



# Guidelines for Health Care Providers to Identify and Support Victims of Sexual and Gender-Based Violence



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# Consequences of Sexual and Gender-Based Violence on a Survivor's Health

## PHYSICAL

- Different Kinds of Injuries including Burns
- Disability Secondary to Injuries
- Frequent Infections
- Chronic Pain
- Reduced Physical Functioning

## BEHAVIORAL

- Self-Blame
- Feelings of Shame
- Poor Self-Esteem
- Decreased Physical & Mental Energy
- Tendency for Physical Self-Harm & Suicide

## PSYCHOLOGICAL

- Depression & Anxiety
- Phobias & Panic Disorders
- Eating & Sleeping Disorders
- Alcohol & Drug Abuse
- Post-Traumatic Stress Disorder
- Psychosomatic Disorders
- Smoking
- Suicidal Behavior and Self-Harm
- Reckless & Unsafe Sexual Behavior
- Sexual Dysfunction
- Social Isolation

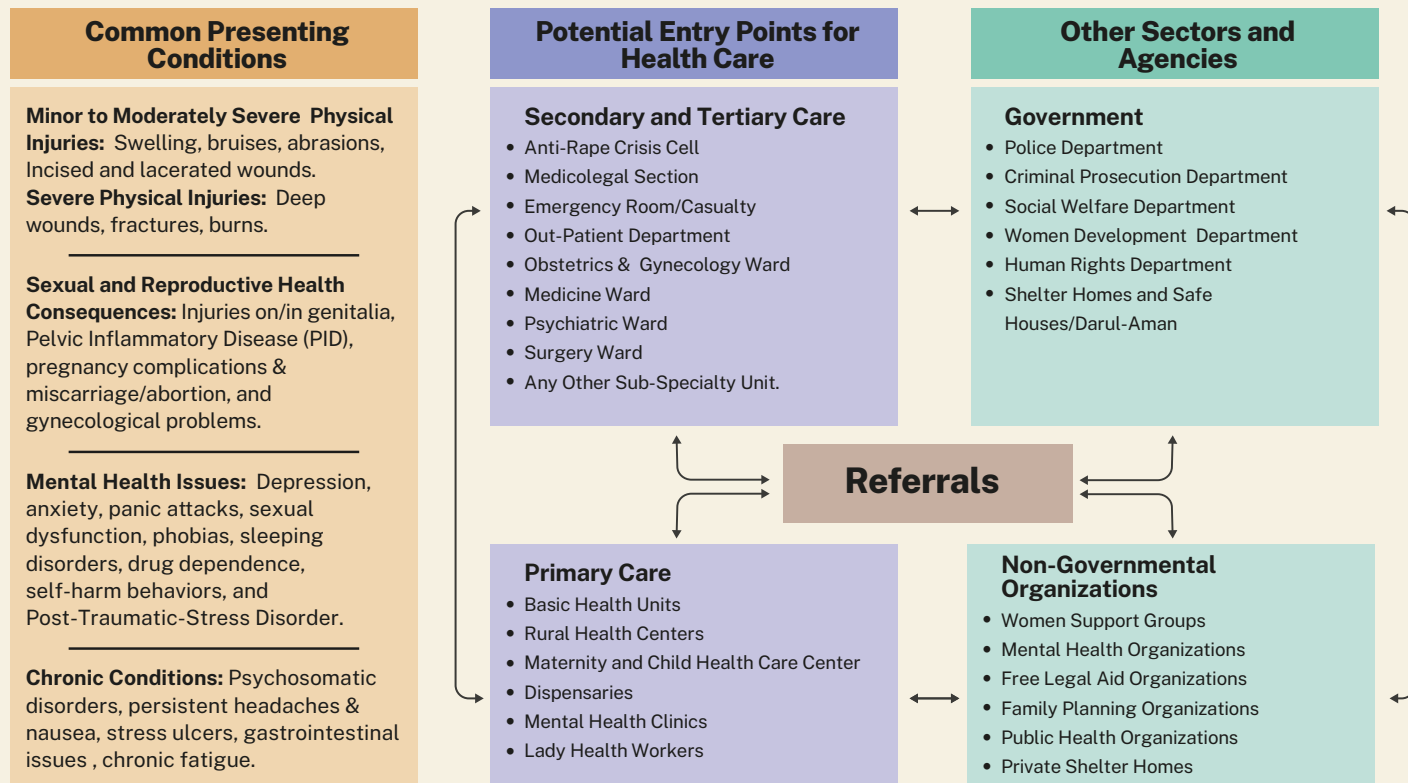
## SEXUAL & REPRODUCTIVE

- Sexually Transmitted Infections
- HIV/AIDS
- Hepatitis B & C
- Unwanted Pregnancy
- Unsafe Abortion
- Gynecological Diseases including Pelvic Inflammatory Disease (PID)
- Complications in Existing Pregnancy
- Miscarriage or Low Birth Weight

## FATAL

- HIV-AIDS Related Morbidity & Mortality
- Hepatitis-C Related Morbidity & Mortality
- Homicide
- Suicide

# Entry Points for Delivery of Health Care to Survivors of Sexual and Gender-Based Violence



# Protocols to Follow when a Survivor Shares Their Story

- Choose a private space to talk where no one can overhear: Ensure privacy.
- Assure the survivor that you will maintain confidentiality and that if reporting is required, it will only be done to the relevant personnel (like police).
- Encourage the survivor to talk and show that you are actively listening.
- Allow silence. If s/he cries, give time to recover. Be empathetic towards the feelings behind his/her words.
- Pay attention to the body language as that will tell you if the survivor is uncomfortable while narrating the history.
- Sit or stand at the same level, close enough to show concern and far enough to make survivor feel comfortable.



# Anti-Rape Crisis Cell for Medicolegal Examination of Survivors of Sexual and Gender-Based Violence

Medicolegal Examination & Collection of Forensic Evidence

Documentation and Issuance of Medico-Legal Certificate

Psychological Analysis & Counseling with Rehabilitation

Initial Statement (u/s 161 Cr.PC) to the Police Officer

Legal Support by the Lawyer

## Referral Pathways at an ARCC include:

- Gynecology/Obstetrics for treatment and Post Coital Contraception
- Department of Radiology for ultrasound and/or X-rays/CT scans as required
- Department of Medicine for evaluation for STIs, Hep B & C, HIV/AIDS
- HIV/AIDS Clinic (where available) for PEP
- Department of Surgery/Eye/ENT/Neurosurgery etc. as required
- Department of Psychiatry
- Dental Surgery

# Medicolegal Examination Guidelines for Survivors of Sexual Violence

The emotional state of the victim must be recorded.

Medicolegal Examination is to be speedy but thorough.

Medicolegal Examination should ideally be conducted within four to six hours of the incident.

All forensic samples must be preserved properly, and the chain of custody must be diligently maintained.

Delay in examination is to be noted with reason and lapse of time between incident and examination.

Follow referral pathways as required.

A provisional Medicolegal Certificate is to be prepared based on the facts and findings of the clinical examination.

Final Medicolegal Certificate may be issued after getting all test results and reports within three working days.

Copies of both the certificates are to be provided to the survivor and original to the Investigation Officer.

# Checklist of Plausible Signs of Suspicion for GBV/DV for Health Care Providers (HCPs)

## Think of the possibility of GBV/ DV when:

- Patient has on-going emotional health issues, such as anxiety and depression
- Patient has suicidal ideations (thoughts, plans) or acts of self-harm (attempted suicide)
- Patient has injuries that are not explained well, or do not tally with the history
- Patient has recurrent STIs, unwanted pregnancies, teenage pregnancies and unsafe abortion
- Patient has chronic pain or related conditions, such as headaches, or gastrointestinal problems
- Patient has unexpectedly low nutrition intake or has developed eating disorders, such as anorexia
- Patient makes repeated hospital visits with no clear diagnosis or pathology

## Think of the possibility of GBV/DV when the following social signs present:

- The woman's in-laws or husband is intrusive, extra protective, or does not leave her side during consultations
- The woman often misses her antenatal check-up appointments.
- The woman misses immunization or health care appointments of her children
- The woman's children have emotional or behavioral problems, such as bedwetting, panic attacks or drug abuse
- The woman shows visible signs of discomfort during consultations in the presence of a certain family member, such as fidgeting, stuttering, looks towards accompanying member for approval for what is spoken etc.

The checklist has been adopted from the "National Guideline for First contact Point Health Care Providers" guide developed by the Family Health Bureau in Sri Lanka, in collaboration with UNFPA, and British High Commission Colombo. For more information, visit: <https://srilanka.unfpa.org/sites/default/files/pub-pdf/National%20Guidelines%20Booklet.pdf>



# Screening Instruments to Identify a Domestic Violence Survivor in a Health Care Setting by a Social Welfare Officer



## Woman Abuse Screening Tool (WAST)

An 8-item scale that measures physical, sexual and emotional abuse within the past 12 months.



## Ongoing Violence Assessment Tool (OVAT)

A 4-item tool that detects existing abuse in women and men in emergency department setting

# Woman Abuse Screening Tool (WAST)

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**Q1. In general, how would you describe your relationship?**

- a lot of tension (3)
- some tension (2)
- no tension (1)

**Q5. Do you ever feel frightened by what your partner says or does?**

- often (3)
- sometimes (2)
- never (1)

**Q2. Do you and your partner work out arguments with:**

- great difficulty (3)
- some difficulty (2)
- no difficulty (1)

**Q6. Has your partner ever abused physically?**

- often (3)
- sometimes (2)
- never (1)

**Q3. Do arguments ever result in you feeling down or bad about yourself?**

- often (3)
- sometimes (2)
- never (1)

**Q7. Has your partner ever abused emotionally?**

- often (3)
- sometimes (2)
- never (1)

**Q4. Do arguments ever result in hitting, kicking, or pushing?**

- often (3)
- sometimes (2)
- never (1)

**Q8. Has your partner ever abused sexually?**

- often (3)
- sometimes (2)
- never (1)

The WAST score is calculated by the addition of points as denoted next to selected option. A score of 3 on the first two questions prompt screening on the additional questions (3 to 8). (Score < 13-Negative; >= 13-Positive)

# Ongoing Violence Assessment Tool (OVAT)

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1. At present time, does your partner threaten you with a weapon?

YES

NO

2. At present time, does your partner beat you so badly that you have to seek medical help?

YES

NO

3. At present time, does your partner act like he/ she would like to kill you?

YES

NO

4. My partner has no respect for my feelings?

NEVER

RARELY

OCCASIONALLY

OFTEN

ALWAYS

The OVAT positive score for DV in emergency settings is determined by; “yes” answer to any of the first three questions or an “occasionally”, “frequently”, or “very frequently” answer to the last question is considered a positive screening result

To register any kind of **complaint**, you can call the following **Legal Aid Society's** number: 0345-8270806

Your identity, along with the complaint and all related information, will be kept completely **confidential**.

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