

Addressing violence against women in maternity care

a guide for health workers in maternity care



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Introduction

During COVID-19, additional stressors for the family can lead to an increase in intimate partner violence (IPV) or violence by others in the home against pregnant or breastfeeding women. Women can experience physical, sexual, emotional or financial abuse by current or past partners, or by others who live in the home.

Health workers are in a good position to respond. Possible signs that a woman is experiencing violence: sadness, anger, withdrawal, worry, not following medical advice, difficulties in labour.

How can you help a woman who is experiencing violence?

- First, invite her to talk with you in a quiet, private space in the clinic.
- If she is accompanied by a partner or family member who may be harming her, say that you need to do a medical procedure with the woman in private for a while.
- Use your empathic skills: make her feel safe with you; show kindness with your words, your voice and body; listen to her story and reflect her feelings without judgement.
- Ask about the relationship. For example, ask: “Do you have any concerns about your relationships at home or with your partner?”
- Next, ask if she has any worries about safety: “Are you worried about your relationship? Are you ever feeling unsafe?”, “Do your children feel unsafe at home?”
- Many women will not disclose their experience of violence unless they are asked direct, specific questions about it (but in a gentle, sensitive way), “Do you get hit, slapped, punched or hurt by someone at home?” or “Are you forced to have sex when you don’t want to?”

Just this step of asking kindly and calmly about something happening in the woman’s life can be helpful. You may be the first person ever to ask them about IPV or domestic violence, and the first person they disclose to. Having a positive disclosure experience with you is a very powerful and therapeutic intervention.

But, even if they do not tell you much, they will know that the health clinic is a place where someone cares about them, and they might choose to disclose their experience at a future clinic visit.

What if the woman tells you that she is experiencing violence currently?

Your job is not to solve the problem of violence, but instead to help her get help outside the clinic. This is called “first-line support”.

1. Continue to be calm, gentle and kind.
2. Explain that your job as a health worker is to support her to make her own decisions, and to respond to her most immediate concerns.
3. Help her to explore her options and the advantages and disadvantages of these. Assist her to develop a step-by-step plan that is manageable for her. If you can, see her again to check how her plan is going. Recognise her strengths and resilience – reflect these to her. For challenges she may face in her problem solving, encourage her or work with her to adjust her plan, as necessary. Celebrate any successes.
4. Help her find additional care if she wants this:
 - For victims of rape, administer Post-Exposure Prophylaxis (PEP) within 72 hours. Refer her to a Thuthuzela Care Center for additional psychological or legal support.
 - Ask her to add these numbers to her phone or write down in her wallet with a fake name in case she wants more help – or has an emergency:
 - Gender Based Violence (GBV) Hotline: 0800 428 428
 - National Shelter Movement: 0800 001 005
 - Share information on other support services (use organisations in your area, if possible) and help her to connect to them by making a referral by phone or in writing.
5. Many women will not want help or a referral immediately. Do not pressure them to act immediately. It’s important to respect their decisions – they will know best when it will be safe for them to act. If you can arrange to see them again in the clinic, you can offer valuable continuity of care.

For women who experience violence - remember that ‘leaving’ is a process, and women resist the abuse in many different ways long before they are able to physically leave the relationship.

You can play an important role in supporting and empowering a woman during this process.

For women who are experiencing or have survived violence, just knowing that you, as a health worker, care about them and can assist them in future can be a meaningful change in their life.

How can you check for signs of danger?

Make sure she and her children are safe from immediate danger.

Remember that women are often very skillful at telling what times are more dangerous than others. If she feels safe right now, you can help her plan for a future crisis now, while things are calm.

Ask her “Do you believe your partner might harm you or your child in the next few days?”¹

- If she says “no” she might still want help. Ask if she is willing to take a referral to another service provider for additional help.
- If she says “yes” you can refer her and her child to a shelter by phoning the 24-hour National Shelter Movement hotline: 0800 001 005
- If she is willing, you can also make a direct referral to the nearest police station (though many women will not choose to report during a moment of crisis.)

Some women don’t want to stay at a shelter or tell the police. How can you help a woman to stay safe if she wants to return home to a violent person?

Talk with the woman about making a “safety plan” for times of violence or conflict:

1. Help her to identify a safe person to disclose the violence to (family member, friend, neighbour). Then, she could ask them if she could send them a code if she is in danger, to alert them.
2. Encourage her to organise her important documents and keep them ready and in a safe place if she needs to leave in a hurry (birth certificates, marriage certificates, ID, SASSA or bank card).
3. Advise her to have a ready-packed bag with basic necessities for herself (and her children) if she needs to run away or go to a shelter. She can keep this at a friend or relative’s house².
4. Ask that she teaches her children to run to a room with a locked door or a safe neighbour’s house if an argument breaks out. This can prevent children from getting hurt.

What about the health worker?

It can be difficult to listen to stories of violence in the lives of our patients. We may also have been affected by the same situations in our personal lives. It is important to recognise that our role is to assist and not to fix.

We also need to take care of ourselves in doing this work to protect our own mental health and to ensure our ability to be effective professionals.

See free HealthCareWorker HCW Connect resource on WhatsApp 060 060 1111

or SADAG helplines: 0800 21 22 23 or 0800 456 789.

¹ Hatcher AM, et al. A Conceptual Framework and Intervention Approach for Addressing Intimate Partner Violence in Pregnancy: The Safe & Sound Model in South Africa. *Global Perspectives on Women’s Sexual and Reproductive Health Across the Lifecourse* 2018. p. 233-53.

² WHO. Health systems can help women survivors of violence during COVID-19 2021 [Available from: https://www.who.int/images/default-source/infographics/covid-and-vaw/vaw-covid-3.jpg?sfvrsn=1c23fc44_4.