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)
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
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

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

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

**Refer to IPV Champion**

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**JOYNER’S IPV MODEL**

**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

→ Community-based Support Group

Personal Empowerment Group
IV POSITIVE PEOPLE
STOP WOMAN ABUSE
B THE CHANGE
E K, HET N VERSKIL
IN IEMAND SE LEWI
STOP ABUSE
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
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
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.
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
No to Abuse

The Domestic Violence Act Protects You
Reference List

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


http://www.biomedcentral.com/1472-6963/12/299
Reference List


Thank You
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