

“SEXUAL VIOLENCE” HOW TO APPROACH A WOMAN FACING SEXUAL VIOLENCE

Dr. Jyoti Bungalowala

Curated – Dr D Kiranmai, Mr Ajey Bhardwaj

**For DHEERA,
An initiative by Dr. Shantha Kumari,
President of The Federation of Obstetric and
Gynaecological Societies of India**

HOW IS SEXUAL VIOLENCE DEFINED?

Sexual violence refers to any sexual act or attempt to obtain a sexual act, or unwanted sexual comments or acts to traffic, that are directed against a person's sexuality using coercion by anyone, regardless of their relationship to the victim, in any setting, including at home and at work

Rape is the term that is commonly used for the first type of sexual violence mentioned(forced/coerced intercourse).

WHO's definition of sexual violence includes but is not limited to rape, which is defined as physically forced or otherwise coerced penetration of the vulva or anus ,using a penis , other body parts or an object

FACTS ABOUT SEXUAL VIOLENCE

- Chances are you know someone who has been sexually assaulted.
- Victims usually know their assaulter.
- Victims are never at fault for a sexual assault.
- Rape is the least reported and convicted violent crime in the world.
- Sexual violence is preventable.
- Help is available.

FORMS AND CONTEXTS OF SEXUAL VIOLENCE

A WIDE RANGE OF SEXUALLY VIOLENT ACTS CAN TAKE PLACE IN DIFFERENT CIRCUMSTANCES AND SETTINGS

Rape within marriage
or dating
relationships

Rape by strangers

Systematic rape
during armed
conflict

Unwanted sexual
advances or sexual
harassment, including
demanding sex in
return for favors

Sexual abuse of
mentally or
physically disabled
people

Sexual abuse of
children

FORMS AND CONTEXTS OF SEXUAL VIOLENCE

A WIDE RANGE OF SEXUALLY VIOLENT ACTS CAN TAKE PLACE IN DIFFERENT CIRCUMSTANCES AND SETTINGS

Forced marriage or cohabitation, including the marriage of children

Denial of the right to use contraceptive or to adopt other measures to protect against sexually transmitted diseases

Forced abortion

Violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity

Forced prostitution and trafficking of people for the purpose of sexual exploitation

“CUSTOMARY” FORMS OF SEXUAL VIOLENCE CHILD MARRIAGE

- Marriage is often used to legitimize a range of forms of sexual violence against women.
 - marrying off young children, particularly girls - many parts of the world.
- Legal in many countries- is a form of sexual violence
 - children involved unable to give or withhold their consent
 - majority of them know little or nothing about sex before they are married

THE CONSEQUENCES OF SEXUAL VIOLENCE

- Pregnancy and gynaecological complications
- Sexually transmitted diseases
- Mental health issues
- Suicidal behaviour
- Social ostracization

FATAL OUTCOMES RELATED TO SEXUAL VIOLENCE

- Suicide
- Homicide
- AIDS- related

NON-FATAL OUTCOMES RELATED TO SEXUAL VIOLENCE

PHYSICAL CONSEQUENCES

- Unwanted pregnancy
- Infertility
- Sexual dysfunction
- Chronic pelvic pain
- Sexually transmitted infection, including HIV infection and AIDS
- Obesity or anorexia
- Urinary tract infections
- Gastrointestinal disorders
- Gynecological and pregnancy complications
- Migraines and other frequent headaches
- Fatigue
- Nausea

NON-FATAL OUTCOMES RELATED TO SEXUAL VIOLENCE

PSYCHOLOGICAL CONSEQUENCES

- Rape trauma syndrome
- Post-traumatic stress disorder
- Social phobias
- Shock
- Increased substance use or abuse
- Denial
- Fear
- Confusion
- Anxiety
- Guilt
- Depression
- Alienation
- Eating disorders

APPROACH TO SURVIVORS OF SEXUAL ASSAULT

Sexual assault is one of the most invasive and intimate forms of violence, a Trauma Informed Care (TIC) approach should be utilized.

Involves thorough understanding of

- Neurological
- Biological
- Psychological and social effects of trauma and violence on the individual.

WHEN A PATIENT PRESENTS AND REPORTS A SEXUAL
ASSAULT, TRIAGE THE PATIENT AS A MEDICAL
EMERGENCY

IMMEDIATE NEEDS OF A SURVIVOR OF SEXUAL ASSAULT

- Medical and/or psychiatric evaluation and stabilization
- Activation of community advocacy to the bedside
- Mandated reporting as directed by state statutes
- Offering and conducting (if desired by the survivor) the Sexual Assault Forensic Exam (SAFE)
- Collaboration with law enforcement (if desired by the survivor), prophylactic medications for STI and STD
- Pregnancy risk evaluation and care and safe discharge planning
- Those providing medical and forensic care must always be prepared to provide testimony as either a fact and/or expert witness

APPLICATION OF TRAUMA INFORMED CARE TO THE CARE OF THE PATIENT THAT DISCLOSES SEXUAL ASSAULT

Safety

Trustworthiness

Choice

Collaboration

Empowerment

SAFETY

- Knock on the door and ask permission to enter the patient's room
- Meet with the parents before they disrobe
- Ask the patient to disrobe only when necessary or only partially disrobe
- Provide and clearly identify washrooms
- Take time to familiarize the person with the physical environment
- Ask about comfort level with lighting
- Share control
- Show respect
- Use a warm and compassionate manner to build rapport

TRUSTWORTHINESS

- Explain all procedures in terms the person can understand
- Tell the person what to expect and how long it will take
- Ask the person what he or she wants

CHOICE

- Ask if you can touch them each time
- Ask before you invite in additional staff
- Ask if you can close the door
- Allow the person to decide where to sit in the room
- Explain rationale for each procedure, what the procedure will feel like and make appropriate modifications to reduce re-traumatization.
- Obtain consent for each part of the exam performed

COLLABORATION

- Ask “What are your top worries or concerns” and address these first if possible
- Share information
- Encourage the person to make decisions about treatment

EMPOWERMENT

- Ask “ What happened to you” not “what is wrong with you?”
- Never ask “why” questions as they imply fault
- Take time with the person so he or she feels genuinely heard
- Ask if the person has preferences related to or has had difficulty with a particular procedure
- Ask the person what you should know before you begin the procedure
- Ask if there is a way you can make the procedure easier for him or her
- Ask if there is a way you can make the person relax, like a different position
- Pay attention to body cues; many survivors have been conditioned to be passive and defer to authority and so may not disclose distress during a procedure.

ELEMENTS OF THE SA HISTORY

- Medical History
- Recent Consensual Sexual Activity
- Assault-Related Medical History
- Sexual Assault Details
- Nature of the Physical Assault
- Post Assault Activities
- Suspect Information



REGISTRATION and PRE – TEST POST-TEST and FEEDBACK



Certificate will be awarded to participants on course attendance and submission of Registration, Pre-Test, Post-Test, Feedback