

Review Article

Survivor-Centered Care in Gender-Based Violence Treatment Protocol for Healthcare Providers: A Medico-legal Review

Borhan Uddin Ahamed¹, Nazmun Nahar Nahida²

¹Professor and Head; ²Assistant Professor; Department of Forensic Medicine and Toxicology, Monno Medical College, Gilondo, Manikganj, Bangladesh.

Abstract:

The gender-based violence (GBV) treatment protocol for healthcare providers (HCPs) is an essential element for building the capacity of HCPs to provide better quality care to the survivors. A protocol helps to ensure that all survivors of GBV regardless of their age, background or ethnicity receive appropriate and effective care when they enter a health facility. Concern for patient welfare extends to ensuring that patients' dignity is respected after an assault that may leave them feeling humiliated and degraded. Additionally, medical and forensic services should be provided in a manner that minimizes the number of invasive physical examinations and interviews of the patient. Rape management is generally considered as a medical emergency and the provision of medico-legal services thus takes secondary importance to general healthcare services [such as trauma treatment, evaluation and management of pregnancy and sexually transmitted infections (STIs)]. Performing a forensic examination may be considered as a negligent practice without meeting the primary healthcare needs of the patients. Health facilities are often the first entry points for GBV survivors – so, it is crucial for HCPs to be skilled and well-equipped to manage the care to the survivors. A protocol emphasizes the importance of providing survivor-centered care with an empathetic attitude to people affected by GBV includes identifying GBV, taking medical history, maintaining privacy and confidentiality and gathering medico-legal evidence.


Keywords: Gender-based violence, Survivor-centered care, Medico-legal

Received: 30 March, 2022, **Manuscript ID:** 11200322RA, **Accepted:** 10 November, 2022

DOI: <https://doi.org/10.3329/jmomc.v8i2.64441>

Correspondence: Professor Dr. Borhan Uddin Ahamed, Head, Department of Forensic Medicine and Toxicology, Monno Medical College, Monno City, Gilondo, Manikganj, Bangladesh. E-mail: bborhan.ahamed@gmail.com, Cell: +880 1711 233009.

How to cite this article: Ahamed BU, Nahida NN. Survivor-Centered Care in Gender-Based Violence Treatment Protocol for Healthcare Providers: A Medico-legal Review. J Monno Med Coll. 2022 December;8(2):53-56.

Copyright: This article is published under the Creative Commons CC BY-NC License  (<https://creativecommons.org/licenses/by-nc/4.0/>). This license permits use, distribution and reproduction in any medium, provided the original work is properly cited, and is not used for commercial purposes.

Introduction

Gender-based violence (GBV) can take many forms, including physical, psychological and sexual violence, sexual exploitation, domestic violence as well as traditional harmful practices. It is often mitigated and founded on deeply entrenched norms that dictate a subordinate status for women at the social level. In Bangladesh, some of the harmful practices identified as GBV may include, but are not limited to forced marriage, early marriage, restriction on women's freedom of movement and denial of rights to education, work and access to health services. It is a matter of deep concern that violence against women continues to

be rampant in our society, despite the state's crackdown on law enforcement, particularly domestic violence, rape, battery and maiming. Incidents of violence and harmful practices in Bangladesh are under-reported due to women's subordinate role in our society, cultural beliefs and fear of reprisals by their families and stigmatization by their communities.

Impact of GBV on health

Globally, violence against women, in particular, physical and/or sexual violence by an intimate partner has been associated with a number of adverse health consequences.¹ Such violence may result in fatalities, including homicide,

suicide, maternal mortality or AIDS-related death. It may lead to injuries, functional impairment, and other health effects such as headaches, back pain, abdominal pain, fibromyalgia, gastrointestinal disorders, limited mobility and poor overall health. It may also lead to unintended pregnancies, induced abortions, maternal health problems (miscarriage, still birth, low birth weight, prematurity), gynecological problems and sexually transmitted infections, including HIV. Such forms of violence may lead to depression, post-traumatic stress disorder, sleeping difficulties, eating disorders and emotional distress and suicide attempts. Sexual violence, particularly during childhood, may lead to misuse of drugs and alcohol, and to at-risk sexual behaviours in later life.

To ensure that healthcare providers (HCPs) and first responders having the necessary knowledge and skills to provide appropriate care for GBV victims and refer cases of GBV to provide health, psycho-social protection or legal services. An entire strategy was developed, followed by developing a strategy and program for awareness raising and sensitizations, capacity building of medical personnel and first responders for GBV care, including training and supervision, establishment of integrated multi-sectorial system, funding mechanism and monitoring and evaluation.

Survivor-centered care for GBV survivor

According to World Health Organization (WHO), the patient's health and well-being should always be prioritized when caring for survivors of GBV.² Survivor-centered care is generally defined as an approach where the focus is on caring for the survivor.² It is the standard of care that assure that the patient is at the centre-of-care. Although different definitions of survivor-centered care exist, a respectful attitude, effective listening and support for personal autonomy are the keys to ensuring that the care provided is appropriate for each survivor's individual needs.

(i) Attitude:

The first component of survivor-centered care is the respectful attitude, whereby the value of a survivor as a unique individual is appreciated. Adopting a respectful attitude is fundamental to the development of a relationship of trust while working with GBV survivors.

The survivor's ability to survive the violence and courage in seeking medical help merit the medical professional's full respect. The survivor might also feel shame, a lack of self-worth, isolation, and rejection by the partner or family circle at the time when arrives at the healthcare centre.

The respect shown will help in recovery of the survivor.

The role of the HCP is not to prove/disprove any allegations, nor whether rape has actually occurred neither judging the survivor on the basis of the reaction experienced during the assault (e.g., no resistance) or after the assault (e.g., not seeking help). Listening with an open-minded and accepting attitude will enable the survivor to express freely.

Survivors often believe that they failed to act properly to avoid the violence. It is important to note that GBV is a violation of human rights and that it is always the perpetrator who is the guilty party.

(ii) Guarantee confidentiality:

The confidentiality needs to be guaranteed by all persons involved in their care (doctor, midwife, nurse) and the survivor should be assured that no information will be released without consent. Confidentiality is crucial to protect the safety of the survivor and to respect dignity and privacy.³

To be empathic, it is essential to put caregiver in the survivor's place and try to understand what GBV survivor is feeling and never put pressure on the survivor, but let them express themselves at their own pace. It is important to show that the caregiver is listening and that can be ensured by adjusting attitude according to the characteristics of the survivor.

(iii) Effective listening:

To ensure shared decision-making and to enhance the patient- HCP relationship, effective listening is considered as key to the survivor-centered approach. Effective listening skills should be applied throughout the entire process of care delivery for survivors of GBV, starting from the moment of identification, through the provision of first-line support, history-taking, examination, treatment and during any follow-up stage.

Eye contact, body position and non-verbal behaviour corresponds to the verbal behaviour and use a soft tone of voice without being monotonous and avoid sudden changes in volume that could disturb the survivor. In case of rape, the survivor should not be touched as a victim of rape, who often fear physical contact, at least in the early stages following the assault.

Listening attentively and actively gives the survivor the full attention and shows that the caregiver is listening through interested non-verbal behaviour and encouraging responses. To encourage the survivor to carry on talking and to listen carefully to what the survivor is saying, it is import

ant to capture the meaning of her/his words and phrases and always try to understand how she/he is feeling.

(iv) Asking questions has got some arts to be implied or to be avoided otherwise:

There are several types of questions, each with a different purpose like closed questions to which the only response is yes or no or responding with facts and limit self-expression. It is easy to answer these questions and they may, therefore, be useful in beginning the interview or when raising emotionally charged subjects. Another type is open questions that encourage free expression. This type of question should be used wherever possible or just avoid questions.

(v) Accept physical and emotional reactions with specific considerations for children:⁴

The reactions of a GBV survivor may vary from agitation to depression and may feel fear, anger, helplessness, shame, and sadness, and may express her/his feelings in tears, shouting, silence, and aggression which can make you feel uncomfortable. However, you must allow the survivor to express her/his feelings and reassure the survivor by explaining that her/his physical and emotional reactions are normal in reaction to the violence she/he has suffered. Introduce yourself to the child and tell her/him your role using developmentally appropriate language through avoiding assumptions about the nonverbal behaviour of the children at all developmental levels.

(vi) Empowerment:

In order to empower and enable the survivor to participate more fully in their healthcare, survivor-centered care is associated with patient choice, involving in or giving more control over decisions the interventions or forms of care that they might receive.

During a GBV assault, the victim may have been forced to endure a painful and humiliating experience over which there was no control. Following such a disempowering experience, it is essential to ensure that the survivor benefits from control of the medical process, otherwise, the provision of medical care may be perceived by the survivor as yet another experience of abuse. It is important to inform the survivor fully about the care and various services to be provided, in order to ensure fully-informed choices and that any treatment decision is a shared one. It is necessary to explain to the survivor that at any stage, there is an option to accept or refuse an examination, a test, a treatment, a referral, etc. Respecting the survivor's wishes, rights and dignity⁵

and supporting their choices at all times helps to stimulate self-control and always it is essential to act in the best interests of the survivor.

(vii) Specific considerations are required for children:⁶

Consists of involving the child in the decision-making as the children have a right to participate in decisions that have implications in their lives and consideration needed to be implied to the level of a child's participation in decision-making should be appropriate to the child's level of maturity and age, and local laws.

Strengthen children's resiliencies considering that each child has unique capacities and strengths, and possesses the capacity to heal and it is important to identify and build upon the child's and family's natural strengths as a part of the recovery and healing process. In case of sexual violence, research has shown that children who have caring relationships and opportunities for meaningful participation in family and community life and who see themselves as strong will be more likely to recover and heal from sexual assault.⁷

Conclusion

People who have been assaulted, abused and violated need, proper medical and legal care and medico- legal support. Healthcare providers (HCPs) are often the first contacts GBV survivors speak to, making it absolutely essential for them to be able to recognize signs of GBV and respond safely and appropriately. Survivor-centered GBV treatment protocol for HCP is, therefore, a much-needed intervention. It has to be a comprehensive tool and handbook for health practitioners containing detailed guidelines on administering quality care for GBV survivors.

Conflict of Interest: None declared.

References

1. World Health Organization (WHO). Prevalence and health effects of intimate partner violence and non-partner sexual violence. WHO; 2013. [Updated on: 2013] Viewed on: 15 February, 2022; Website:<https://www.sciencedirect.com/science/article/pii/S1054139X14003541>
2. World Health Organization (WHO). Gender-based Violence Treatment Protocol for Healthcare Providers in Afghanistan. WHO [Updated on: 12 December 2016] Viewed on: 17 March, 2022; Website:<https://reliefweb.int/report/afghanistan/gender-based-violence-treatment-protocol-healthcare-providers-afghanistan>].

3. Inter-Agency Standing Committee. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. [Updated on: 2015] Viewed on: 23 April, 2022; Website:https://interagencystandingcommittee.org/system/files/2015-iasc-gender-based-violence-guidelines_lo-res.pdf].

4. Kim D, Pierce-Weeks J. The clinical management of children and adolescents who have experienced sexual violence- Technical considerations for PEPFAR Programs. Arlington, VA: USAID. February, 2013.

5. United Nations Population Fund. Standard Operating Procedures for Healthcare sector response to Gender-Based Violence. [Updated on: 2013] Viewed on: 10 April, 2022; Website:<https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/SOP%20Final.pdf>].

6. United States Agency for International Development (USAID). The clinical management of children and adolescents who have experienced sexual violence, Technical considerations for PEPFAR Programs. USAID. [Updated on: February 2013; Viewed on: 10 April, 2022; Website:https://www.togetherforgirls.org/wp-content/uploads/pre_english.pdf].

7. Perry B. The Boy Who Was Raised as a dog: And Other Stories from a Child Psychiatrist's Notebook: What Traumatized Children Can Teach us about Loss, Love, and Healing. New York: Basic Books. 2007.