Health action on gender, violence and life cycle (HAGVLC)

An integrated model of intervention on interpersonal violence cases in health settings (Portugal)

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In 2013, continuing the strategy adopted in 2008 by the Ministry of Health through the creation of the Health Action for Children and Youths at Risk (HACYR) (Order no. 31292/2008), an integrated model of intervention on interpersonal violence across lifecycle was created – Health action on gender, violence and lifecycle (HAGVLC) (Order no. 6378/2013) ([1]).

Among other objectives, HAGVLC aims to prevent interpersonal violence, specifically domestic violence, stalking, dating violence, violence against elder people, vicarious violence and trafficking in human beings. HAGVLC is coordinated by the Directorate-General of Health.

In order to implement HAGVLC, multidisciplinary teams of prevention of violence against adults (TPVA) are being formed and trained, which have, among others, the competence of collecting and organising statistics on violence cases attended in health settings (health centres and hospitals).


Measures to improve the knowledge of violence against women (VAW)

As referred in the most recent gender violence survey carried out in Portugal (Lisboa et al., 2008), 38 per cent of Portuguese women have experienced physical, psychological and/or sexual violence since the age of 18. In 2014, and according to the Portuguese observatory of murdered women, 43 women died and 49 were victims of murder attempts (UMAR, 2015).

Given the extension of the phenomena and the legal advances made in the last decades, the National plan V to prevent and combat domestic and gender-based violence 2014 – 2017 ([2]) (V PNPCVDG), coordinated and monitored by The Commission for Citizenship and Gender Equality (CIG) – an official department of the Presidency of the Council of Ministers which constitutes the government’s mechanism for the promotion of citizenship and gender equality – comprises a set of measures aiming to deepen the knowledge about the different forms of gender-based violence covered by the scope of the Istanbul Convention. In its strategic area 5 (p. 142) – investigation and monitoring – are expected the following goals:

- collecting and processing statistical data enabling knowledge and information systematisation
- promoting studies enabling the integration of knowledge gaps existing in matters of domestic and gender-based violence and updating essential information for determining the intensity of the phenomenon
These goals are aligned with the European Union policy framework to combat VAW, which proposes an integrated system of data collection in order to obtain comparable statistical elements between European countries.

**HAGVLC and its implementation through the teams of prevention of violence against adults (TPVA)**

Within this context, HAGVLC is an integrated model developed to improve responses of the National Health Service to prevent violence through lifespan. Its main aims are to:

- promote equality, particularly health equity, independently of sex, age, health conditions, sexual orientation, religion and social and economic background
- prevent interpersonal violence, namely domestic violence, stalking, dating violence, violence against elder people, vicarious violence and trafficking in human beings
- promote the functional articulation between HACYR and intervention in adult violence.

In this sense, HAGVLC is contributing to the execution of the Portuguese national plans ([3]), namely the national plan V to prevent and combat domestic and gender-based violence (2014 – 2017), the national plan V for gender equality, citizenship and non-discrimination (2014 – 2017) and the national plan III to prevent and combat trafficking in human beings (2014 – 2017). At the Ministry of Health, and the Directorate-General of Health, the coordination of HAGVLC is being articulated with the coordination of the Plan II for equality (Ministry of Health). In order to implement HAGVLS, multidisciplinary teams of prevention of violence against adults (TPVA) are being formed and trained, which have, among others, the competence of collecting and organising statistics on violence cases attended in health settings (health centres and hospitals).

**Evaluation and intervention protocol**
Having in mind that interpersonal violence is a common problem that affects mostly intimate and family relationships, a screening, evaluation and intervention protocol was created. This includes a clinical registration form on violence to be filled in by health professionals, which also attends to the data collection purpose. Questions about types and dynamics of violence, means and resources to face victimisation, among others, are part of the process of the interview to be conducted with the victim. The protocol contains information on psychosocial assessment, victimisation assessment, physical examination, emotional state assessment, victim’s change process assessment and risk assessment.

When victimisation suggests a crime configuration, a crime report form must be filled in too and directed to the court prosecutor.

When a health professional is confronted with a victimisation situation, he/she must fill the clinical registration form of violence, which is available on a web platform. A copy must be provided to TPVA for casuistic and/or consulting purposes and, in exceptional cases, for intervention. The process should be conducted and supported by family health teams or other professionals who have a closer relationship with users, with TPVA consulting if needed.

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**A guide for health professionals**

A technical guide, *Interpersonal violence – approach, diagnosis and intervention in health services* ([4]) was distributed to health professionals to educate them about the phenomena and to reinforce the efficacy of their intervention. This document constitutes an essential tool to recognise risk contexts and factors, to intervene with victims and to refer cases of violence to a set of different services. It also allows an articulation of principles of prevention in services, to increment institutional resources and to define flowcharts to intervene on interpersonal violence.

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**Towards an official national database**
Currently, the network of TPVA is being formed and health professionals who are part of it are being trained. TPVA have the competence to collect and organise statistics on violence cases attended in health settings. Five regional health administrations are involved in the process, which is gradual. Positive results observed in the last years concerning the model adopted by the interdisciplinary teams of the HACYR, led the Directorate-General of Health to expand it to interpersonal violence across the lifecycle. Within this context, the process of collecting and organising statistics on violence cases attended in health settings is ongoing. The high number of cases, the complexity of the phenomena and the lack of human and technical resources are some of the difficulties faced by HAGVLC.

Nevertheless, the creation of the HAGVLC has since revealed some strengths that may be systematised in the following aspects:

- early detection of interpersonal violence cases
- specialised care
- networking intervention
- transdisciplinary.

This governmental preoccupation with data collection on violence against adults, particularly with domestic violence and dating violence where intimate partner violence is included, will soon make it possible to have an official national database in Portugal with health records on domestic violence. Within this context, the process of collecting and organising statistics on violence cases attended in health settings is ongoing.

[4] https://www.dgs.pt/documentos-e-publicacoes/violencia-interpessoal-abord...

**Contacts/Further Information**

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