DGS desde 1899
Direção-Geral da Saúde

‘Health Action for Children and Youth at Risk’ & ‘Health Action on Gender, Violence and Lifecycle’ - Portugal

National Program for the Prevention of Violence in the Lifecycle-Portugal

Online Marketplace of good practices in Primary Care

June 2021

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Violence and Health

Human rights

Public health

Complex clinical entity

Holistic and integrated approach

Health professionals are often the first contact for victims of violence and are described by them as the professionals they would trust the most to support in problem resolution.

Feder et al., 2006

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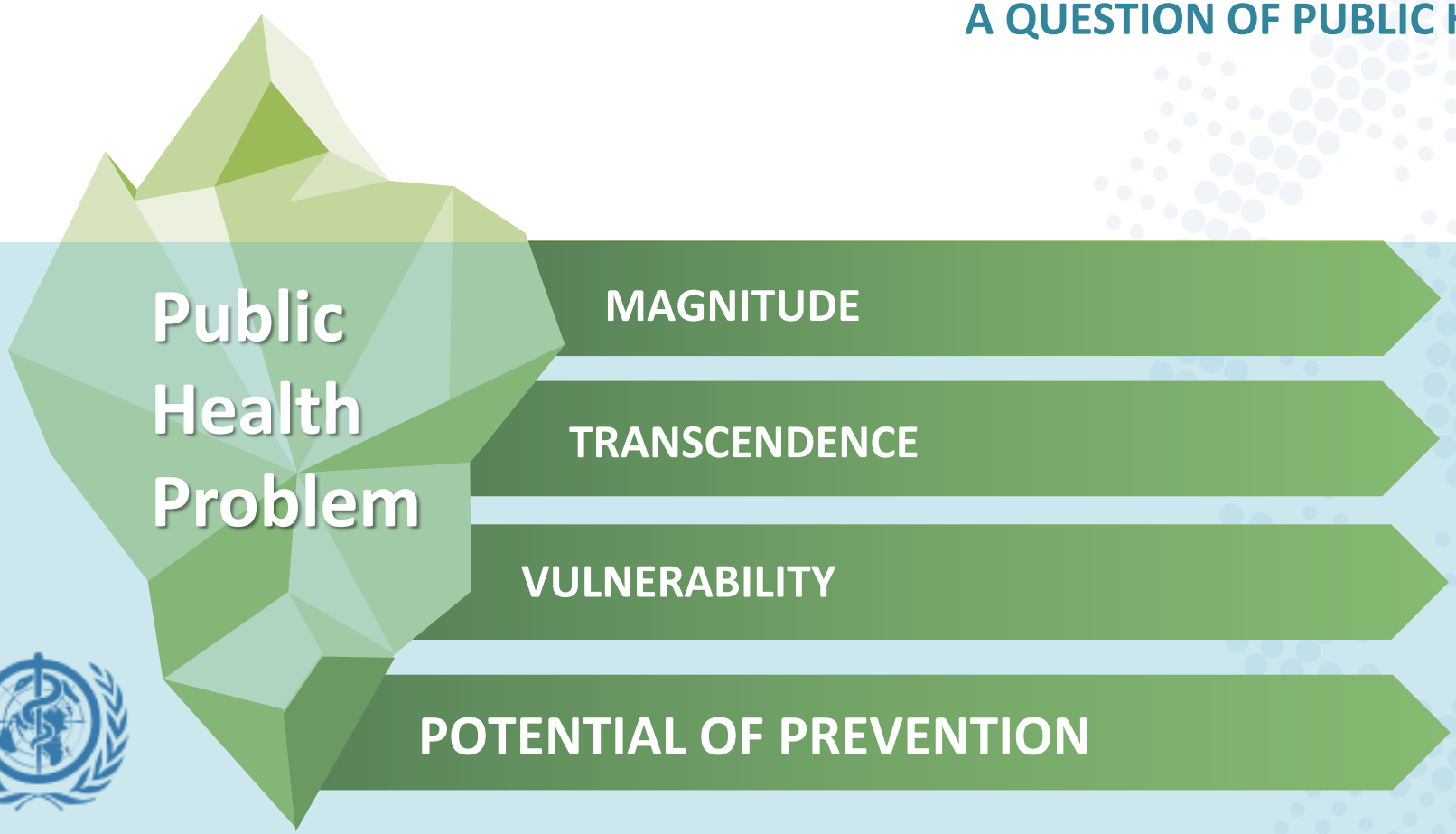
Violence

A QUESTION OF PUBLIC HEALTH



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Costs of Violence

A Matter of Prevention

- ✓ Loss of Productivity
- ✓ Social Capital Impoverishment
- ✓ Loss of Quality of Life
- ✓ Life Insurance
- ✓ Transgenerational Impact

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Health Action for Children and Youth at Risk-HACYR

- Assessment of resources to adress child abuse and maltreatment in the NHS in 2006
- Definition of a strutctured response based on pre-existing good practices, namely in hospitals with paediatric care
- Working-group at the Directorate-General of Health, with the responsability to build the model and the guidelines

Health Action for Gender, Violence and the Lifecycle-HAGVLC

- The need to broaden the spectrum of intervention led to the creation of HAGVLC, in 2013, aimed at interpersonal violence in adults.

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2008

Health Action for Child and Youth at Risk

Order no. 31292/2008

2013

Health Action on Gender, Violence and Life cycle

Order no.6378/2013

2019

National Program for the Prevention of Violence in the Lifecycle

Action Plan for the Prevention of Violence in the Health Sector

Order no. 9494/2019

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AXES

1

LITERACY

2

GOOD PRACTICES

3

EPIDEMIOLOGICAL SURVEILLANCE

4

INTRA AND INTERSECTORAL ARTICULATION

VISION:

Paradigm of good practices in the Health Sector that allows the promotion of healthy relationships and the prevention of interpersonal violence in different contexts and stages of the life cycle

SALUTOGENIC MODEL

Reinforcement of network intervention

Prevention of Interpersonal violence as a health goal

Changing the response paradigm

Promotion of Equality and Equity in Health

Reinforcement of the comprehensive care delivery model

Promotion of human rights, in particular of children and young people, vulnerable population

Adequacy of organizational models of services and levels of care

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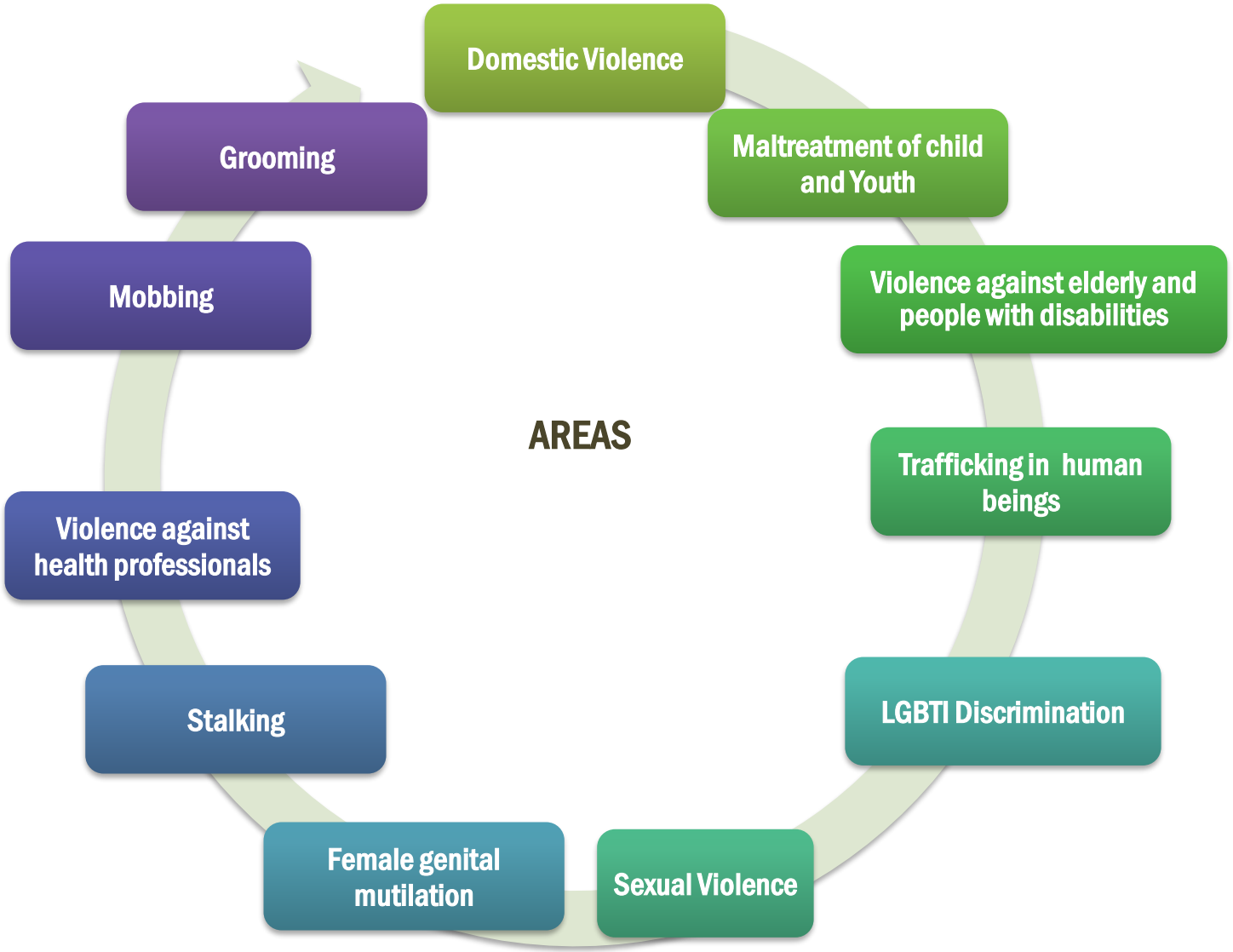
National Program for the Prevention of Violence in the Lifecycle



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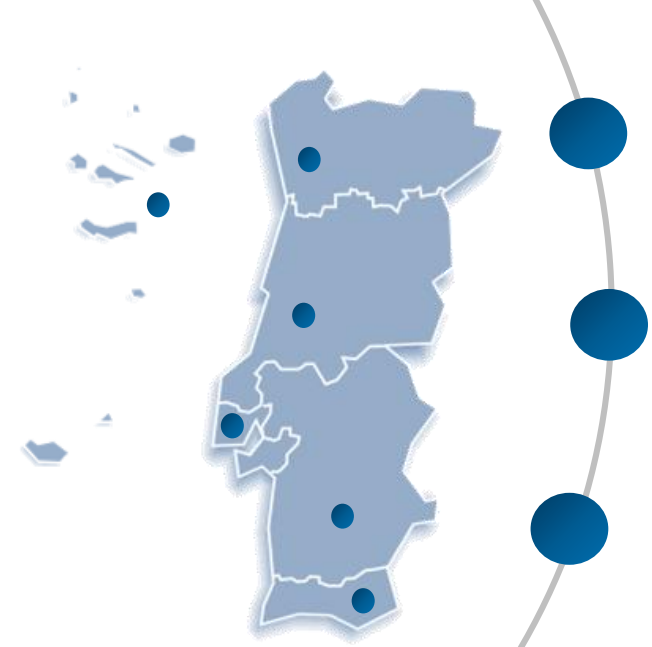
Action Plan For the Prevention of Violence in the Health Sector

It is essential to reflect on violence in different health contexts from the perspective of prevention, but ensuring, in the event of its occurrence, an effective, swift and adjusted response to the needs of the victim

Safe and healthy work environments, prevent situations of violence increasing workers satisfaction and result in better quality services

The measures to be implemented must adequately address episodes of violence, supporting victims, reducing the consequences of violence and preventing future episodes, intervening on their causes



Elements of reference in the NHS

Awareness and training

Support and consultancy

Mobilizing network resources

Data collection

Management of Exceptional Situations

Multidisciplinary Teams NHS

531 Teams

	STCYR	TPVA
	295	**236**
	244	187
	51	49

(< 3h/week)

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Governance Model

National

Directorate-General of Health

- Coordinator
- Assistant-Coordinator
- Assistant-Coordinator
- Assistant-Coordinator
- Coord APPVHS

Regional

Regional Health Administrations

- North
- Center
- LTV
- Alentejo

Autonomous Region of Azores

- Algarve
- Azores

Regional Coordination

Regional Focal Points APPVHS

Institutional Local

GHC / Hospitals / LHU

- STCYR
- TPVA
- Institutional Focal Point APPVHS
- Local focal point APPVHS

USI / Hospitals

- STCYR

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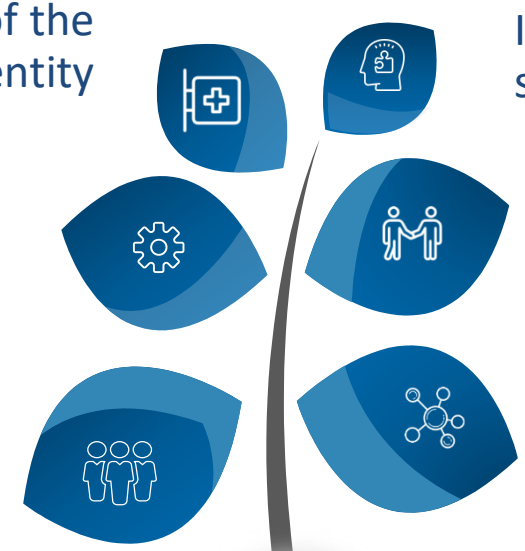
Approach

Holistic understanding of the phenomenon as a clinical entity

Changing the Paradigm, privileging prevention

Deconstructing gender inequities in policies, programs and practices



Intervention based on the systemic model

Focus on equity, humanization, proximity and continuity of care

Promote internal and external networks

Sustainable

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HACYR and HAGVLC

Technical Guidelines

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Good Practices

- Human rights literacy and non-violence culture
- Screening and early detection of risk factors
- Prevention, diagnosis and intervention mechanisms
- Adequate, timely and articulated protective intervention
- Support for the perpetrator of violent conduct

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Prevention of Violence in the Life Cycle

Primary Prevention – Healthy Relationships

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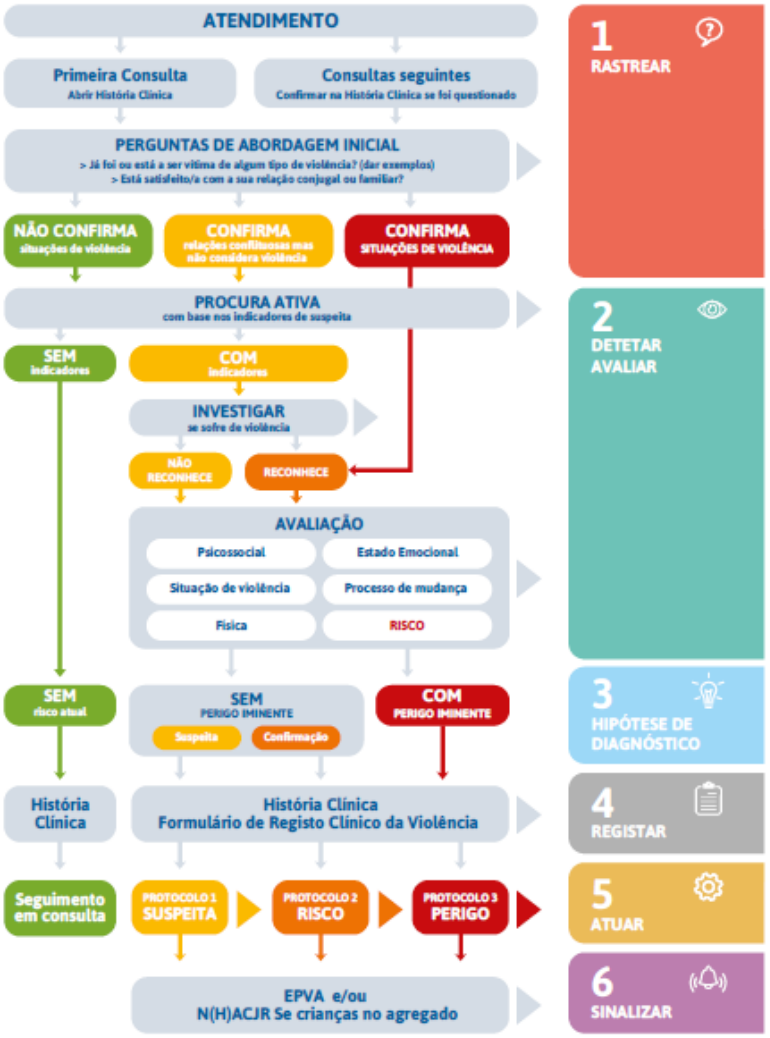
Secondary Prevention

Intervention Flowchart

General Flowchart for Adults

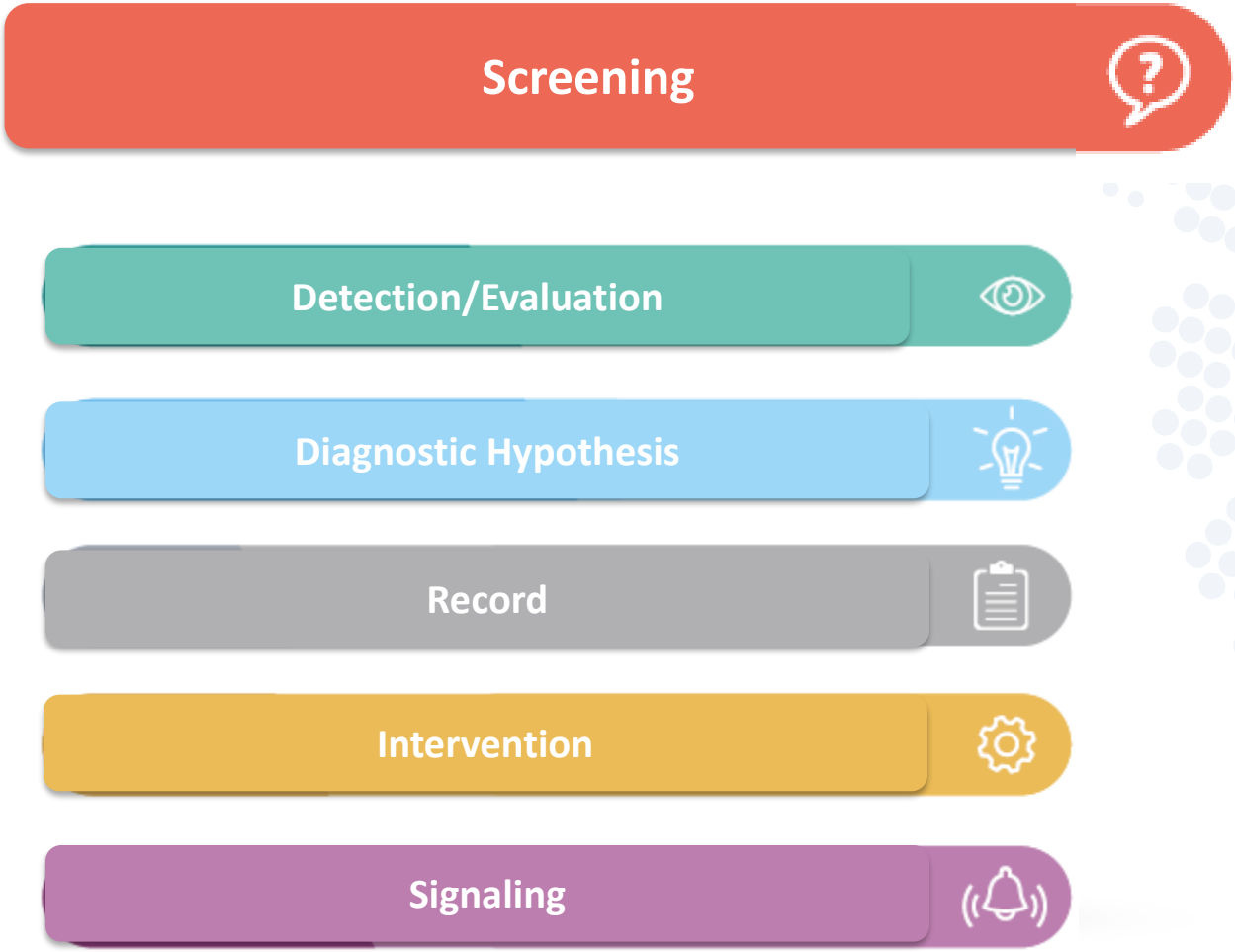


Also available

- Flowchart for sexual violence
- Flowchart for children

Secondary Prevention

Intervention Flowchart



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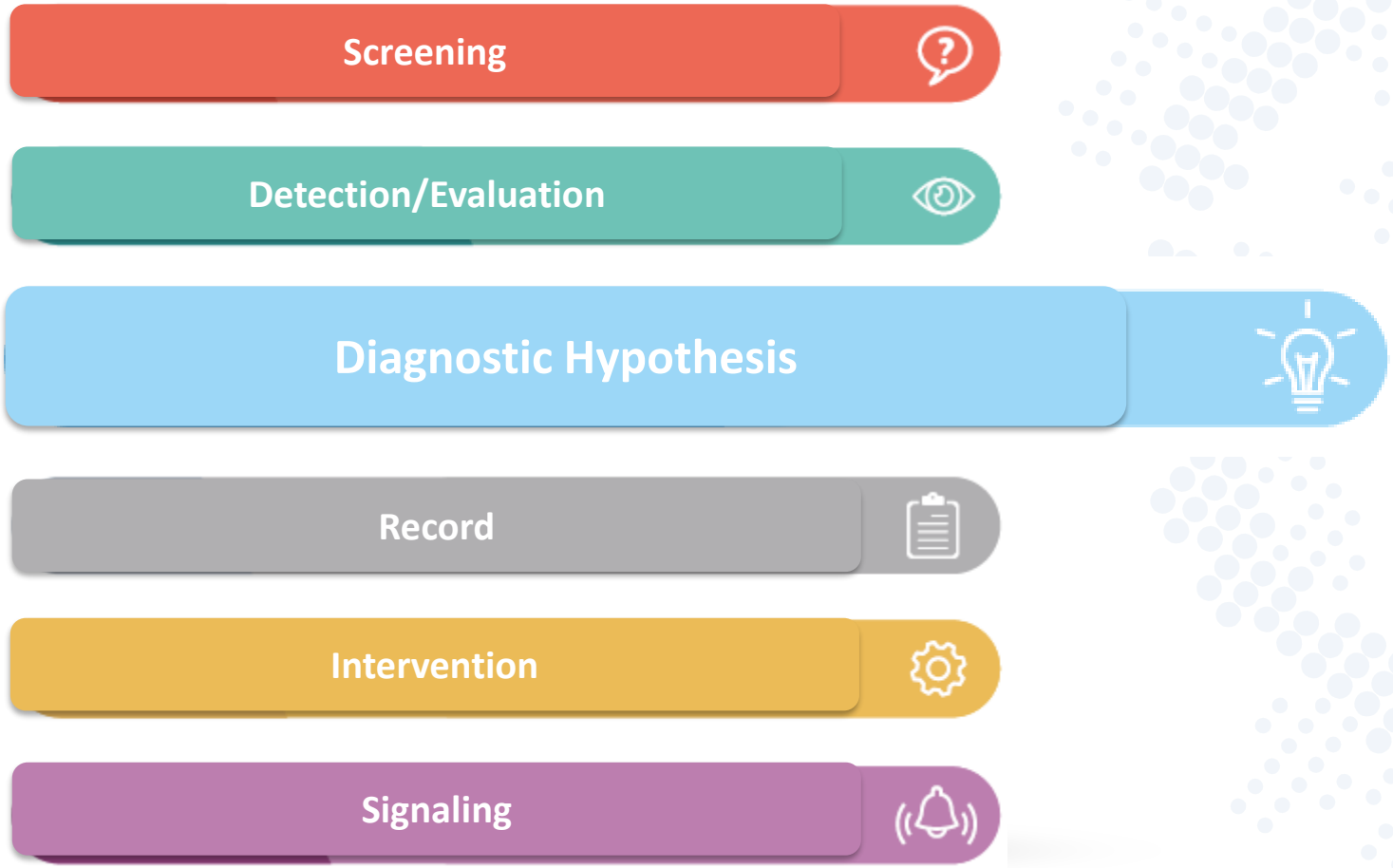
Tertiary Prevention – **Intervention/Repair**

Intervention Flowchart



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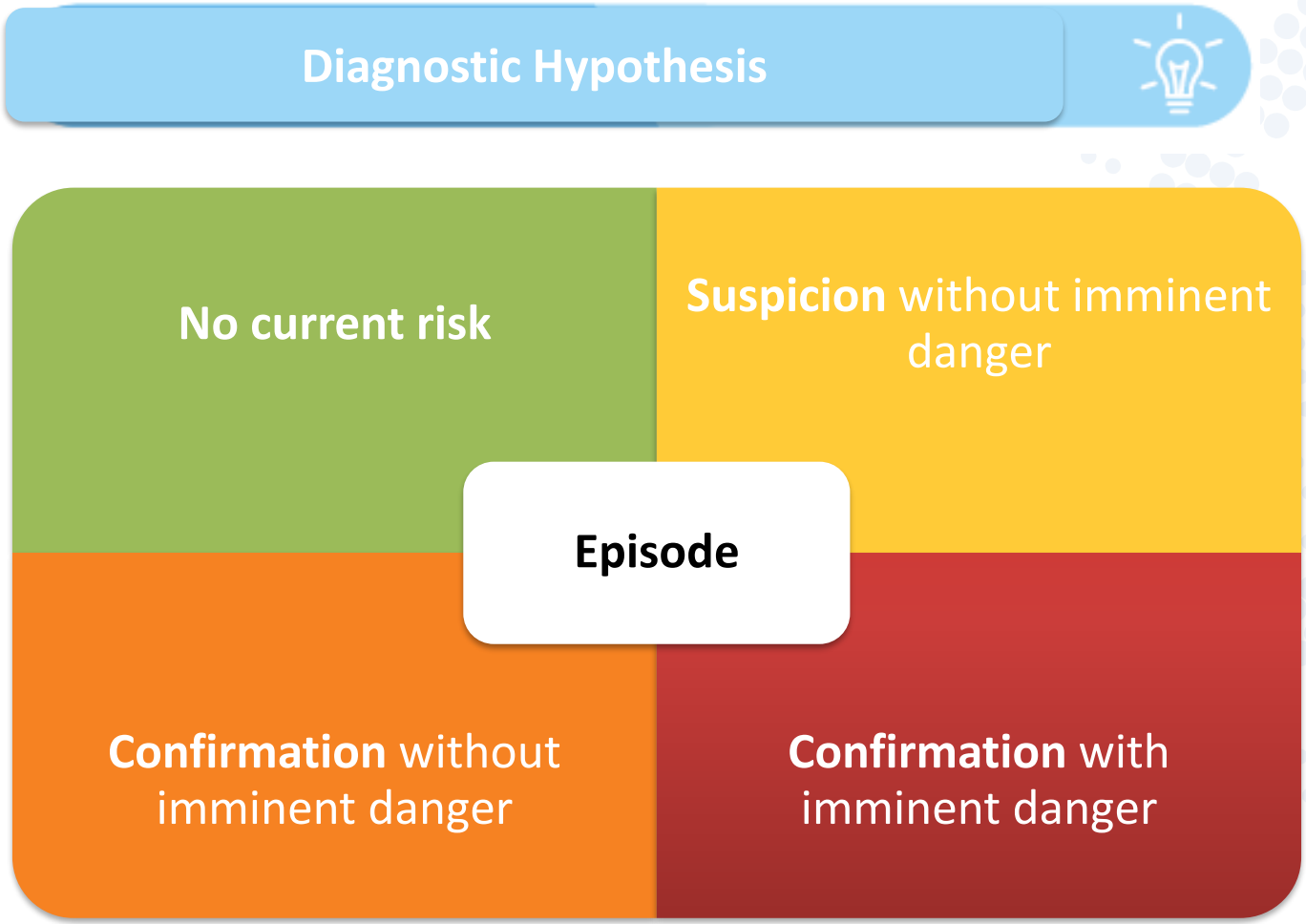
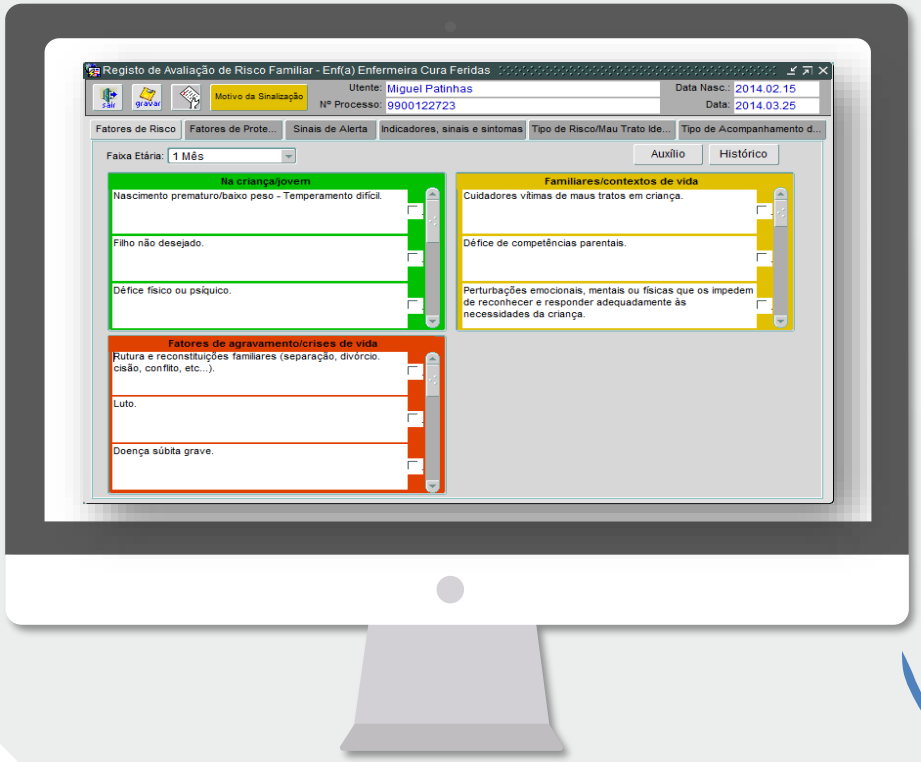
Intervention and repair

Intervention Flowchart



Information System



Family Risk Assessment

Primary Health Care

National Program for Infant and Youth Health

Signaling to the Support Teams

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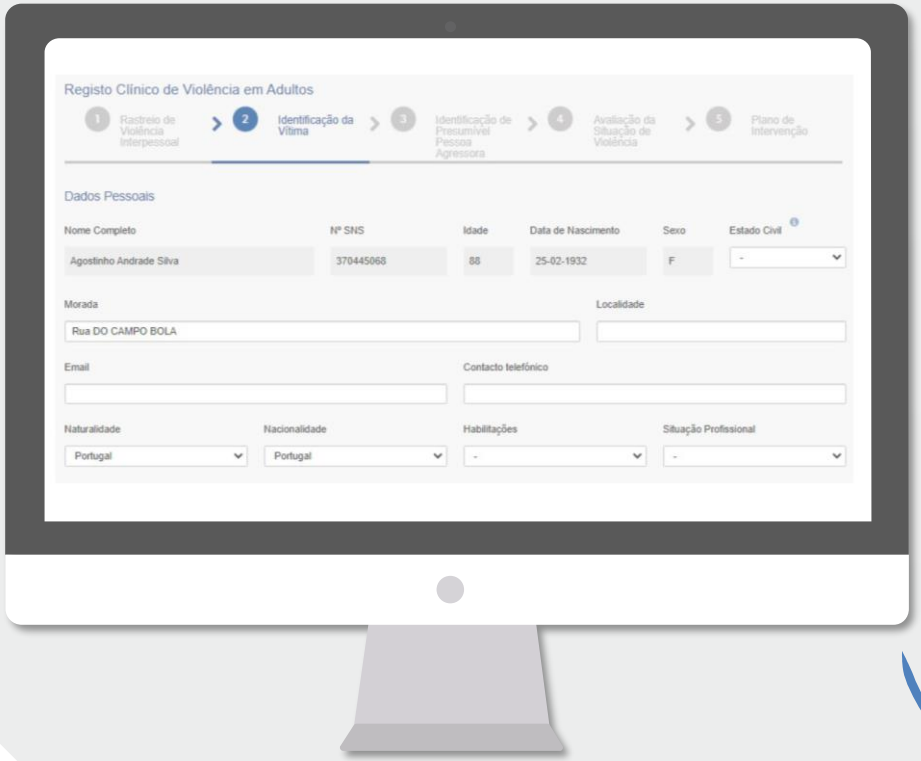
Information System



New Clinical Record of Violence in Adults

Primary Health Care and Hospital Care

Signaling to STCYR/TPVA

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Evidence of impact

- Between 2008 and 2019, about 80,000 children were followed.
- 80% of these children did not need judicial intervention and were supported at the first level of intervention in their family, in their best interest.

Evidence of impact

- Since 2013, there is a tendency for an increase in the number of annual flags, in HAGVLC, provisory data from 2019 are close to 4000.
- Domestic violence is the prevalent type of violence in the global amount of cases flagged to the TPVA.

Positive aspects

- NHS in Portugal, has a free and universal coverage
- Early detection of risk factors by health professionals
- Maximizing results of intervention by promoting the articulation between primary and hospital care
- Promote intersectorial articulation and interventions

Positive aspects

- WHO recognized the HACYR as a good practice regarding protecting children and youth against violence
- The Europen Institute for Gender Equality recognized HAGVLC as a good practice

Obstacles, difficulties and challenges

- Improve human resources and availability of professionals
- Turnover of professionals

Obstacles, difficulties and challenges

- Continuous training
- Improve clinical digital platforms for Family Risk Assessment

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Thank you for your attention!

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