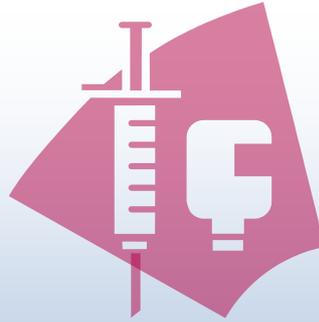




Diagnosis



Treatment



Care



Violence, abuse, and PMBs

25 November is International Day of No Violence Against Women. 10 December is International Human Rights Day. The time in-between has been set aside as 16 Days of Activism Against Gender Violence.

There are many forms of violence and abuse, including physical, verbal, and sexual. Violent behaviour affects both genders and all age groups.

Anger and heated arguments are part of any normal relationship. However, anger that leads to threats or violence is not normal behaviour.

Violent behaviour often starts with verbal threats or minor incidents. It soon becomes more serious, involving physical harm and injury.

Violence is a major public health problem and a serious infringement on human rights. Lack of access to education and opportunity, and low social status in communities are factors linked to violence against women and children. Violence committed by an intimate partner is one of the most common forms of violence against women. A wide range of physical, mental, sexual and reproductive, and maternal health problems can result from violence against men, women, and children.

Many people do not seek help or report violence when it occurs. Men find it especially difficult to report sexual violence committed against them due to the humiliation and generally held view that sexual violence is always perpetrated against women and children.

Scope of the problem

A 10-country study on women's health and domestic violence by the World Health Organisation (WHO) documented the following results:

- 15-71% of women reported physical or sexual violence by a husband or partner.
- 40% of women in South Africa said that their first sexual experience was not consensual.
- 4-12% of women reported being physically abused during pregnancy.
- Every year, about 5 000 women are murdered by family members worldwide.
- Worldwide, up to 1 in 5 women and 1 in 10 men report having been sexually abused as children (and children subjected to sexual abuse are much more likely to encounter other forms of abuse later in life).

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Health effects

Many different health problems can result from violent acts or from the long-term effects of violence.

- **Injuries:** Physical and sexual abuse is closely associated with physical injuries ranging from bruising to fractured bones and even internal injuries.
- **Death:** Deaths from violence include honour killings (by families for cultural reasons), suicide, female infanticide (murder of infant girls), and maternal death from unsafe abortion. Death is also sometimes the result of injuries sustained during violent acts.
- **Sexual and reproductive health:** Violence is associated with sexually transmitted infections such as HIV/AIDS, unintended pregnancies, gynaecological problems, induced abortions, and adverse pregnancy outcomes, including miscarriage, low birth weight, and foetal death.
- **Risky behaviour:** Sexual abuse as a child is associated with higher rates of sexual risk-taking (such as first sex at an early age, multiple partners, and unprotected sex), substance abuse, and additional victimisation. Each of these behaviours increases risks of health problems.
- **Mental health:** Exposure to violence and abuse increases the likelihood of developing depression, post-traumatic stress disorder, sleep difficulties, eating disorders, and emotional distress.
- **Physical health:** Abuse can result in many health problems, including headaches, back pain, abdominal pain, fibromyalgia (a type of rheumatism), gastrointestinal disorders, limited mobility, and poor overall health.

Prescribed minimum benefits

The prescribed minimum benefit (PMB) regulation in the Medical Schemes Act (Act 131 of 1998) makes provision for the treatment of physical injuries and mental health trauma caused by violence and abuse.

Section 29(1)(o) of the Act states that scheme rules must provide for the scope and level of minimum benefits that must be available to beneficiaries. The Act also explains that the benefits may not be less than the services that would have been provided in the public sector.

Violence frequently results in medical emergencies. Regulation 7 in the Act states that any emergency medical condition is a PMB condition. In addition, the treatment of sexual abuse (including rape) and stress disorders resulting from violence or sexual abuse is specifically included as a PMB, as are most fractures and dislocations.



Designated service providers

Schemes may use designated service providers (DSPs) and network facilities to provide PMB-related services such as medication, consultations, investigations, and hospitalisation. DSPs can be general practitioners, specialists, and hospitals where you can obtain your PMB-related services without having to co-pay for them.

However, a medical scheme may never indicate that they do not cover the payment of a PMB condition and that you can only get cover in the public sector. A scheme may refer you to a state facility only in instances where, on a case by case basis, it has arranged guaranteed access for certain services in the public sector. Co-payments may apply if you voluntarily choose not to use a DSP of your scheme.

If you ever find yourself in a situation where you are unable to obtain the healthcare services you need from the DSP or network of your scheme and are forced by circumstances to involuntarily use a non-DSP instead, for instance when the closest doctor or hospital is far away, make alternative arrangements with your scheme to make sure you can obtain your services from a non-DSP without having to incur co-payments.

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Pictures: courtesy of Microsoft Clip Art online