

Screening for Intimate Partner Violence (IPV) in public health care settings in Kenya: An assessment of acceptability

**Integration for Impact Conference
Nairobi, Kenya. September 2012**

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Intimate Partner Violence (IPV): What is it, anyway?

Historically called ‘domestic violence,’ ‘intimate partner violence’ describes physical, sexual, or psychological harm by a current or former intimate partner or spouse. This type of violence can occur among heterosexual or same-sex couples.

National Institute of Justice

<http://www.nij.gov/topics/crime/intimate-partner-violence/welcome.htm>

Screening for IPV: Why bother?

- **IPV is linked to both immediate and long-term health, social, and economic consequences**
- **Failing to screen compromises quality of care**
 - missed opportunities to address the 'root cause' of RH and other health problems for a considerable proportion of clients
- **IPV screening is a preventive measure**

IPV in Kenya: High profile cases



“I nid help”

NTV Journalist **Sarah Wambui Kabiru**'s last update on FaceBook hours before she was killed in her Nairobi home .

(May 2, 2011)

IPV in Kenya: High profile cases

- **“Samuel Wanjiru: How did we miss the danger signs?”**
- “RIP Sammy Kamau wa Wanjiru. But questions, questions, questions: Should we not have read the danger signs? Did Kamau not have a recent history of domestic violence that landed him in court?”

(Daily Nation, May 16, 2011)



IPV in Kenya: High profile cases

May 2011

(The Daily Star, May 26, 2011)

Nigerian High Commissioner battered me - wife



BY ISAAC ONGIRI

THE wife of the Nigerian High Commissioner has written the Police Commissioner Mathew Mwangi asking him to arrest a diplomat for

Chief Dr. Chidoke Wilson Wigwe of causing her serious bodily harm.

Wigwe is the High Commissioner to Kenya and the Seychelles. He is also the permanent representative of Nigeria to the United Nations Environmental Programme and the UN Habitat

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HAPPY DATE: 2011/05/26

Overall Project Goal:

to expand the access of women experiencing IPV in Kenya to comprehensive GBV services

Assess acceptability of routine IPV screening from client & provider perspectives

Design IPV screening tool + provider training curriculum for identification, response, & referral

Assess feasibility of routine IPV screening from client & provider perspectives

Screening for IPV: A cautionary approach

Important issues for consideration

- ✓ Provider and client attitudes toward violence
- ✓ Provider willingness to screen routinely
- ✓ Client willingness to be screened
- ✓ Provider capacity to offer basic support to survivors
- ✓ Operational referral systems and linkages
- ✓ Resources (to protect confidentiality, etc.)



Acceptability

The diagram consists of two blue curly braces on the right side of the list. The top brace groups the first three items (attitudes, willingness to screen, and willingness to be screened) and is labeled 'Acceptability'. The bottom brace groups the last three items (capacity to offer support, referral systems, and resources) and is labeled 'Feasibility'.

Feasibility

Methods

**Kenyatta
National Hospital**

ANC

CCC

GBVRC

**Youth
Center**

Qualitative research design

- IDIs with clients
 - In general (acceptability)
 - ‘Compliant’ & ‘non-compliant’ (feasibility)
- IDIs & FGDs with providers
- Collection of service statistics

- Comparative analysis approach

Findings from acceptability phase

- ✓ Disconnect btw provider and client conceptualizations of GBV (a regional problem of providers seeing GBV as synonymous with sexual violence)
- ✓ Concurrence btw providers and clients on IPV as a major issue in the lives of women and young people
- ✓ Strong perception among clients that IPV survivors would be more likely to seek help in hospital settings (if asked) than with family or friends
- ✓ Many potential motivations for younger and older survivors to seek services (e.g., huge demand, catharsis, provider respect/distance)

Findings from acceptability phase

- ✓ Services for young IPV survivors must be youth-friendly
- ✓ Expressed need for screening in additional health care settings (pediatrics, FP clinic, Burns Center, orthopedics, mental health department, etc.)
- ✓ Clients' stated need for confidentiality, convenience, choice, attention to cost, and positive provider attitudes.

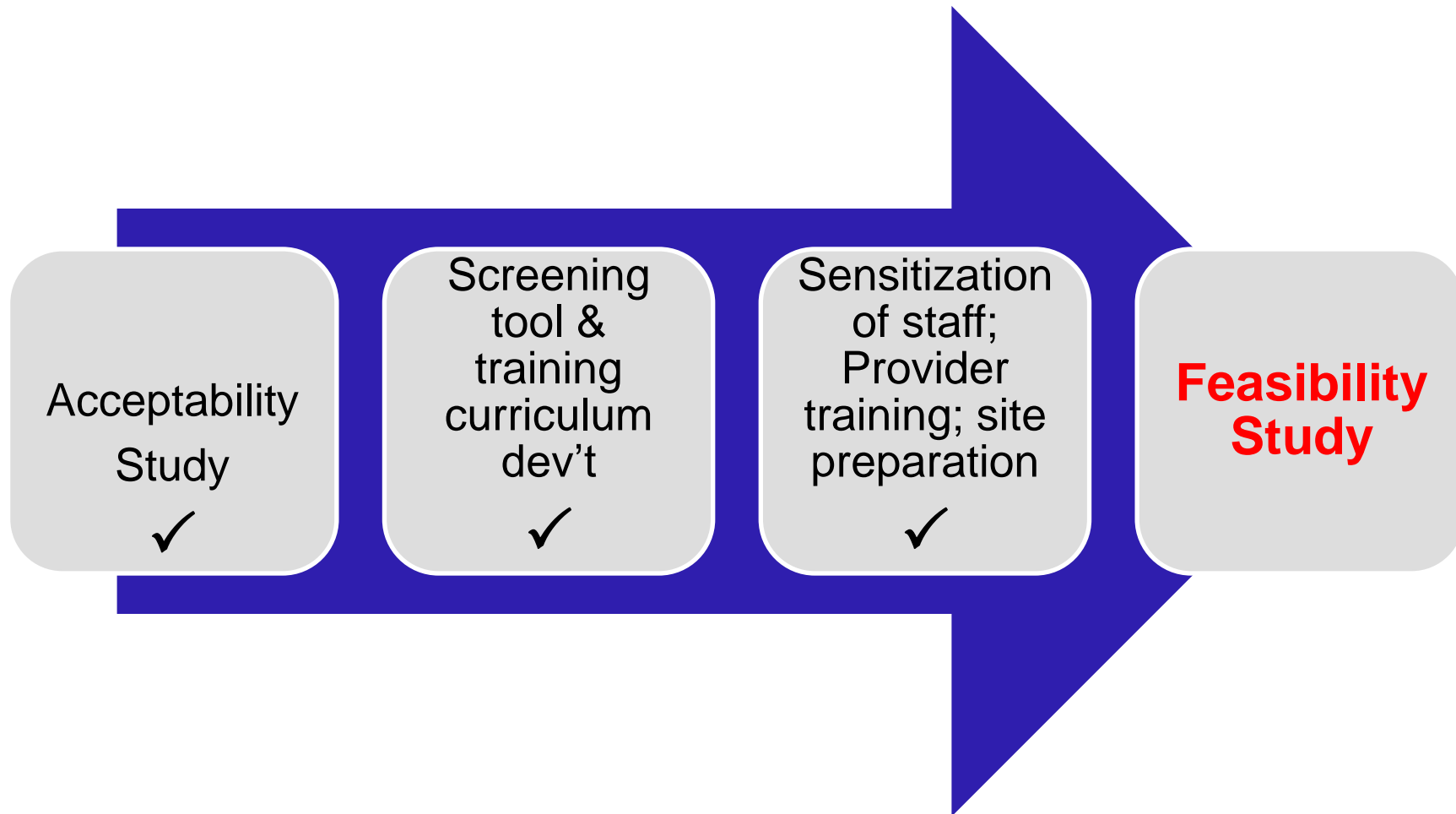
Conclusion

- Screening for IPV is acceptable to providers and clients at Kenyatta National Hospital. But to be effective as a routine service, assurance of certain reinforcements to the health systems is required (e.g., assurance of confidentiality, positive provider attitudes, and respect for clients' rights).

These conditions fall within expected quality of care norms associated with accredited health facilities.

Next Steps

Where we are now ...



Screening Questions

- Introduction

Many people do not realize that violence can lead to all kinds of health problems. Because violence is so common in many women's lives, and because there is help available at KNH for women being abused, we now ask every patient in the ANC about their experiences with violence.

- Are you in a relationship with a person who physically hurts you?
Yes ___ No ___ **[physical]**
- Are you in a relationship with a person who threatens, frightens, or insults you, or treats you badly?
Yes ___ No ___ **[psychological]**
- Are you in a relationship with a person who forces you to participate in sexual activities that make you feel uncomfortable?
Yes ___ No ___ **[sexual]**

Preliminary findings from the feasibility phase: So far so good ...

- Confirmation of findings from the acceptability phase. IPV survivors are appreciative of:
 - Positive provider attitudes
 - Confidentiality of the process
 - Brevity of screening questions
 - Awareness creation
 - Opportunity to talk
 - Routinism of the screening process
 - Escorts to ensure they don't get lost after referral

Thank you

