PRH Summaries: Strategies for Addressing Intimate Partner Violence in Haiti: Perspectives of Female Clients

Intimate partner violence (IPV) (also referred to as domestic violence and spouse abuse) is a serious public health problem. Estimates from the 2005 Haiti Demographic and Health Survey show that nationwide, one in four women had experienced emotional, physical or sexual violence. The Departments of Artibonite and Grande-Anse reported the highest prevalence of IPV – at least 36 percent.

BACKGROUND

In 2012, Tulane University conducted a qualitative study on the acceptability of and barriers to routine screening for IPV in health care settings in Artibonite among female clients of health facility-based family planning and reproductive health services. The overall objective of this component of the study was to expand current knowledge by: (a) determining community-based services and sources of support for IPV survivors; (b) ascertaining how female clients feel about discussing IPV with health care providers; and (c) determining female clients' perspectives about what healthcare providers should do to help IPV survivors. The study was conducted in six health facilities in the Department of Artibonite. The results of the study can be used to improve community- and health-facility based services to prevent and mitigate IPV and improve the national response to violence against women and girls.

RESEARCH FINDINGS

There is a need to sensitize communities in order to reduce the culture of silence around IPV and increase awareness of services and sources of support for IPV survivors.

Most FCs had heard about or witnessed intimate partner physical, sexual and economic violence against women in their communities. Psychological violence was considered normal. Few IPV survivors were perceived to get the help they need due to: (1) the culture of silence around IPV; (2) the tendency to blame the victim; (3) lack of knowledge about where to go for help; and (4) dissatisfaction with existing services. Some survivors rely on informal networks such as the Church, neighbors, family, and friends.

TT2: "In Haiti it's hard to find help."

TT11: "There are some women associations. I don't know exactly where they are."

KF-E13: "Yes, there are people responsible for that, but they ridicule us, and if we don't have money they don't want to serve us."

More than half of female clients support a policy of universal/routine screening for IPV by health care providers.

Female clients who supported universal screening felt it would be beneficial to all women. They stated that such a policy would: (1) reduce women's exposure to IPV; (2) increase IPV survivors' access to health care, treatment, and assistance; (3) increase women's ability to protect themselves from IPV; (4) enable women to get advice and counseling to cope with IPV; and (4) improve survivors' overall wellbeing.

KF-E5: "Every woman should be questioned about intimate partner violence. They should question women in schools, churches and hospitals, except in the market place because it is hot."

KF8: "You will know all the people they rape and you can help those people. The health people will know how to help those people."

Some female clients felt that only women who present with signs and symptoms of violence, young adults, and women who are currently in intimate relationships should be questioned about IPV by health care providers.

KF-E15: "They should choose women who are victim of beating, suffering and mistreatment."

Increased confidentiality and ensuring women's safety and security are essential when addressing IPV in health care settings

Lack of confidentiality and problems ensuring women's safety and security were two of the most frequently mentioned disadvantages of IPV screening. These factors were also identified as barriers to disclosure of IPV to health care providers.

T13: "If the environment is not safe, the attacker may beat the victim because she complained about him."

The following factors were also felt to reduce women's likelihood of disclosure of IPV to health care providers: (1) interviewing women in the presence of the abusive partner; (2) feelings of humiliation and shame (most frequently mentioned); (3) impact on victims of reliving their experiences during disclosure; and (4) inability to find needed help after disclosure, especially if there is no one to counsel IPV survivors.

To improve the health sector response to IPV increased collaboration is needed between health care providers and the community

There was considerable confidence in providers' ability to address IPV outside of health care settings. Many female clients alluded to the possibility of collaboration between health care providers and communities in order to address violence and highlighted the role of health care providers in referring IPV survivors to organizations that could help them.

There is a strong need for community-based action committees for the prevention of violence against women and community-based support groups for IPV survivors.

Some female clients believed that it was important to create community-based committees to address violence against women at the community level and raise public awareness about intimate partner violence in order to increase disclosure of IPV to health care providers and improve survivors' wellbeing.

"The community doesn't have a committee to talk to the healthcare providers about violence, neither to help victim women in the area."

KF9: "Or form an organization in the neighborhood that can educate and raise public awareness and have commercials to teach them what to do and what not to do."

"According to me, the health care provider usually doesn't stay long with us. We need to train people who can train others in the community, so we will have less people victim of violence."

"Place organizations like "Remember Women" in every location."

There is a need to strengthen health care provider support for IPV survivors.

When asked what they would like health care provider to do in order to help IPV survivors, female clients mentioned the following:

- Provide care, treatment and medicines
- Help women prevent IPV, protect themselves, and avoid re-victimization
- Provide advice/counseling not only to survivors but also to abusive partners
- Tell women where to go for help, food, things they need, and support to earn a living
- Come to the region, form committees, and educate people about IPV

Multi-pronged strategies that include women's economic empowerment are needed to prevent intimate partner violence.

T11: "We need to educate the people and invest in organizations which work against violence."

KF-E5: "They would find help if they had a cell phone to call for help. They just go to school and hospital."

K9: "Especially when the man is in the house and he is the one working. They have priority over you. When they tell you to sleep with them you have to. If we could find help to do our own little business, they can stop making us do foolish things."

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