

SEXUAL AND GENDER BASED VIOLENCE (SGBV)

Introduction

- Around the world, at least one in every three women has been beaten, coerced into sex, or abused in some other way, most often by someone she knows like a husband or male relative
- Gender based violence is recognised as a major issue on the international human rights agenda.
- In some communities, the right of a husband to beat or physically intimidate his wife has been a deeply held conviction and there are women who view a degree of physical abuse as justified under certain conditions.
- Justification for violence comes from gender norms, which give a distorted view about the roles and responsibilities of men and women in relationships.
- Men who engage in domestic violence are motivated by the desire to demonstrate their masculinity or enforce their male power and control over the women.
- Although violence against men does also occur, it is not common.
- However, violence against women and girls is very common

Definition

- *The dictionary definition of violence is: ‘using or tending to use aggressive force’.*
- Any harm that is perpetrated against a person’s will and that has a negative impact on the physical or psychological health, development, and identity of the person.
- The violence is the result of gender-based power imbalances, primarily between males and females, and sometimes between males, or between females.
- *Abuse may be defined as: ‘a systematic pattern of behaviour in a relationship that is used to gain and/or maintain control and power over another’.*
- Abuse ranges from emotional abuse such as hurting another person’s feelings; psychological violence such as threats to do bodily harm, physical abuse such as hitting to cause pain or injury, and sexual abuse which includes rape, defilement and incest.
- Violence against women includes a wide range of abuse and harassment and may take place throughout a woman’s lifetime

Definition cont...

- ❖ Any harm that is perpetrated against a person's will and that has a negative impact on the physical or psychological health, development, and identity of the person.
- ❖ The violence is the result of gender-based power imbalances, primarily between males and females, and sometimes between males, or between females.
 - GBV may be physical, sexual, psychological, economic, or socio-cultural.

Gender Violence Throughout a Woman's Life

Phase	Type of Violence
Prenatal	Sex-selective abortions, battering during pregnancy, coerced pregnancy eg rape
Infancy	Female infanticide, emotional and physical abuse, differential access to food and medical care
Childhood	Genital cutting; incest and sexual abuse; differential access to food, medical care, and education; child prostitution
Adolescence	Dating and courtship violence, economically coerced sex, sexual abuse in the workplace, rape, sexual harassment, forced prostitution
Reproductive age	Abuse of women by intimate partners, marital rape, dowry abuse and murders, partner homicide, psychological abuse, sexual abuse in the workplace, sexual harassment, rape, abuse of women with disabilities
Old age	Abuse of widows, elder abuse (which affects mostly women)

Negative effects of violence to a woman's reproductive health

- Unwanted pregnancies and restricted access to family planning information and contraceptives
- Unsafe abortion or injuries sustained during an illegal abortion after an unwanted pregnancy
- Complications from frequent, high risk pregnancies and lack of follow up care
- Sexually transmitted diseases, including HIV/AIDS
- Persistent gynaecological problems
- Psychological problems, including fear of sex and loss of sexual pleasure
- Violence is a learnt behaviour, witnessing violence as a child is a common risk factor for becoming a batterer in adulthood

Forms of violence/ abuse

- **Aggression** - Violence is an expression of aggression, which is defined as any behaviour directed towards harming another living being which is a product of nature and nurture. The behaviour may be physical or psychological and intentional.
- There are two types of aggression:
 - **Hostile Aggression** occurs when a person is angry or annoyed with someone else. Most murders are said to be impulsive and emotional.
A robber may attack a victim to achieve their goal.
 - **Instrumental Aggression** is performed when the perpetrator does not have to be angry and uses aggression only to achieve their goal.
- A person's genetic makeup is thought to influence aggressiveness
- There are also situations that trigger aggression eg viewers of violent and pornographic movies are likely to be provoked to behave aggressively.
- Young viewers are known to imitate the older ones.

Forms of violence/ abuse Ct..

- **Physical Abuse-** involves aggressive behaviour towards another person, such as, pushing, pinching, spitting, kicking, biting, pulling hair, slapping, hitting, punching etc. example spouse beating
- **Emotional Abuse-** involves hurting another person's feelings, for example, through repeated harassment, interrogation or degradation, Verbal abuse, humiliation, discrimination, denial of services, spouse confinement
- **Psychological Abuse-** can include verbal threats, in the form of violent language, isolation, deprivation, and property destruction such as clothes or furniture.
- Most victims feel intimidated and can go into a state of depression or become aggressive in self-defence.
- **Economic Abuse-** Patriarchal structures relegate women to an inferior status in political, social, intellectual and economic spheres. In the economic realm, women experience abuse worldwide.
- Harmful cultural practices eg FGM, dowry abuse, denial of education

Sexual and gender based violence (SGBV)

- “Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.”
- Includes psychological pressure, blackmail, as well as physical violence
- Key concepts in understanding GBV include
 - Human Rights
 - Power
 - Violence
 - Consent
 - Gender Inequality

Power

- Ability to influence or control
- Includes access to decision making process.
- Power is directly related to choice: More power = to more choice.
- GBV involves abuse of power.
- Power can be used positively or negatively.
- **Negative uses of power include**
 - Rape, harassment, exploitation, violence, denying justice, neglecting human rights, altering evidence, false accusations
- **Positive uses of power include**
 - Educating, protecting, fair decision making, accountability, respecting rule of law

- **Violence**

- Use of force to make someone do something against their will.
- May be physical, emotional, social or economic.
- May involve coercion or pressure, intimidation, threats, persecution

- **Consent**

- Agreeing to something
- Informed consent: freely chosen, voluntarily, equal power relationship.
- In GBV: lack of informed consent.

- **Human rights**

- Basic needs that all govts have agreed that men & women are entitled to which are:
 - Universal
 - Inalienable
 - Primacy
- Acts of GBV violate human rights.

Survivors

- Person who has lived through an incident of SGBV and is a more preferred term over victim
- Survivor is a powerful empowering word; stands straight and tall, uses eye contact, walks with confidence, lives life to the fullest;
- ‘Victim’ is a sad disempowering word; weak, sick, small, hunched over, crying, unable to function in the world
- Worldwide women are much more vulnerable to violence within intimate and familial relationships whereas men are more likely to be attacked by a stranger or acquaintance.

Survivors Ct...

- Survivors can include:
 - Anyone
 - Children: Unaccompanied minors, fostered children, orphans, children of single parents
 - Women: culturally considered inferior, unaccompanied, single
 - Mentally or physically disabled person
 - Economically disempowered people
 - Employees
 - Students
 - IDPs and refugees

Perpetrators

A person, group or institution that inflicts, supports or condones violence or other abuse.

A perpetrator can be:

- Anyone
 - Intimate partners
 - Relatives
 - Security forces, soldiers
 - Influential community members; teachers, leaders, politicians
 - Strangers
 - Gangsters
- Worldwide, 95% of violent crimes are committed by men.

Forms of sexual violence (offences)

- **Sexual violence-** Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work.
- Examples include **rape, attempted rape, defilement, attempted defilement, sexual assault and attempted sexual assault.**
- **Rape:** An act done which causes penetration of one person's genital organs with the genital organs of another without their consent or where the consent is obtained by force, threats or intimidation of any kind.
- **Defilement:** An act which causes penetration of a child's genital organs (A child is any one below the age of 18 years)

Forms of sexual violence Ct.

- **Sexual assault:** Any act where a person unlawfully and purposely uses an object or any part of his body (except his/ her private parts) or any part of an animal, to penetrate the private parts of another person without permission. (The only exception is where such penetration is carried out for proper and professional hygienic or medical reasons)
- **Attempted (rape/defilement):** threat made but no penetration achieved
- **Indecent Acts:** Touching another person's genitalia, breasts or buttocks.
- **Sexual Harassment:** Persistent and unwelcome sexual advances made by persons in positions of authority/ holding public office
- **Incest:** penetration with male or female person who is to one's knowledge within the degree of consanguinity provided by law.
- **Gang rape:** Two or more people rape or defile someone.
- Knowingly transmitting HIV/AIDS or other STIs

Root causes of SGBV

Lie in a society's attitude towards & practices in:

Gender discrimination

Gender roles & responsibilities.

Limitations & opportunities according to gender.

- Gender inequity
- Abuse of power / Power Imbalance
- Lack of respect for human rights

Contributing factors to SGBV

Factors that perpetuate SGBV, or increase risk of SGBV or influence type and extend of SGBV.

- Poverty
- Alcohol/drug abuse
- Collapse of traditional society and family support systems
- Cultural and Traditional Practices
- General lawlessness, Insecurity
- Impunity for perpetrators
- War, displacement
- Religious beliefs
- Desire for power and control
- Myths

Consequences of SGBV

Physical

- STIs including HIV
- Unwanted pregnancy
- Unsafe abortion
- Genital injuries: fistulas, perineal tears
- Non genital injuries: fractures, abrasions
- Urinary tract infections
- Pelvic pain and pelvic inflammatory disease
- Infertility

Social

- Social stigma
- Rejection by partners, husbands, families, and communities.
- Social Phobia

Prevention and protection

- Address both root causes and contributing factors
- Advocacy
- Community Sensitisation
- Empowering women
- Embrace men and boys in SGBV programs
- Capacity building of all actors
- Improved Security
- Implementation of sexual offences act
- **NOTE: All actions in prevention and response need to address both the survivor and the perpetrator.**

Medical Management of SGBV Survivors-**next lesson**

- The guiding principles when working survivors are:
 - Physical safety of the survivor
 - Confidentiality
 - Informed consent
 - Non-discrimination
 - Respect wishes, rights and dignity of the survivor

Survivor rights

- Right to health care
- Right to human dignity
- Right to non-discrimination
- Right to self determination
- Right to information
- Right to privacy
- Right to confidentiality

Preparation of the survivor (General considerations)

- Introduce yourself to the survivor.
- Reassure the survivor that he/she is in a safe place now.
- Explain the steps of the procedures you are about to undertake.
- Obtain written informed consent or thumb print.
- Obtain medical history.
- Examine the survivor from head to toe.
- Take both medical and forensic (legal investigation) specimens at the same time.
- Record your findings in the post rape care(PRC) forms and register.

Essential components of medical care

- Documentation of injuries
- Collection of forensic evidence
- Treatment of injuries
- Evaluation for STIs and prophylaxis
- Evaluation for risk of pregnancy and prevention
- Psychosocial support and counseling
- Follow-up

History: An account of events

- Be compassionate and non-judgemental
- Move at survivor's own pace
- Document the incident in her own words
- Be thorough but don't force her
- Follow History and Examination form
- General Considerations:
 - Use a calm voice
 - Let survivor explain in his/her own words
 - Don't interrupt
 - Use open ended, non leading questions, avoid 'why' questions as this tends to imply blame
 - Maintain eye contact
 - Don't express shock or disbelief
 - Avoid survivor blaming questions e.g. 'what were you doing out alone?' 'What were you wearing?'

NB:Majority of survivors don't tell anyone about the rape.

In coming to you and telling you what has happened, she has demonstrated that she trusts you.

Do not betray this trust.

The first step to recovery is often your reassurance that she did not deserve to be raped,

that the incident was not her fault and that it was not caused by her behaviour or manner of dressing.

This requires awareness of your own feelings and preconceptions!

She may have reported to the police or community services already. Read any documentation that she brings carefully and don't make her tell her story twice, unless it is absolutely necessary.

History taking for adults

- The date and time of the sexual violence
- The location and description of the type of surface on which the violence occurred
- The name, identity and number of assailants if known
- The nature of the physical contacts and detailed account of violence inflicted
- Use of weapons and restraints
- Use of any medications/drugs/alcohol/inhaled substances
- Use of condoms and lubricants
- Any subsequent activities by the survivor that may alter evidence e.g Bathing, douching, wiping, the use of tampons and changes of clothing
- Any symptoms that may have developed since the violence e.g. Genital bleeding, discharge, itching, sores or pain
- Current sexual partner/s
- Last consensual sexual intercourse

Adult Hx. Ct...

- **Gynaecological history:**

- Last menstrual period
- Number of pregnancies
- Use (and type) of current contraception methods

- **Male- specific history**

- Any pain or discomfort experienced in the penis, scrotum or anus
- Any urethral or anal discharge
- Difficulty or pain on passing urine or stool

History taking in children

- Ensure privacy
- Approach the child with extreme sensitivity and recognize their vulnerability
- Identify yourself as a helping person and introduce yourself
- Try to establish a neutral environment and rapport with the child before beginning the interview
- Try to establish the child's developmental level in order to understand any limitations as well as appropriate interactions. It is important to realize that young children have little or no concept of numbers or time and that they may use terminology differently from adults making interpretation of questions and answers a sensitive matter
- Sit at eye level and maintain eye contact
- Assure the child she is not in trouble and can say no any time
- Begin the interview with neutral open-ended questions
- Be patient, go into the child's space
- Avoid leading or suggestive questions

Examination

- Do a complete examination
- Note mental state
- Be systematic (head to toe, genital, anal)
- Collect evidence as you go along
- Be gentle, explain everything
- Don't do anything without consent!!!
- Document everything thoroughly (pictograms-graphical symbols)
- **Treat life threatening complications first!**

Physical examination in Adults

- A systematic, “Head-to-toe” physical examination of the survivor should be conducted.
- Note the survivor’s general appearance and demeanour-behaviour.
- Take the vital signs, i.e. pulse, blood pressure, respiration and temperature.
- Inspect both sides of both hands for injuries.
- Examine the wrists for signs of ligature marks.
- Inspect the face and the eyes.
- Gently palpate the scalp to check for tenderness, swelling or depression.
- Inspect the ears, not forgetting the area behind the ears, for evidence of shadow bruising; shadow bruising develops when the ear has been struck onto the scalp.
- Carefully examine the neck. The neck area is of great forensic interest; bruising can indicate life-threatening violence.
- Examine the breasts and trunk with as much dignity and privacy as can be afforded.

Physical exam Ct...

- Inspect the forearms for defense related injuries; these are injuries that occur when the subject raises a limb to ward off force to vulnerable areas of the body, and include bruises, abrasions, lacerations and incised wounds.
- Examine the inner surfaces of the upper arms and armpit or axilla for bruises.
- Recline the position of the survivor and for abdominal examination, which includes abdominal palpation to exclude any internal trauma or to detect pregnancy.
- While in the reclined position, examine the legs, starting with the front.
- If possible, to ask the survivor to stand for inspection of the back of the legs.
- An inspection of the buttocks is also best achieved with the survivor standing.
- Collect any biological evidence with moistened swabs (for semen, saliva, blood) or tweezers-small hand tools used to grasp very small objects (for hair fibres, grass and soil).

Genito-anal examination for adults

- Make the survivor feel as comfortable and as relaxed as possible
- Explain to them each step of the examination
- Examine the external areas of the genital region and anus, as well as any markings on the thighs and buttocks.
- Inspect the mons pubis; examine the vaginal vestibule paying special attention to the labia majora, labia minora, clitoris, hymen or hymenal remnants, posterior fourchette and perineum
- Take a swab of the external genitalia before attempting any digital exploration or speculum examination.
- Gently stretch the posterior fourchette area to reveal abrasions that are otherwise difficult to see.

Exam cont....

- If any bright blood is present, gently swab in order to establish its origin, i.e. whether it is vulval or vaginal.
- Warm the speculum prior to use by immersing it in warm water.
- Insert the speculum along the longitudinal plane of the vulval tissues once the initial muscle resistance has relaxed.
- Inspect the vaginal walls for signs of injury, including abrasions, lacerations and bruising.
- Collect any trace evidence, such as foreign bodies and hairs if found.
- Suture any tears if indicated.
- Remove the speculum

Injury in rape

- Most common sites of genital injury:
 - Posterior fourchette
 - Labia minora
 - Fossa navicularis (spongy part of the male urethra at the glans portion)
 - Hymen
- **50% of cases may have no Injury**-absence of injuries does not mean a rape has not occurred

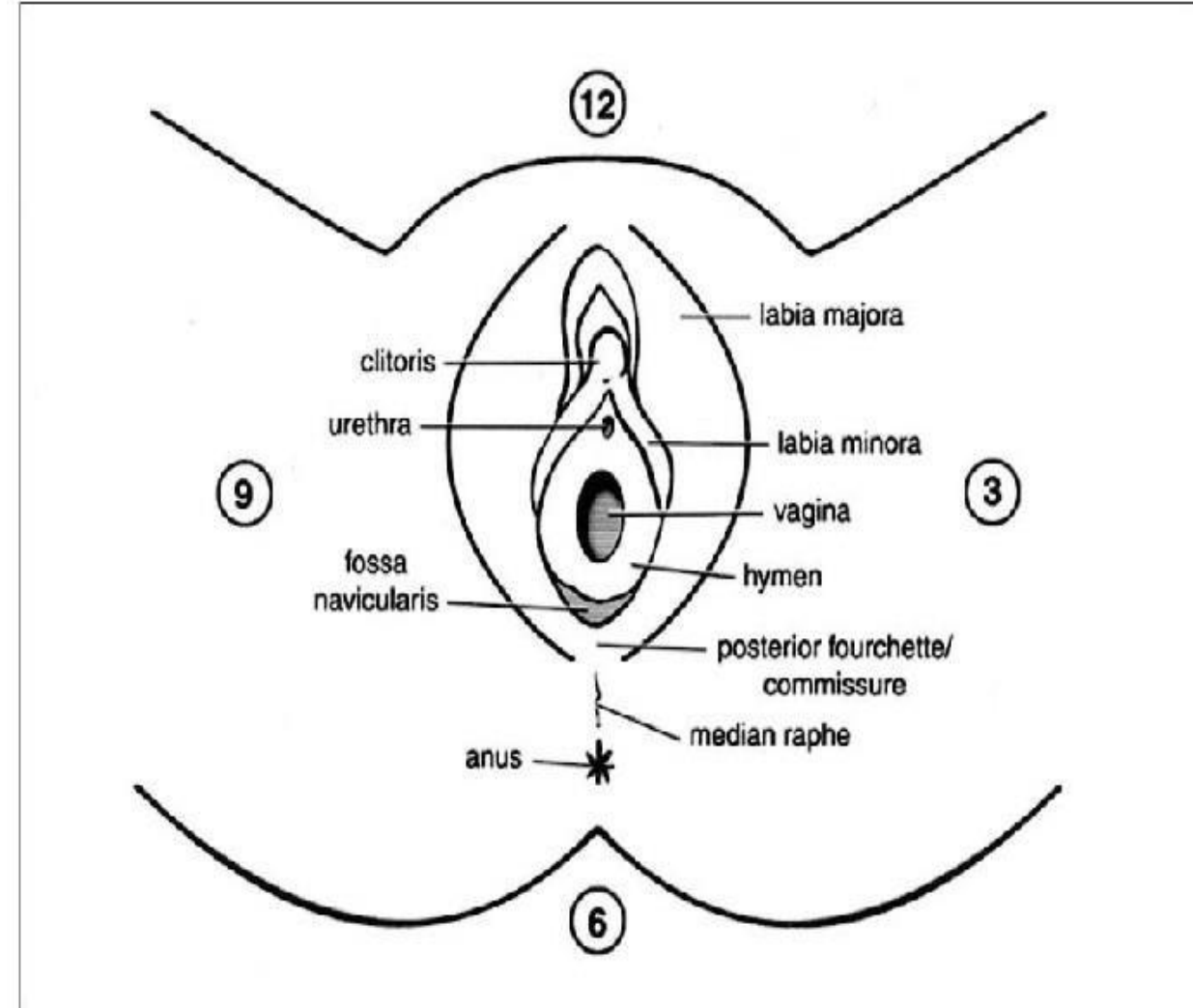
Reasons for lack of genital injury include:

- Delayed examination – healing of injuries occurs quickly.
- Injury is so small it cannot be seen with the naked eye.
- Tissue fragility (young versus old woman).
- Lubrication.
- Male sexual dysfunction
- Nature of assault (duration and nature of object)

Genital Injuries

The injuries can be in the form of acronym TEARS

- T – Tears (laceration or tenderness)
- E – Ecchymosis-bruises
- A – Abrasions-minor skin injuries involving small cuts
- R - Redness (erythema)
- S – Swelling (edema)



Genital exam in boys

- Examine the penis, testicles, perineum and anus
- Check for injuries to the frenulum and prepuce
- Anal examination:
- Look for anal fissures or tears
- Reflex anal dilatation – indicative of anal penetration but also of constipation
 - NO digital (finger)anal exam**

Forensic evidence

- Locard's (criminologist) principle states that “*every contact leaves a trace*”..... ‘wherever a person steps, whatever he touches, whatever he leaves, even unconsciously, will serve a silent witness against him.
- Not only his fingerprints or his footsteps, but his hair, the fiber from his clothes, the glass he breaks, the tool mark he leaves, the paint he scratches, the blood or semen he **deposits** or **collects**.’

Importance of forensic evidence

- To confirm recent sexual contact
- To show that force or coercion was used
- To possibly identify the assailant
- To corroborate-confirm the survivor's story
- To link or delink the perpetrator from the crime scene.

Principles of Forensic Examination and Specimen Collection

- Obtain consent
- Includes head to toe and genito-anal examination
- Collect carefully, avoid contamination.
- Collect specimens as early as possible; 72 hours
- Label all specimens correctly.
- Dry all wet specimens.
- Ensure specimens are secure and tamper proof.
- Maintain chain of custody.
- Document details of all collection and handling procedures.
- Ensure security of specimens.

Types of Forensic Evidence

- Medical report-history
- Injuries
- State of clothes
- Foreign materials
- Foreign hairs
- Presence of sperm (<72 hours)
- DNA analysis
- Blood or urine for toxicology testing

Lab investigations

- Rapid HIV test
- VDRL
- Urinalysis
- Pregnancy test
- High Vaginal swab/rectal swab/oral swab
- Complete Blood Count- Hb: >9 g/dl
- Liver Function tests

ALT: < 175U/l

- U/E/C-state of the liver, kidney and muscles

Cr : **0.7- 1.3mg/dl-normal range**

- Hepatitis B surface antigen to test for immunization or infection

Radiological investigations done as indicated

What to do when raped

- Get to a safe place
- Do not bathe
- Don't change clothes; if you have to wrap them in paper
- If you have to pass urine do so in a clean container and bring it with you to hospital
- Come to hospital within 72 hours.

Treatment

STI Post Exposure Prophylaxis

- **Syphilis:** Benzathine penicillin, Erythromycin, Doxycycline, Tetracycline.
- **Chlamydia:** Erythromycin, Azithromycin, Doxycycline, Amoxicillin
- **Gonorrhea:** Ceftriaxone, ciprofloxacin, spectinomycin, cefixime
- **Trichomoniasis:** Metronidazole

HIV PEP

- Lamivudine and Zidovudine (Combivir)
- Lopinavir/ritonavir (Alluvia)

If Hb < 9g/dl and weight is > 25 kg:

- Tenofovir and lamivudine
- Alluvia

If Hb < 9g/dl and weight < 25kg:

- Abacavir and lamivudine
- Alluvia

Treatment Ct..

- Hepatitis B vaccine
- Emergency contraception: Postinor 2
- Tetanus toxoid
- Analgesia
- Anxiolytics
- **Surgical Intervention**
 - Examination under anesthesia
 - Repair of perineal tears, fistulas and other injuries
- Psychosocial support.
- Temporary shelter for vulnerable clients
- Completing legal forms – P3 forms

Legal aid/ services

- P3 Filling
- Review by GBV advocate
- Expert witness in court

Follow up care

Counseling is done during each visit

- Day 2: P3 Filling, Additional HIV PEP
- 2 weeks: Check adherence ,PEP monitoring: CBC, U/E/C, LFTs .
- 4 weeks: 2nd Hepatitis B vaccine
- 6 weeks: PITC, PDT
- 3 months: HIV ELISA
- 6 months: 3rd Hepatitis B Vaccine, HIV ELISA,

Discharged from the clinic

Follow up care mostly differs from clinic to clinic

Management of perpetrators/culprit

- History
- Investigations and Rx
- Psychological Counseling
- P3 Filling

PSYCHOLOGICAL FIRST AID FOR SURVIVORS

“**Psychological first aid**” (PFA) is basic response that can be done by health care providers as well as other personnel caring for survivors.

- Each survivor will experience and cope with the trauma of rape within her or his own culture and society.
- Any intervention must be tailored to the situation.
- Usually best supported without medications
- Referral for social and psychological support services is an *essential component* of care for survivors.

- Advise on psychological, emotional, social and physical problems she may experience
- Explain that it is common to experience strong negative emotions or numbness
- Refer for professional counseling
- Protect the survivor from further harm
- Provide opportunity for survivor to talk about the events, but without pressure
- Respect the wish not to talk and avoid pushing her him to talk about the event

- Listen patiently and in a non-judgmental manner
- Convey genuineness
- Identify basic practical needs and ensure they are met (e.g. providing a survivor with new clothes)
- Ask for a survivor's concerns and address them
- Encourage participation in normal daily routines
- Encourage positive ways of coping
- Discourage negative ways of coping (e.g. substance abuse)
- Encourage them to confide in someone they trust

Special considerations for all survivors

- In most cultures, there is tendency to blame the survivor
- It is important to point out that rape is **always the fault of the perpetrator and never the fault of the survivor.**
- She did not deserve it nor was it caused by her behavior, dress, etc.

Special considerations for men

- Are even less likely to report the incident than women
- Physical effects may differ, but psychological effects are similar

Psychological effects of rape

- Feelings of guilt and shame
- Uncontrollable emotions (e.g. fear, anger, anxiety)
- Nightmares
- Suicidal thoughts or attempts
- Numbness
- Substance abuse
- Social withdrawal
- Sexual dysfunction
- Medically unexplained somatic complaints

Types of counselling services for rape cases

- **1. Trauma counselling** - Minimum period of five sessions.
- **2. Counseling Related to the Possibility of a Pregnancy – (Emergency Contraceptive):**
 - Explain what it is, how it is used and that there is still a risk of pregnancy after EC is taken.
 - The later EC is taken, the higher the risk of pregnancy
- **3. Counselling related to possibility of STI and HIV**
 - Pre-test counselling
 - Introduce basic information on HIV
 - Explain the benefits of taking the test
 - Explain the implications of a positive test
 - Explain the HIV testing process

Types of counselling cont....

4. Post test counselling

- Provide detailed information on PEP
- Explain that PEP does not prevent HIV infection but reduces the risk
- Discuss and show the result of HIV test and explain appropriate follow up steps.

5. Adherence Counseling for HIV PEP

- Explain side effects of HIV prophylaxis and treatment
- Explain how to manage side effects
- Stress the need to complete the treatment

Barriers to effective listening

- *Acoustics*, e.g. background noise
- *The physical environment*, e.g. lack of privacy
- *Body language*, e.g. eyes darting around room
- *Delivery/tone*, e.g. slow, monotone, emotional
- *Language*, e.g. use of technical/medical terms
- *Appearance*, e.g. sloppy dress
- *Others*: tired, preoccupied, uninterested, having a bias against the individual, having bias against the subject, inappropriate touch.

Counselling skills

- Listening
- Paraphrasing
- Availability
- Nodding/ Showing understanding
- Summarizing
- SOLERing: **S**it square, **O**pen posture, **L**eaning forward from time to time, **E**ye contact, **R**elax
- Interpreting
- Open-ended questions

Gender based violence related Acts

- 1. Succession act
- 2. Offences act
- 3. Children's act
- 4. Marriage act