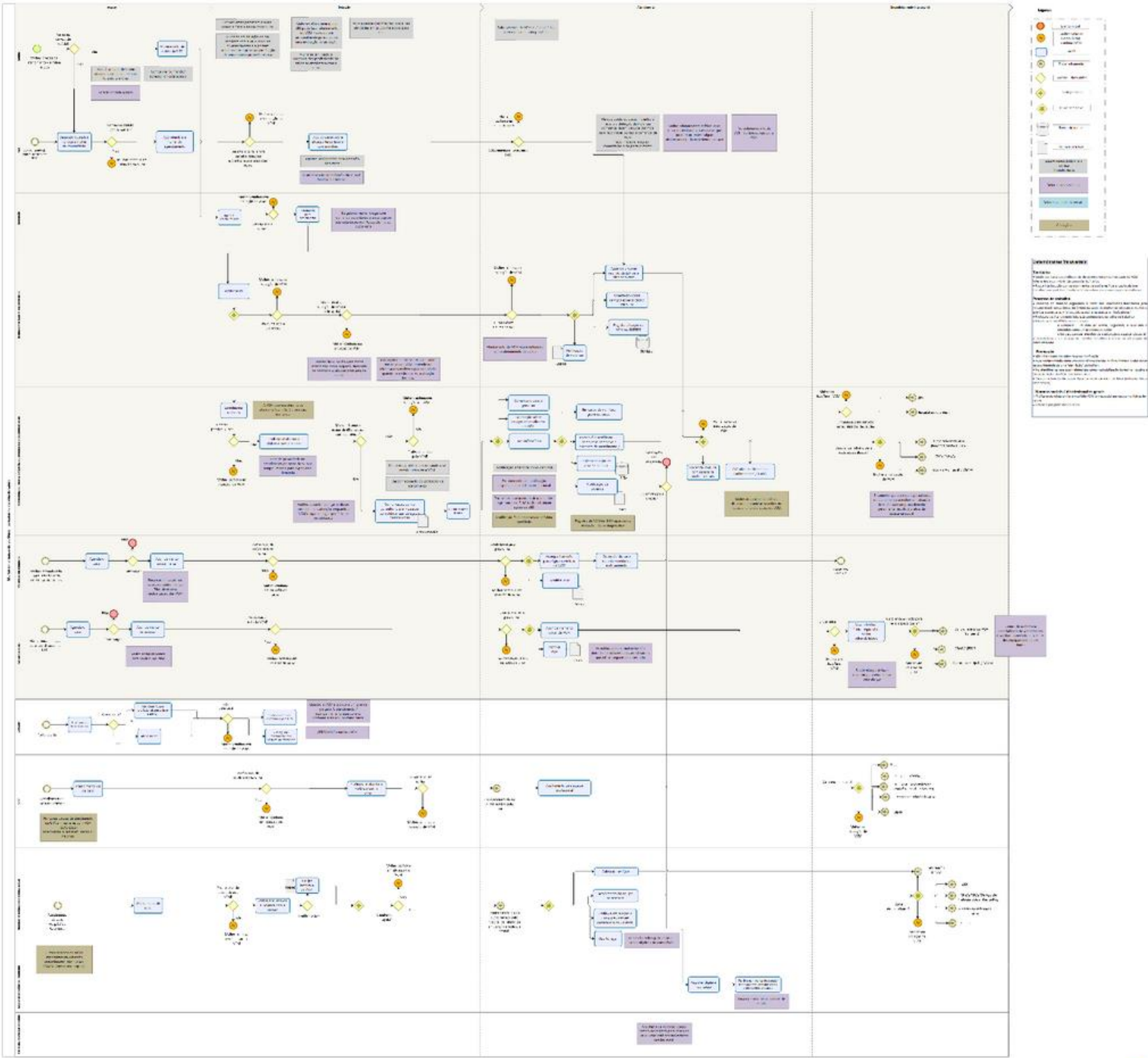
- Women give up attending another service

Missed Opportunities to respond to VAWG in the health system



Transversal determinants: violent territories, intersection drug trafficking, poverty, community violence

Final considerations - How can we prevent these missed opportunities?



Thank you!

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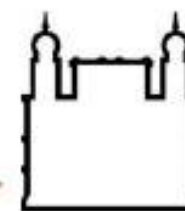
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Ministério da Saúde

FIOCRUZ
Fundação Oswaldo Cruz
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Funder:

