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THE VALUE OF INTERVENING IN INTIMATE PARTNER VIOLENCE

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ADDRESSING GAPS IN IPV LITERATURE



- IPV primary contributor to burden of disease locally & globally
- Lack of evidence-based approaches
- Project evaluation: implementation of a South African protocol for IPV care (Martin & Jacobs, 2003)
- Reporting on benefits of intervention from the survivor's perspective
- Addresses significant gap in IPV literature



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PROJECT DESIGN



- 2 urban and 3 rural primary care facilities
- 168 women living with IPV were recruited for a comprehensive intervention
- Action research project
- Mixed methods
- 74% follow-up interviews



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PARTICIPANTS' FEEDBACK



- Extremely beneficial(63%) Beneficial (76%)
- At all stages women wanted recognition and support from health care providers
- Without pressure for a specific course of action
- Participants needed health care providers to be caring (emotional labor)
- not just to work through a series of tasks



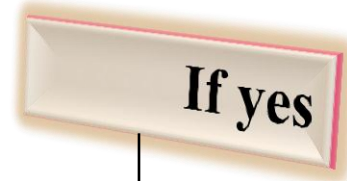
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FLOWCHART FOR IPV IDENTIFICATION AND MANAGEMENT





ROLE OF PRIMARY CARE PROVIDER



CUES

- Vague non-specific symptoms
- History of mental illness
- Symptoms of depression
- Feeling anxious / dizzy / “thinking too much”
- Chronic pain syndromes
- Assault, trauma
- Repeated sexually transmitted infections
- ARV preparation, HIV+
- Suspected alcohol or substance abuse

Asks, “**Are you unhappy in your relationship**”
If “Yes”

CLINICAL

1. Check for sexually transmitted infections / HIV
2. Document & care for injuries (use J88)
3. Check for pregnancy, offer contraception, termination, sterilisation





IPV CHAMPION



- interest/desire to work with IPV
- empathy and good listening skills
- respect for client confidentiality and autonomy
- efficient case manager
- collaborative approach to problem-solving
- effective multi-disciplinary team player
- good networker to promote support group project



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COMPREHENSIVE IPV CARE



- **Clinical:** prevent unwanted pregnancy, STIs, HIV, care for injuries, forensic documentation
- **Psychological:** identifying and attending to mental health problems responsibly
- **Social:** support groups, social workers, safety planning, information regarding local resources
- **Legal:** referral for protection order – more effective than criminal charge, rights advocacy





RANGE OF ABUSE



Type of Abuse	%	N
Emotional	82.7	139
Physical	68.5	115
Sexual	42.9	72
Financial	42.9	72



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SAFETY ASSESSMENT



	N = 168	%
Firearm in house?	102	60.7
Threatened to kill children?	91	54.2
Capable of killing?	77	45.8
Police intervention necessary?	54	32.1
Has abuse escalated in severity	35	20.8





ADHERENCE TO CARE PLAN



Action plan	% taking planned action
Wants HIV test	55.4
Wants rapid plasma reagin test	40
Wants pregnancy test	100
Intends to obtain protection order	100
Intends to lay charge	84.2
Referral to legal aid NPO	46.7
Referral to counseling NPO	37.5
Referral to psychiatric nurse	48.3
Referral to social worker	95.8

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USEFULNESS OF INTERVENTION



Intervention	Helpful	Unhelpful
Safety assessment	80.1% (n = 85)	5.7% (n = 6)
Safety plan	75.5% (n = 77)	8.8% (n = 9)
Protection order	82.1% (n = 23)	14.3% (n = 4)
Legal aid NPO	57.2% (n = 4)	14.3% (n = 1)
Counseling NPO	75% (n = 9)	8.3% (n = 1)
Psychiatric nurse	92.8% (n = 26)	7.1% (n = 2)
Social worker	69.6% (n = 16)	13% (n = 3)
Laying criminal charge	93.8% (n = 15)	6.3% (n = 1)





IMPROVED MENTAL STATE



Improved:

- Mood
- Sociability
- Sense of well-being

Decreased:

- Anxiety
- Suicidal ideation
- Alcohol abuse





IMPROVED MENTAL STATE



“I used to feel sad all the time. I used to feel useless but now I feel responsible. I can take care of my children now. When I was drinking every day I would take them to a woman to look after them. Now I enjoy my kids and my life more ... since I went to press charges we have not been together and he has not hurt me either.”



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IMPROVED MENTAL STATE



“I was a wreck, but when I left her office I could face the world squarely again. She taught me things about myself I did not know. My problems were not solved then and there but I can now notice what I did not notice before and I feel better about myself as a person.”



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IMPROVED MENTAL STATE



“Before I met the researcher, I always felt alone. Secondly when I’m talking to my kids I’m always fighting because I think I am somebody useless. After I talk with her I do not fight so much. I try not to be aggressive. I try to sit down and talk with my children.

At least they listen to me – they appreciate me being kind.”



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CHANGE IN HER OWN BEHAVIOUR



“Our relationship is going much better than before. I discussed certain things with him and he understood me. I am drinking much less than before and going to evening songs again. I never wanted to work on Saturdays but now I am.”



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CHANGE IN HIS BEHAVIOUR



“There has been great change in her life. The intervention was very useful because the results have made her feel very happy. The situation at home has improved very much. Her husband has even been working in their garden and helping the children with homework – never before.”



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CONCLUSION



Clear benefit from IPV intervention:

1. Empathic , non-judgmental, constructive care
1. Comprehensive assessment and management of clinical, mental, social and legal aspects.



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