

An Integrated Care Model for Women Experiencing Violence: La Maison des Femmes in Saint-Denis, France

Sofia Ali, BA^a; Temitope Akinade, BS^a; Jocelyn Brown, MD, MPH^a; Marc Bardou, MD, PhD^b; Ghada Hatem-Gantzer, MD^c
^a Columbia Vagelos College of Physicians & Surgeons, ^b Université Bourgogne Franche Comté, ^c La Maison des Femmes

Research Question: How can staff and patient perceptions of care at La Maison des Femmes (MDF) inform recommendations for best practices at MDF and other multidisciplinary centers serving women experiencing violence?

BACKGROUND

Violence against women (VAW) is "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women".¹ It includes intimate partner violence (IPV), non-partner sexual violence (NPSV), and female genital mutilation/cutting (FGM/C), among other forms.² VAW is a major global health issue – one-third of women worldwide have experienced IPV or NPSV in their lifetime.³

Some literature on treating women experiencing violence has shown the benefits of integrated care models ("one-stop-shops") that provide multiple services in one location.^{4,5} However, most research on best practices is limited by focusing on only one form of violence^{6,7} or lacking patient perspectives on quality of care.⁸ There has not been a study focusing on women's experiences, in particular their satisfaction, with seeking care at MDF or similar facilities.

DESCRIPTION OF ORGANIZATION

MDF specializes in caring for women experiencing different forms of violence, including IPV, NPSV, and FGM/C.⁹ It is in the department of Seine-Saint-Denis, which has the highest rate of poverty and proportion of immigrants in mainland France.^{10, 11} In a study of MDF and two other family planning centers (FPCs) in Seine-Saint-Denis, the prevalence of IPV was more than three times higher at MDF compared to the other FPCs.¹²

MDF follows an integrated care model that offers obstetric and gynecological care, midwifery, legal assistance, social work, psychiatric services, and wellness workshops within the same structure. The goal of MDF is to provide patients with personalized care plans that address their unique medical and non-medical needs.

Contact Information: sa4022@cumc.columbia.edu; toa2104@cumc.columbia.edu

Funding: P&S '66 Global Scholars Fund

Acknowledgements: Leila Saidi, MDF Coordinator

RESULTS

Table 1. Demographics of Interviewed Patients

| Demographic Category | Number of Patients (%) |
|--|------------------------|
| Age | |
| 18-24 | 1 (5%) |
| 25-34 | 8 (40%) |
| 35-44 | 9 (45%) |
| ≥45 | 1 (5%) |
| Unknown | 1 (5%) |
| Education Level | |
| None | 2 (10%) |
| Elementary school | 1 (5%) |
| Middle school | 3 (15%) |
| High school | 8 (40%) |
| University | 6 (30%) |
| Legal Status | |
| Temporarily documented or undocumented | 8 (40%) |
| Documented | 11 (55%) |
| Unknown | 1 (5%) |
| Years Living in France | |
| <1 year | 3 (15%) |
| 1-4 years | 7 (35%) |
| 5-9 years | 2 (10%) |
| 10-14 years | 0 (0%) |
| ≥15 years | 8 (40%) |

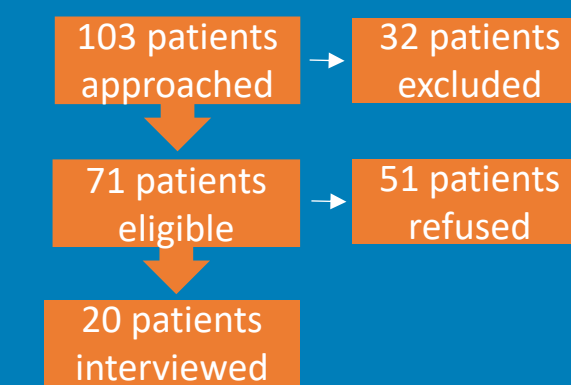


Figure 1. Patient Interview Recruitment



Figure 2. Staff Interview Recruitment

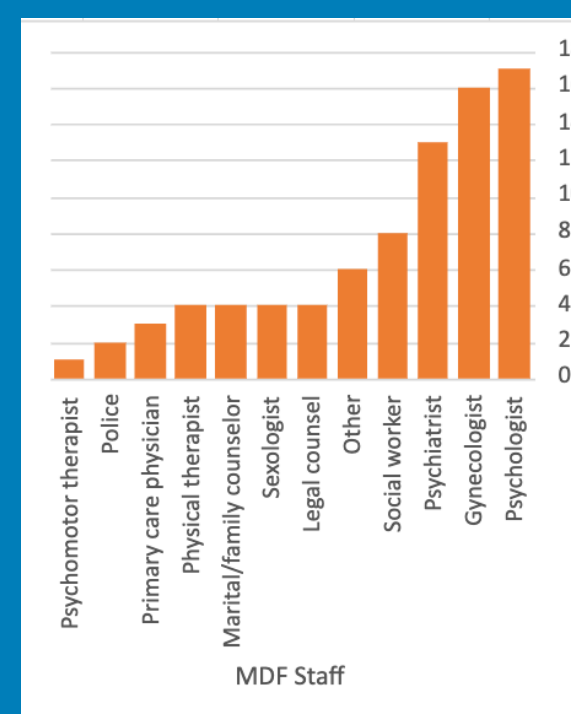


Figure 3. Distribution of staff ever seen by patients

Table 2. Demographics of Interviewed Staff

| Demographic Category | Number of Staff (%) |
|-------------------------|---------------------|
| Age | |
| 18-24 | 0 (0%) |
| 25-34 | 2 (29%) |
| 35-44 | 1 (14%) |
| ≥45 | 4 (57%) |
| Sex | |
| Female | 7 (100%) |
| Male | 0 (0%) |
| Years at MDF | |
| <1 year | 1 (14%) |
| 1-2 years | 2 (29%) |
| 3-4 years | 1 (14%) |
| ≥5 years | 3 (43%) |
| Role | |
| Director | 1 (14%) |
| Coordinator | 1 (14%) |
| Social worker | 1 (14%) |
| Secretary | 1 (14%) |
| Psychologist | 2 (29%) |
| Medical/Admin Assistant | 1 (14%) |

METHODS

This study is a qualitative assessment of the services delivered at MDF including interviews of the staff and patients that was conducted between August 2nd-17th, 2022. Key staff members were recruited via email invitation. Patients were randomly approached with flyers in the MDF waiting area and invited to participate in the study. Patients were excluded if they were less than 18 years old, had been to less than three visits at MDF, or did not speak French or English. All participants provided consent and then completed demographic questionnaires and interviews about the care experience at MDF. The interviews will be transcribed and analyzed using thematic analysis. The study was designated as exempt by the Columbia IRB.

DISCUSSION

Some preliminary interview findings suggest that patients valued the multidisciplinary services and woman-centered environment while staff enjoyed the interprofessional environment at MDF. Thematic analysis will be conducted to systematically identify patterns and themes that emerge from interviews, such as delays to initial appointment and retention of patients over time. This analysis will provide patient and staff perspectives on best practices for integrated care models serving women experiencing violence, informing improvements at MDF and the development of other multidisciplinary centers.

REFERENCES

- United Nations. Declaration on the Elimination of Violence Against Women.; 1993.
- World Health Organization. Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence. Geneva; 2013.
- World Health Organization. Violence Against Women Prevalence Estimates, 2018. Geneva; 2021.
- Ades V, Wu SX, Rabinowitz E, et al. An Integrated, Trauma-Informed Care Model for Female Survivors of Sexual Violence: The Engage, Motivate, Protect, Organize, Self-Worth, Educate, Respect (EMPOWER) Clinic. *Obstet Gynecol.* 2019;133(4):803-809. doi:10.1097/AOG.0000000000003186
- Eogan M, McHugh A, Holohan M. The role of the sexual assault centre. *Best Pract Res Clin Obstet Gynaecol.* 2013;27(1):47-58. doi:10.1016/j.bpobgyn.2012.08.010
- Lechner M, Bell K, Short NA, et al. Perceived Care Quality Among Women Receiving Sexual Assault Nurse Examiner Care: Results From a 1-Week Postexamination Survey in a Large Multisite Prospective Study. *J Emerg Nurs.* 2021;47(3):449-458. doi:10.1016/j.jen.2020.11.011
- Henninger AL, Iwasaki M, Carlucci ME, Lating JM. Reporting Sexual Assault: Survivors' Satisfaction With Sexual Assault Response Personnel. *Violence Against Women.* 2020;26(11):1362-1382. doi:10.1177/1077801219857831
- World Health Organization. Responding to Intimate Partner Violence and Sexual Violence against Women. WHO Clinical and Policy Guidelines. Geneva; 2013.
- La Maison des Femmes. Qui Sommes-Nous. <https://www.la-maison-des-femmes.com/fr/qui-sommes-nous>. Published 2022.
- Bayardin V, Herviant J, Jabot D, Martinez C, Chemineau D, Glachant E, Guérine D, 2017. En Île-de-France, la pauvreté s'est intensifiée dans les territoires déjà les plus exposés. Paris.
- Institut National de la statistique et des études économiques. 2021. Population immigrée par sexe, âge et pays de naissance en 2018 - Département de la Seine-Saint-Denis [WWW Document]. URL
- Roland, N., Ahogbessou, Y., Hatem, G., Yacini, L., Feldmann, L., Saurel-Cubizolles, M.-J., Bardou, M., 2022. Violence against women and perceived health: An observational survey of patients treated in the multidisciplinary structure "The Women's House" and two Family Planning Centres in the metropolitan Paris area. *Health Soc. Care Community.*

Patient Quotes

Multidisciplinary services: "There are all the services... there is everything for providing care, for the administrative process to receive legal documents... they do everything for people..."

Woman-centered environment: "... And the fact that it's only for women, too... we feel safer."

Delay to initial appointment: "The only difficulty I had was [to get] my first appointment... afterwards everything moved along quickly..."

Staff Quotes

Interprofessional environment: "It stands out because it is not just a job, it's in fact more like a family. We all work together for whatever it is, for care, for appointments, for consultations...it's something that I have not seen elsewhere."

Retention of Patients: "There are a lot of women who enter our care plan but don't exit, we have not yet thought of what moment our care stops..."