

IPV-CARE

Clinical Awareness, Response & Education

SEPTEMBER
2026

About the SCL

Student Curriculum Lekgotla

The Student Curriculum Lekgotla (SCL) is a student-led body within the Faculty of Health Sciences at the University of Cape Town that was established in 2023 to strengthen meaningful student engagement in curriculum processes. Grounded in the principles of dialogue, partnership, and collective deliberation, the SCL creates structured spaces for students and staff to engage critically and constructively on teaching and learning issues. While it does not function as a governance or decision-making body, the SCL serves as an interface between students and institutional processes, supporting informed student participation and broader efforts toward responsive and transformative curriculum engagement.

Background

Intimate partner violence (IPV) is a significant public health, human rights and medicolegal issue in South Africa. Healthcare professionals are frequently positioned to identify IPV and may encounter patients who disclose violence or present with physical, psychological, sexual or other consequences of abuse.

Despite this, there is a need to understand whether medical students across South African institutions receive sufficient and consistent education to recognise IPV, respond appropriately to disclosure, understand their professional responsibilities, and navigate relevant medicolegal considerations.

IPV - Clinical Awareness, Response & Education (IPV-CARE) is a Student Curriculum Lekgotla task team established to investigate how IPV is currently incorporated into undergraduate medical education across South African institutions and to identify opportunities for strengthening this education.

Aim & Objectives

Aim

To assess and strengthen undergraduate medical education on intimate partner violence across South African medical schools.

Objectives

IPV-CARE will:

1. Map how and where IPV is currently taught within undergraduate medical curricula.
2. Characterise the frequency, depth and context in which IPV is addressed.
3. Assess whether curricula cover key clinical, ethical, human-rights and medicolegal competencies relevant to IPV.
4. Compare IPV education across South African medical institutions.
5. Identify gaps, inconsistencies and areas of potential best practice.
6. Develop evidence-based recommendations for strengthening IPV education.
7. Engage institutions through formal curriculum motivations and educational interventions.
8. Develop and facilitate workshops/resources addressing identified educational gaps.

PHASE
1

“WHAT ARE WE CURRENTLY TEACHING?”

The first phase will establish a baseline of IPV education across South African medical schools.

We will:

1. Collect publicly available and institutionally provided curriculum information, including:
 - module outlines
 - course guides
 - learning objectives
 - assessment blueprints where accessible
 - recommended textbooks/readings
2. Where appropriate, we will supplement curriculum documents with structured interviews with medical students, recent graduates, and relevant lecturers/educators.

This qualitative information gathering is important because a topic appearing in a curriculum document does not necessarily mean students receive meaningful teaching on it.

OUTPUT: South African IPV Medical Curriculum Map

PHASE
2

“HOW DO INSTITUTIONS COMPARE?”

Once the curricula have been mapped, IPV-CARE will develop a common framework against which institutions can be compared.

Project Design

Rather than asking whether an institution 'teaches IPV', the analysis will examine several dimensions:

- Recognition - identifying common clinical presentations
- Screening/enquiry - asking about IPV appropriately
- Response - responding to disclosure
- Risk assessment - identifying femicide risk factors
- Clinical care - managing health consequences
- Medicolegal obligations - relevant legal and professional responsibilities
- Referral - support services and multidisciplinary care
- Ethics - patient autonomy, confidentiality, and consent
- Communication - trauma-informed language
- Longitudinal teaching - whether IPV is revisited throughout training

OUTPUT: A comparative national analysis of IPV education in South African medical schools

PHASE 3

“WHAT ARE WE MISSING?”

This phase will synthesise the findings to identify gaps in

- Content
- Skills
- Understanding of medicolegal obligations
- Vertical integration in curricula
- Assessment
- Implementation

OUTPUT: IPV-CARE National Gap Analysis Report

**PHASE
4**

“HOW DO WE ADDRESS THE GAPS?”

The final phase moves IPV-CARE from curriculum interrogation into action. Based on the findings, the task team will develop institution-specific and/or national evidence-based recommendations.

A. Curriculum motivations

IPV-CARE can prepare submissions to relevant curriculum committees, faculty boards, student curriculum structures, and professional bodies. These will propose specific additions or modifications to existing curricula.

B. Workshops

IPV-CARE will partner with experts to develop targeted workshops addressing identified gaps. Potential topics could include

- Recognising IPV in clinical practice
- Documentation and medicolegal responsibilities
- Trauma-informed clinical communication
- Referral networks for patients experiencing IPV

The exact workshops should be determined by the findings rather than predetermined.

C. Educational Resources

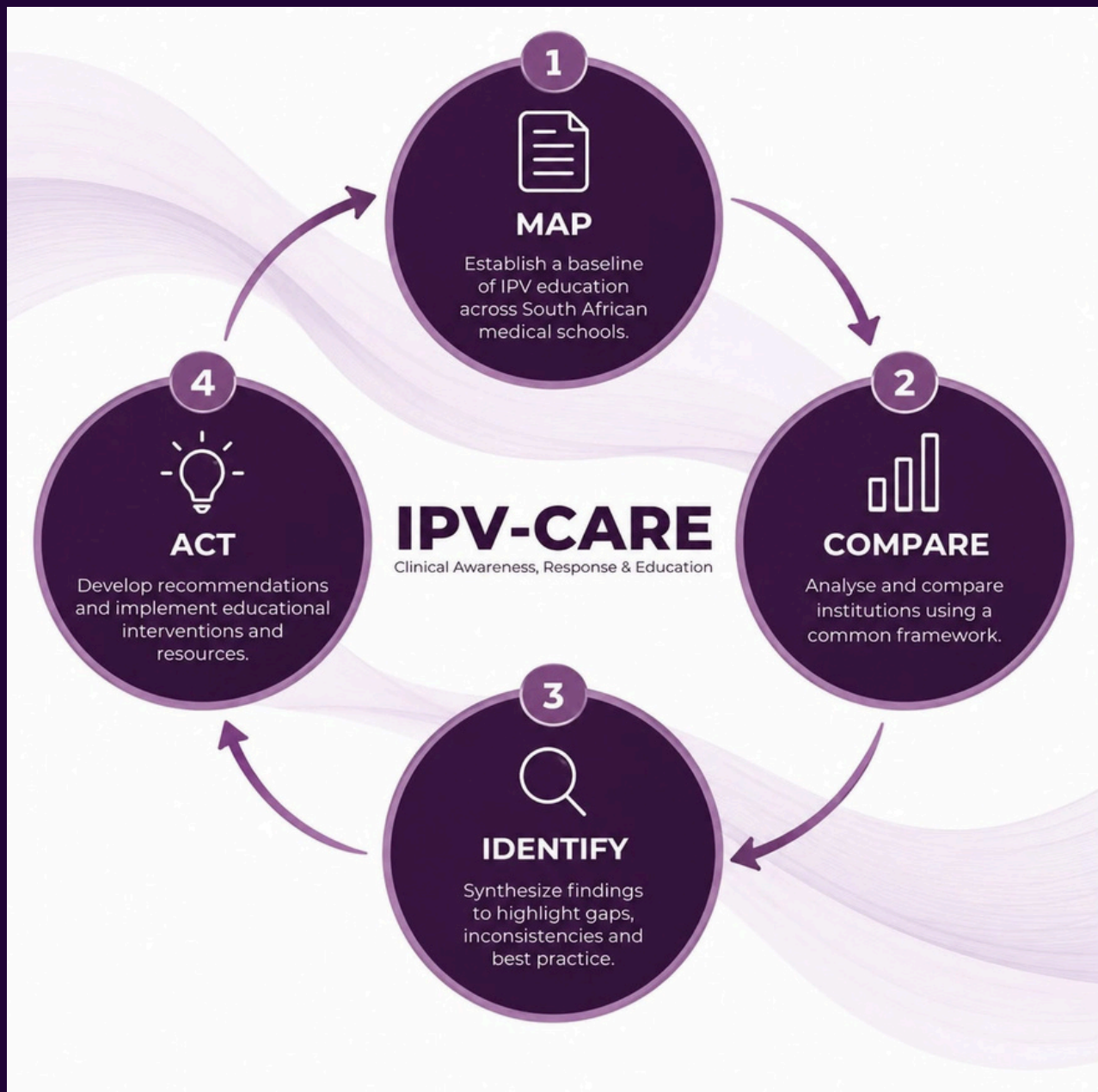
IPV-CARE could develop, where appropriate,

- case-based teaching materials
- clinical scenarios
- OSCE cases
- quick-reference guides
- student resources

OUTPUT: IPV-CARE Curriculum Recommendations & Intervention Package

Project Design

IPV-CARE is an iterative process, with each phase informing and refining the next to ensure that the initiative remains responsive, evidence-based, and relevant.



Conclusion

IPV-CARE seeks to address a critical gap in medical education by establishing whether South African medical students are adequately prepared to recognise, respond to, and manage intimate partner violence within clinical practice. By systematically mapping current IPV teaching across institutions, comparing curricular approaches, and identifying gaps in clinical, ethical and medicolegal competencies, the project will provide an evidence-based picture of the current state of IPV education in South African medical schools.

Importantly, IPV-CARE aims to move beyond identifying problems towards meaningful curriculum change. The findings will inform formal curriculum motivations, targeted workshops and educational resources designed to address identified gaps. Through this phased approach of mapping, comparing, identifying and intervening, IPV-CARE aims to contribute towards producing healthcare professionals who are not only able to recognise IPV, but are equipped with the knowledge, skills and professional responsibility to respond appropriately when it is encountered in practice.