Intimate Partner Violence and Domestic Violence

Jane Sebidi

RN, Advanced Midwife, BCur Prax Extensa,
MSC education
DD MomConnect manager in MNWH

health
Department:
Health
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Definitions

- Intimate Partner Violence (IPV) – abuse from current or past partner
- Domestic Violence – abuse from anyone in the home
- IPV / DV may present for **first time** or **become more severe** in perinatal period – time of high stress / change
- Other forms of violence

Prevalence

- In SA, at least 1 in 4 pregnant women experience physical or sexual IPV in past 12 months
- Likely higher prevalence in pregnancy and postpartum year

Groves, et al. 2012 and 2015

South Africa Demographic and Health Survey 2016: Key Indicator Report. Pretoria: Stats SA, 2018

Dunkle et al 2004

- Femicide 5X global average
  (killing of intimate partner)

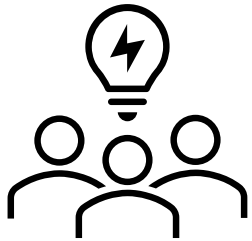
SAMRC. Decrease in femicide in South Africa: Three national studies across 18 years. Pretoria: South African Medical Research Council, 2022.

UN Women: improving essential services for survivors of violence against women and girls

Sarah's story: 3-minute video (provides overview of global problem and defines IPV an DV).

https://www.youtube.com/watch?v=WUGu-K_r4lQ

Intimate Partner Violence and Domestic Violence



Opportunity

- Health workers are in a good position to respond to IPV and DV during and after pregnancy because they often **see women many times** during this phase.
- Also, health workers who are trained to identify and respond to these types of violence may **help women achieve better physical and mental health** for themselves and their infants.

Policy and legal

Response required by South African legislation and policy.

- The **Domestic Violence Amendment Act 14 (2021)** mandates that **Department of Health** (DoH) actors identify and respond to cases of GBV and should be given the skills and tools to respond to IPV among patients.
- **Maternal Perinatal and Neonatal Health Policy (2021)** IPV prevention and response is an "essential life-saving intervention."
  - Health workers have a responsibility to identify abuse, do a safety risk assessment and refer to other services such as an NGO, Thuthuzela Care Centre, police, social worker as required.
- **Children's Act (2005) amended 2018** – reporting learner pregnancy <18, Form 22

Intimate Partner Violence and Domestic Violence Chapter

Overview

- Types of IPV and DV
- Possible health outcomes associated with IPV / DV
- Behaviours that may occur with IPV / DV
- Risk factors linked to IPV / DV
- Safety planning
- Referral for support
- Health worker wellbeing

Intimate Partner and Domestic Violence Training Module

3 Learning Lessons

- Overview of IPV / DV
- Identify and support
- Providing first-line support

Learning lesson 1: Overview of IPV / DV

Topics

- WHO: health system strengthening to respond to violence against women
- IPV in South Africa
- Types of abuse
- Why health worker response to IPV matters
- Addressing barriers to assessment of abuse of women
- Health outcomes associated with IPV
- Risk factors linked with IPV / DV
- Why women stay in abusive relationships
- Cycle of abuse

WHO: Violence against women: Strengthening the health system response

3.5 -minute video (provides overview of global problem and rationale for strengthening health system response).

https://www.youtube.com/watch?v=Qc_GHITvTml

Why health worker response to abuse matters

- Health worker = **trusted professional**
- **Poor health outcomes** (mental health, ART adherence,effects on fetus)
- Confidential place to provide support and information
- Opportunity to **raise patient awareness** of intimate partner violence
- Opportunity to **normalise identification** and **reduce feelings of being judged**
- Opportunity to **receive information and address concerns**
- Expressions of concern and support can **validate** women's experiences, help them **recognise** abuse and **inspire** them to strive for safety.

Addressing barriers to assessment of abuse of women

Concern	Reflection
Lack of time to assess and respond to abuse	Assessing and responding to abuse can potentially be life-saving and can be done efficiently. Because violence affects health, understanding experiences and the consequences of violence can provide important insight into a patient's health and may reveal the underlying cause of the presenting issue.
Offending a patient	Women who have been affected by violence are often waiting for an opportunity to speak about some aspect of what they are going through. Evidence shows that women do not mind being asked about abuse when it is done sensitively and without judgement, and that they mostly appreciate the provider's expression of care. Your patient may actually trust you more by knowing that you care about her health and safety.
Assumption that violence is not present in a given population due to characteristics such as socio-economic status, religion, culture	Violence is pervasive across cultures, economic status and religious groupings. Check your assumptions and give your patients an opportunity to share their experiences.
Feeling powerless to help or "fix" the abuse	Speaking in the right way with your patient provides important validation and can help her realize that help is available. It can be a powerful first step in seeking help. Know that your patient is in the best situation to determine what she should do, including nothing, until you meet with her again.

Addressing barriers to assessment of abuse of women

Concern	Reflection
Uncertain that she will take action	We can never be certain of patients' behaviour after they leave; we do not control what they do or do not do with the information we provide. For women experiencing abuse, it may take multiple interventions and discussions to achieve safety and well-being. Conversations with providers are an important starting point. We can at least Listen, Inquire, Validate experiences, Enhance safety and provide Support.
Lack of continuity and inability to speak with the patient consistently	Even speaking with a woman and making an initial contact can have an important impact on women experiencing abuse.
Not knowing enough about when and how to ask about abuse	This training will give you the tools you need to feel confident about broaching the subject with your patients.
Discomfort and lack of practice discussing violence against women	Speaking with your patients about violence against women will become easier with training, time and practice.

Addressing barriers to assessment of abuse of women

Concern	Reflection
Isn't my role primarily focused on physical health?	Evidence has shown that abuse has a direct and measurable effect on multiple aspects of women's physical, mental, sexual and reproductive health. Health-care providers have a role to play in protecting both the physical and mental health of our patients.
Feeling as though there is a lack of effective interventions	There are advocacy- and community-based interventions that have been shown to reduce violence against women over time. Providing effective listening, validation and support can be an important support for your patients.
Inquiring about abuse may lead to other responsibilities such as testifying in legal proceedings for which you are unprepared	Know the legal implications of what health-care providers must do when they identify or respond to violence against women. Partner with community organisations, if needed, to find this information.
Personal history of violence may impact comfort/willingness to talk about violence with the patient	Health workers are not immune to experiencing (or perpetrating) violence against women. Find resources you can use to discuss violence you might have experienced. Doing so can make you a more empathetic and effective health-care provider.

Health outcomes associated with IPV / DV*

Pre-conception

50% higher HIV incident infection
High- risk sexual behaviour
Decreased contraception use
Higher unintended pregnancy

Pregnancy

2x chance maternal death
Preterm labour
Antepartum hemorrhage
Miscarriage
Vaginal bleeding
High blood pressure
Later uptake of antenatal care
Lower ART adherence
Lower skilled birth attendance
Mental health symptoms

Newborn

2x risk of infant and neonatal death
Stillbirths
Pre-term delivery
Low birth weight
Worse maternal viral suppression (increasing risk for vertical HIV transmission)
Birth abnormalities

Infancy and childhood

Infant illness (e.g. diarrhoea)
Lower immunisation uptake
Stunting
Developmental delays
Learning impairment
Emotional dysregulation
Cognitive difficulties
Poor mother-infant attachment (which predicts many later outcomes),
Increased likelihood of child abuse or neglect

Learning lesson 2: Identify and support

Topics

- Signs of IPV / DV
- Identification
- Asking about violence
- What to do if she does not disclose
- Documenting abuse
- Understanding LIVES as first-line support
- Pathways to care
- Sexual abuse & triggers in the maternity setting
- Reporting
- Case study of IPV

How can you tell if a woman has experienced IPV / DV?

Physical effects	Injuries that are repeated or not well explained Repeated sexually transmitted infections Unwanted pregnancies Unexplained chronic pain or conditions (pelvic pain or sexual problems, gastrointestinal problems, kidney or bladder infections, headaches) Disturbed sleeping and eating patterns
Behavioural effects	Harmful behaviours such as alcohol or substance misuse Repeated health consultations with no clear diagnosis Withdrawal from people, relationships and social situations Difficulty concentrating Frightened and jumpy Changes in lifestyle
Psychological effects	Ongoing emotional health issues such as stress, anxiety, depression Thoughts, plans or acts of self-harm or attempted suicide Low self-esteem Humiliation and shame Feeling alone and misunderstood Aggression Anger

Identification

- Universal screening is NOT usually recommended
- Ask about abuse if the woman brings it up – or if there are signs and symptoms
- **NEVER** ask about abuse if the women is not alone – even if with another woman, that woman could be the mother or sister of an abuser
- If necessary, ask the companion to leave the room and say you need to do a physical exam
- Make no judgements – use appropriate language
- Assure confidentiality

First-line support - LIVES

L	**Listen**
I	Inquire
V	Validate
E	Enhance safety
S	Support

Short animation – Introduction to LIVES

https://www.youtube.com/watch?v=CZIITgVuKaQ&list=PL6hS8Moik7kvb39BbrqgN6HaNd1Udn9ve&index=1

Documenting violence

- Ask permission
- Keep clear, detailed and confidential notes.
- Record any health complaints, symptoms, and signs, as you would for any other woman, including a description of her injuries.
- Do not leave notes in public spaces e.g. X-ray slip or bed chart.
- For greater confidentiality, some facilities use a code or special mark to indicate cases of abuse or suspected abuse.

Mandatory Reporting *

compulsory

1. A child under 18 is being abused OR witnessing abuse
2. Elder over 65 in the home is being abused
3. Intellectually or physically disabled person who is being abused

Urgent and formal referral to Social Worker or specialist NGO that deals with IPV/D + Refer for other supports as needed.

Not mandatory to report *

not compulsory

All other victims

Refer for support

if the woman wants this

You may see a woman many times and worry about her. Understand it is her choice to use the information you give her, or not.

Each time you see her, it is helpful to assess her safety and follow up on your referral.

Case study: Matalaka's story

This short film was created by Soul City and performed by actors.
It may be triggering as it shows scenes of domestic violence.

https://www.youtube.com/watch?v=gHMAAMgSj3g

Acknowledgement: Soul City: Matalaka's story

Learning lesson 3: Providing first-line support

Topics

- Understanding what first-line support is
- Role of health worker in providing first-line support
- Tips for managing conversations around abuse
- LIVES (Listen, Inquire, Validate, Ensure safety, Support)
- Support resources
- Tips for referral
- Barriers to care
- Health worker wellbeing
- Case study: Ukuthwala

First-line support - LIVES

L	**Listen**

Short animation – LIVES - Listen

https://www.youtube.com/watch?v=2k1Nq7KJHH4&list=PL6hS8Moik7kvb39BbrqgN6HaNd1Udn9ve&index=2

First-line support - LIVES

I	**Inquire**

Short animation – LIVES – Inquire

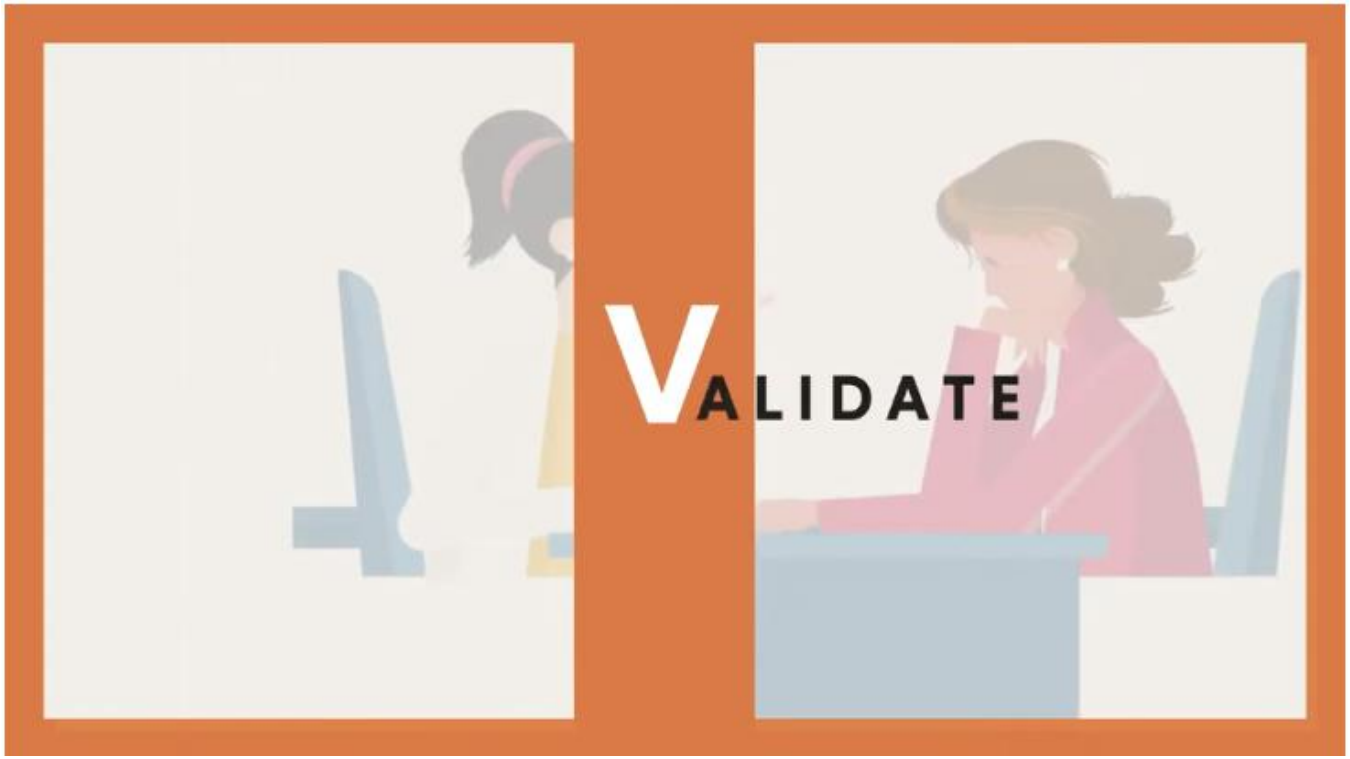
https://www.youtube.com/watch?v=oESspzlKIH4&list=PL6hS8Moik7kvb39BbrqgN6HaNd1Udn9ve&index=3

First-line support - LIVES

V	Validate

Short animation – LIVES – Validate

https://www.youtube.com/watch?v=OcdiSv9iCe4&list=PL6hS8Moik7kvb39BbrqgN6HaNd1Udn9ve&index=4



First-line support - LIVES

E	**Enhance safety**

Short animation – LIVES – Enhance safety

https://www.youtube.com/watch?v=AYKlqBFn7_M&list=PL6hS8Moik7kvb39BbrqgN6HaNd1Udn9ve&index=5

First-line support - LIVES

S	**Support**

Short animation – LIVES – Enhance safety

https://www.youtube.com/watch?v=FTFjy7WRHuo&list=PL6hS8Moik7kvb39BbrqgN6HaNd1Udn9ve&index=6

Helplines

Lifeline support for personal crisis, trauma, abuse or rape. Toll-free: 0861 322 322

FAMSA (Families South Africa) counselling for couples and families, branches throughout South Africa. National office: 011 9757106/7

Childline SA (ages 0-16) For children and young adolescents in crises, abuse or at risk of abuse and violence.Toll free: 116 (children and adults)

Department of Social Development Substance Abuse
24hr Helpline: 0800 12 13 14 or SMS 32312

National Shelter Movement of SA
https://www.nsmsa.org.za/ 24hr Toll free: 0800 001 005

Alcoholic Anonymous counselling, education & support groups for alcohol misuse 24 hour helpline: 0861 435 722

Women's Legal Centre www.wlce.co.za free legal advice for women 021 424 5660

SADAG http://www.sadag.org/ Mental health information and referrals to mental health professionals or support groups by trained counsellors. 7 days/week: 8am to 8pm. Telephone: 011 234 4837 or 0800 21 22 23 or 0800 70 80 90; Suicide Crisis line: 0800 567 567 or SMS 31393

Violence

- **SAPS (Police) Crime Stop** 0860 10111 / SMS Crime Line: 32211
- **Gender based violence** (GBV) - related service complaints (SAPS) 0800 333 177
- **GBV Command Centre** 0800 428 428 / Send a "Please Call Me" by dialing *120*7867# from any cell phone, SMS 'help' to 31531, 'Helpme GBV' via skype
- **People Opposing Women Abuse** (POWA) www.powa.co.za, 0800 029 999
- **Lifeline Domestic Violence helpline** 0800 150 150
- **Rape Crisis** 24-hour support including how to access Thuthuzela Care Centres for medical and forensic assistance to rape survivors
  - Afrikaans: 021 633 9229
  - isiXhosa: 021 361 9085
  - English: 021 447 9762
  - WhatsApp 083 222 5164
- **MOSAIC** Telephone counselling & referrals for survivors of abuse: 021 761 7585 (08:30 – 16:00)

The role of the health worker *

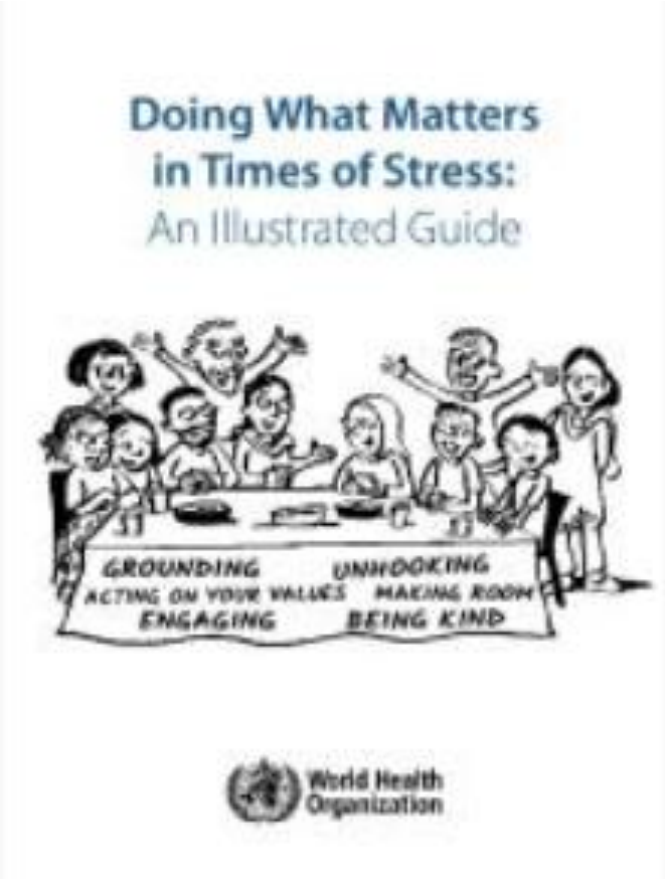
Your role

- Do no harm
- Identify violence
- Be kind
- Offer clinical care
- Referrals as needed
- Document in clinic records

Not your role

- Solving the problem
- Addressing all needs
- Addressing all in one visit

Health worker wellbeing



- **Look after your own well-being!**
- **HealthworkerConnect: Send “resilience” to +27 60 060 1111**
- **PMHP self-care pamphlet: https://pmhp.za.org/wp-content/uploads/Self-care_HealthWorkers.pdf**
- **WHO: Doing what matters in times of stress https://www.who.int/publications/i/item/9789240003927?gclid=Cj0KCQiAzoeuBhDqARIsAMdH14Fwdr-P5-sjYAa9h87XAnRIB1DXElEdqPlXa45pfJKnb5igWUV-wqkaAl4bEALw_wcB**

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