

SEXUAL & DOMESTIC VIOLENCE



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VIOLENCE: World Health Organisation, 2002

- The **intentional** use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation”
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Gender-based violence

CEDAW-Convention against all forms of discrimination against women

violence that is **directed against a woman because she is a woman** or that affects women disproportionately.

It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.)

Human rights and fundamental

These rights and freedoms include:

- (a) The right to life;
 - (b) The right not to be subject to torture or to cruel, inhuman or degrading treatment or punishment;
 - (c) The right to equal protection according to humanitarian norms in time of international or internal armed conflict;
 - (d) The right to liberty and security of person;
 - (e) The right to equal protection under the law;
 - (f) The right to equality in the family;
 - (g) The right to the highest standard attainable of physical and mental health;
 - (h) The right to just and favourable conditions of work.
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■ Domestic Violence

pattern of assaultive and coercive behaviours, including physical, sexual and psychological attacks as well as economic coercion., that adults or adolescents use against their family members, usually girls and women.

Physical Violence: Beating, Slapping, Hitting, Biting, Kicking, Punching, Shoving

Sexual Violence: Forced sexual intercourse; any unwelcome conduct of sexual nature;

Economic Violence: Not providing you money for maintaining you or your children, Stopping you from working , Taking away your income from your salary, wages etc. or Not allowing you to use your salary, wages etc., Forcing you out of the house you live in

Verbal and Emotional Violence: Insults; Name-calling; Accusations on your character/conduct etc.; Insults for not having a male child; Insults for not bringing dowry etc.; Restricting mobility, Forcing you to get married or preventing you from marrying a person of your own choice;

Sexual Violence

- “Any sexual act, attempt to obtain a sexual act, unwanted sexual comments/advances and acts to traffic, or otherwise directed against a person’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.”
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Criminal Law Amendment Act, 2013:

Section 375:

Rape is:

Penetration of penis/object/body part into any orifice (anus/vagina/mouth)

Even the penetration of labia majora constitutes rape.

It further states that a woman who does not physically resist to the act of penetration shall not by the reason only of that fact, be regarded as consenting to the sexual activity.

All hospitals, private or public, run by central or state government need to provide first aid or medical treatment, free cost to the victims and immediately inform the police

Sexual violence - a public health issue

Learning Outcomes

| Knowledge | Attitudes | Skills |
|---|---|--|
| To explain the role of health care providers in assessing and addressing the health problems of survivors of sexual violence. | To realise the importance of sensitive care to facilitate disclosure and treatment for sexual violence. | To demonstrate competence in responding appropriately to survivors of sexual violence. |

Key Messages:

- Violence against women is a public health issue. Sexual Violence is a form of Violence against women.
- First line support should be an important part of treatment of a sexual assault survivor.
- It is important to reinforce during first line support that the survivor is not responsible for the act and that rape is a violation of human rights.
- It is essential that all medical procedures, consent-taking, medico-legal documentation and evidence collection is done in a gender-sensitive manner.

Sexual Violence - Background

- 1 in 3 women experience physical and/or sexual violence by a partner or sexual violence by a non-partner (WHO 2013)
 - Prevalence high in African, Eastern Mediterranean and South-East Asia Regions (WHO 2013)
 - Lead to substantial health effects that are important determinants of morbidity and mortality
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Forms of sexual violence

Coerced/forced sex in marriage or live in relationships or dating relationships

Rape by strangers

Systematic rape during armed conflict, sexual slavery

Unwanted sexual advances or sexual harassment

Sexual abuse of children

Sexual abuse of people with mental and physical disabilities

Forced prostitution and trafficking for the purpose of sexual exploitation

Child and forced marriage

Denial of the right to use contraception or to adopt other measures to protect against STIs

Forced abortion and forced sterilization

Female genital cutting

Inspections for virginity

Forced exposure to pornography

Forcibly disrobing and parading naked any person

Magnitude of problem

- 7% of women worldwide - sexually assaulted by someone other than a partner since the age of 15 years
- 24,923 cases of rape & 45,352 cases of molestation reported in India in 2012 (NCRB 2010). NCRB figures only take into account cases that have been reported to law enforcement agencies.
- NFHS 3 - in India, 8.5 percent of all 15-49 years women have experienced sexual violence at some point

Some health consequences



Signs & Symptoms to identify violence

| | | | |
|----------------------|--|----------------------------------|-----------------------------|
| History of assault | Repeated Pregnancy | Repeated birth of girl child | Spontaneous abortions |
| MTP cases | Reversal of TL | Unwed mothers/Pregnant widows | Chronic Leucorrhea |
| Postpartum psychosis | Injury marks on labia, breast or other sexual organs | Abruption of placenta | Pelvic Inflammatory Disease |
| | Multiparity | History of fall during pregnancy | |

WHO guidelines – responding to sexual assault or violence

- **Identification of Violence:** probes, signs & symptoms
- **Emotional support:** sensitive, non-judgemental
- **Medical care for survivors:** treatment of injuries
- **Documentation:** details of resulting injury/injuries etc.
- **Giving information and referrals:** legal aid, shelter, counselling

LIVES - 5 tasks for doctors dealing with survivors

LIVES

| | |
|----------------------------------|---|
| LISTEN | Listen to the woman closely, with empathy, and without judging |
| INQUIRE ABOUT NEEDS AND CONCERNS | Assess and respond to her various needs and concerns—emotional, physical, social and practical (e.g. childcare) |
| VALIDATE | Show her that you understand and believe her. Assure her that she is not to blame |
| ENHANCE SAFETY | Discuss a plan to protect herself from further harm if violence occurs again |
| SUPPORT | Support her by helping her connect to information, services and social support |

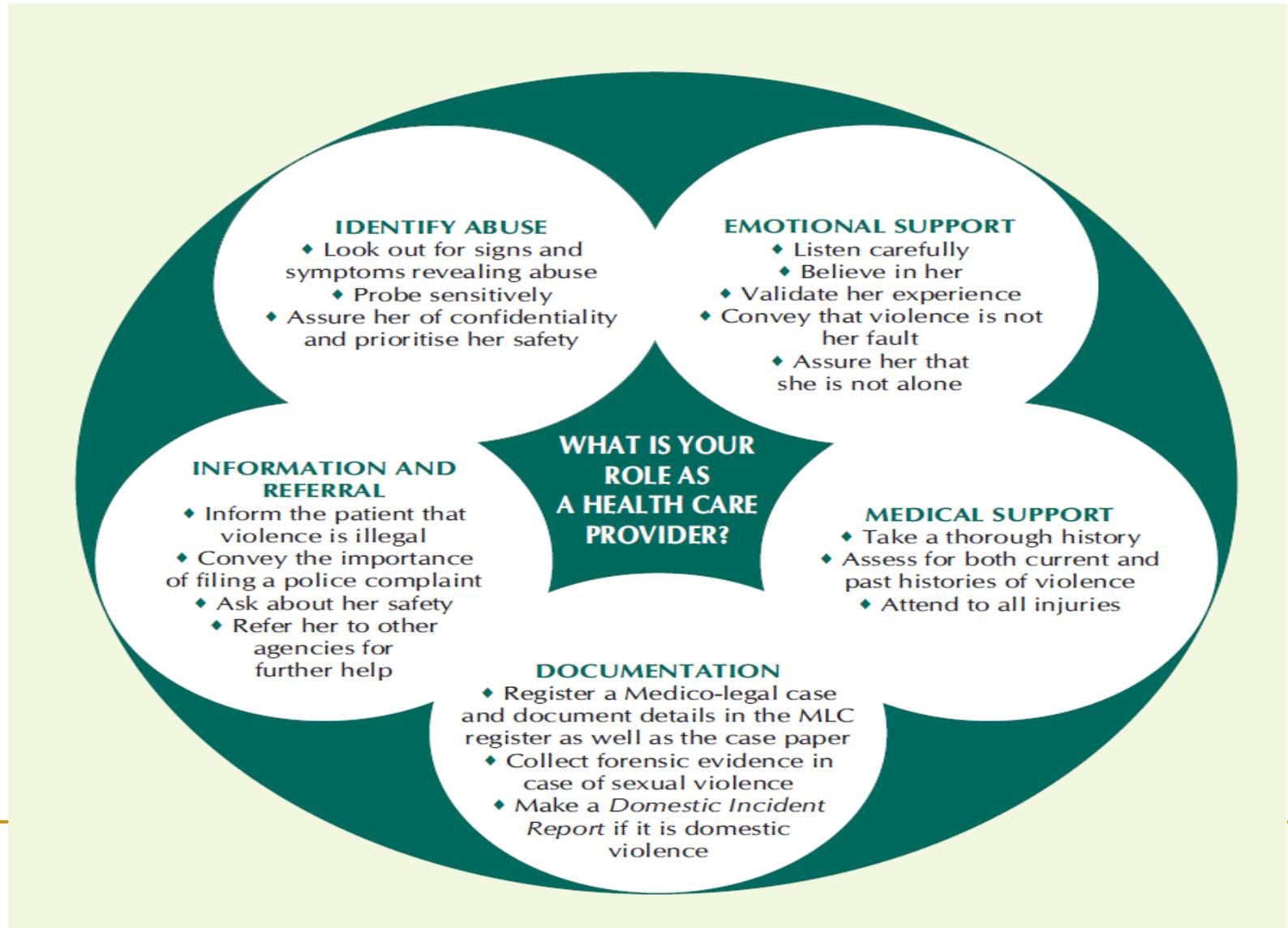
Source: WHO

Activity

Reena is 29 years old and 3 months pregnant. This is her second pregnancy. She had consulted you for antenatal care during her first pregnancy and even delivered the baby at your hospital. She has come to you again for antenatal care. You suspect that she is experiencing violence.

- How will you go about dealing with this case?
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Response to activity



Points to remember:

- The doctors should not rule out sexual assault if there are no physical injuries.
- Per vaginum examination must not be conducted for establishing sexual violence
 - size of vaginal introitus has no bearing on case of sexual violence
- Status of hymen is irrelevant – torn owing to cycling, riding etc.
- Do not make comments such as ‘she is habituated to sex’ as this may work against the survivor
- Do not record statements e.g. ‘appears unaffected’, ‘does not show signs of distress’ regarding survivor’s mental state – she may have overcome trauma or be in shock

What should a doctor do?

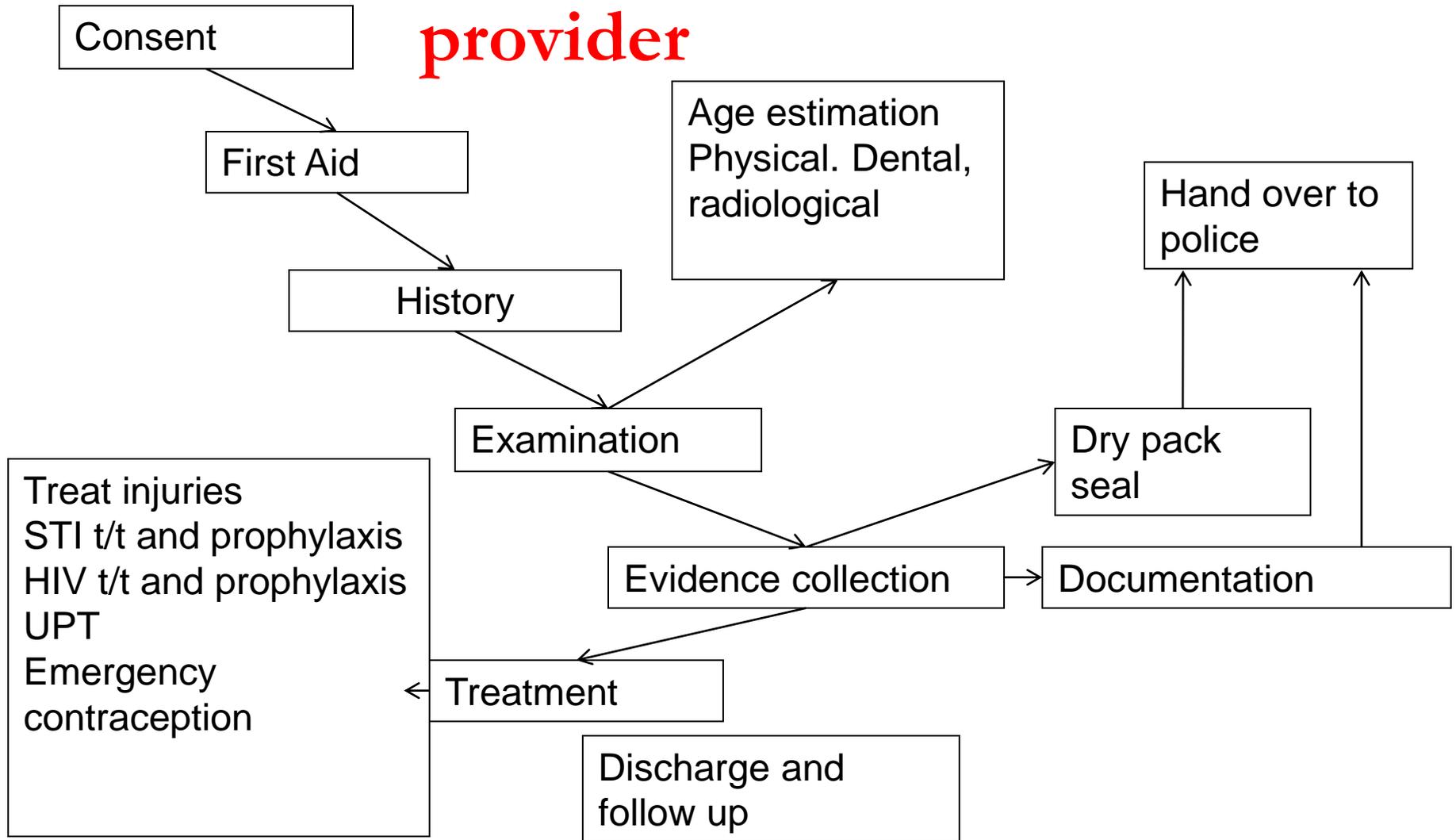
- *A doctor should be alert to signs of violence even if the woman/girl does not speak about it*
 - *A doctor should be sensitive while treating survivors of violence and recognise different forms of violence*
 - *A doctor should take an informed consent from the survivor*
 - *A doctor should elicit assault history of the survivor in a gender sensitive manner*
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NIRBHAYA
Be Fearless

Girls must learn
self defense
self defense
self defense

Role of health care provider



पोलीस स्टेशन पाचोड
दिनांक २७/११/२०१४



मा. वैद्यकीय अधिकारी सो,
घाटीदवाखाना औरंगाबाद

विषय :- पो.स्टे. पाचोड गुरन १८६/१४ कलम ३६३, ३६६ भादवी ३७६, भादवी व सह
कलम ४, ६, ८, १० मधील पीडीत मुलगी नामे जनाबाई पिता शेषराव माळी वय
१३ वर्ष रा.एकतुणी . पैठण हिची वैद्यकीयतपासणी होवुन अभिप्राय मिळणे
बाबत.

रिपोर्ट:- एस.डी.पवार पोउपनि पो.स्टे. पाचोड

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सादरकी. उपरोक्त विषयात नमुद गुन्ह्यात मधील मुलगी नामे जनाबाई पिता शेषराव
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ला-वर विषयात नमुद प्रमाणेगुन्हा नोदवण्यात आला आहे.

तरीनमुद पिडीत मुलगी हिची खालील मुद्द्यावर शारीरिकतपासणी होण्यासाठी तीस तीचे
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असेलेली मपोशी /

- १) नमुद मुलगी संभोगास सक्षम आहे अगरकसे?
 - २) नमुद मुली सोबत संभोग झाला आहे अगरकसे?
 - ३) नमुद मुलीचेगुप्त भागावारतसेच शरीरावर जखमा वगैरे आहे अगरकसे?
 - ४) नमुद मुलीही गर्भवती आहे किवा कसे .
 - ५) नमुद मुलीचे व्हांजीनल स्वॅबकाढुनसिलबंदकरुन मिळण्यास विनंती आहे.
- वरील प्रमाणेनमुद मुलीचे वैद्यकीयतपासणी होवुन आपला अभिप्राय मिळणे विनंती आहे.

सविनय सादर

प्राथमिक पोलीस निरीक्षक
पोलीस स्टेशन, पाचोड

एस.डी.पवार
पोलीस उप.निरीक्षक
पो.स्टे.पाचोड

दोस्त सिद्धबंद पॅकेट मिळवले

PRIMARY PREVENTION

**Prevention of injury
& ill health-**

SECONDARY PREVENTION

**Minimize harm already done
and prevent further injury
(screening, IEC)**

TERTIARY PREVENTION

Treatment and rehabilitation

Please Remember

Girls & women can not stop rape just by
changing their own behavior

violence never stop unless they are
Punished

Thank You
