

PRESENTATION ON PROTECTION OF PREGNANT WOMEN, TEENAGERS, AND CHILDREN AGAINST GENDER-BASED VIOLENCE AND ABUSE

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National Department of Social Development

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Introduction

- Today's engagement is aimed at equipping healthcare practitioners, Community Health Workers (CHWs), and NGOs with the core knowledge, ethical reporting procedures, and support resources required to identify, manage, and safely refer victims of gender-based violence (GBV).
- As healthcare workers, CHWs, and NGO partners, you are the critical first line of defense against Gender-Based Violence.
- Survivors often enter our facilities looking for medical help, but what they really need is a lifeline.
- Today, we are focusing on how to spot the hidden signs of abuse, how to respond safely, and how to connect survivors to the right resources without causing further trauma.“
- NB. Every person in the room plays a role in breaking the cycle of violence.

Understanding Abuse: Definitions and Indicators

When we think of abuse, we usually picture physical violence. But abuse is about power and control, and it takes many forms. Emotional abuse erodes a person's self-worth before physical violence even starts. Financial abuse traps them because they literally cannot afford to leave. As professionals, we must understand that these forms of abuse are deeply interconnected and equally damaging.“

Key emphasis: A patient may be experiencing multiple types of abuse simultaneously.

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Understanding Abuse: Definitions and Indicators

Recognizing the diverse forms of abuse is the first step toward effective intervention. Abuse is fundamentally a misuse of power and control

Physical Abuse: Inflicting pain or injury. *Indicators:* Unexplained bruises, burns, fractures, or untreated medical issues

Sexual Abuse: Non-consensual sexual contact or coercion. *Indicators:* Genital injuries, repeated urinary tract infections, sudden changes in sexual behavior, or extreme fear of medical examinations.

Emotional & Psychological Abuse: Using threats, insults, or humiliation. *Indicators:* Anxiety, depression, extreme compliance or withdrawal, or self-harming behaviors.

Financial Abuse: Controlling or withholding access to financial resources. *Indicators:* Being unable to purchase basic necessities despite household income, or having bank accounts strictly controlled by a partner.

Neglect: Deliberate failure to provide for basic physical, emotional, or medical needs.

Standard Reporting and Responding Procedures

- Survivors rarely walk in and openly state they are being abused. We have to look for the clues.
- Watch out for 'carpet bruising' or injuries that don't match the patient's explanation.
- Pay close attention if a partner insists on staying in the examination room and answers all questions on the patient's behalf.
- If a patient seems hyper-vigilant or excessively compliant, treat it as a red flag.“

Key emphasis: Trust your clinical intuition; if an interaction feels controlled or forced, investigate further in private.

Healthcare practitioners and CHWs operate at critical entry points for intervention.

Standard Reporting and Responding Procedures

When responding to GBV, adhere to the **LIVES** principles:

Listen,

Inquire about needs,

Validate feelings,

Enhance safety, and

Support.

- **Create a Safe Environment:** Ensure the patient is interviewed in a private, confidential setting, ideally separated from an abusive partner or family member.
- **Handle Disclosures Empathetically:** Believe the survivor. Assure them that the abuse is not their fault.

Standard Reporting and Responding Procedures

- **Medical & Physical Assessment:** Treat immediate injuries. Document all findings and injuries clearly and confidentially in the patient's clinical file, and obtain consent before collecting forensic evidence.
- **Mandatory Reporting (Vulnerable Persons):** Under South African law, you are legally obligated to report abuse or suspected abuse of **children (under 18)**, the **elderly (over 65)**, or **individuals with physical/intellectual disabilities**. Report these immediately to a social worker, hospital management, or child protection agency.
- **Safety Planning:** Before the survivor leaves the facility, work with them to develop a safe exit strategy or plan in case the violence escalates.
- **Formal Referral:** Escalate urgent cases to the nearest **Thuthuzela Care Centre (TCC)** or formally refer to medical social workers.

Available Services and Intervention Resources

- If a patient discloses abuse, start by listening without judging or giving unsolicited advice.
- Validate their experience by saying, 'I believe you, and this is not your fault.'
- Before they walk out of our doors, we must enhance their safety,
- Therefore it is important to Ask them: 'If things escalate tonight, do you have a safe place to go?'

Key emphasis: Never promise confidentiality that you cannot legally keep, but assure them of a safe, non-judgmental space.

Connect victims with specialized facilities designed to provide trauma counseling, temporary housing, and legal assistance.

Available Services and Intervention Resources

- Connect victims with specialized facilities designed to provide trauma counseling, temporary housing, and legal assistance.
- ✓ **National GBV Command Centre:** 24/7 toll-free emergency line run by the Department of Social Development at **0800 428 428**. Survivors can also dial *120*7867# for a "please call me" or SMS 'help' to **31531**
- ✓ **Thuthuzela Care Centres (TCCs):** One-stop facilities located in public hospitals that provide medical examinations, counseling, and legal support for rape and sexual assault survivors.
- ✓ **SAPS Emergency Line:** Dial **10111** or Crime Stop at **08600 10111** to report crimes and dispatch police.
- ✓ **National Shelter Movement of South Africa (NSMSA):** Call **0800 001 005** to find safe, emergency accommodation for victims fleeing violence.

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Available Services and Intervention Resources

- ✓ **LifeLine South Africa:** Call **0861 322 322** for 24-hour crisis counseling.
- ✓ **TEARS Foundation:** Dial ***134*7355#** on any cellphone for immediate emergency support and connection to local intervention centers.
- We have a strict dual responsibility here. For consenting adults, we respect their autonomy—we cannot force them to report to the police, but we must offer referrals. However, under South African law, if the victim is a child, an elderly person, or disabled, reporting is **mandatory**.
- Your clinical notes are legal documents; write clearly, sketch injuries, and document facts, not assumptions."

Key emphasis: Clear, objective medical documentation can make or break a legal case for a survivor later on.

Conclusion

- You do not have to carry this burden alone. Our job is to bridge the gap between the patient and specialized care. Keep the GBV Command Centre number memorized.
- For sexual assault, bypass standard clinics if possible and send survivors straight to a Thuthuzela Care Centre within 72 hours for containment, legal assistance, and PEP.
- Let's make sure these numbers are clearly posted in our staff rooms."

Key emphasis: Distribute copies or printouts of these emergency contacts to everyone attending today.



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