GLOBAL PLAN OF ACTION TO STRENGTHEN THE ROLE OF THE HEALTH SYSTEM IN ADDRESSING INTERPERSONAL VIOLENCE, IN PARTICULAR AGAINST WOMEN AND GIRLS, AND AGAINST CHILDREN

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. GENERAL CONSIDERATIONS ABOUT THE NAME OF THE PLAN AND ITS MEANING

I think that the title for the plan doesn’t correspond with the content of the document and it results confusing. It is not a document about Interpersonal Violence that focuses on VAWG+Ch, it is just the opposite, a document on VAWG+Ch that consider some common elements of these violence with Interpersonal Violence.

In order to improve the message and to emphasize the content of the plan, I think that the title should be changed in this sense (could be any other option, it is just a couple of examples):

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. GLOBAL PLAN OF ACTION TO STRENGTHEN THE ROLE OF THE HEALTH SYSTEM IN ADDRESSING VIOLENCE AGAINST WOMEN AND GIRLS, AND AGAINST CHILDREN, AND THEIR COMMON ELEMENTS WITH INTERPERSONAL VIOLENCE.

The Global Plan under the actual title transmit an “estrange” message to society and, specially, to Health System. How is it possible to propose a document about the health impact of VAWG+Ch under the reference of general Interpersonal Violence? It is confusing. Of course that there are relationships among the different types of violence and that all of them impact on health, but the way to change the situation of VAWG+Ch victims under specific circumstances is approaching these circumstances, not mixing them with others.

Let see an example with other health problem under a similar approach. It could be hepatitis C. Do you think that a global plan to improve the health system response to hepatitis C could be presented under a reference like this: “Global plan of action to strengthen the role of the health system in addressing hepatitis, in particular infectious hepatitis, especially virus hepatitis, and specifically hepatitis C”.

Of course that we care about all infectious diseases and all hepatitis (infectious, metabolic, toxic...), but to try to remove the elements that cause a problem within a specific hepatitis need to be presented directly, and then to be extended to other circumstances that are not so close to the core of the problem.
The document can be confusing too for health system professionals because it is focused on the “Health System”, but it refers to many other system and levels. It is correct, but if we think on the practitioners who are going to receive the document, it can generate an absence of identification with it content and goals. Perhaps the global plan should include an annex or specific part with all the indications just for health professionals.

1. INTRODUCTION

1.1 SCOPE

3. If the circumstances around VAWG+Ch are the one referred in this point, the solution needs to brake the wall built on stereotypes, myths and prejudices. Interpersonal violence is not a problem for health problem, of course that we need to improve a lot and to work on prevention and in the multi-sectorial coordination to reach a comprehensive response, but victims of interpersonal violence are identified like that, and they receive a correct treatment in most of the places.

The problem is on the kind of violence wrapped by normality and undressed of a violent and harmful meaning, as VAWG+Ch.

We need to emphasize it, and to send a clear message to States, Governments, Institutions, authorities and Health System professionals.

In some part of the document it is necessary to mention that the role of HS professional is transcendent because if the HS doesn’t work, anything will work: detection, identification, treatment, prevention, to exit from violence, aggressor’s punishment...

VAWG+Ch is not new, it has been always present in our society, but the response to it has been very weak. We need to take in account that this circumstance has not been a mistake, but a way to understand the problem rooted on ideas, values, beliefs... and that these beliefs, values and ideas... still are here in many people mentality.

The relationship among VAWG+Ch and Interpersonal violence is not so big... there are common elements, but the Interpersonal Violence contexts and circumstances are so many, that to present them as part of the same problem is confusing and it doesn’t help to change the attitude and implication to VAWG+Ch.

This is a traditional approach that it is not working. If we take a look to the homicide evolution (UNODC, 2013) we can see how general homicides numbers is decreasing while femicides keep under the same numbers. It proves that we need a more specific and direct approach to the roots and causes of VAW, not to present it as part of general interpersonal violence with some different elements and circumstances
WHO should reflect about the sending message through the Global Plan, and about what is its role and goal: to be politically correct or to be effective to society and the health system.

SECTION 2 Pg. 8
2.1. VISION, 2.2. GOAL and 2.3. OBJECTIVES
Again the message is confusing. The global plan is focused on VAWG+Ch all the time, with specific references to this violence and referring to Interpersonal Violence a few times and indirectly as a problem related VAWG+Ch. However, the “Vision” is again focused on “all forms of violence and discrimination”, and the “Goal” talk about “health and well-being of everyone, in particular women, girls and children…”

When WHO implement an initiative to eradicate Malaria or Ebola do not present it under the “vision” of a world free from all forms of infectious diseases, neither the goal is the health and well-being of everyone, in particular people infected or at risk of suffering these diseases.

To eradicate all forms of violence means to eradicate each one of the different forms of violence, one by one, because it is not possible to eradicate all forms at the same time neither with the same initiatives and policies.

Some times it seems that the problem of VAWG+Ch is just a deficit of knowledge, when it really is an “excess of cultural references” rooted on the identity (masculine and feminine) and normality. The problem is not the result that we see in the Health System (injuries, traumas, psychological consequences...), but the meaning of this result that make professionals think that these symptoms are not serious and that it is not a health problem. This idea is not a lack of science, but an excess of androcentric cultural references, and the way to approach and change them is working directly on them, not on other problems (Interpersonal violence) that don’t share this references.
2.4. GUIDING PRINCIPLES

Include a new one, number 11: “Specialized response based on specific training”.

SECTION 3 Pg. 13

Strategic Direction 1:

. We should define what is the goal: recover the victims, condemn the perpetrators, both, others... It is important because it is not always possible to reach all these goals in each case, and we should priories the response. In some countries the priority is to report the case to the police or justice from the HS, in others it is not compulsory but they don’t have a good social and health response...

I think that the Global Plan should priories and emphasizes the health response and the responsibility of the health professionals in the recovery of women who suffer violence. Health response cannot be subjected to police and judicial decisions.

4. For me, it could be confusing “to put together” other health problems with social implications that can be related to VAWG+Ch, when they don’t in most of the cases (HIV, adolescent health, mental health, health aging, humanitarian emergency...)

Strategic direction 2:
7. Include “To train professionals”. It is not a questions about to know how, but to know what and to know why.

** The “Guidelines Principles” talk about “ecological approach”, “comprehensive multi-sectorial response”... and it means that the Plan should include a specific part addressed to “men health” in the four strategies. Under this initiative we could develop actions to approach risky behaviors (traffic accidents, work accidents, alcohol and drug abuse, psychological problems...) many of them rooted in the same circumstances than VAWG+Ch and related to the aggressions.

This initiative focused on men, will also help to reach men (in general, on risk to use violence, or using already violence) to work on them to prevent and stop violence.

A. VIOLENCE AGAINST WOMEN AND GIRLS

No comments

B. VIOLENCE AGAINST CHILDREN

It is confusing to talk about “Violence Against Children” just after talking about “Violence against Women and Girls”, because it could be interpreted that when the Global Plan talks about “Children” after considering violence against girls, means “Children but girls”, it means “boys”.

I think that the Plan should explain or clarify it.
Strategic Direction 1

. Emphasize the importance of Education to change traditional male identity and the male model of relationship

Strategic Direction 4:
16. To do the reports in all levels: National, regional and local

C. ALL FORMS ON INTERPERSONAL VIOLENCE

Strategic Direction 2:
9. I think that the Global Plan should talk about “train health workers”, not “sensitize”. At least, mention “Sensitize and train health workers”.

TABLE 2: Summary of indicators and global targets (pg. 30)

A. Violence Against Women and Girls
We should include some indicators about aggressors. If the plan talk about factors with influence on violent behavior, we should get information about the actions addressed to approach these factors (alcohol, drugs, mental disorders...)

B. Violence Against Children
We should include another indicator similar to A 1.1. in VAW, but for children: It should be “B 1.2.”: Number of Member States that have included services for addressing Violence Against Children...