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Sexual violence interventions: Considerations for humanitarian settings

David Wells

Victorian Institute of Forensic Medicine, Dept. of Forensic Medicine, Monash University, Kavanagh Street, Southbank, Victoria 3006, Australia

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ABSTRACT

Sexual and gender based violence may result in a range of destructive consequences to the individual, their family and the wider community. Addressing such violence and its immediate aftermath in circumstances of civil turmoil requires a timely, planned and coordinated multidisciplinary response. Such interventions need to be cognisant of, and address a range of challenges which might include economic barriers, religious and cultural divides, a dearth of respect for human rights and limited access or capacity of medical, policing and legal services.

In addition to addressing the immediate humanitarian prerogatives of health and safety issues, further objectives include the provision of support and justice for victims and the goal of ending impunity for perpetrators of sexual violence. Forensic medicine and its practitioners have the potential to make significant contributions in this field.

1. Introduction

Sexual violence is a pervasive behaviour occurring in every culture, in all levels of society and in every country [1]. Whilst the great majority of victims are women, men and children of both sexes also experienced sexual violence. Sexual violence can thus be regarded as a global problem not only in the geographical sense but also in terms of age and gender [2,3].

Sexual violence is "any sexual act that is perpetrated against someone's will" [4]. It can be committed "by any person regardless of their relationship to the victim, in any setting" [5]. It may include offences such as rape, sexual slavery, unwanted touching and sexual harassment [6]. Sexual violence may be perpetrated by intimate partners (most commonly) [7], family members, employers, officials, armed forces personnel and aid workers. It is accepted that the majority of individuals subjected to sexual violence do not report this offence [8]. Further, most victims of sexual violence whether they be adult or child, do not sustain injuries: genito-anal or at other sites [9].

Many (and arguably most) victims of sexual violence choose not to report the crime [1]. A failure to report means that there can be no justice interventions; investigation, prosecution and possible punitive action against the offender. Those that do choose to report face significant hurdles in accessing the required services. Victims of sexual violence occurring in periods of societal upheaval (in particular conflict settings) confront almost insurmountable odds in accessing justice [10,11].

The provision of medico legal services to victims of sexual violence requires the involvement of a range of systems and professions including health and social service providers, forensic medicine, forensic laboratory services, police and the legal system including lawyers and judges. When collaboration and coordination occur at different levels (service provision, case management, and planning and policy development), there is more likely to be a service that is efficient, timely and of good quality, that encourages victims to access services and report cases and is far more effective in holding offenders accountable.

In humanitarian settings – post-conflict or natural disaster – the delivery of services may be very challenging. Fragmented infrastructure (often preceding the event), weakened health, police and social services and breakdowns in communication and transport, create significant challenges for aid workers.

The purpose of this paper is twofold. Firstly to explore the range of issues that need to be addressed before intervention occurs. Secondly, to ascertain the practical aspects of service delivery to victims of sexual violence and to the wider community in these settings.

E-mail address: davidw@vifm.org (D. Wells).

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2. Intervention considerations

Before intervention (whether it be health, legal or supportive) occurs there are many issues that warrant careful consideration. Some are applicable to the aid agency, others to local infrastructure and resources. Finally there will be issues specific to the affected communities. Failure to understand, address or reach agreement on these matters runs the risk of jeopardising the mission or causing harm and distress to the local community.

2.1. Agencies

Whilst most aid agencies are motivated to assist communities at times of crisis, not all have the resources or skill sets required to produce beneficial outcomes. Some agencies will be impeded by a lack of finances or personnel. Others will be restricted by their political, cultural or religious affiliations. In assessing the suitability of an agency to provide intervention it is reasonable to ask:

What is the mandate of this organisation and its reputation/standing in providing humanitarian interventions? For sexual violence interventions?

Are there adequate financial resources accessible for this intervention? Are there trained and skilled personnel available? Do these personnel have the specific skill sets required to assist victims of sexual violence?

Do these personnel have experience of working in challenging and resource poor environments? In particular do they understand the importance of developing and maintaining the respect and trust of the local community? The role ethical behaviours play in service delivery? Have service providers been vetted for their suitability to develop sensitive gender services?

Is the agency subjected to any constraints that might restrict service delivery such as financial, religious, cultural, duration of involvement etc.?

How is the mission being monitored or oversighted? Is the monitoring program comprehensive? Are there mechanisms to ensure an evaluation of the intervention program?

Are there processes to monitor the well-being and safety of the service personnel? Does the agency comprehend the danger and difficulties confronting the staff in this location? Is there the capacity to withdraw personnel if an urgent situation arises?

Is there the capacity, during the intervention, to develop programs to prevent gender-based violence?

2.2. Local setting

During and in the immediate aftermath of a calamitous event such as armed conflict, local infrastructure and resources are likely to be significantly impacted. Ongoing civil unrest and armed conflict will extend the duration and extent of this situation. In many countries infrastructure and access to resources may have been a low level before the event.

Prior to intervention a number of issues need to be clarified. Not all maybe able to be addressed but both the aid agency and the local authorities should clearly understand any limitations that have been identified. Particularly applicable to sexual violence interventions the following needs to be articulated:

Are the local authorities (especially government agencies such as police health and justice, religious leaders, NGOs etc) accepting of the offer of intervention? Are there any constraints to this acceptance and if so can they be addressed?

What sexual violence services existed prior to this period of instability? What is the knowledge and skills of the local service providers; in particular health, police, and social injustice? Are there opportunities to partner with these groups to deliver services?

What other local resources can be accessed; facilities, personnel etc?

Are there safety issues (conflict, medical etc) that need addressing? Can local authorities assist in monitoring the welfare of the agency staff? Are there any security issues for victims of sexual violence? Can these be ameliorated?

What are the local laws applicable to sexual violence? What laws or regulations do aid workers need to be cognisant of—reporting, access to abortion or medications, capacity of aid workers to provide medical interventions etc?

2.3. The community

Fundamental to any beneficial intervention is a clear understanding of the needs of the affected community. In particular the community's views on the scope, parameters and possible outcomes should inform the structure, content and delivery of such a program. Any concerns should be explored and addressed. This might include:

Are there any political, cultural or religious beliefs that impact on intervention? Are there realistic ways in which these can be addressed without compromising fundamental philosophies and practice?

What are the local networks of service providers in this field? Who are the local service providers? Do they possess the necessary training and skills such that they can continue to be utilised meaningfully? Do they enjoy the support and respect of the community?

Are the local community under any ongoing threat? Is the intervention likely to exacerbate all these concerns?

Does the local community have respect and trust for the various government and non-government agencies previously working in this field?

3. Service delivery

The overriding aim of any intervention in this field must centre on the well being of the victim. For instance, investigations whether they be police or forensic, take second priority to any health intervention. The importance of a positive and constructive interaction between the victim and those providing intervention cannot be over-stressed. Judgmental behaviour, breaches of confidentiality, disbelief of accusations or failure to treat an individual in a compassionate fashion may result in the victim declining to participate further with the investigation or critically, contribute to long-term psychological harm.

Support and protection of the victim should underpin all interactions. Workers in this field should be aware of the risk that victims face of retribution, stigmatization or rejection (by family or the wider community). Victims decisions should be respected, their rights understood and reinforced and their needs prioritized. Victims should be provided with accurate information about all aspects of the service, the implications of intervention or non-intervention and the importance placed on security, confidentiality and the absence of discrimination.

Every individual working in this field, (whether they represent the policing, legal, health or social support professions) should have a thorough understanding of the dynamics of sexual violence. This should include a clear understanding of the relevant laws, ethical behaviours, priorities and the practical components relevant to each field of work. Other knowledge and skills required of health personnel may include the capacity to be accepted as an expert witness, awareness of regulations regarding prescribing and access to medications, capacity to deliver health services and collect of

medico-legal evidence. Whatever the professional role of the individual providing frontline services to victims of sexual violence, there are a number of important facets that warrant comment.

3.1. Taking the history

Informing a stranger about a sexual event is stressful and confronting. Methods of reducing the stress for the victim might include ensuring that there is a private and secure room, the interviewer having an awareness of any specific cultural, ethnic or religious needs, a choice of gender of the interviewer, the presence of a support person of their choice and allotting sufficient time to conduct an unhurried interview [12]. Consent to document the history (and possibly release it to certain parties) is fundamental to this process. Throughout the process (and afterwards) the victim should be offered emotional support.

The type and extent of the history obtained will depend largely on the circumstances of the alleged assault. Ideally this information and any subsequent examination and management would be recorded on a pro forma.[1] The record of the consultation is critically important for the ongoing medical management of the victim but also for any subsequent investigation or prosecution. As such, the record should be comprehensive, clear, and accurate and should be held in a secure fashion only accessible to those with authority to do so.

3.2. The examination

The examination of a victim of sexual violence is by its very nature intrusive, time-consuming and not infrequently, challenging for both parties. It should only be undertaken my practitioners trained and skilled in this activity. The examination is an important part of the clinical management of the individual, and allows for the documentation of findings and the collection of forensic evidence.

Again a careful explanation is warranted prior to the examination and specific consent for the procedure including the genital examination must be obtained and recorded. Any recording process (photography) warrants specific consent from the patient and consideration of the practicalities, security and access to this material. It is not normal practice to photograph genitalia.

In most cases, a comprehensive examination should be performed directed by the history. Positive and negative findings should be recorded. Injuries should be carefully described and recorded. There is no place for virginity testing as it is accepted that the hymen is a poor marker of penetrative sexual activity. Further, digital examinations of the vagina or anus are not warranted if they are being used to assess the elasticity of those structures.

At the conclusion of the examination, the patient should be provided with a comprehensive explanation of the findings, any medical management instituted or proposed and the follow-up arrangements for medical care.

The medico-legal assessment of children in these situations requires a special skill set and a strong awareness of ethical and safety issues. Ideally, such assessments should only be conducted by individuals who have received special training in this field. Practitioners should be aware of laws and policies relevant to children, ethical issues (consent, confidentiality and possibly mandatory reporting), the role and presence of a parent or guardian, the technical aspects of the examination and interpretation of findings and the assessment and treatment of infections and pregnancy.

[1] See for instance: Guidelines for medico-legal care of victims of sexual violence. Geneva: World Health Organization; 2003 (http://www.who.int/violence_injury_prevention/ publications/violence/med_leg_guidelines/en/.

3.3. Handling of evidence

The purpose of evidence collection (from the putative victim, assailant or scene) may assist in developing a better understanding of the alleged event. With particular reference to the victim of sexual violence:

- Consent should be provided for the collection, storage, release to a third party and analysis;
- Specimen collection is time critical and there is limited value in collecting specimens outside their respective window periods;
- Pathology specimens maybe utilised to assess for the presence or absence of a disease process in particular sexually transmitted infection;
- Specimens collected for forensics analysis may be analysed to establish a link between individuals or a location;
- In many humanitarian settings, there is limited or no capacity to undertake forensics analysis and even pathology testing may not be able to be conducted. Essential that the practitioner be aware of the laboratory capabilities before collection occurs;
- Processes should be established to ensure that all specimens are correctly labelled, held and transported securely and that the continuity of the specimen is documented.

4. Obligations and opportunities

4.1. Health issues

Fundamental to any service delivery to victims of sexual violence is the need to identify and address health consequences of the assault. This would include a range of physical and psychological outcomes. Some of these might be addressed at the initial consultation but many will need follow-up either by the initial assessor or by a specialist service.

Victims must be provided with accurate information about the result of the examination and any outstanding investigations. This should include:

- A careful explanation of the risks of pregnancy; this might encompass
- Base-line testing, post coital contraception and management of any resultant pregnancy.
- An assessment of the presence or absence of any sexually transmitted infections. Again this might involve base-line testing, provision of post-exposure prophylaxis and longer-term review.
- An explanation of any injuries, their treatment and implications.
- A careful exploration of the psychological and social issues arising from the assault. Ideally the victim should be offered access to counselling or support services. A critical issue to be addressed here is the safety of the victim once they leave the health facility [13].

4.2. Legal issues

Health interventions in cases of sexual violence carries a responsibility to complete a number of potential legal requirements. This might involve providing information to police or other investigators (with the consent of the victim), the preparation of a medico-legal report and the presentation of evidence in a courtroom. Investigation and prosecution of these offences may occur through local authorities or by an international agency.

It is important that the health practitioner have awareness of the relevant legal statutes and jurisdictions and their obligations as part of this process. The hearings may not occur for a considerable

period and it is essential but the practitioner's records are maintained securely and only accessible to permitted parties.

4.3. Other interventions

Interventions (health or medico-legal) during or after a humanitarian crisis may offer opportunities over and above immediate service delivery. Countries exposed to such crises may well have significant weaknesses in their national service delivery infrastructure. This might apply to health, policing, legal and social support activities.

Participation in such an event will provide aid workers with an insight into the capacity and functionality of a range of local medico-legal services. Identifying significant service gaps might allow for an opportunity to assist in their further development; either at the time of the intervention or by subsequent donor aid programs. Interventions such as training of local service providers and provision of technical support will almost certainly be gratefully received and have longer term benefits. Advice and partnerships in developing prevention programs may also be fruitful [14].

The rebuilding process post crisis will be long, expensive and dependent on external resourcing [15]. However if it is to be achieved, a coordinated, constructive intervention in partnership with the local community is more likely to be successful in rebuilding longer term capacity.

5. Conclusions

The very nature of sexual violence means that from a strictly humanitarian perspective any interventions must occur in a sensitive, informed and compassionate manner with the central focus being the victim's interests. This requires a coordinated response involving a range of governmental and non-governmental organisations. Forensic medicine has a great deal to offer the investigation and prosecution of these offences, but also to resolve and prevent the humanitarian consequences of sexual violence. Further, there is an opportunity for those providing this type of aid to assist in the rebuilding of health, policing, judicial and social services, for the best interests of victims and their communities.

Facit: This is not a scientific article and should be presented as such in introduction e.g.: "practical considerations for . . . " plus require more references for substantiating taxative affirmations made in the text.

The paper is very comprehensive and well-written, however it lack references. For example, are the notions presented based on one or more international guidelines, for example the WHO one? The paper would benefit from one or more real-life case examples of how some of the questions and notions presented in the paper were handled.

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