

Sexual Violence & Trauma

**Dr. Ruth Grace Babirye . K,
MbChB, MMED ObGyn
Director Bee-Mama**



Objectives

1. Definitions
2. Types of sexual violence
3. Who is at risk
4. History taking and Examination of the patient
5. Medical management of a sexual assault survivor.
6. Consequences
7. Follow up

Definitions

Sexual violence

- Any sexual act, attempt to obtain a sexual act, other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. (*WHO 2022*) OR
- Sexual violence is any act which violates the autonomy and bodily integrity of women and children under the international criminal law including but not limited to; rape, sexual assault, grievous bodily harm, mutilation of female reproductive organs, among others. (*CEHURD- Uganda*)

Legal definition of some types of sexual violence.

Others: **Rape, Defilement, Sexual assault, Sexual coercion, Sexual exploitation, Sexual harassment, Stalking, Relationship violence**

Law terms '**rape**', '**assault by penetration**' and '**sexual assault**'

1. **Perpetrator:** a person who carries out an immoral act
2. **Survivor/Victim:** A person who was subjected to violence



Definitions



❑ Rape:

- The physically forced or otherwise coerced penetrate of the vulva or anus with a penis, other body part or object. (WHO, 2022)
- Defined as having unlawful sexual intercourse with a woman or girl without her consent, or with her consent, if the consent is obtained by force or by means of threats or intimidation of any kind or by fear or bodily harm or by means of false representations as to the nature of the act, or in the case of a married woman, by impersonating her husband, commits the felony termed rape. (CEHURD)

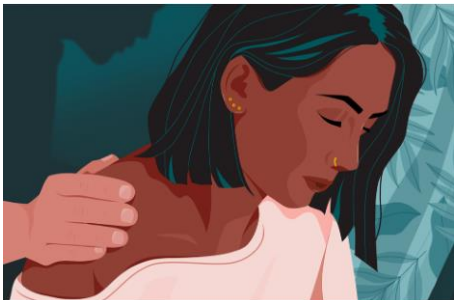
Attempted rape- Life imprisonment

❑ Defilement: Having sexual intercourse with a person <18 years.

Definitions continued

Sexual coercion

The use of pressure, manipulation, threats, deception or the misuse of authority, status, power or trust, to gain sexual contact without consent.



Sexual exploitation

Actual or attempted abuse of a position of vulnerability, power or trust, for sexual purposes, including, but not limited to, profit in monetarily, socially or politically from the sexual exploitation or another.



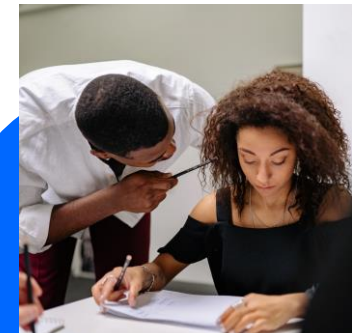
Relationship violence

When one person in a past or current intimate partner relationship uses a variety of abuse tactics to exert power and control over the other person. aka. Domestic, intimate partner violence



Sexual harassment

May involve unwelcome sexual advances, requests for sexual favors, other verbal, visual or physical conduct of a sexual nature.



Sexual violence prevalence

- Global lifetime prevalence of VAW (>15 years) ~ 6%
- 27% African region (median prevalence)
- Sexual and gender-based violence offenses are the most common offenses in Uganda. 1580 cases in 2018.
- 1 in 3 women are victims or survivors of sexual violence. 1 in 6 men are survivors/ victims of Rape and assault.
- 70% of people aged 15- 49 years have experienced violence physical/ sexual violence.

Sexual violence risk factors (Victim)



HIV positive
History of child maltreatment
Previous violence victimization & Stigma
Dominance and control by one partner
Community/Societal norms
Delay in justice system for rape victims
Unemployment

Sexual violence risk factors (Perpetrator)



Multiple sexual partners

Engagement is transactional sex

Substance abuse

Previous perpetration of violence

Married/ Cohabiting

Media display of explicit content

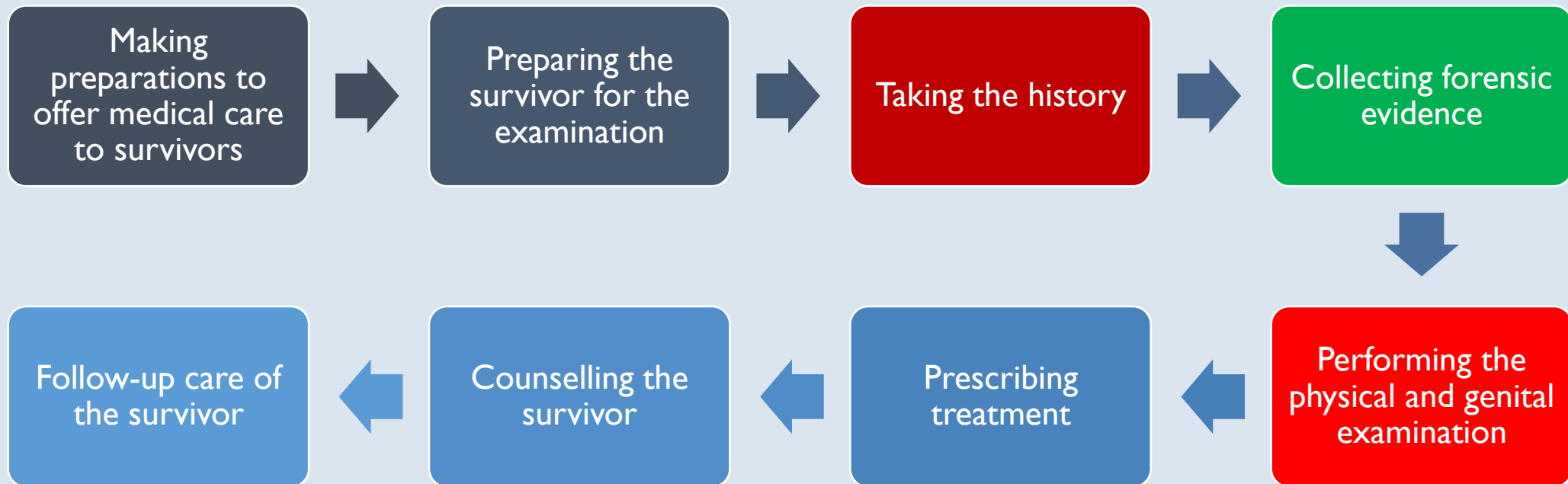
Who is mostly at risk of SV?

- Women and Girls
- Children
- Anywhere and Anytime
- Place: schools, offices, homes, refugee camps, isolated spaces

However Anyone is at Risk



Medical examination



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The essential components of medical care after rape are:

1. Documentation of injuries

2. Treatment of injuries: depends on extent and site.

Vaginal injuries- ObGyn, Anal injuries - Surgeon


3. Evaluation for sexually transmitted infections and preventive care

4. Evaluation for risk of pregnancy and prevention

5. Psychosocial support, counselling and follow-up

●”

Form – Medical examination of a victim of sexual assault


THE REPUBLIC OF UGANDA
UGANDA POLICE
MEDICAL EXAMINATION OF A VICTIM OF SEXUAL ASSAULT

PART (a)
REQUEST FOR MEDICAL EXAMINATION OF A VICTIM OF SEXUAL ASSAULT
(To be filled by a Police Officer in duplicate)

TO: MEDICAL/HEALTH PRACTITIONER*
.....
Police Unit:
Police Case No:

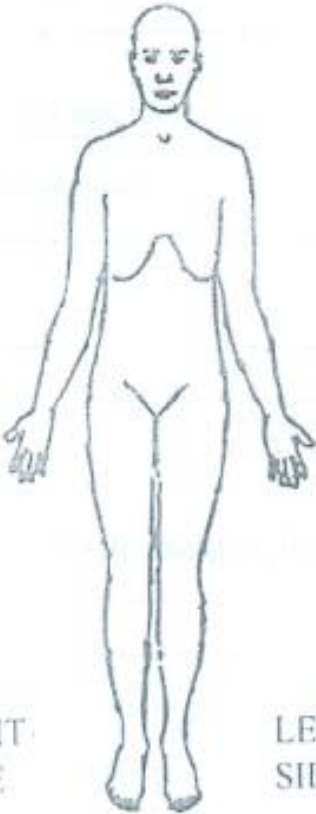
Please examine
Who is a victim in a case and has been sent to you on
the day of 20.....
Please report your findings in part (b) below. The duplicate should be kept at the health unit.

Name of the Police Officer: Force No: Rank:
Signature: Telephone contact:

- 4 pages
- Use for both male and female
- Certified health practitioner fills in form
- Always have a duplicate copy
- Original to be shared with Police.
- The Pictogram should include all aspects.

PICTOGRAM FOR EXAMINATION OF A VICTIM OF SEXAUL ASSAULT

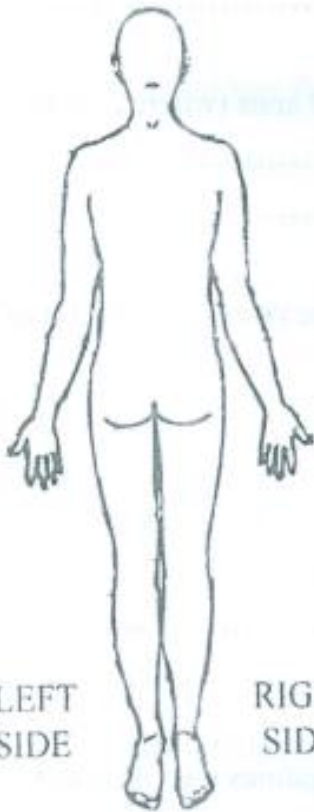
FRONT OF A PERSON



RIGHT
SIDE

LEFT
SIDE

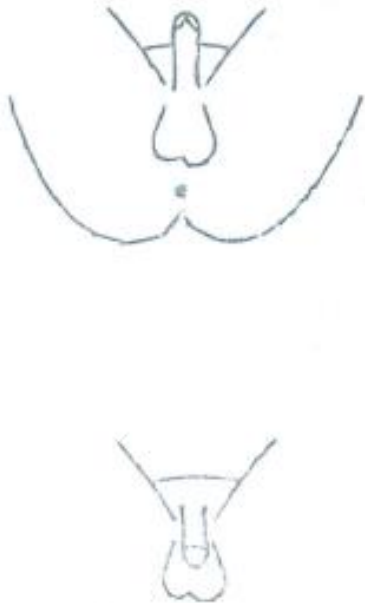
BACK OF A PERSON



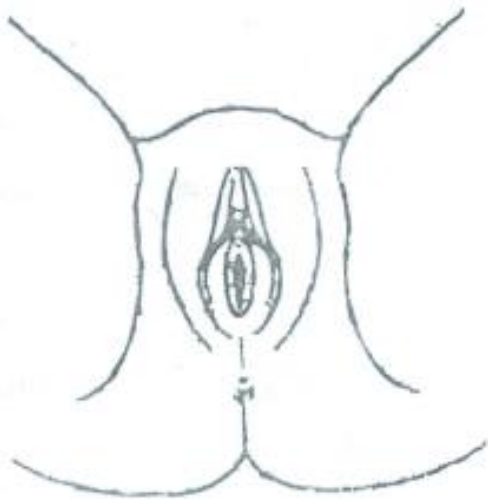
LEFT
SIDE

RIGHT
SIDE

MALE ORGAN OF A PERSON



FEMALE ORGAN OF A PERSON



.....
Signature and Stamp of Examining Practitioner

.....
Date of Examination

Form for perpetrator

Medical examination of Persons Accused Form 24

Superficial examination of:

- Injuries – Scratches, stab wounds, Cut wounds, Torn wounds etc
- Mental state
- Signed by a medical officer.

POLICE FORM 24.

C.R. No.

Station

Date

THE MEDICAL OFFICER,
.....

MEDIAL EXAMINATION OF PERSONS ACCUSED OF SERIOUS CRIME

I submit a report, Part A, on the accused person named below, who has been committed to Prison on remand, for favour of completion by you of PART B of the Form and the return to this office of the original and one copy as soon as possible.

.....
Officer i/c Police Station

Name of Accused.....

Tribe Approximate Age

Sex Date and time Arrested

Charge

Key Notes!

Evidence

Bite marks

Saliva

Hair

Body fluids

Blood

Skin Under nails

Clothing – Do not wash

Keep in a paper envelope

Use sexual assault kits where available.

Medicines

Post-Exposure Prophylaxis (PEP) against HIV

Prophylaxis for STIs

Emergency Contraception – ECPs or CIUD option

When to Refer

Uncontrollable bleeding

Persistent pelvic pain

Psychological

Law enforcement

Police

Community integration

INFORM YOUR SENIOR

Consequences of sexual violence

Health Problems

Mental & neurological disorders

- Depression, Suicide, PTSD

Communicable disease

- STIs

Poor health- related quality of life

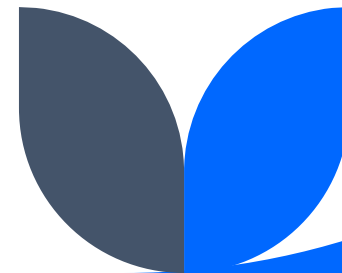
- Isolation, Pregnancy

Social & Behavioural problems

Subsequent perpetration
of violence

Re-victimization

Isolation & Low self
esteem





Thank you

[Graceruth88@yahoo.com/
ruthgracekb@gmail.com](mailto:Graceruth88@yahoo.com/ruthgracekb@gmail.com)