

## Interview with Prof. Gene Feder, December 2013



Prof. Gene Feder

S.I.G.N.A.L.: Prof: Feder, how would you describe the main aims of the new WHO-guidelines?

Prof. Gene Feder: The main aim of these guidelines is to support the engagement of health care professionals and health care systems with women patients experiencing intimate partner violence (IPV) and sexual violence. The guidance is based on systematic reviews of research evidence for policies and practices for identifying women experiencing or with a history of having experienced abuse, for supporting them after disclosure and linking them to appropriate specialist services where available. In this interview I have focused on the IPV recommendations.

S.I.G.N.A.L.: The guidelines mention that some recommendations may be difficult to put into practice for low-income countries. Focusing on high-income countries: What do you expect of them in relation to implementation of the guidelines?

Prof. Gene Feder: We expect integration of the recommendations into national policy and organizational practice. This requires action from the educational sector, incorporating training about intimate partner and sexual violence into the undergraduate health professional curricula, from health professional organizations to include postgraduate training on violence into speciality programmes and accreditation, from primary and secondary health care organizations to develop protocols and referral pathways, and to health care funders to ensure that effective programmes are funded to support survivors of violence.

S.I.G.N.A.L.: In your view, which recommendations should be implemented as a top priority?

Prof. Gene Feder: Well, as we have already prioritized the recommendations and they are interrelated, it is challenging to choose between them. Personally I would prioritise training of health care professionals at every level, from undergraduates to continuing professional development, in a core competence ("first line support") in relation to IPV: knowing how and when to ask about abuse, responding appropriately and safely and knowing how to refer to specialist IPV services. At the level of service provision, I would prioritise, funding of advocacy or support for survivors of IPV and implementation of a referral pathway from health care settings to those services.

S.I.G.N.A.L.: We noticed in relation to domestic violence that documentation – including head-to-toe examination - is not mentioned in the guidelines. However, recommendations (to record and examine) and documentation pro-formas exist in several countries. What was the reasoning for not including these two important aspects?

Prof. Gene Feder: The IPV recommendations are primarily targeted at non-specialist health care professionals and detailed examination is not necessarily appropriate for them. On the other hand documentation of violence (physical, sexual or emotional) and recording of injuries is indeed part of good practice. We did not find any specific evidence on documentation, but I would consider it good clinical practice to record any account of violence given by a patient and any visible injuries. That should have been included in the “women-centred” care section of the guidelines.

S.I.G.N.A.L.: What should and must be done by health policy makers, health-care providers and medical and professional organisations to put the guidelines into practice? What is your ideal scenario for this?

Prof. Gene Feder: At a national health policy level I think that these guidelines should be a basis of national guidance tailored to each country’s health care system, health care professional training institutions, and resources. Health care professional societies have a particular responsibility to consider the guidance in the context of their own discipline and elaborate it, for example, with regards to obstetric or paediatric care. My ideal scenario would be for each professional society and health care organization to appoint a senior person with specific responsibility for implementation of policy on IPV and to liaise with each other.

S.I.G.N.A.L.: Based on the guidelines a clinical handbook will be developed. When will it be published and what contribution will the handbook make?

Prof. Gene Feder: The WHO hopes to publish the handbook before the end of 2014. The handbook idea emerged from comments and feedback internationally about the guidelines, specifically requesting more practical information about how they could be implemented by individual. Many of the recommendations are somewhat abstract; the handbook will give concrete examples of how they can be put into practice.

S.I.G.N.A.L.: Thank you very much for the interview

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