

# **GENDER–BASED VIOLENCE**

## **SERVICES**

Gender-based violence (GBV) is defined as violence involving men and women in whom the woman is typically the victim (Bott, Sarah, et al., 2004). Sexual violence includes rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and abuse, and forced abortion. Violence against women is global, systemic, and rooted in power imbalances and structural inequality (WHO, 2018a: 360). Gender-based violence is a problem that must be addressed. Many women and girls are victims of violence. Midwives and other service providers should identify and assist GBV-affected women and

girls (WHO 2018a: 360).

#### 7.4.1 **Response and support for prevention of violence against adolescents**

Health care interventions to combat GBV include response and support services for preventing adolescent violence, early detection of GBV through clinical inquiry, first-line support and response, and treatment and care for intimate partner violence and sexual assault (WHO 2017d: 7). In cases of sexual violence, HIV post-exposure prophylaxis as well as emergency contraception should be offered (WHO 2017d: 5).

The consequences of GBV depend on the type and severity of the incidence. The WHO (2017d: 4) recommends the following: health care providers offer non-judgmental care and validate a response, make available comprehensive and integrated care, publicise the availability of services, reduce stigma related to sexual abuse, advocate with policy-makers, prioritise and strengthen referrals.

In addition, healthcare providers should provide victims with psychological care and support. Because one of the traumatic experiences that the victim or survivor has, as a result of sexual abuse is emotional disturbance and negative psychological feelings. As a result, understanding the

survivor's emotional environment is "first aid" and has the ability to heal the emotional wounds of SV/GBV survivors.

#### 7.4.2 **Gender-based violence (GBV)** **prevention, support and care**

Violence can lead to a range of health problems, including unwanted pregnancy, HIV and other STIs. Health managers and policy-makers should create an enabling service-delivery environment and support health care providers in carrying out their tasks and responsibilities related to caring for adolescents who have been sexually abused (WHO 2017d: 4)

WHO's (2017d: 2) recommendation and good practice statement in adolescent-centered

care/first line support, Health care providers should provide first-line support that is gender sensitive and adolescent centred, in response to a disclosure of sexual abuse. This includes:

- Listening respectfully and empathetically to the information that is provided; offering a non-judgmental and validating response.
- Providing emotional and practical support by facilitating access to psychosocial services.
- Providing age-appropriate information about what will be done to provide with

need care.

- Prioritizing immediate medical needs and first-line support.
- Minimising the need to go to multiple points of care within the health facility.

#### 7.4.3 **Health system response to GBV**

The health sector is the first point of contact for survivors and a critical entry point in the referral pathway to other sectors. The health sector must be sensitive to GBV regardless of the type of set of the violence (FMoH 2017b: 143). Victims of sexual violence and gender-

based violence (SV/GBV) should be identified and treated as emergency cases and not compensated. Health

care facilities should have arrangements in place to protect survivors' privacy and confidentiality. All healthcare providers should be trained to detect clients who have experienced such incidents.

Survivors of SV/GBV have varying needs based on their personal circumstances, the severity of the violence, and the consequences. Regardless of the type of set of the violence, health care providers should keep the following standards and principles in mind: The services are based on a gendered understanding of violence against women and are centered on the victims' human rights and safety. Services are based on an integrated approach that considers the relationship



between victims, perpetrators, adolescents, and their wider social environment. Services aim to prevent secondary victimisation. Services address the specific needs of vulnerable people, and services are made available (FMoH 2017b: 143).

Health care providers should be able to identify SV/GBV survivors, perform appropriate medical examinations, and provide medical care. This process should always be documented. In every contact with SV/GBV survivors, risk assessment and safety planning should also be part of the management with possible referral to other services needed. Furthermore, the health sector, in collaboration with other sectors, can

make a significant contribution to preventing and responding to SV/GBV at various stages of the violence cycle: Efforts to prevent violence from occurring in the first place are referred to as primary prevention. Secondary prevention focuses on identifying survivors early (via emergency department screenings and reproductive, maternal, and child services). Tertiary prevention: serves to mitigate the negative consequences of previously occurring violence (FMoH 2017b: 143).

The health education and first aid components are best suited for SV primary prevention as well as SV community mobilization. It aims to increase women's access to a variety of

services by raising awareness about changing gender attitudes, and it supports initiatives that integrate sexual violence into existing health systems. It also aims to reduce SV tolerance by working with boys and men, investing in community-wide programs, and mobilizing all-level partnerships. By virtue of their position in the community, they initiate groups of men in the community to talk about male socialization and gender roles and the impact this has on their relationships with women. These groups also provide an opportunity for men to examine their values and behavior, as well as work on changing abusive behavior. They can help to bring about change by educating specific groups of people.

## 7.5 **Multi-sectoral response to SV/GBV**

Though survivors of SV/GBV often go to health facilities seeking firsthand help, this does not limit the response to SV/GBV to a sector. It must be a multi-sectoral response addressing the social, psychological, economic, and legal aspects associated with SV/GBV (FMoH 2017b: 144).

No single sector can provide an all-inclusive package of prevention or service responses. All sectors must consider how they can contribute to referral networks that connect to or integrate with health, law enforcement, and

social services. Understanding how to best implement multi- sectoral approaches is still a developing field of study. Efforts to persuade entire systems and institutions to incorporate violence prevention into their policies and programs are almost always more effective than narrow policy changes.

Referral to social, economic, and legal support: Because women/girls seek care at some point, health care providers are in a good position to refer survivors to other services that will address their immediate needs while preventing future incidents of violence (FMoH 2017b: 144).

Ethical behaviour in SV/GBV management:  
Any intervention aimed at preventing or

addressing SV/GBV should include precautions beyond routine risk assessment to ensure no harm is done. This includes adhering to ethical guidelines such as respect for persons, non-maleficence (minimising harm), beneficence (maximizing benefits), and justice in order to protect the safety of both service providers and survivors. The three main principles that guide those working to prevent and respond to violence against women/girls are as follows (FMoH 2017b: 144):

- Respect: the survivors' wishes, rights, and dignity, as well as the best interests of the adolescents.
- Confidentiality: at all times, except when

the survivor or service provider is in imminent danger of jeopardizing her or his well-being, safety, and security.

- Safety and security: Ensure the survivors and those assisting their physical safety. The sensitive nature of gathering SV/GBV data necessitates extra precautions beyond routine risk assessments to ensure no harm is done.

## **7.6 Interventions should include the following components:**

Examine whether the intervention has the potential to increase SV/GBV: Investigate any pre-existing gender vulnerabilities, such as gender discrimination, gender-based exclusion, unequal gender norms, or institutional weakness. Determine how these factors interact with each other and with the intervention. Determine and put in place measures to prevent or reduce this risk (FMoH 2017b: 144).

## **7.7 GENDER-BASED VIOLENCE SERVICES**



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