

NATIONAL HEALTH SYSTEM

*COMMON INFORMATIVE INDICATORS
AND
QUALITY CRITERIA IN BASIC TRAINING
FOR DEALING WITH
GENDER VIOLENCE*

NHS INTERTERRITORIAL COUNCIL

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TABLE OF CONTENTS

- Introduction

- National Plan for Awareness and Prevention of Violence Against Women.
Health Axis.

- Proposal for Gender Violence Common Indicators in the Healthcare System

- Proposal for the basic training of healthcare professionals on gender
violence matters:
 - Educational aims

 - Quality Criteria

INTRODUCTION

In compliance with the measures and proceedings laid down in Organic Law 1/2004 on Comprehensive Protection Against Gender Violence in what concerns Healthcare Services¹ and within the conceptual framework and intervention axes proposed for all public administrations in The National Plan for Awareness and Prevention of Gender Violence (December 15, 2006), the following proposals are presented, that have been developed and reached by consensus within the Commission Against Gender Violence, of the National Health System's Interterritorial Council (NHSIC) [equivalent to the Spanish acronym (CISNS)]

Together with the Common Protocol for a Healthcare Response to Gender Violence presented officially in April 2007, these proposals, submitted for the approval of the NHSIC, now become actual actions arising from those formulated in the 2005 Annual Report on Gender Violence².

¹ CHAPTER III. In the Healthcare sphere: Article 15. Awareness and training; Article 16. National Health System's Interterritorial Council. In the sphere of intersectorial cooperation: Article 19. Right to comprehensive welfare. With respect to especially vulnerable groups: Article 32.. Cooperation Plans.

² -Promote investigation and development of methods and techniques targeting epidemiologic alertness; revise experiences, sources and existing information systems and **propose indicators** that may allow a better knowledge of the real extent and consequences of gender violence on health and on the healthcare system. Actions aimed at reaching these objectives include the creation of a work group on the subject in the Commission Against Gender Violence integrated in the National Health System's Interterritorial Council, that after conducting relevant analysis shall issue a number of recommendations.

-Describe and analyse the contents, methods and results of awareness, training and care actions implemented so far, in order to identify and share the most effective and efficient practices and prepare a directory of experiences and resources of the National Health System for these subjects. Actions aimed at reaching these objectives include addressing these actions in the course of a Commission work meeting.

-Describe and revise the ethical and legal aspects and implications gender violence entails for professionals working for the National Health System. Actions aiming at reaching such an objective include the creation of a work group to this end within the Commission Against Gender Violence..

-Encourage from within the Ministry of Health and Consumers' Affairs intersectorial cooperation with other Ministries involved in the prevention and care to gender violence victims, especially with Social Affairs, Education, Interior and Justice, to make possible the inclusion of these aspects in school, university, healthcare and specialization syllabuses (MIR, PIR, FIR (*Spanish acronyms equivalent to Medical, Pediatric and Pharmaceutical Interns*), Occupational and Forensic Medicine among others), help resolve healthcare personnel concerns when faced to the ethical and legal implications of the problem and to take better care of the most vulnerable population groups.

This report was the first one to be drawn up by the Commission after conducting a situation analysis regarding healthcare actions that were already being performed in this domain and those aimed at appropriately addressing this public health issue.

NATIONAL PLAN FOR AWARENESS AND PREVENTION OF GENDER VIOLENCE AGAINST WOMEN. HEALTH AXIS RELATED ACTIONS

Within the Health Axis, the National Plan of Awareness and Prevention of Gender Violence Against Women, of December 15, 2006, proposes the following priority objectives:

Training of professionals related to the Health area.

In May 2007 and once the Common Protocol for a Healthcare Response to Gender Violence had been approved and officially presented (April 2007) a specific group was created within the Commission Against Gender Violence of the NHS, to provide technical counselling and address all subjects related to the training of male and female professional healthcare providers on gender violence matters: syllabuses, quality standards of training activities, educational material to be used, schedule, etc.

1. *Adoption of common criteria for basic, specialized and continued training of all National Health System personnel in matters concerning equality between men and women and gender violence*

A listing of basic quality criteria for the training of the NHS healthcare professionals was carried by general assent at the last Plenary Meeting of the Commission Against Gender Violence of the NHSIC, on September 26, 2007. Such listing shall apply to all training activities for healthcare professionals being trained in these matters.

2. *Adoption of common criteria for basic, specialized and continued training of all National Health System personnel in matters concerning equality between men and women and gender violence*

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3. *To establish a calendar for the training in matters of equality and dealing with gender violence of all professionals pertaining to the National Health System and give practical effect to its first two years*

The next step will be for each Autonomous Community to set its own training calendar, which will then be submitted to the NHS Commission Against Gender Violence.

4. *To design training material of reference that may contribute to the quality of the training of the NHS personnel in dealing with gender violence matters. .*

This comes next among the issues being addressed by the training work group. All the material used in the different Autonomous Communities is being gathered and subsequently the most suitable educational contents will be selected for use in each of the educational areas that have been deemed to be basic in syllabuses and curricula.

Finally it is worth mentioning that the Quality Agency Directorate General's endeavours to give support to healthcare professionals' training plans resulted in agreements between Autonomous Communities and the Ministry of Health and Consumers' Affairs, more precisely the Quality Agency Directorate General itself, that were signed and given practical effect in ACs. At present one such agreement has been concluded with Cantabria and 5 others with Aragon, Asturias, Canary Islands, Cantabria and Catalonia are under way.

Health common criteria for care to gender violence

5. *To agree on a common ensemble of epidemiological and healthcare indicators regarding gender violence for the National Health System.*

A listing of common indicators on health care to gender violence, was approved by general assent, for the whole of the National Health System, in the Plenary Meeting of the Commission Against Gender Violence of the NHSIC, on 26 September 2007, These indicators have been devised taking into account the general indicators proposal put forward by the State Observatory on Gender Violence Against Women.

Coordination Within the Comprehensive Health Service

6. *To devise coordination and follow-up care to gender violence, dispensed at different levels of the National Health System's services and systems.*

Management of healthcare services within the National Health System is competence of the Autonomous Communities and they are all at work in their respective health services to ensure that the continued care approach pervades the different healthcare levels (primary and specialised). Care provided in these areas includes both doctor's office and emergency care as well as mental health care.

For each Autonomous Community updated information on these and other coordination initiatives is thoroughly accounted for in the 2006 Annual Report on NHS's Approach to Gender Violence, also submitted to this December, 2007 Interterritorial Council Plenary.

7. *To develop mechanisms for counselling, acting and coordinating health services with the rest of administrations involved (Justice, Homeland Security, Social Services) especially with forensic assessment units with the aim of improving the effectiveness of comprehensive care.*

This aspect is currently being addressed by the Interterritorial Council's Commission Against Gender Violence through its Ethical and Legal Aspects Work Group³. This group is formed by experts from both the Autonomous Communities Health Services and from Forensic Medicine services of the existing Legal Medicine Institutes. They are at present studying the drafting of a common protocol to ensure coordination of actions conducted by common health services with those undertaken by Comprehensive Assessment Forensic Units that in some Autonomous Community have been created recently.

³ This group advised the Protocols and Healthcare Action Guides Group during the drafting of the Common Protocol presented in April 2007.

COMMON INDICATORS OF GENDER VIOLENCE WITHIN THE HEALTHCARE SYSTEM

December, 2007

*Commission Against Gender Violence
National Health System (NHS) Interterritorial Council*

Objective

Establishing common indicators of gender violence within the National Health System aims at:

- Facilitating the planning of the healthcare provided in cases of gender violence once both its extent and the features of women enduring it are known.
- Promoting the improvement of the quality and equity in the healthcare and comprehensive care provided to victims of gender violence by means of an assessment on the impact of initiatives undertaken by healthcare administrations, especially those related to the Common Protocol.
- Favouring cooperation and exchange of experiences and good practices among administrations involved in the healthcare dispensed to women who undergo violence.

Case Definition

Woman >14 years of age having been provided care by the healthcare system who for the first time admits to having been maltreated⁴

PROPOSAL OF COMMON INDICATORS

Extent

1. Cases detected per 100,000 women over 14 years of age
2. Number of grievous bodily harm forms issued

According to level of care and source

3. Cases detected at Primary Care
4. Cases detected at Specialized Care

According to type of maltreatment

5. Cases detected as per maltreatment type
6. Cases detected as per duration of maltreatment
7. Cases detected as per cohabitation with the maltreater

⁴ This implies that cases relate to women enduring maltreatment and not just maltreatment episodes, be it by one or different maltreaters.

According to personal particularities of the maltreated woman

8. Cases detected as per age
9. Cases detected as per nationality
10. Cases detected as per job situation
11. Cases detected among pregnant women
12. Cases detected among handicapped women

According to characteristics of type of care received

13. Women cared for, having received information and support from social and healthcare resources
14. Women cared for, having been assessed in terms of risk
15. Women cared for, for whom a security plan has been devised
16. Cases detected referred to Primary Care
17. Cases detected referred to Specialized Care
18. Cases detected referred to Social Care Services

The Indicators Work Group will complete for submission at the following meeting of the Commission, a description for those indicators approved at the meeting held on September 26, 2007.

EDUCATIONAL AIMS

**Basic Training in Care to Victims of Gender Violence
for NHS's Healthcare Professionals**

*Commission Against Gender Violence
National Health System (NHS) Interterritorial Council*

GENERAL OBJECTIVES

After completing this basic training, persons participating will be able to:

1. Provide comprehensive, continued and high quality care from a gender perspective by applying the established Action Protocol
2. Identify gender violence as a public health problem

SPECIFIC OBJECTIVES

Relating to conceptual aspects of violence

1- Analyse socialization between women and men as well as the building up of inequality relationships.

2- Get to know what gender violence is, how it originates and how it persists.

3- Recognise maltreatment and kind treatment attitudes and conducts in personal relationships between women and men, telling conflictive couple relationships from maltreatment.

4- Identify the different manifestations of gender violence.

5- Describe the various stages in the progress of relationships involving maltreatment.

6- Describe the consequences of gender violence on the health of women who are subjected to it and consider their recovery as a process.

7- Describe consequences of gender violence in the family (dependents, sons and daughters) and social spheres

8- Describe roles and attitudes of healthcare professionals when dealing with gender violence.

9- Identify restraints to discuss a situation of violence by women and healthcare personnel.

10- Describe gender violence impact on health personnel and ways to tackle it.

Relating to healthcare action

- 1- Detect and diagnose signs and symptoms that surface in a situation of maltreatment, staying alert and paying attention to suspicion indicators
- 2- Carry out adequate assessment on the following aspects: biopsychosocial; safety and risk; family situation and environment; resources women can rely upon.
- 3- Develop communication, listening and understanding skills, avoiding either victimizing or blaming women, respecting at the same time their decisions and their rhythm in the process of intervention.
- 4- Get acquainted with the benefits that group methodology entails for women in situation of maltreatment.
- 5- Develop an interdisciplinary intervention with the support and collaboration of the rest of professionals integrating the team.
- 6- Take action on children, dependents and family environment, bearing in mind the consequences that the situation of violence may have caused them, and establish at the same time the appropriate redirecting and coordination actions.
- 7- Acquire thorough and profound knowledge of all available resources in the Community.
- 8- Effect the correct redirecting in accordance with the needs of affected women, informing them adequately on the said resources.
- 9- Establish and maintain continued inter-institutional coordination and collaboration with social, police, legal and community mechanisms.
- 10- Establish a calendar of updating conferences and carry out a follow-up of actual redirecting achieved.
- 11- Get acquainted with all ethical and legal aspects of maltreatment.

**QUALITY IN
BASIC TRAINING
OF HEALTHCARE PROFESSIONALS
IN TERMS OF
GENDER VIOLENCE**

Common Criteria and Training Assessment Indicators

December, 2007

*Commission Against Gender Violence
National Health System (NHS) Interterritorial Council)*

Objective

The establishing of common criteria for achieving quality training is intended to attain the objectives that follow:

- Facilitate the improvement of the quality and the equity of the healthcare dispensed to women suffering gender violence.
- Provide support to healthcare administrations for organising this training by sharing processes, materials and good practices.

COMMON CRITERIA FOR QUALITY

- All healthcare personnel directly involved in the providing of health services to women, shall be trained in the management, administration and welfare spheres..
- The contents of the training will be in accordance with the professional competences each post requires, all in order to provide women with quality care. .
- Teaching teams shall be multidisciplinary; formed by experts in the area of gender violence and internally coordinated to convey homogeneous messages and promote group work.
- Any training action shall be deemed to be a basic training course when it lasts around 20 teaching hours. A training action below 10 teaching hours shall be considered awareness activity.
- Training shall be conducted at a nearby and accessible place that meets the necessary requirements in what concerns infrastructure and equipment that may enable a participative sort of training.
- There shall be a figure of reference in health services who knows, coordinates, facilitates and guarantees the planning, conducting and assessing of the training plan.
- Teaching hours received by healthcare personnel attending these courses shall be accounted for, in order for their adding up to, and bettering their professional careers in accordance with laws presently in force.
- Mechanisms shall exist to facilitate attendance to training actions to all the said personnel.

- For all training actions reference documentation shall be handed including at least:
 - ✓ Basic documentation from International Bodies on Violence against Women.
 - ✓ Basic legal regulations regarding gender violence and gender equality at state, and autonomous levels and if that were the case, at local level.
 - ✓ Common Protocol for a Healthcare Response to Gender Violence (NHSIC, April 2007) and Autonomous Protocol.
 - ✓ Local, Autonomous and State Resources Guide.

ASSESSMENT INDICATORS

Scope⁵

Courses, workshops or seminars addressed to professionals

- Num. of basic courses imparted
- Num. of awareness activities carried out
- Num. of other training actions not specifically targeting gender violence but including segments on the subject
- Num. of tuition hours

For each one of the said training activities and actions the breakdown that follows shall be provided:

Trainees

- Number of persons
- Sex
- Type of professionals:
 - Post (management, administration, caregivers)
 - Profile (Medicine, Nursing, etc.)
 - Caregiving area: (primary care, specialised care, mental health, etc.)

⁵ These indicators and the ones to follow are proposed in accordance with the System of Variables and Indicators On Gender Violence upon which a State Observatory on Violence Against Women Database shall be built as per proposal submitted on June 28, 2007, by the State Observatory on Violence Against Women

Teaching Staff

- Num. of professionals
- Sex
- Profile (Medicine, Nursing, Laws, etc.)
- Assignment (General or Autonomous Administration, University, Social Work, NPO, Association, other)

Quality Criteria

- Num. of training hours in compliance with quality criteria / total number of training hours