

# Improving care for victims of violence in resource-poor settings such as Lusaka, Zambia

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## 1. BACKGROUND

Violence is a leading worldwide public health problem and obstructs achievement of Agenda 2030 and the Sustainable Development Goals. Ninety percent of the global burden of violence and injury mortality occurs in low-income and middle-income countries. Thirty-five percent of women worldwide have experienced physical and/or sexual intimate partner violence or non-partner sexual violence.

In Zambia, gender-based violence (GBV) against women and girls is widespread, with >50% of women reporting some form of abuse. Challenges to addressing GBV in Zambia include ineffective implementation, limited financial and human resources, and lack of public awareness. Social service agencies were not regularly interacting with the hospital emergency room, hospital social services, the police victim support unit, or with each other to ensure that victims of violence received adequate follow-up support and care to enable them to improve their health and break the cycle of violence if warranted.

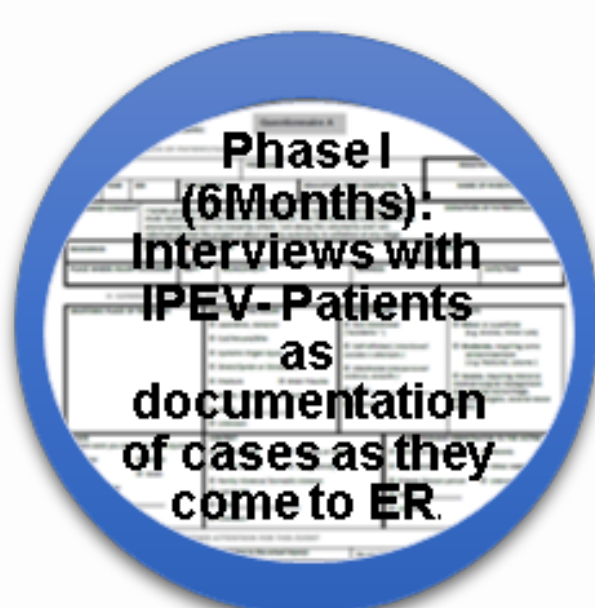
## 2. METHODS

Health professionals from Zambia and Austria conducted a low-cost intervention in Lusaka, Zambia, intended to improve care outcomes for victims of interpersonal violence (IPEV). It was designed to build on existing health and social services infrastructures to ensure sustainability.

Over 30 medical students in Austria and Zambia were trained on the goals of the project and on collecting data from victims of violence.

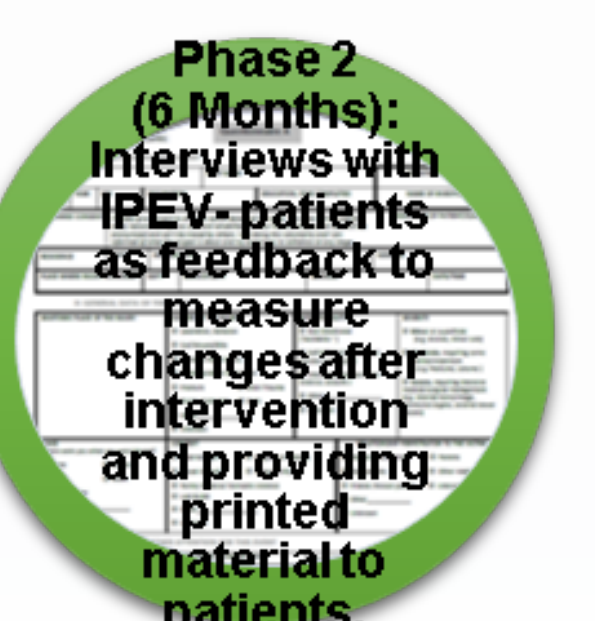


In two cross sectional studies, 174 victims of IPEV seen at the Lusaka University Hospital emergency room (ER) were interviewed by Austrian and Zambian medical students. In addition, hospital ER and social service staff, and staff of additional six local social service partner organizations including the police victim support unit, were surveyed pre- and post-intervention. Results were obtained by using Chi-Square Test, Fisher's Test and Qualitative Analysis.



**Intervention:**  
To foster improvement in the care and rehabilitation of victims and survivors of violence, the following activities were undertaken after the baseline study:

- Briefing of Emergency Room (ER) and other social service partner organization staff by medical project leaders on the range of available referral institutions and their purpose, including providing guidelines to help match patient/client needs and how to assist clients to access them.
- Networking meeting of all partner organizations.
- Distribution of free informational materials at all participating institutions/organisations at key locations where victims of violence could access them, including:
  - Printed, illustrated brochures with contact information and services of partner organizations.
  - Contact cards with similar information.
  - Printed wall posters placed in waiting rooms.

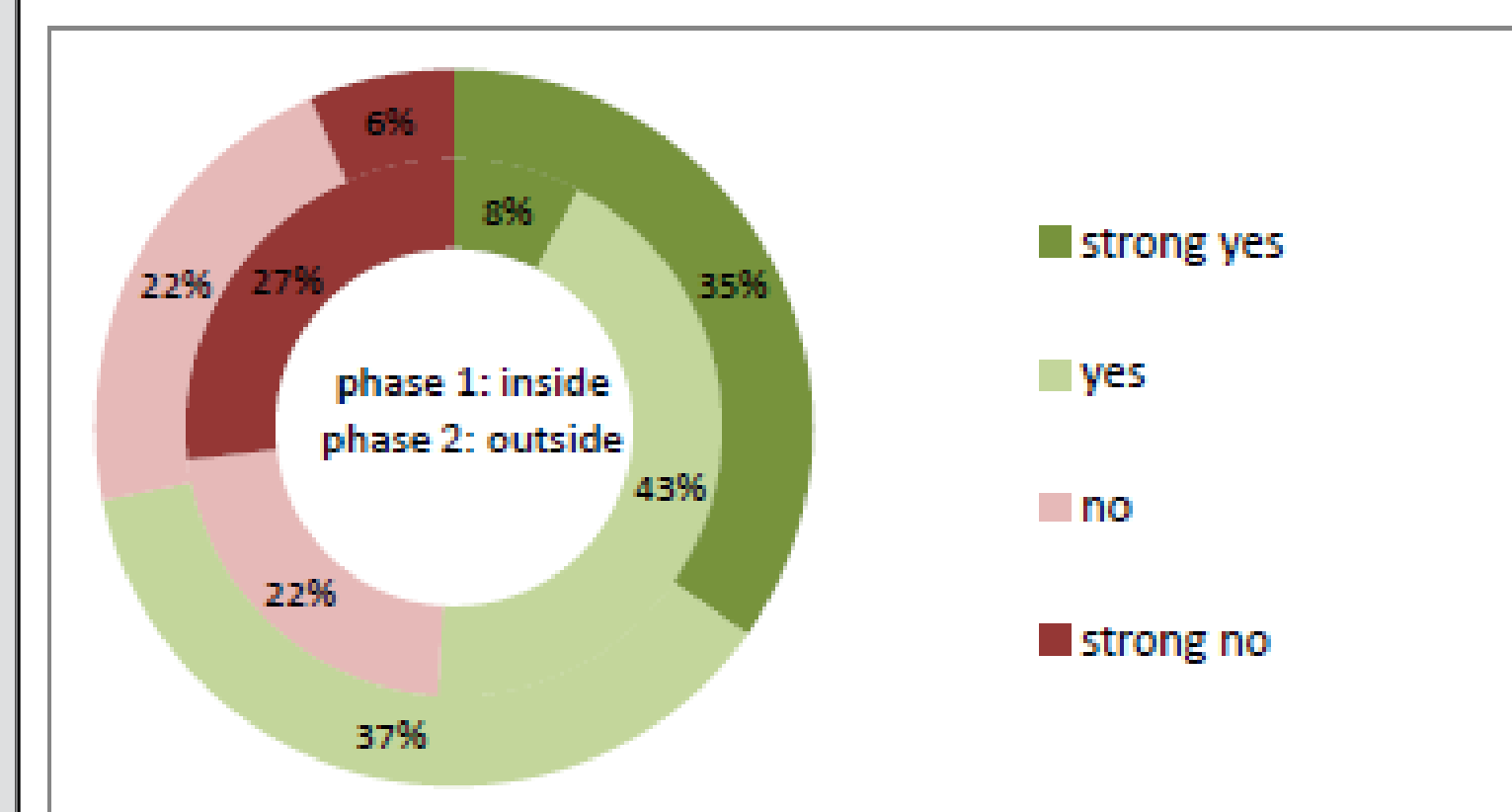


## 3. RESULTS

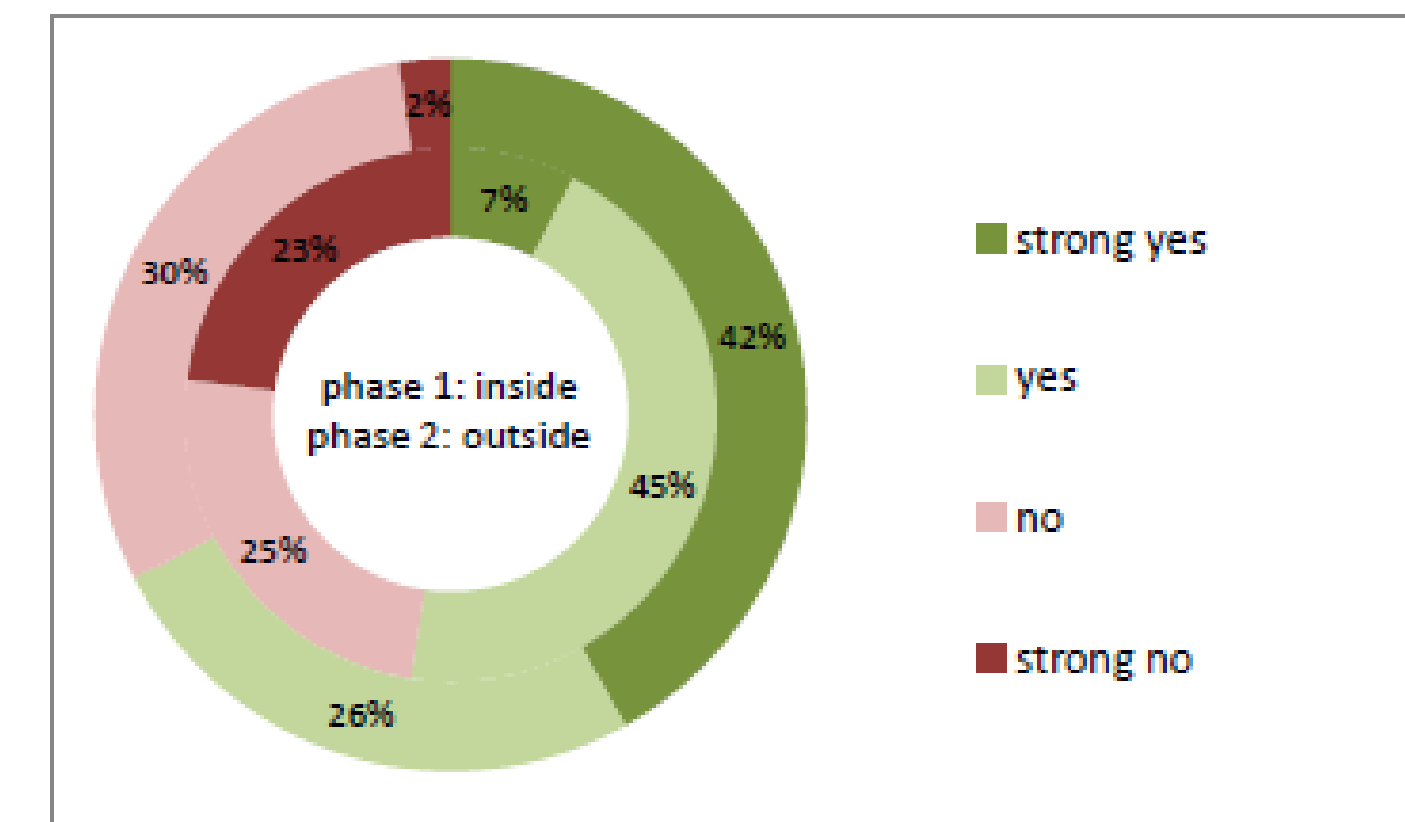
**Patients/Clients had:**

- Improved understanding of social services available and how to contact and reach those services;
- increased levels of comfort and confidence about receiving appropriate help later if necessary, and;
- more confidence in articulating health concerns.

- Question: "Have you received sufficient information to who you should direct your questions?" - Question: "Have you received sufficient information how to contact and reach medical and community services?"

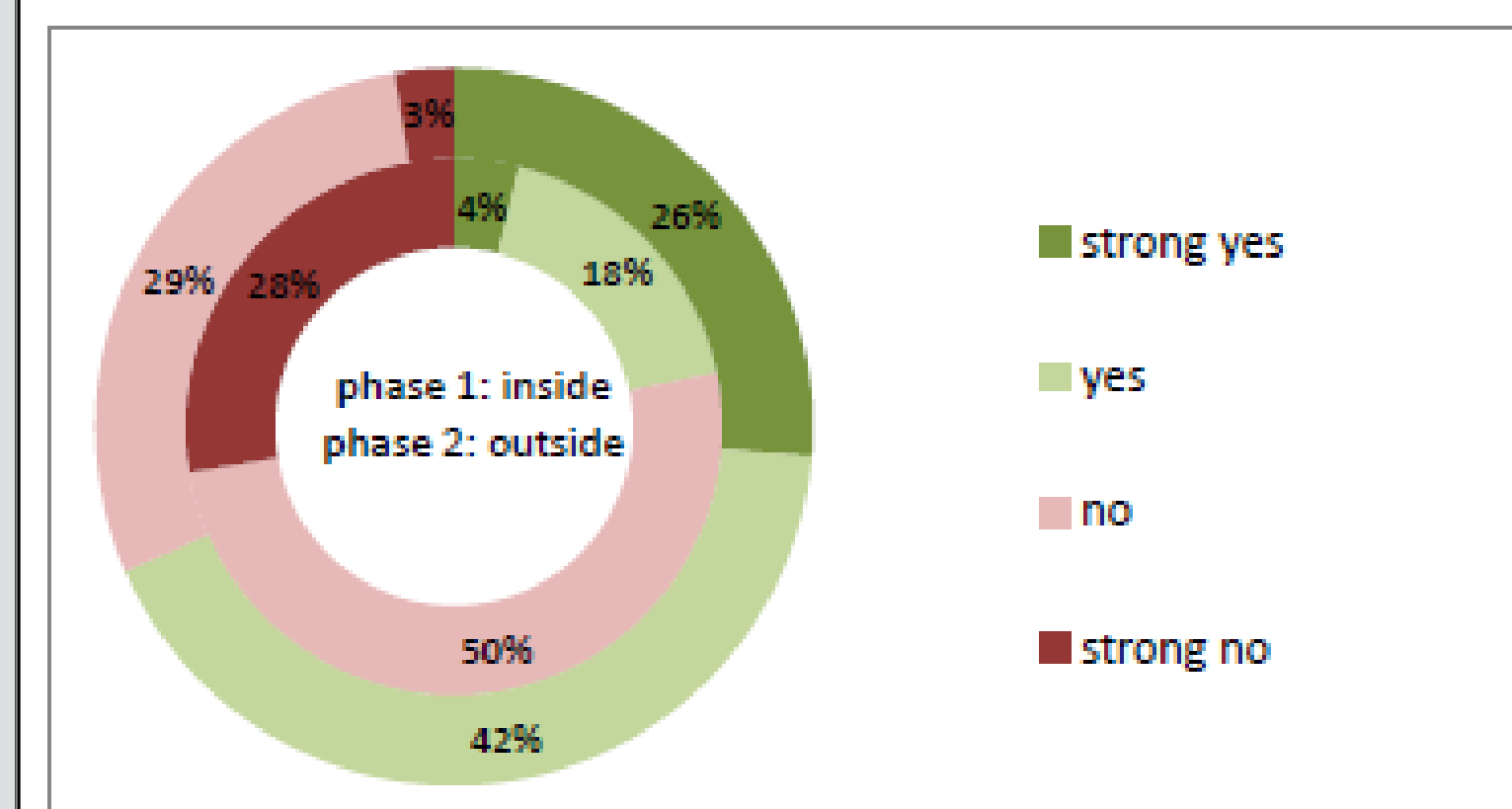


There was a statistically significant improvement in phase 2 ( $p < 0.01$ ).



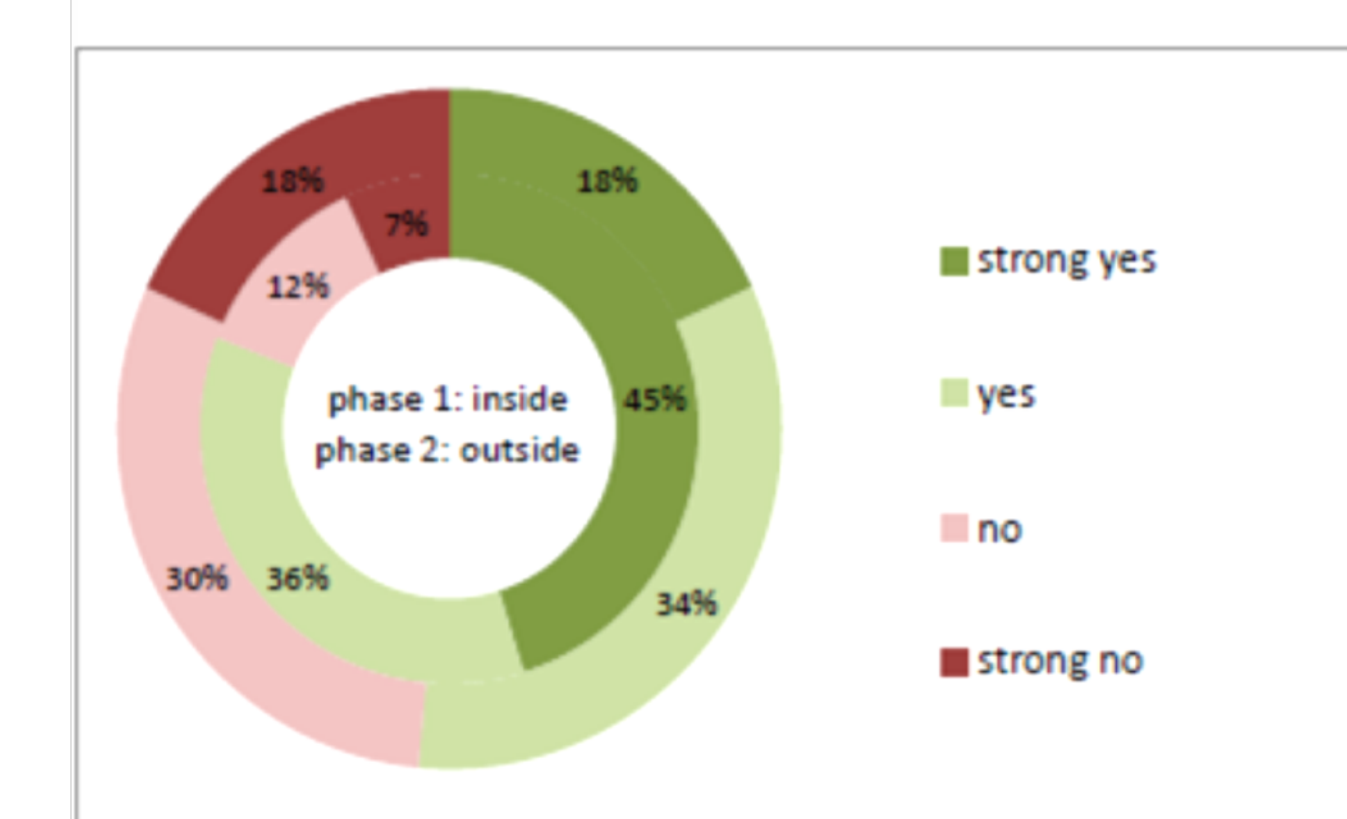
There was a statistically significant improvement in phase 2 ( $p < 0.01$ ).

- Question: "Have you received sufficient information on community services?"



There was a statistically significant improvement in phase 2 ( $p < 0.01$ ).

- Question: "How concerned are you about receiving appropriate help later on in the case of discomfort and need?"



There was a statistically significant improvement in phase 2 ( $p = 0.01$ )<sup>10</sup>.

- Benefits to partner organizations included:**
  - Increased knowledge about the range of services available in the area;
  - improved networking among agencies, and;
  - informational materials about the agencies made available to victims of IPEV.
- New cooperation between participating organizations was established.
- Benefits to medical participants included improved cross-cultural understanding.

## 4. CONCLUSIONS

- Low-cost interventions may improve care for victims of violence in resource-poor settings.
- This intervention should have a follow-up study in Lusaka and be replicated elsewhere in sub-Saharan Africa, to further assess its utility and sustainability.
- Improved cooperation among social service and medical providers may improve care for victims of IPEV and also benefit agencies through strengthened relationships and flow of information.
- North-South cooperation should be encouraged at the institutional level.
- Descriptive data of such a project contribute to global data on violence.

**Recommendation:** Low-cost interventions should continue to be explored to improve care for victims of IPEV in resource-poor settings.

