



# The DVA & Health

The realities of Implementation



# INTRODUCTION

- n GBV is a major public health and human rights issue globally
- n It impacts profoundly on physical, mental and sexual health and well-being, but is often ignored
- n Can be long-term and may cause or worsen chronic health problems.
- n Most common form of VAW is that performed by a husband or male partner, but is frequently invisible because it happens behind closed doors, and is not treated as a crime by legal and health systems
- n Health of children also adversely affected from witnessing abuse or experiencing it



# Definition of Health and DV

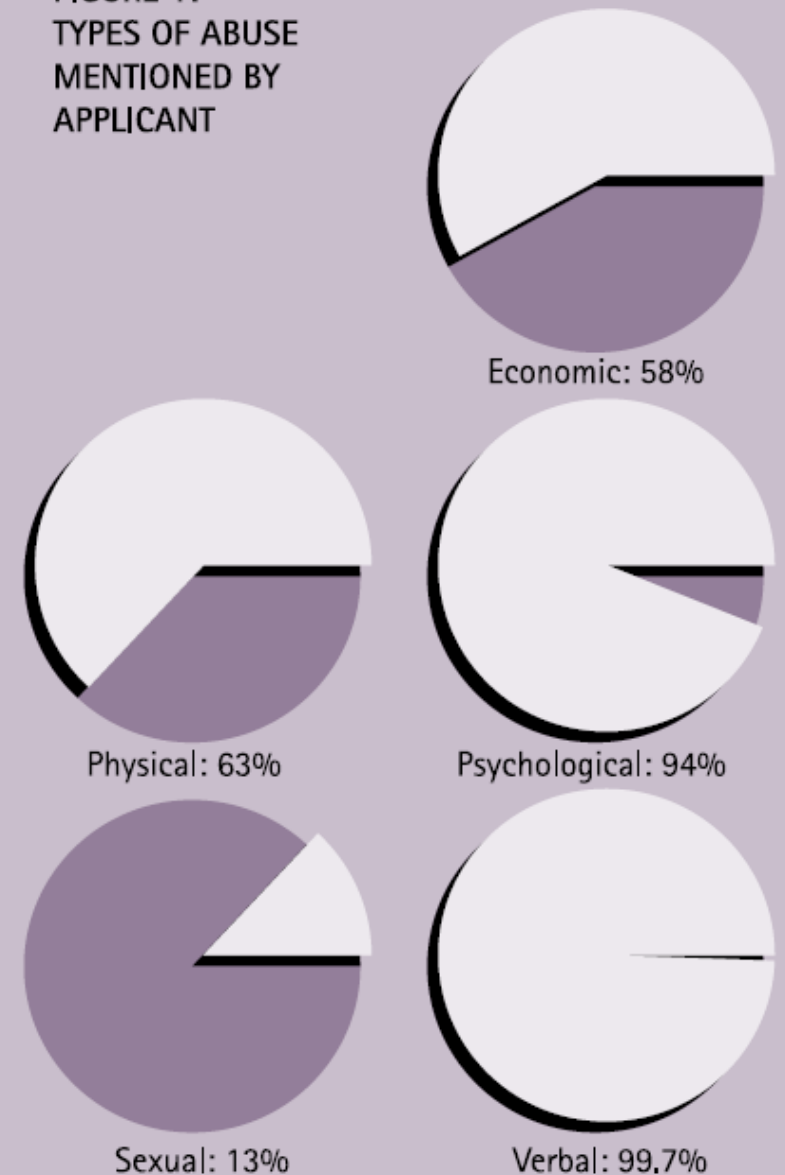
- n WHO – “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.”
- n DVA – “DV means physical, sexual, emotional, verbal, psychological, economic abuse, intimidation, harassment, stalking, damage to property, entry into complainant’s residence without consent where partners do not share the same residence or any other controlling behaviour towards a complainant where such conduct harms, or may cause imminent harm to the safety, health or well-being of the complainant”

# Mosaic Court

## Support evidence

- n Mosaic stats confirm DV's negative impact on women's physical, mental, sexual health
- n Picture reveals that DV is often noisy with accusations, criticizing, name calling, and much psychological manipulation (94%) through threats & abuser behavioural problems such as substance abuse. Economic abuse (58%) poses a serious threat to women's survival and health. Alarmingly high is physical abuse (63%) and lastly sexual abuse (13%), which includes forced sex

FIGURE 1:  
TYPES OF ABUSE  
MENTIONED BY  
APPLICANT



# Physical violence

2008/09  
stats from  
16 DV  
courts

TYPE	Total	%
BEAT/KICK/HIT	10,625	29
STAB WITH WEAPON	1,339	4
CHOKING	4,532	12
SHOOTING	40	0
SHAKE/PUSH/PULL	7,853	22
SLAPPING	7,913	22
BITING	920	3
BURNT	221	1
THROW OBJECT	2,966	8
	36,409	100

# HEALTH CONSEQUENCES

Non fatal outcomes			Fatal outcomes
Physical injuries and chronic conditions	Sexual and reproductive sequelae	Psychological and behavioural outcomes	Femicide
Fractures	Gynecological disorders	Depression and anxiety	
Abdominal/thoracic injuries	Pelvic Inflammatory disease	Eating and sleep disorders	Suicide
Chronic pain syndromes	Sexually-transmitted infections, including HIV	Drug and alcohol abuse	
Fibromyalgia	Unwanted Pregnancy	Phobias and panic disorder	AIDS-related mortality
Permanent disability	Pregnancy complications	Poor self-esteem	
Gastrointestinal disorders	Miscarriage / low birth weight	Post-traumatic stress disorder	
Irritable bowel syndrome	Sexual dysfunction	Post-traumatic stress disorder	
Lacerations and abrasions	Unsafe abortion	Self harm	Maternal mortality
Ocular damage		Unsafe sexual behaviour: <ul style="list-style-type: none"> <li>• high-risk views on sexual violence &amp; HIV infection</li> <li>• less likely to use condoms &amp; contraceptives</li> </ul>	



# HEALTH OBLIGATIONS OF THE DVA

- n SAPS to arrest if the victim may suffer imminent harm risking her/his health (S8(4)(b))
- n SAPS to take a survivor for medical treatment (S2 (a))
- n Health service provider can also apply for a protection order on behalf of a victim (S4(3))
- n The court may impose additional conditions to provide for the health of the victim (such as seizing weapon)(S7 (2)(a)) and S9(1))



# HEALTH ISSUES RE DVA

The obligation of the State to prevent, investigate and punish VAW includes the fulfillment of *health rights*

- n The DVA doesn't provide for psycho-social support
- n The DVA doesn't specify the role of the DOH
- n There is no policy framework attached to the DVA that links it to the VEP & role of health sector & other policies
- n Health policies are fragmented (PHC package, insufficient screening, many problems at emergency units, infrequent referrals)



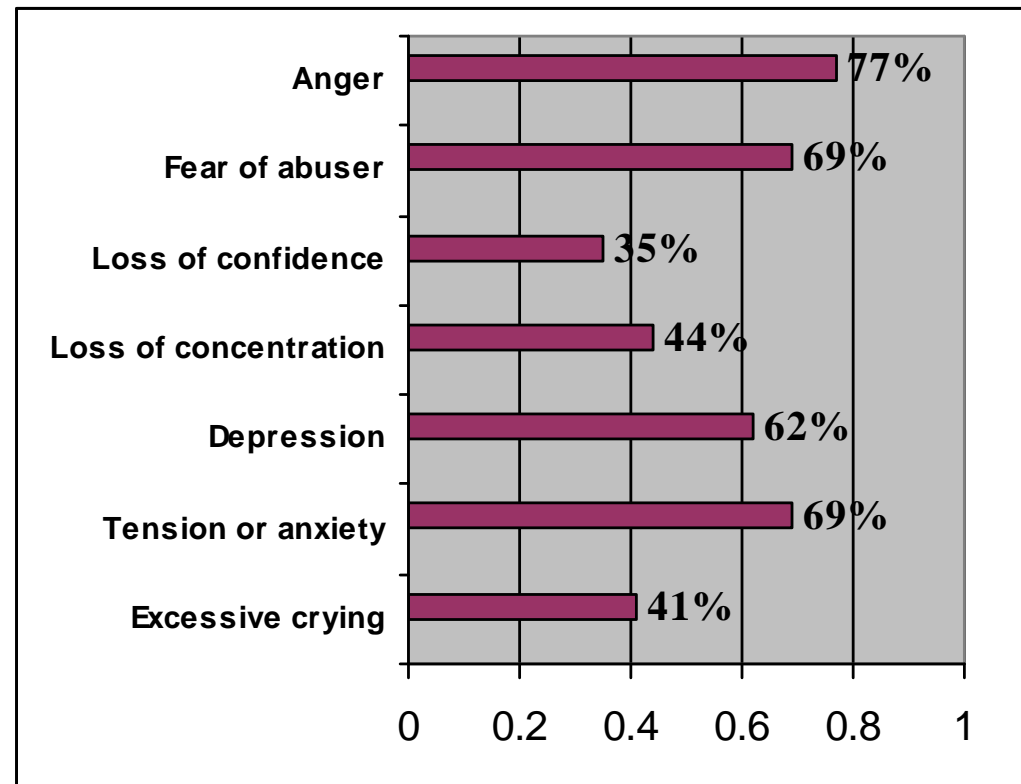
# ATTRITION

Mosaic did pilot research with GHJRU on attrition rates. Of the women who didn't return for finalization of their orders, many mentioned reasons which were related to the physical and mental health of victims and/or their children:

- n 18% were threatened with death by their abusive partners/the abusers if they returned to court
- n Threats of further violence occurred in 21% of cases
- n The abuse actually 'got worse' in 10% of cases
- n In 7% of cases, the abuser threatened to burn down the applicants house
- n In 10% of cases, applicants were threatened with some form of sexual assault
- n 46% of victims reported the abuse of alcohol or drugs by abusers

# MENTAL HEALTH ISSUES

- n DV has huge effect on MH
- n Shortage of psychologists
- n Basic lay counsellor skills limited to deal with depression, anxiety attacks, etc.
- n Very often only one or two visits, real individual psycho-social support lacking
- n Mental health needs of affected children-behavioural / emotional
- n BUT value of counselling (Vogt research)
- n Shortage of shelters where women & children can have time to recover



Ref: GHJRU - 2006



# SEXUAL & REPRODUCTIVE HEALTH ISSUES

Abused women needs special counselling on link between violence and SRH especially ito

- n Treatment of STIs

- n VCT

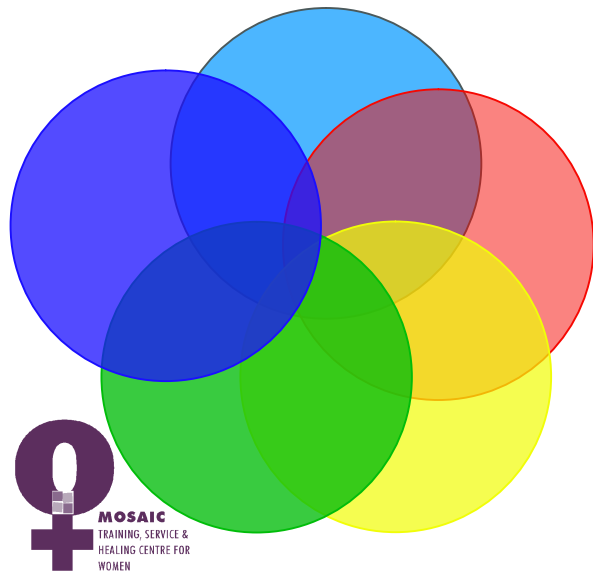
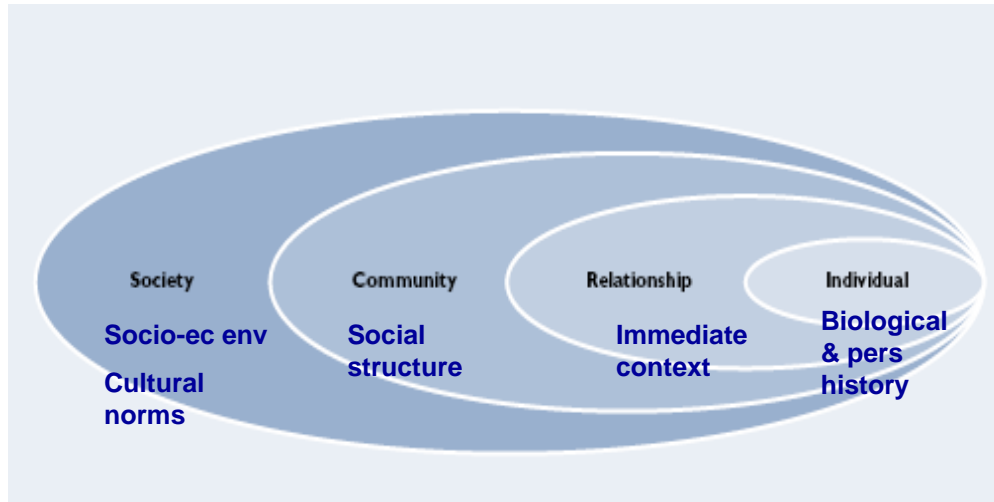
- n Cervical health & pap smears

- n Pregnancy related problems (increased violence)

- n Nutrition

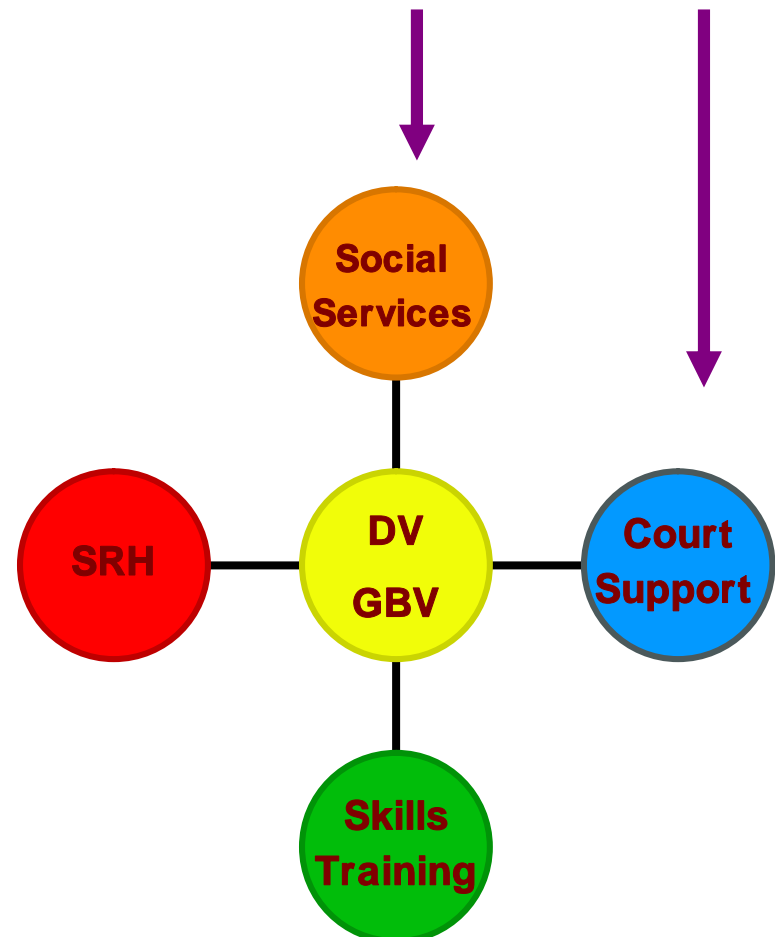


# MOSAIC MODEL: Ecological & Integrated



**POLICY**

**DVA**





# HEALTH RECOMMENDATIONS

- n Health Policy on DV
- n Training of all levels of health workers on DV re profile, screening, referral, etc.
- n Assisting DV clients at Thuthuzela Centres too
- n Providing for mental health care through subsidizing NGOs
- n Better indicators on DV at all levels