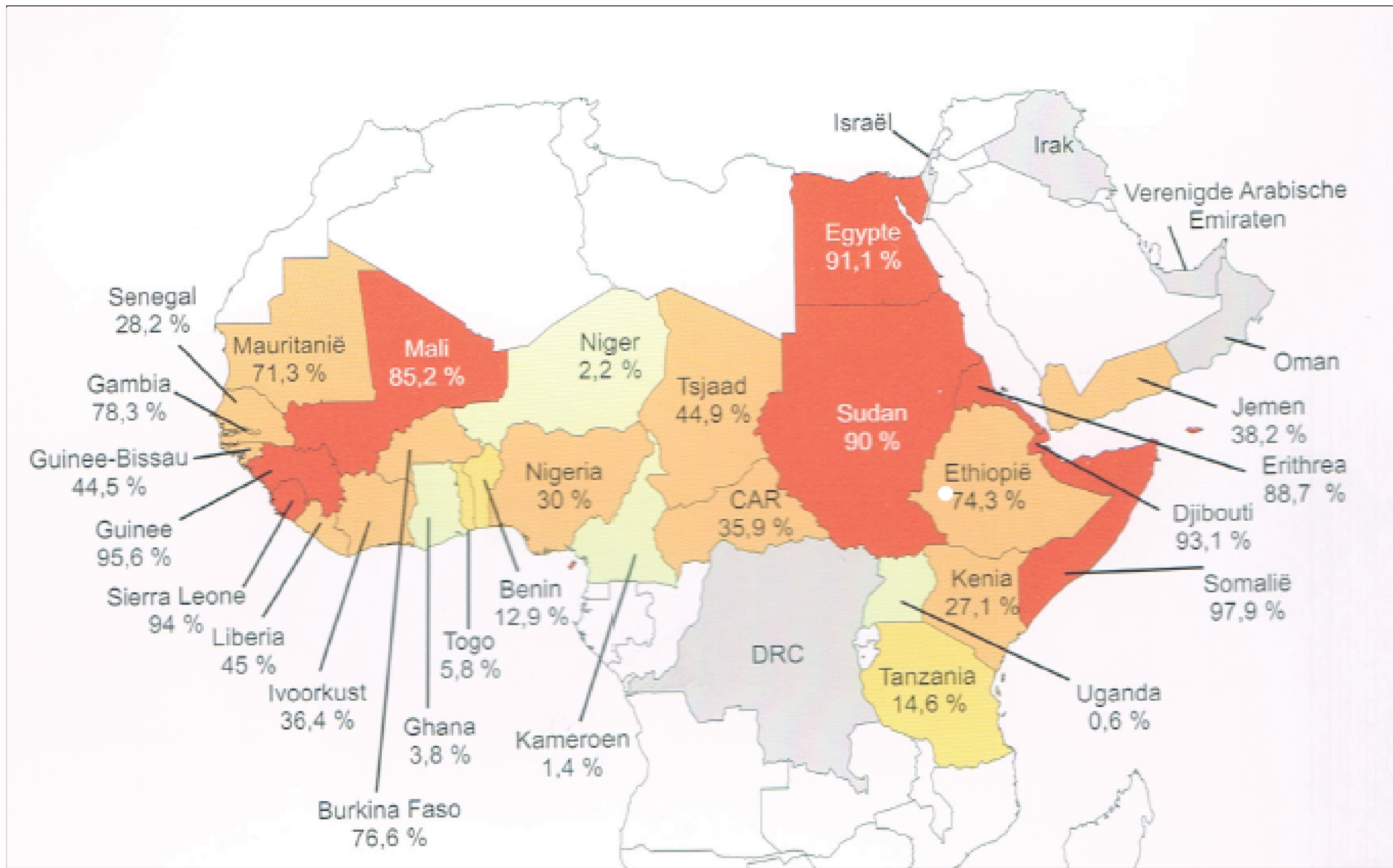




Developing an African implementation strategy against family violence in primary health care

Leo Pas (BELGIUM), Abimbola Silva (NIGERIA), Omneya Ezzat El Sharif (Egypt) ...

INVITE YOU ON BEHALF OF WONCA SIGFV TO CONTRIBUTE YOUR EXPERIENCE ! : Meeting Wednesday 6th May at 2.30 - 4.30pm in Afriwon room



More than 1 on 3 women in AFRICA experience :

- Physical or sexual violence (age 15+)
- Psychological abuse by intimate partner
- Violence in Africa relates to strongly embedded cultural habits resulting additionally in girls abuse and female genital mutulation



“The fight against family violence in the African context is a fight against societal norms, attitudes and accepted cultural practices”

Dr. Abimbola Silva, FWACP, GARKI Hospital Abuja, Nigeria

OUR AIM IS :

Develop a collaborate international general practice implementation & research strategy on family violence

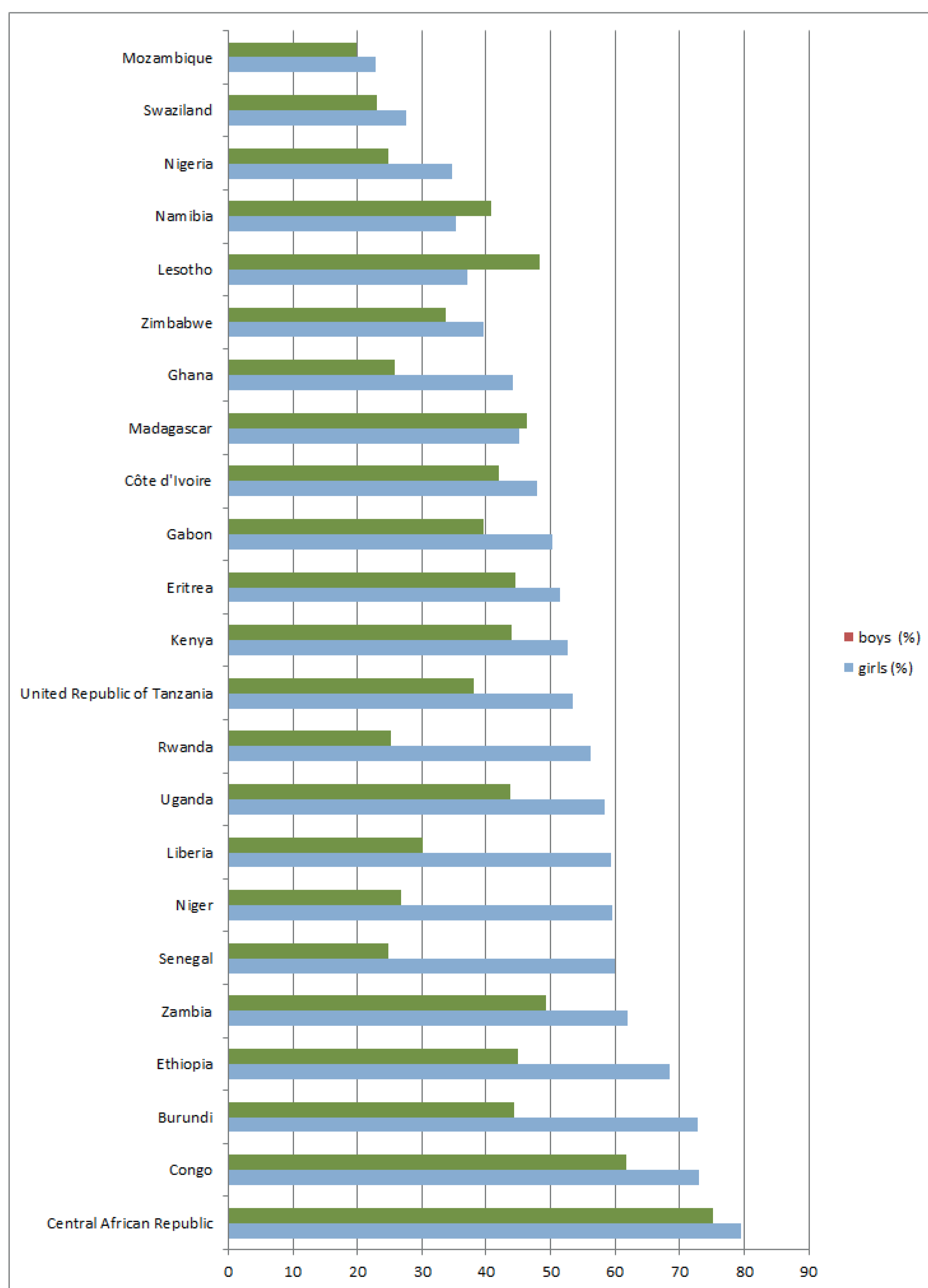
RESEARCH QUESTIONS :

- Define tasks for partner abuse and child GP care
- Define effective implementation strategies
- Establish research priorities and collaboration

METHODOLOGY :

- Literature review (guidance/tasks/training)
- Online inventory (guidance/cases/priorities)

CULTURAL HABITIS LEAD TO VIOLENCE :



Girls are more likely to justify wife-beating than boys

PROVISIONAL STATEMENTS :

TASKS :

1. If specialized social services are available **identifying victims, empowerment and referral** are mayor tasks
2. If facilities are lacking stimulating **safety, providing psychological and community support** are priorities.

TRAINING :

1. Increases **disclosure at least 4x** and **referral 6x**
2. A mix of methodologies and practice support best
3. Online dissemination allows remote continuing professional development
4. **Collaborative development of blended learning** integrating online interaction with skills training on counseling in small groups

RESEARCH PRIORITIES :

1. **Standardized questioning** needs to be trained & validated in different health care and cultural settings
2. Psychosocial **counselling** is a neglected but promising priority area (e.g. reduced depression in RCT 'WEAVE')
3. Consensus development on **risk management** needed
4. Internet use has insufficiently been tested as well as confidentiality and security protection consequences
5. International collaboration is proposed to establish a **longitudinal cohort in trained practices** with standardised recording using adapted coding in ICPC
6. Record keeping (read: coding itself) should include **components of violence, care process and functional consequences**

CASE STORIES = QUALITATIVE NEEDS ASSESSMENT

SUSPICION	HELP PROVIDED	PROBLEMS
CHILD ABUSE		
REQUEST SUPPORT CHILD	EXPLAIN GRANDMOTHER	NO CONTINUITY CARE
GRANDMOTHER ALERT	STD CHECK & COUNSEL	LATE PRESENTATION
GENITAL PAIN	COUNSEL	LACK OF TRAINING
BURNED TRUNK	BRUN CARE	OVERLOAD SOCIAL WORKER
REQUEST SUPPORT	ADVICE & COUNSEL	MOTIVATE GRANDPARENTS
INTIMATE PARTNER VIOLENCE		
FATIGUE	EXPLORE & COUNSEL	VICTIM : HUSBAND HAS RIGHT
CONTRACEPTIVE ADVICE	COUNSEL & INFORM	CULTURAL BARRIERS , LIMITED TIME
MULTIPLE DIFFUSE LESIONS	POLICE REPORT + CONTACT 2 PARENTS	NO SOCIAL SERVICES ; TO PASTOR
ABORTION & BRUSIES		LOST TO FOLLOW UP
CONTUSIONS & DISLOCATION	BUILD TRUST	RELUCTANCE TO BE REFERRED
HEADACHES & OTHER PAINS	COUNSEL FEELINGS BLAME	
HEADACHE		LOST TO FOLLOW UP
SENT BY NEIGHBOUR	SUTURE HEAD WOUND	REFUSAL TO SPEAK
ANAL PAIN	FAMILY PLANNING CONSULT	CLIENT UNABLE TO TAKE ACTION
HEADACHES	DOCUMENT LEGALLY	PROTECTION IMPOSSIBLE
WOUND		INTIMIDATION HUSBAND

To help define country guidance, facilities, tasks, collect case stories or to join the collaborative research protocol together click following link : <https://fs10.formsite.com/FAMVIOLENCE/PROJECT2020/index.html>

More information : famviolence@gmail.com