



OVENS  
Community



# Challenges in the Care of Refugee Women Living with HIV in a Regional Town

Dr Catherine Orr, Lauren Coelli, Andrea Davidson  
Gateway Health Multicultural Clinic



## ACKNOWLEDGMENTS



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## Background: CONTEXT

- Gateway Health Multicultural Clinic (GHMC) was established in 2014 to meet the needs of recently arrived refugees on the humanitarian program
- Refugees were largely from Democratic Republic of the Congo (DRC) and ethnic Nepalese from Bhutan
- GHMC is a general practice clinic set in a community health service
- No specific funding for the GP practice apart from Medicare billings
- Some limited refugee health nurse funding

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## Background: CONTEXT

- In 2015 women living with HIV from DRC arrived at GHMC
- Currently there are 12 women and one child living with HIV
- Some single women, some single mothers
  - Women at risk visa 204
- Complicated by torture and trauma history

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## Background: HISTORY

Settled 80,000 years ago	
700AD	Bantu migration from Nigeria
14 <sup>th</sup> -19 <sup>th</sup>	Century Kingdom of Congo
1885-1908	Belgian colonisation
1908-1960	Belgian Congo: Christian Westernisers
1960	Congolese independence: USSR
1965	Zaire Joseph Mubutu: USA
1966	First War: Rwanda invaded Zaire
1998	Second Congo War
2003-now	"Dangerously unstable"

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## Background: HISTORY

- Hidden dimension of war lasting more than 20yrs
- Spillover from Rwandan genocide
  - Hutu vs Tutsi
- World's largest UN peacekeeping force presence
- Up to 70 separate armed militia: Series of mini-wars
- Vast mineral wealth for mining companies
- Portuguese, Belgian and French colonisation

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## LIFE AS A WOMAN IN DRC

- Article 444 of the Congo Family Code states that a wife “owes her obedience to her husband”
- Marital rape is not an offence
- Marital rape is reported by one third of all women<sup>1</sup>
- Women have no right to own property or wealth
- One study found that 16% of girls reported rape by teachers at school

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## LIFE AS A WOMAN IN DRC

- Types of rape
  - Punitive rape: punish or silence
  - Status rape: difference in social status
  - Ceremonial rape: sanctioned rituals
  - Exchange rape: bargaining
  - Theft rape: abduction
  - Survival rape
- Research
  - “rape capital of the world”
  - “most dangerous place on earth to be a woman”
  - “if we see girls, it’s our right...we can violate them”

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## CLIENT EXPERIENCES: Torture and trauma

- All women acquired HIV as a result of rape
- Witnessed murder of husband and other family members
- Kidnapping of children
- Subjected to extensive physical violence
- Witnessed rape of their children
- Loss of own children trying to flee violence
- Women often fleeing with children not their own (nieces, nephews)

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## CLIENT EXPERIENCES: Attitudes to HIV

- Highly anxious about HIV diagnosis
- Fear of death
- Worry of children's future in the event of their early death
- Fear of transmission to partners
- Fear of disclosure to the community
- Fear of ostracism
- Fear of discrimination by community
- Difficulties understanding need for repeated testing of viral load/CD4

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**“If a woman has HIV, it is her fault and she is either a prostitute or sleeping with other men.”**

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### LIVING WITH HIV: Confidentiality

- Anxiety about attending for blood tests due to other African people working there
- Refusal to join any support organisations for PLWHIV (usual HIV supports not available)
- Distrust of phone interpreters
- Cannot run an HIV clinic by ID physician due to patients potentially meeting in the waiting room
- Anxiety about collecting medication from either pharmacy or hospital
- Anxiety about case workers, volunteers, maternal and child nurse finding out

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## LIVING WITH HIV: Pregnancy

- Bottle feeding identifies the mother as having HIV resulting women hiding while feeding baby
- Fear of disclosure during hospital admission: hospital documentation
- Baby's ART medication leading to disclosure
- Repeated blood tests for the baby in the first 18 months leading to disclosure
- Anxiety about diagnosis being disclosed on referral letters, ultrasound forms which may be handed to family or case workers

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## STRATEGIES: Practical

- Gained trust and built ongoing rapport
- Upskilled clinic staff
  - s100 Prescribing
  - HIV training for practice nurses, and refugee health urse
- Flexible, walk-in model
- Use of “immunocompromised” on medical file to reduce the risk of accidental disclosure

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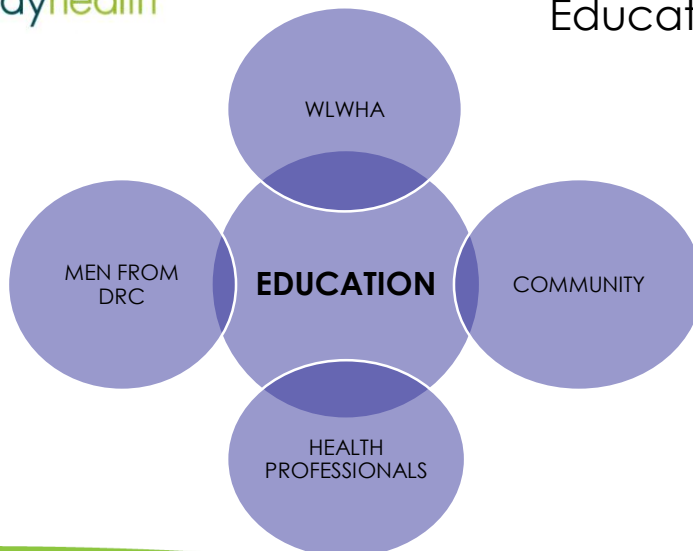
## STRATEGIES: Practical

- Close collaboration with other local providers:
  - Infectious Disease Physician
  - Obstetric team
  - Paediatricians
  - Maternity ward and midwives
  - Local surgeon
- Use of trusted phone interpreters
- Not using names with interpreters
- Not naming HIV when using interpreters

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## STRATEGIES: Education



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