



PRESENTATION ON MEDICOLEGAL RESPONSE TO SEXUAL VIOLENCE

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2-6TH JUNE 2008 NAIROBI, KENYA



INTRODUCTION

- Malawi is a country located in the central part of southern Africa. It has a population of 12million plus. 52% represents women and 48% men.



Responsibility of Health Sector

- There are various institutions that work towards issues of sexual violence in Malawi. Among the institutions we have the health sector, responsible for treatment, examination, care and support to survivors of sexual violence.



Responsibility of the Police Service and Judiciary

- The Malawi Police Service is mandated to protect the survivors through investigations, apprehension and prosecution of perpetrators.
- The Judiciary is responsible for hearing cases and interpretation of laws.



Responsibility for the Ministry of Women and Child Development

- The Ministry of Gender and child development is responsible for policy formulation and gender programming.



Overview of Sexual Violence

Sexual Assault and rape are common problems in Malawi that have not received due attention

- In Malawi men initiate 92% of cases and women feel powerless to refuse or negotiate for safe sex

Overview of Sexual Violence

contd

- 55% women say they have been raped or been subjected to forced sex
- A study by the National task force for children and Violence, in Collaboration with Save the Children in 2000 found that;

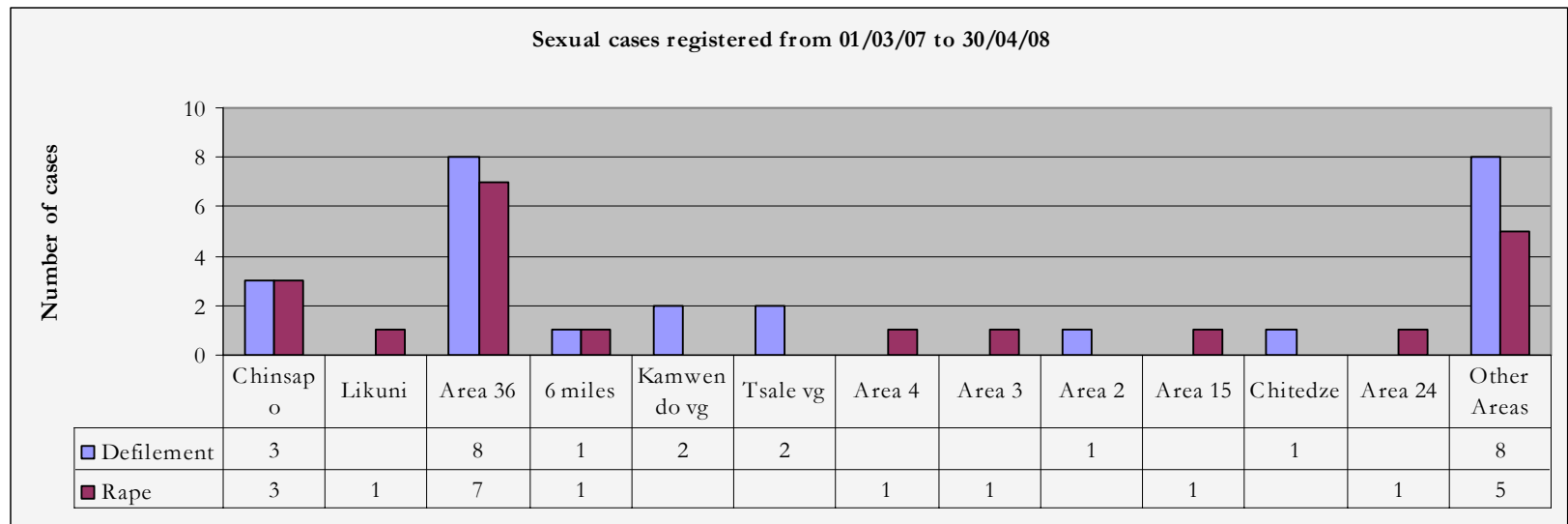


Overview of Sexual Violence contd

- Of 70% victims of child sexual assault examined 50% were aged 2-13 yrs
- 34% were abused by unknown assailants and 17.4% by known assailants
- Community members were reluctant to report even if it is a known assailant

Sexual offences 2007 -2008

In Lilongwe Police station





GAPS IN MEDICO-LEGAL MANAGEMENT OF SURVIVORS

- Some sites recommend that children be examined by an experienced pediatrician or gynecologist but in most cases this is not practical
- Poor documentation is a common problem, although some records are kept in the facility but are not filed
- PEP not always available



GAPS IN MEDICO-LEGAL MANAGEMENT OF SURVIVORS

- Difficulties in establishing evidence when the victim took bath before going to the hospital
- Poor attitude of service providers
- Longer procedures in the management of sexual survivors
- Unfriendly court proceedings.
- Sentences not deterrent.



CURRENT BEST PRACTICES (MODELS)

- **1 At the hospital**

CURRENT BEST PRACTICES (MODELS)



- Survivors are seen by nurses, MAs, Cos or Dr depending on the facility
- History is taken-examinations done
- PEP, EC and STI treatment provided, counseling done.
- Quality of care varies according to the facility
- Training on EC and HIV/ART has helped to equip health workers in the management of sexual assault survivors.



2 At the Police

- Established Victim Support units in all police Stations –private room where survivors of sexual and gender based violence are handled.
- Developed guidelines on the management of sexual assault and rape in Malawi in conjunction with the Reproductive Health Unit
- Developed a standardized medical report form
- Participate in the 16 days of gender activism
- Carried awareness meetings and development of IECs
- Participate in the development and reviews of gender and other related policies
- Use penal code to charge suspects of sexual violence



3 Judiciary

- At least some cases are held in closed courts though at the discretion of individual magistrates.
- Longer period between an assault and legal redress
- Magistrates depend on collaborative evidence especially in children who are unable to present their ordeal.



LEGAL REMEDIES USED

- The Malawi Constitution (Highest law of the land)
- Enacted Prevention of Domestic Violence Act to address GBV
- Penal Code-sexual assault (Defilement < 13yrs, rape > 13yrs) is a criminal case and punishable to life imprisonment.



CHALLENGES

- Sexual encounters do not always produce evidence of physical trauma
- The longer after an assault a child is examined, the less likely one is to find evidence
- Children rarely tell anyone immediately after the event
- Inadequate human resource at all levels
- Poor storage, collection and documentation of evidence due to lack of capacity.
- The criminal justice is very slow in processing justice-survivors don't have trust in the system hence cases are dropped on the way and some opt for alternative dispute resolution



CHALLENGES CONTD

- No supportive laboratory service
- PEP not available in all facilities at all times
- Cases not treated as emergencies
- Insensitivity, lack of privacy



Intervention based SGBV Project implementation funded by PC

SGBV PROJECT OBJECTIVES

- To create a functional and effective network of key stakeholders, including the community, on sexual and gender based violence.
 - Review of sexual assault and rape management in Malawi Guidelines
 - Establishment of network
- To build capacity of service providers in the health, police and judiciary to effectively respond to SGBV survivors
 - Training of service providers on SGBV management and documentation.



Intervention results

- Development a network involving Lilongwe Police Station, MHRRC and other stakeholders and dissemination of National Guidelines on sexual assault and rape
- Orientation meetings held with district assemblies (District Executive Committees), NGOs, Govt and traditional leaders
- Community sensitization meetings in collaboration with stakeholders in the district
 - Production and broadcasting of radio drama on SGBV.
- Conducted trainings of service providers i.e police, judiciary health and traditional leaders on the effective management of SGBV survivors
- All clinicians in govt health centres were oriented on the guidelines of sexual assault, legal implications and police procedures



CHALLENGES

- Data quality, storage, management and effective use of records are poor
- Lack of consistent mechanism for coordination of SGBV services
- SGBV hearings are public and sentences are not deterrent enough
- Follow up of survivors not always possible due to transport problems
- Not all services are provided in one place; survivors are going back and forth
- Capacity gap among service providers and poor attitude and practices
- Lack of forensic services
- Human resource in judiciary, health and police



LESSON LEARNED

- IEC is key component in the prevention, identification and medico-legal redress of SGBV
- Coordination among key stakeholders is crucial element in comprehensive care and support of SGBV survivors
- SGBV focal persons in various institutions help to raise the profile and improve care of SGBV survivors
- SGBV is a cross-cutting issue and requires multi-sectoral approach
- Malawi has a domestic violence act that is in place and it addresses issues of SGBV, but not yet widely used



NEXT STEP/WAY FORWARD

- Improve data management and use
- Increasing community awareness on laws, consequences, reporting, services available for SGBV
- Advocate and establishment of one stop centre
- Conduct review meetings of service providers
- Enhance capacity of service providers in counselling
- Increase access to PEP and EC and intergration of these services in what is already in place
- Improve forensic capacity
- Establishment of men against SGBV forum



TECHNICAL ASSISTANCE

- Establishment of one stop centre
- Training of service providers in counseling, gender related issues and data management
- Establishing a data system that makes it easy to follow up cases and analysis
- Increase forensic collection capacity, training, establishment of lab etc
- A vehicle dedicated to SGBV management and follow up
- More research and situation analysis needs to be conducted on the current police, health and legal procedures