



Challenges to Intimate Partner Violence Care in South African Primary Health Settings

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Background

- Doctorate 2005 – 2009
- BMJ Open (2011); PLoS ONE (2012); BMC Health Services Research (2012); Violence & Victims (2014)
- Rural provincial pilot: (Witzenberg, 1 April 2012 – 31 March 2013) Global Health Action (2014)
- Urban Plume project: (Macassar, 5 September 2014 ongoing)



JOYNER'S IPV MODEL

1st tier

Cues Suggestive of IPV

- Vague non-specific symptoms
- History of mental illness or medication
- Fatigue, sleep problems, unexplained somatic complaints
- Symptoms of depression
- Feeling anxious / dizzy / thinking too much
- Chronic pain syndromes
- Repeated sexually transmitted infections
- Assault or trauma
- Suspected alcohol or substance abuse

Ask: "Are you unhappy in your relationship?"

Yes

Clinical

Check for sexually transmitted infections / HIV
Document & care for injuries
Check contraceptive method, pregnancy
Offer termination, sterilisation if appropriate

Refer to IPV Champion

JOYNER'S IPV MODEL

2nd tier

Refer to IPV Champion

Psychological

1. Listen attentively to patient's story
2. Do mental problems checklist and consider anxiety disorder, depression, substance abuse, post-traumatic stress disorder
3. Follow-up counselling, support

Social

1. Assess current social support and explore future possibilities
2. Assess safety: risk assessment and feedback, make safety plans
3. Help with maintenance for children
4. Refer to relevant organisations

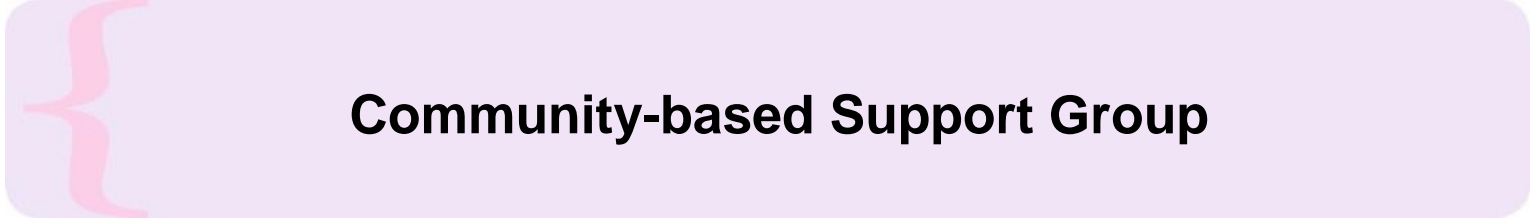
Legal

1. Refer to any or all of the following:
 - a) Family Court for a Protection Order
 - b) Victim Empowerment Unit/ Police Station for support
 - c) Non-profit organisation for legal aid

Personal Empowerment Group

JOYNER'S IPV MODEL

3rd tier



Personal Empowerment Group

Community-based Support Group

IV POSITIVE

PEOPLE

AVE

RIGHTS

STOP WOM

EN ABUSE

B THE CHANGE

Ek het n verskil

in iemand se lewe

STOP

ABU

D&D

D



Witzenberg Pilot Training

- 2 hour sessions for 52 nurses & 9 physicians = 48% of HCWs, coverage of all facilities
- Content: case finding of women experiencing IPV, attitudes & misconceptions surrounding IPV, the model and how to work with it.
- In-depth training (4 days) for 19 social workers: incl. brief behavioural change counselling, mental health assessment, use of protocol, life-skills & support groups.



Provincial Pilots' Findings

- 12 months, 165 referrals, 45% attendance
- Same period, police statistics for largest town record 373 domestic violence complaints
- Designated IPV champions, social workers (newly qualified, and intern) resistant to working therapeutically, disinterested in mental health
- Only 1st of 5 life-skills group sessions was facilitated at 2 venues
- No community-based support groups









CHARLIE BROWN STR.

111
SHOTTA
78 YAKIES

CHARLIE BROWN STREET

Access Barriers – 3 Dimensions

Degree of fit between health systems and users:

1. Availability of intervention: once a month at each fixed primary care facility (one service provider, 10 days per month, large area)
2. Affordability: indirect costs like transport & loss of income - prohibitive
3. Acceptability: women feared social workers would remove their children if violence or drinking was disclosed.



Access Barriers (cont)

- Confidentiality – NB concern given small communities and stigma associated with IPV (breached or witnessed attending service)
- Misconception among participants and HCWs that IPV is not a health problem
- Dominant HCW response to IPV has been to refer for legal redress, often not first priority for participant

As a VICTIM of crime, you have certain rights
 These include the right :

- To be treated with respect and dignity;
- To offer information;
- To receive information;
- To legal advice;
- To protection.

CRIME STOP 0800 55 11 11	WYNBERG 0271 627 2049	WIMBORNE PLAIN 021 207 8064
WOMEN ABUSE HELPLINE 0800 150 150	GEORGE 0244 878 5450	ATLANTIS 0211 572 7055
CHILDLINE 0800 456 555 and 0211 867 1111	WORCESTER 021 347 2400	GEORGE 0244 878 5450
AIDS HELPLINE 0800 012 322	THUTUZELA RAPE CENTRE 0211 605 1011 / 021 6196 (24 hr)	WORCESTER 021 347 2400
NETWORK ON VIOLENCE AGAINST WOMEN 0211 622 5287	TYGEBEAR RAPPE CENTRE 0211 938 4564	RAPE CRISIS (CAPE TOWN) 0211 641 9762
NETWORK ON VIOLENCE AGAINST WOMEN 0211 622 5287	LIVING NETWORK PHONE IN CRISIS CENTRE 0211 940 2000	







In case of fire

- Call the emergency services immediately if the fire gets out of hand. Don't wait for long if you cannot help yourself!
- Get the correct address and stay outdoors until you see a sign for a school.
- Allow the trained emergency services personnel to do their work without getting in their way.
- Do not go back! When possible get back at least 24 hours later. Do not go back until you have been told it is safe to do so.

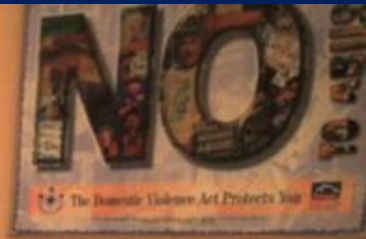
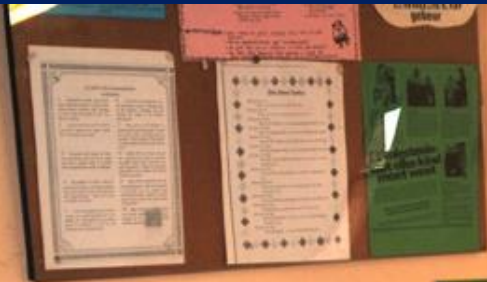
Emergency contact numbers:
 ☎ or 📞 021 480 7700

DISASTER RISK MANAGEMENT
 CITY OF CAPE TOWN
 NEDERLAND STRAAT
 8001 KAAPSTAD



Challenges of Intersectoral Pilot

- Differing levels of management support
- Decentralisation of control
- Availability of resources
- Lack of clarity regarding partners' roles & functions
- Informal relationships and communication, + shared understanding and ownership = more significant than formal structures
- Informal alliances proved destructive



Macassar Project

- Cooperation of Facility Manager
- Keen for training & service
- Cooperation of police – Trauma Room
- Training well attended, participation good
- Networked with local community organisations and churches
- Fridays: 8 – 4: September to April 2015



Macassar Platform

- Dr Joyner – IPV champion
- Outcome mapping monitoring and evaluation of service
- Follow-up therapeutic service for abusive men
 - motivational interviewing techniques
 - black male psychiatric nurse



Findings

Culture of hiding one's secrets and shame.

Racist, patriarchal, church-dominated society,
VAW normative, culturally reinforced in multiple
ways

5 Sept – 12 December: 30% attendance

Physicians referred 80% participants

Follow-up service: very poorly attended

Only 1 group for 2 participants

Preferred individual sessions



Violence Normative

- High levels of violence
- Widely accepted traditional gender norms
- IPV understood to be a normal part of life
- Gendered aspects often overlooked:
IPV is a phenomenon with complex social and structural roots.
To impact significantly, stigma surrounding IPV & underlying values & attitudes to gender needs be transformed.

A black rectangular sign with white text is mounted on a red brick wall. The sign is partially obscured by several strands of barbed wire that form a circular pattern in front of it. The text on the sign is in two lines: "SUID-AFRIKAANSE POLISIE" and "SOUTH AFRICAN POLICE".

SUID-AFRIKAANSE POLISIE
SOUTH AFRICAN POLICE

Complexity

- Politics at police station
- Professional territory, separatism
- Lack of interest, consequent lack of understanding
- Victim Empowerment service currently minimalistic, perhaps provision of forms, and suspect advice
- Case of Morna

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KAN OFFENDERS CHANGE?



GENEES ONS GEDRUG... EN GENEES ONS NABIE

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Kan die wonde van molestering genees?

NO



TO ABUSE



The Domestic Violence Act Protects You



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KAN OFFENDERS CHANGE?



Rule 11.3 - Remember those in prison as if you were their fellow prisoners.

MIV-positief -



wat nou?

Reference List

Rees K, Zweigenthal V, Joyner K. 2014. Implementing intimate partner violence care in a rural sub-district of South Africa: a qualitative evaluation. *Global Health Action*, Vol.7.

<http://dx.doi.org/10.3402/gha.v7.24588>.

Joyner, K. & Mash, B. 2014. Quality of Care for Intimate Partner Violence in South African Primary Care: A Qualitative Study. *Violence & Victims*, Vol. 29, No. 4, 652-669.

Joyner, K., & Mash, B. 2012. A comprehensive model for intimate partner violence in South African primary care: Action research. *BMC Health Services Research*, 12, 399,

<http://www.biomedcentral.com/1472-6963/12/299>

Reference List

Joyner, K., & Mash, R. 2012. Recognizing intimate partner violence in primary care: Western Cape, South Africa. *PLoS ONE*, 7(1), E29540

Joyner, K., & Mash, R. J. 2011. The value of intervening for intimate partner violence in South African primary care: Project evaluation. *BMJ Open*, 1:e000254. doi:10.1136/bmjopen-2011-000254

Thank You
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