

Violence Intervention in Specialist Health care

VISH – A GOOD PRACTISE
in Central Finland Health Care District

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Central Finland Health Care District

WHY TO INTERVENE DOMESTIC VIOLENCE WITHIN HEALTH CARE SETTINGS?

DV experiences increase visits to health care services estimatedly **5 to 7 times** according to extensive research done in western countries.

WHO (1996): DV is a **major** and **one of the most challenging public health problems** of which the health care sector needs to bear its responsibility:

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- ▶ **decrease** morbidity and health problems caused by DV
- ▶ **prevent** harmful effects of DV on people's health, and physical, psychic and social well-being and security

General operational objectives:

- 1. Systematically** and outright ask about patients' domestic violence experiences with **a routine question formula** as a significant part of **accurate anamnesis during routine clinical visits** in gynecology and maternity wards, psychiatric wards, and emergency unit
- 1. a) Filter** patients with domestic violence experiences out of the patient host of risk groups,
b) assess the health and psycho-social effects of the experiences,
c) help/support patients in need of help/support.

General strategic objectives:

- 1. Promote health** during the general treatment practices in hospital works with a **salutogenic approach** by increasing the sense of coherence and by preventing the harmful physical, mental, and social effects of DV.

- 1. Promote health** with a **minimal necessary involvement** a patient needs in order **to protect and improve his physical/mental health and well-being** and to make his overall life conditions (quality of life) stronger/better.

Important aspects of DV intervention:

1. **Primary** (population), **secondary** (risk groups), and **tertiary** (patients) **prevention** and **protection**.
1. Screening for **behavioral factors** considered a threat to health, and give **personal advice for healthy behavior** during routine clinical visits.
1. **Operation includes sectors widely outside health sector** and organizations and resources outside specialist health care settings.

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Two subjective experiences:

Asking about my experiences of violence here in healthcare was like the last resort I caught.

(A patient in the maternity clinic)

Finally I have found a way for healing and hoping. I would not have found it before my death any other place.

(A patient at the emergency department)

*We are
opening windows
for health,
healing, and hope
while delivering
the non-violent note.*

