Screening for Gender-Based Violence
CULTURAL ENVIRONMENT

Providers should be aware of the different types of sexual and gender-based violence that are most commonly seen in the communities where they work.

- Globally, about 1 in 3 of all women have experienced either physical and/or intimate partner violence in their lifetime.
- 1 in 4 women aged 15 to 19 worldwide report sexual violence since the age of 15.
- As many as 70% of adolescent women report their first sexual experience as forced.
- 1 in 3 girls aged 13 to 15 experience regular bullying.
- Globally, 40-68% of young women with disabilities and 16-30% of young men with disabilities experience sexual violence before the age of 18.
CULTURAL ENVIRONMENT

- More than 200 million girls and women alive today have undergone female genital mutilation.
- 1 in 3 girls in the developing world are married before the age of 18.
- People who identify or are presumed to be lesbian, gay, bisexual, transgender, or intersex experience violence and discrimination, including bullying, physical and sexual assault, and murder at increased levels in all areas of the world.

SCREENING ENVIRONMENT

What do you do if you suspect that an adolescent client has experienced sexual or gender-based violence?

• Do not raise the issue in front of partners, parents, or caretakers. Only ask about violence when the client is alone.
• Establish a safe, private, and confidential environment for the client.
• Use empathetic, non-judgmental body language and words.
• Use words that are appropriate and relevant, and that the client is most comfortable using.
• When clients are adolescents with disabilities, use language that is accessible and understandable, taking into account the specific barriers that persons with different types of disabilities may face and providing accommodation as needed. On communication with adolescents with disabilities, please refer also to unit 7 and to the “Adolescents with Disabilities” chapter. Avoid distraction and interruption.
SCREENING ENVIRONMENT

• Start with normalizing statements, like:
  • Many adolescents sometimes have problems with their parents and/or romantic partners and/or or someone with whom they live.
  • Sometimes I see health problems like this with other adolescents who have been having trouble at home and/or in school, and/or in their relationship.

• Maintain respectful attitude, calm voice, and eye contact as culturally appropriate.

• Avoid distraction and interruption.

• Take time to collect all needed information
SCREENING QUESTIONS

Here are some simple and direct questions you can pose if you suspect a client is experiencing SGBV:

• Are you afraid of your parents/husband/wife/partner/caregiver?
• Has anyone ever threatened to hurt you or physically harm you in some way? When did it happen?
• Does someone at home or in your life bully or insult you?
• Does your partner try to control you, for example, by keeping you in the house against your wish or not letting you out of the house when you desire to do so?
• Has anyone forced you or pushed you to have sexual contact that you didn’t want at the time?
• Has anyone threatened to kill you?

(Source: WHO 2014)
DISCLOSURE

If you suspect sexual or gender-based violence, but the client does not appear willing to disclose, there are still things you can do to support them.

• Give the client time and make sure they know they can come back for any reason.
• Tell them about services that are available if they need or decide to use them.
SGBV Screening
LIVES TECHNIQUE

When screening for SGBV with adolescent clients or clients of any age, providers can use the “LIVES” technique to identify emotional and practical needs at the same time.

• **Listen:** Listen to the client closely, with empathy, and without judging.

• **Inquire:** Assess and respond to the client’s needs and concerns – emotional, physical, social, and practical.

• **Validate:** Demonstrate that you understand and believe your client. Assure your client that they are not to blame.

• **Enhance** safety: Discuss and help your client create a plan to protect themselves from further harm.

• **Support:** Connect your client to information, services, and social support.

(Source: Adapted from WHO 2014)
EMOTIONAL NEEDS

The goal of first-line support and the LIVES technique is to provide emotional and practical care. It can include:

• Identifying the client’s needs and concerns. Building trust and rapport by asking about neutral topics before delving into direct questions about the abuse.

• Listening and validating the client’s experiences.

• Helping the client feel connected to others.

• Helping the client remain calm and hopeful.

• Empowering the client to feel able to help themselves and to ask for help.

• Exploring the client’s options.

• Respecting the client’s wishes.

• Helping the client find social, physical, and emotional support.
EMOTIONAL NEEDS

You do not need to:

• Solve the client’s problems.
• Convince the client to leave a violent relationship.
• Convince the client to go for any other services.
• Convince the client to report to the police or any other authority.
• Ask detailed questions that make the client relive painful events.
• Ask the client to analyze what happened or why.
• Provide a justification or explanation for what happened.
• Pressure the client to tell you their feelings or reactions.
HISTORY TAKING

For reasons of confidentiality and safety interview clients on their own (e.g. away from parent/guardian/ or caregiver), while offering another adult as support.

- General medical information
- Gynecological history
- Questions about the assault
  - Only ask about what is needed for medical care (e.g. penetration, oral, vaginal, anal)
  - Minimize need for client to repeatedly describe assault or history of abuse, as it can be re-traumatizing
  - Explain Purpose:
    - Guide exam so injuries can be found and treated
    - Assess risk of pregnancy, STIs, HIV
    - Guide specimen collection and documentation
- Assessment of mental state
  - If signs of severe emotional distress, ask specific questions
WHAT IS INFORMED CONSENT

• The voluntary agreement of an individual who has legal capacity to give consent.

• To provide “informed consent,” the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent.

• Determining who is “legally” able to give consent for certain types of services will depend on the context in which you work.

• Usually children under age 15 are not legally able to provide consent on their own,

• The process of obtaining informed consent may require longer time when there are communication barriers linked to a client’s disability. This does not absolve a service provider of their obligation to obtain informed consent. On the contrary, providers must ensure whatever accommodation necessary in order to allow smooth communication with the client. Refer to the “Adolescents with Disabilities” chapter for additional inputs on the subject.
THREE KEY COMPONENTS TO THE INFORMED CONSENT PROCESS

• Provide all possible information and options to a survivor in a way they can understand.
• Determine if they can understand this information and/or their decisions. This is also referred to as “capacity to consent”)
• Ensure that the decisions of all survivors, including survivors with disabilities, are voluntary and not coerced by others such as family members, guardians, caregivers or even service providers.
PHYSICAL EXAM

- Describe the four aspects of the exam to the client:
  - Medical
  - Pelvic
  - Forensic evidence collection
  - Release of medical information/evidence to police (if she wants legal redress).
Tell the patient that s/he is in control of this exam.

- They should tell you to stop any time they feel uncomfortable.
- For reasons of confidentiality and safety the patient's parent(s) or caregivers should be asked to leave so that the young person has total privacy.
- Some survivors of sexual violence may find a physical exam traumatizing. Always allow the client to reschedule. Never act impatient or annoyed if they ask to stop or pause for any reason.

When conducting the exam, have an observer present, preferably a trained support person or same sex health worker.

- Introduce and explain role of observer
- Besides the observer, keep the number of people to a minimum
PHYSICAL EXAM

• Ask if there is any additional or specific support that the client desires such as a friend or family member.
• Ask if the client is comfortable with a male provider examining her. If not, find a female provider.
• Communicate to patient during the exam what will happen next. “I will be examining your _____________________.
  – During a physical exam the provider should report what they observe in a non-emotional, non-judgmental way. "I see you have a small cut here, does it hurt?"
  – Do not explain any diagnosis or ask further questions about the possibility of sexual abuse until after the client is fully clothed and the exam is over.
PHYSICAL EXAM

• If necessary, translate all information into the clients’ language to make sure they understand. Ensure accommodation is provided as needed to allow full and smooth communication with clients with different types of disabilities.

• Close the presentation by asking if there are any questions about screening or the counseling environment for adolescents who have experienced SGBV.
Services for Survivors
PHYSICAL EXAM

• In cases of SGBV, the physical exam can be both a vital health service and a record of evidence for the police or other authorities. If you suspect that a client has been subjected to SGBV, consider the need for evidence collection as you provide services.

• After taking a history, explain the physical exam to the client and obtain informed consent. Explain that you will be writing down what you see during the exam, the same as you would for any health service. Reassure the client that they are in control, and can ask you to stop, pause, or not record anything at any point during the exam.
RECORDING FINDINGS

Health care providers are sometimes asked to answer questions from the police, lawyers, or other authorities about injuries to women and adolescents they have treated. While confidentiality of the patient must be prioritized, sometimes careful documentation of findings and treatment on the history and exam form can make the difference in protecting and helping a client find justice.

Authorities will look for:

• Type of injury (cut, bruise, abrasion, fracture, other)
• Description of the injury (length, depth, other characteristics)
• Where on the body the injury can be found
• Possible cause of injury (e.g. gunshot, bite marks, knife, other)
• The immediate and potential long-term consequences of the injury
• Treatment provided
TREATMENT

In addition to the medical treatment of injuries, some particular SRH services may be necessary for adolescents who have experienced SGBV. Some treatments to consider include:

• **Emergency Contraception**: Should be taken as soon as possible. EC can be administered up to five (5) days after an assault. Any woman can take EC, and there is no need to screen for health conditions or test for pregnancy. EC pills will not cause abortion to an established pregnancy.

• **Emergency Copper IUD**: Can provide emergency contraception if inserted within 5 days after an assault. Should only be used for women interested in the IUD and long-term contraception.
TREATMENT

• **STI prevention**: Adolescents who have been sexually assaulted can be given antibiotics to prevent or treat potential bacterial infection with chlamydia, gonorrhea, trichomonas, and syphilis. There is no need for testing before treatment.

• **Hepatitis B Vaccine**: Clients who haven’t been vaccinated for hepatitis B can receive the first dose at the visit and come back for the rest of the course. If the client is uncertain, test first for antibodies before providing the vaccine.

• **HIV Post-Exposure Prophylaxis (PEP)**: PEP can be given to clients within 72 hours of an assault. PEP should be given if the perpetrator is of unknown HIV status, the client’s HIV status is unknown, and the client does not want to wait for a test.
SERVICES FOR ADOLESCENT SURVIVORS OF CHILDHOOD SGBV

• Many clients will have experienced violence at an earlier point in their lives, and it is important to be aware of their SRH needs.

• **Female genital mutilation (FGM)/female genital cutting (FGC):** Adolescent clients who have experienced FGM/FGC may have particular concerns about their genital health, ability to experience sexual intercourse, and need for contraception. Depending on the type of FGM/FGC, girls and young women may also experience infection, inflammation, or severe pain. For adolescents with type III FGM (the most severe form, also known as infibulation), deinfibulation by a trained health professional is recommended. Counseling for preventing or treating female sexual dysfunction is recommended for all women living with FGM.
SERVICES FOR ADOLESCENT SURVIVORS OF CHILDHOOD SGBV

• **Young Married Women:** While some adolescents marry before the age of 18 by choice, many women who marry young are forced or coerced by their families, communities, and future spouses. These young women, particularly those married to older men, may be at increased risk for intimate partner violence, STIs and HIV, and pregnancy. They should be screened for violence and counseled on contraception and STI/HIV prevention.