A Qualitative Evaluation of an Intersectoral Intervention for Intimate Partner Violence in a Rural Sub-District of South Africa
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1. Topic of Research:
The piloting of an intersectoral model for comprehensive intimate partner violence (IPV) care in a rural South African sub-district of the district health system required system-wide implementation, multiple stakeholders, and external training, while fundamentally challenging entrenched value systems of power and privilege. Contextual factors such as extreme alcohol misuse and socio-economic disempowerment emphasised the need for a multifaceted approach to address IPV.

2. Key Research Question:
The pilot was designed to use staff already engaged in service provision to assess whether the service could be implemented in other settings with similar human resource availability and burden of disease.

3. Why Interesting and Important:
Participant access barriers (only 45% of women kept appointments):
- Loss of income due to work absence;
- Transport costs;
- Fear of loss of confidentiality;
- Fear of removal of children from the home.

Health provider barriers to inquiry (evidenced by low referral rate):
- Normalisation of IPV in this community;
- Poor understanding of the complexities of living with violence;
- Frustration in managing a difficult emotional problem.

Health system constraints negatively impacted:
- Continuity of care;
- Privacy;
- Integration of the intervention into routine functioning;

4. Relevance for Broader Context:
Complex interventions are best implemented with a systems approach focusing on contextual factors. Clear policies and guidelines framing IPV as a health issue are needed urgently.