PRH Summaries: Strategies for Addressing Intimate Partner Violence in Health Care Settings in Haiti: Provider Perspectives

Intimate partner violence (IPV) (also referred to as domestic violence and spouse abuse) is a serious public health problem. Recent estimates from the Demographic and Health Survey show that 25 percent of women in Haiti have been a victim of emotional, physical or sexual violence (Caymittes et al., 2007). 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. The overall objective of the study was to expand current knowledge by comparing the attitudes, perceived barriers and enablers of IPV universal screening among physicians, nurses, and community health workers. The study was conducted in six health facilities in the Department of Artibonite. The results of the study can be used to improve provider training on the care and treatment of violence survivors and improve the health sector response to violence against women and girls.

PRELIMINARY RESEARCH FINDINGS

Asking women about IPV may improve care and treatment

Asking female clients questions about intimate partner violence is not common practice. The presence of "red flags" (wounds, scars) is a deciding factor for asking female clients about IPV. Other factors considered are: (1) information provided by the client at intake; (2) the client's physical and emotional state; (3) confidentiality; (4) the provider's perceived self-efficacy in making the client comfortable; and (5) the client's possession of a legal complaint certificate.

"Usually, health care providers, nurse or doctor, they do not screen only for domestic violence, but for all kinds of violence. First of all, the victim must have a legal complaint certificate, or she can have scars, scratches and wounds. We take into account the emotional aspect – who she is afraid of."

Providers stated that the advantages of asking female clients about IPV were: (1) to enable healthcare workers to provide appropriate care and treatment if the client is pregnant or has tested positive for HIV; (2) to enable women to know their rights; (3) to improve the victim's health; (4) to prevent all types of sexually-transmitted infections and disease; and (5) to improve the victim's psychological health.

Community awareness-raising is needed to improve the health care response to IPV

Potential stigmatization of IPV survivors was one of the most frequently mentioned disadvantages of IPV screening.

"The disadvantage is the way people around the victim approach the situation. They believe if the woman has been in the man's room, it is acceptable if the man rapes her. So they blame the victim. But, we need to train men to change their mind about the way they treat women, and our laws need to be reinforced for those cases."

Creating an overall culture of IPV awareness in the community was considered important for overcoming the challenges that providers might face in addressing IPV in health care settings through universal screening, as were "soliciting the authority's help", addressing women's economic situation, and client counseling. While education and the media were considered to play a crucial role, reviewing/revising health providers' roles and responsibilities was also mentioned as a component of a plan to overcome identified challenges.

"The challenge is to train every people in the community to let them know it is a right for everyone to enjoy his life and to treat well one another."

"At first, we need to plan it. With a health care provider roles description [and] media divulgation before we start…to reach the people for their collaboration, we will surely succeed."

Health care providers feel a team approach is needed to address IPV in a systematic manner

Psychologists, doctors and nurses were the most frequently recommended providers for conducting routine screening. One provider mentioned that routine screening should be done in the maternity, gynecology, and surgery units of a health care facility. A team approach was recommended as providers felt that some female clients may be more comfortable with a given type of provider than with another, and in order to provide comprehensive services for IPV survivors.

"I think it is a team work to be involved in the screening and treatment process. It depends on the person. Some may be comfortable with the nurse, others with the doctor, some with the psychologist, others with the social worker; it is a matter of team."
"The service we offer should be complete by involving doctors, psychologist, nurse, social worker, and lawyer."

Health care providers have training needs regarding identification, care and treatment of IPV survivors

The following training needs were identified:

- Violence – all types of violence
- Interpersonal communication (e.g., "training on how to approach the clients and answer their questions.")
- Appropriate care and treatment of IPV cases
- How clients should react if they find themselves in a violent situation; how women can protect themselves
- Confidentiality
- Psychological care
- Sexually-transmitted infections
- Counseling

In one instance, ongoing training was seen as instrumental for improving health care providers' abilities to screen women for IPV and provide effective care and treatment to IPV survivors.

Other strategies should be combined with health care provider education to improve response to IPV in health care settings

Many providers believed that it was important to raise public awareness about intimate partner violence in order to increase the identification of victims in health care settings. Other strategies mentioned included: (1) group meetings where victims could invite their partners; (2) strategies to reinforce patient safety; (3) improving health care providers' interpersonal communication skills; and (4) home visits to provide IPV survivors with follow-up care.

"I think we must make people sensitive about violence through radio station, TV show in order to be aware of that issue. We don't have to wait for when they come, but to reach them before they come."
"The other important thing we need to focus on is the way we welcome the victims and sympathize with them. That could reject or make them feel free to talk to us frankly."

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