



Sexual Gender Based Violence Victim Guidelines

How to manage Sexual Gender Based Violence..



what is **SEXUAL VIOLENCE**

"Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women's sexuality, using coercion, threats of harm or physical force, or otherwise directed, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work". (*World Health Organization*)

Under the Sexual Offences Act , 2006; Sexual Violations include: Rape, Attempted Rape, Sexual Assault, Compelled Or Induced Sexual Acts, Acts that Cause Penetration or Indecent acts done within the view of a Child or a Mentally Disabled person, Promotion of Sexual Offences with a Child, Indecent Act with a Child, Gang Rape, Attempted Defilement, Defilement, Child Trafficking, Child Sex Tourism, Child Prostitution, Exploitation of Prostitution, Child Pornography, Trafficking for Sexual Exploitation, Prostitution of Persons with Mental Disabilities, Incest by Male Persons, Sexual Offences relating to Position of Authority and persons in position of Trust , Sexual Harassment, Incest by Female Persons, Cultural and Religious Sexual Offences, Administering Substance with Intent, Distribution of Substance by a Juristic Person, Deliberate transmission of HIV or any other life threatening Sexually Transmitted Disease and Non Disclosure of Conviction of Sexual Offences.

a **SURVIVOR**

For the purpose of this toolkit, a survivor is described as somebody who has been sexually violated in any way and lives on.

the **GUIDELINES FOR SGBV VICTIMS**

The following are procedures and guidelines a survivor of any sexual violence should follow in event that they are sexually violated:

- ➔ Do not interfere with the scene where the sexual offence has occurred
- ➔ Do not wash the clothes worn during the commission of the offence
- ➔ Do not brush or wash hairs
- ➔ Remember it is important to seek help at the hospital and the police station. **Do not suffer in silence.**

what **THE VICTIM SHOULD DO**

1. Get to a safe place. Call someone you can trust or a police hotline number **+254 057 23594, Kisumu Police Station +254 020 353 1879, Kondele Police Station +254 020 353 1880.**
2. Do not clean yourself or bathe as this will destroy any evidence that needs to be collected.
3. If possible do not change your clothing. If you have to change your clothing, put the soiled clothes in khaki brown bag, or wrap them in a newspaper. **DO NOT put the clothes in a polythene/plastic bag as it destroys evidence.**

what THE VICTIM SHOULD DO continued...

4. If you have to urinate, do it in a clean container and take it to the hospital for laboratory testing.
5. Report immediately to a health facility or police station depending on your condition. You can report at the hospital without making prior statement at the police station.
6. If you go to a police first, ensure you go to hospital within 72 hours of commission offence.
7. At the police station, report the incident, make a statement and obtain a P3 form. **The P3 form is free of charge.**
8. Before signing of the statement at the police station read, read the statement carefully to confirm its contents.
9. Hand over the clothes to the police to preserve as evidence.
10. At the health facility, report to the Casualty or Registration/Triage desk. Do not queue. Get a card and if the survivor is a child, they should be admitted immediately.

what THE COMMUNITY IS EXPECTED TO DO

Sometimes the first people the survivors run to is the community leader or someone they trust. It is important for such persons to know how to act when faced with such a situation.

- Reassure the survivor and try to calm her/him down
- Do not interfere with the scene of the crime. **INTERFERING WITH THE CRIME SCENE IS AGAINST THE LAW**
- Assist the survivor emotionally e.g. listen, console, assure and empathize with the survivor, etc.
- Advise her/him not to bathe and if she/he has to change clothes, then they should be stored in a **paper bag NOT** a plastic bag.
- Take the survivor to hospital/police station. The physical condition of the survivor will determine where to visit first.
- If trained, offer trauma counseling for the affected family.
- Negotiations/reconciliations **SHOULD BE DONE IN COURT.**
- **AIDING AND ABETTING A CRIMINAL IS A FELONY AND OBSTRUCTION OF JUSTICE**

where, WHEN AND WHO CAN MAKE A REPORT

1. Anyone in the general public can report any such offence especially where the survivor is not able to do so
2. The report should be done as soon as is practicably possible after the discovery or witnessing of such an offence
3. Reports can be made at the Police Station and in some instances the administration police/local

where, **WHEN AND WHO CAN MAKE A REPORT continued...**

administration where the police are not available.

5. The report should be done as soon as is practicably possible after the discovery or witnessing of such an offence.

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what **THE PUBLIC SHOULD DO TO AN SGBV VICTIM**

In handling a survivor the public should generally:

- ➔ Encourage the survivor to report the matter with the relevant
- ➔ Encourage the survivor to visit the hospital for treatment
- ➔ Cooperate with the Police in investigation and arrest of suspects
- ➔ Be supportive and empathetic to the survivor.
- ➔ If the survivor is a child, he/she should not go back to same home they were defiled. They should be taken into protective custody by the police.

where, **WHEN AND WHO CAN MAKE A REPORT**

1. Do not talk ill of the survivor
2. Do not stigmatize or discriminate against the survivor
3. Do not publicly discuss the incident or the offence
4. Do not refer the survivor in derogatory or abusive terms
5. Do not collaborate with the suspect in defeating the course of justice by destroying the evidence, interfering with the crime scene or aiding in hiding the suspect or even survivor

In cases of missing files and exhibits, the complainant can file a complaint with the OCPD of the area, PPO or the Police Headquarters in Nairobi. The police will then investigate the matter afresh. In cases of missing files or improper conduct by the prosecution in court, complain to the State Law Office in your area or directly to The Attorney General's Office, if the State Law Office is of no help.

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WHAT HAPPENS AT THE HEALTH FACILITY?

- Free services should be offered throughout the medical treatment
- Cases reported should be treated as an emergency and with privacy/ confidentiality
- The medical staff should be empathetic and professional
- All medical personnel should be updated on the management of post-rape cases e.g. PEP, management of trauma etc
- There should be proper record keeping
- There should be proper referral and networking
- Medical practitioners should attend court to give evidence when required to.

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THE MEDICAL STAFF IS EXPECTED TO DO TO THE VICTIMS

- All staff must always be compassionate, respectful, observe confidentiality and be sensitive to the survivor's emotional needs
- Ensure privacy and confidentiality for the survivor
- Focus on the survivor's needs
- Remember, the survivor has experienced profound trauma, so be gentle

what

THE MEDICAL STAFF SHOULD NOT DO TO THE VICTIMS

- ➔ Do not cause any additional distress
- ➔ Do not ask the survivor questions in public
- ➔ Do not rush the survivor, let her/him tell her/his story at her/his own pace

PROCEDURES TO BE FOLLOWED WHEN ATTENDING TO A SGBV VICTIM

When the victim visits the hospital, the first point of contact should be able to provide counseling and attend to the patient with sensitivity. Any life threatening injuries should be attended to at first priority before all other aspects of post-rape care. Management of other injuries like abrasions or minor cuts can also be managed immediately but they should not delay the management of other time dependent treatments. Pregnancy and HIV prevention should be seen as priority. The longer it takes to administer these preventive measures for pregnancy and HIV preventions, the lower the efficiency of the procedures. They should be managed **within 72 hours**.

1. History taking, Examination and Documentation

History taking, examination and documentation are what provide the critical link between the occurrence and survivor, and the health care and criminal justice systems. This process informs the filling in of the P3 form which is the document used by the criminal justice system to investigate, arrest and prosecute perpetrators.

History taking must be done immediately. It involves documenting the details of patient, type of assault, location, time and detail assailants if any; full body physical examination (taking note of all bruises, abrasions, teeth marks and cuts). The examination should cause minimum stress and trauma. Enter the case in a PRC Register. Fill in the PRC11 form in **triplicate**.

During history taking, the doctor should be able to gather physical characteristics of the perpetrator too i.e. how tall, slim, smelling of alcohol, cigarette, white, black, short. This is very important especially when there is a lack of evidence in cases of attempted rape or late presentations.

The PRC1 form can be filled by a doctor, clinician or a trained nurse. It is the responsibility of the District Medical Officer of Health to ensure that the PRC1 form is available in all public health facilities for this purpose in their district.

It is the responsibility of any private health facility to ensure that the PRC1 Form is available for this purpose in their health facility.

Specimen collected during this examination may include; soiled or torn clothing, vaginal, anal or oral swab and any other depositions on the body of the survivor. They should be packaged, clearly labelled with a date, time of collection, destination and signature of the person undertaking the examination.

Creating a chain of custody of evidence is necessary. Any specimen or notes handed over to another party should be signed for and a copy kept for future referral in the health facility. It is important to document this examination carefully and precisely as it is critical in providing evidence of violence in litigation cases

In cases where the survivor is a child, impaired or of unstable health status; a third party may give information on their behalf. Always remember to find out if there had been prior medical services offered to the survivor.

2. How to Prevent Pregnancy resulting from SGBV

Pregnancy resulting from rape is traumatic often with severe psychological consequences and usually unwanted. Emergency contraceptive (EC) should be offered to all non-pregnant females of child bearing age2 not covered by a reliable form of contraception. This should include girls who have started menstruation or show secondary characteristics and at risk of precocious puberty. When dedicated EC drugs are not available, combined oral contraceptives pills should be offered.

These drugs should be available in all government health facilities, NGO-based and private health facilities.

Example: (Combined Oral Pills)
Eugynon or Neogynon - 2 tablets start then 2 after 12 hours
Microgynon or Nordett - 4 tablets start then 4 after 12 hours

A baseline pregnancy test should be performed unless the survivor is obviously pregnant but this should not delay the first dose of EC as it is not confirmed that these drugs are not harmful to an unknown/early pregnancy.

Even though EC can be given up to 120 hours after rape, the sooner it is given the more effective it is. It should be readily available in casualty and free of charge in all government institutions where women/girls are likely to be presented after being raped. Emergency contraception is to prevent unwanted pregnancy and NOT a form of termination³ of pregnancy. This should be explained to the survivor.

Perform a follow up pregnancy test after six weeks to all female survivors who come back for follow up, whether or not they took the EC after rape. If found pregnant which they feel is as a result of the rape, they should be referred to counseling.

2. HIV Prevention

Post Exposure Prophylaxis (PEP) is offered to HIV negative people after exposure to HIV and this reduces the chances of infection. It must be initiated as soon as possible within 72 hours. It involves the administration of Anti-Retroviral drugs (ARV's) for 28 days after the exposure to HIV. PEP is recommended for men, women, girls and boys at risk of HIV infection. Significant risk involves vaginal, anal and/or oral penetration. PEP only reduces the chances of HIV infection and does not definitely prevent HIV. This should be clearly communicated to the survivor during counseling sessions.

Studies have shown that PEP has insignificant effect if commenced after 72 hours after exposure. Survivors presented later than the 72 hours should be offered other aspects of post rape care but not PEP.

Testing for HIV should be done at 72 hours, 3 months and then finally at 6 months and should be accompanied by pre and post-test counseling. Baseline HIV is necessary within 72 hours of starting PEP. Should the result of the HIV test be positive, PEP should be stopped and it should be explained to the survivor that the HIV infection has NOT occurred as a result of the sexual assault, rather from a previous exposure. The survivor should then be referred for ongoing HIV care. If the HIV result is negative, the survivor should continue with PEP.

4. STI/RTI Prophylaxis and Management of Physical Injuries

STI/RTI prophylaxis can be started on the same day as emergency contraception, although the doses should be spread out (and taken with food) to reduce side-effects such as nausea. It should preferably be prescribed for the survivor and given for uptake within 24 hours. The incubation periods of different STIs vary from a few days to weeks or months.

Management of physical injuries is dependent on the age of the survivor. Ideally children should be admitted and examined under anesthesia or given first aid and then referred. Abrasions and superficial lacerations should be cleaned with antiseptic and either dressed or painted with tincture of iodine. A vaginal wash with an appropriate antiseptic should be done AFTER all specimens have been taken. However, if the injuries are severe enough to require suturing, it is justifiable for this to be performed under sedation or even under general anesthesia, if the patient's level of anxiety does not permit repair under local anesthesia.

An absence of physical injuries or spermatozoa does not mean that sexual violence including penetration did not occur.

5. Hepatitis B Prevention

The generally available Hepatitis B Vaccines do not provide any protection from infection if given after an exposure, but they do provide protection from future exposures. Administration of the toxoid does however provide some protection, after the exposure has occurred.

Ideally, if Hep B toxoid is available it should be considered for survivors of sexual violence. Specimen collection, the laboratory and preservation of evidence, soiled or torn clothing should be collected and passed to the police and signed for in

26 a specific rape register by the police officer who takes away the specimen.

High Vaginal Swab (HVS) should be taken by the examining clinician to the laboratory immediately.

HIV testing should be done according to the national guidelines on HIV testing. All tests and results should be recorded in a laboratory rape register⁴ and it should be kept well locked away and accessible to authorized health facility personnel.

The HVS in this situation is not primarily for purposes of screening for STIs. Information on pre-existing STIs can be found, but it does not provide any information on infection from the sexual violence incidence. While this may be feasible at follow up visits, it is often traumatizing for the clients who do not come for follow up. It is therefore recommended that STI prophylaxis be given as a routine.
Ref: National Guidelines: Medical Management of Rape and Sexual Violence.

Encourage the survivor to make copies of the original report for reference in the event of loss or damage

The Doctor's Report: Priority for access to the report is given to the survivor, the next of kin and finally the police.

DNA Samples: These are only given on upon request and may require a letter from court requiring the same.

4. Counseling

HIV pre test and post test counselling should aim to prepare the survivor for HIV testing and the results. The counsellor should try to clarify to the survivor and make him/her understand the information already provided. Post test counselling should cover risk reduction strategies such as condom use while on PEP for duo protection.

On-going counselling sessions should coincide with clinical appointments to reduce the visits by the survivor to the health facility and also increase discussions on PEP. Counselling should be done by a trained and specialized counsellor, VCT and/or DCT counsellor who have been trained in trauma counselling and HIV testing in the context of sexual violence. This counselling should be done in a private room. Survivor should be referred to counselling after the initial dose of PEP and EC.

Ensure the survivor goes through:
a) Pre-test Counseling b) Post test Counseling

Trauma and crisis counselling is given to attempt to reduce immediate rape trauma and long term post-traumatic stress disorder. Counselling should also be offered to partners and families of survivors of sexual violence too.

PEP adherence support counselling is given so as the survivor may continue with PEP. PEP will be efficient if the level of adherence is high. In cases where the survivor is a child, it is also necessary to provide counselling to the parents or guardians of the child to prevent the adults to cause more trauma to themselves and the survivor.

5. Approval Referrals

The victim should be given a PRC card and given a return date to the health facility for follow up. The counsellor can encourage the survivor to report the matter to the police if he/she had not done so initially. This however should be an informed decision on the part of the survivor. The survivor can also be referred to a Comprehensive Care Clinic (CCC) for more counselling and follow up.

P3 Form

This is issued at the police station. It can be given to the survivor before he/ she visits a health facility or after. The form is filled by a medical doctor or authorized health worker and returned to the police station. The form does not have to be completed immediately; it can be done at a later date after medical evaluation is complete. It is important for the survivor to have the original copies of the PRC1 form while taking the P3 form to be filled.

FILLING OF THE P3 FORM IS FREE OF CHARGE and survivors should not be subjected to payment of any fees.

PRC1 Form

This form strengthens the development of a chain of custody of evidence by having a duplicate that can be used for legal purposes. It facilitates filling in of the P3 form by ensuring that all relevant details are available.

The form is filled in triplicate:

Original copy stays in the hospital

Duplicate copy is given to the police

Triplicate copy is given to the survivor

what is

EXPECTED AT THE POLICE STATION IMMEDIATELY THE ACT IS REPORTED

The following are the guidelines of what is expected at the Police Station immediately the act is reported

- The **P3 form** should be easily available to all and at no cost
- The gender desks should be manned at all times by officers who are specifically trained or have experience in dealing with the Sexual Offences Act and other gender-related issues. There should be officers of both sexes so that survivors are confident while reporting their cases
- Survivors should, in as far as possible be allowed to make a choice of the gender of the officer who can handle the interview/report.
- Information about the survivor should not be disclosed to unauthorized persons
- Negotiations/reconciliations **SHOULD ONLY BE DONE IN COURT**. No out of court reconciliations/negotiations should be done.

dos

HOW THE POLICE SHOULD INTERVIEW THE VICTIM

- Ask one question at a time, allowing for an answer to be given before asking another question.
- Prepare adequately by having a questionnaire for the area you want to prove.
- Sit the survivor down and allow him/her to relax, the survivor may be anxious, scared or tense and hence emotionally inhibited thus not open.
- Be professional and ask relevant questions
- If the survivor breaks down emotionally allow him/her time to recover before continuing with the survivor
- Do more listening than talking
- For children it is important that you assure them that they are safe in the police station, avoid interrupting them as they talk as this could make them lose track of what they are saying, be polite and if accompanied by anyone talk to them in the presence of such person.
- Treat the elderly survivors with utmost dignity, tolerance and patience.
- If possible wear civilian clothing when handling the survivors for the first time especially during the interview.

don'ts

FACTORS THE POLICE MUST CONSIDER WHEN INTERVIEWING THE SGBV VICTIM

- ➔ In the gender office, do not interview the survivor in the presence of unnecessary listeners. Clear the office of any unnecessary persons before commencing with the interview
- ➔ Do not waste time. If the survivor has life threatening injuries, take him/her to hospital.
- ➔ Do not show doubts and hesitation , the survivor will have a bad impression hence resist the questioning
- ➔ Do not promise what you cannot deliver
- ➔ Do not use uncivil language, abuse or derogatory language
- ➔ Do not ask leading questions(those that suggest an answer)
- ➔ Do not exhibit boredom or lack of interest if the survivor starts talking about irrelevant issues(this may be a way of them dealing with the trauma of the sexual violation)
- ➔ Do not show open bias, prejudice or contempt.
- ➔ Do not interview them in public
- ➔ Do not ask for favours or bribes
- ➔ Do not embarrass the survivors especially children
- ➔ Do not scare or intimidate the survivor
- ➔ If possible, officers interrogating children should not wear uniforms

Procedures

1. The survivor is guided to report to the Customer Care Desk; where she/ he will be guided to the Gender Care Office/child protection office or In charge Crime Office (this is the office that deals with sexual offences in the absence of the gender care office). In the event that the survivor is not able to report to anyone the complainant⁵ can report on their behalf such as the cases where the survivor is a child or mentally disabled or otherwise inhibited from reporting.
2. The report is entered in the Occurrence Book (OB) and a number given to the report.
3. Due to the sensitivity of the matter, the officer at the desk should refer the survivor to the Gender Office/Desk (if present) which will offer privacy. In the absence of a Gender Office/Desk, the survivor should be escorted to a room where he/she can talk in private with the officer and maybe only be allowed to bring in the person who may have escorted the survivor to the police station if she /he is free to talk in their presence. At this point a statement should be recorded, if the survivor's health status is not at risk of deteriorating or if the survivor is ready to do so. The survivor should sign it only when they are satisfied with what the police have written.

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4. The statements of the persons accompanying the survivor, good Samaritans or witness also should be recorded at this point and their particulars including relevant contacts also noted. The importance of this is to avoid cases where such persons become uncooperative or are unavailable or compromised not to assist police in investigations and or prosecution of the cases.
5. If the survivor is a child and is brought in by a Good Samaritan, the police will take charge of the child. The Good Samaritan will record a statement and any other particulars as soon as possible. The police will then take the child to hospital. The parents of the child will be traced by the police.
6. If the child is defiled by a family member, she/he should not be allowed to go back home. The child can stay at the Child Protection Unit if present or any other place of safety like children homes, around the police station, that accepts such survivors.
7. Exhibits if any are handed over to the police. These may include clothing or articles left behind by the perpetrator
8. Issue P3 form
9. If the survivor has not been to the hospital, it is important that they go

Handling of Exhibits

Exhibits should not be exposed to direct light and sunshine. If wet, exhibits are dried under shade or dark rooms

Exhibits should be marked properly immediately upon receipt and properly stored there immediately after reporting. It is imperative that the survivor visits the hospital within 72 hours of the sexual violation for the treatment to be effective and the survivor should be advised accordingly on the same. Escorting the survivor and suspects to hospital in the event he/she is already in custody is recommended for purposes of either:

Procedures

- ❖ Treatment
- ❖ Sample collection
- ❖ Filling of P3 form

The same will apply to the suspects of sexual offences once apprehended they too need to be taken to hospital.

♦ **10.** If circumstances allow, the officer escorting the survivor should be of the same sex. It is necessary to escort the survivor because:

- ♦ This ensures security of the survivors
- ♦ Ensures the investigating officer does not lose sight of the evidence.
- ♦ Give the survivor emotional support since he/she may be disoriented.
- ♦ Ensures that the survivor is attended to promptly at the hospital.

11. The next step is to see a police doctor. The survivor should also be escorted to see the police doctor and any exhibits and specimen taken should be taken to the Government Analyst (for both the survivor and alleged perpetrator). During the examination by the police doctor, a police officer must be present.

12. The P3 form should be completed by an authorized health worker based on the clinical notes found in the PRC1. **NO FEE SHOULD BE CHARGED FOR THE COMPLETION OF THE P3 FORM.**

13. Visit the scene of crime expeditiously. The following should be done:

● Planning before visiting the crime scene: this involves establishing the objective of visiting the crime scene, preparing the materials and equipment to be used and ensuring the security of the officer visiting the scene.

● Secure the scene: this involves amongst other things, cordoning which seek to keep off onlookers or bystanders; collect any evidence using proper equipment such gloves, proper specimen bags, camera or video, writing pads and /or DNA collection Kit.

● The evidence to look out for may include soiled clothing/bedding, photos of the scene with clearly marked position of exhibits using markers/pegs/flags, finger prints etc. These eventually become exhibits in the cases and need to be properly managed.

14. Upon the return of the P3 form, further statements are recorded by the investigating officer assigned to the case if necessary.. A copy of the P3 form is given to the survivor and the police keep the original.

15. Carry out thorough investigations and arrest suspects if they are already not in custody. Ensure that such suspects are properly identified by the survivor if in doubt; an identification parade can be done. Interrogate/interview the suspect.

16. Compile the file

Do not wait for the P3 form to be filled before you can open a file. Once you have the statements open the file.

Procedures continued...

17. Arraign the suspect(s) in court for charging within 24 hours of arrest

If the type of the offence is not yet verified e.g. if it is not known whether it is rape or defilement, one can still arraign the suspect in court on

18. Complainants and witnesses should be notified in time about the hearing dates so that they can prepare themselves.