



Within the scope of providing first aid, individuals may encounter situations where the injured person has experienced some forms of sexual and gender-based violence, such as genital injuries in both adults and children. Sexual and gender-based violence (SGBV) is a broad term referring to any harmful act that leads to – or is likely to lead to – physical, sexual or psychological harm or suffering to someone on the basis of their gender. Gender-based violence is a result of gender inequality and abuse of power, including but not limited to the imposition of sexual violence, domestic violence, trafficking, forced or early marriage, forced prostitution and sexual exploitation and abuse (IFRC, 2015). It was estimated that about one-third of women experience some type of SGBV in their lifetime (WHO, 2017). It is also crucial to consider SGBV committed against men, boys, and sexual minority groups despite the lack of data on its occurrence globally. SGBV can take different forms and happen in diverse situations and contexts across the world and is now one of a focus of humanitarian challenges (ICRC, 2015; IFRC, 2015).

The psychosocial reactions and needs of the survivors

While people affected by SGBV may suffer from physical consequences, such as contracting sexually transmitted diseases (e.g., HIV) or sustaining physical injuries, they may also endure psychosocial consequences that last for a long time and have debilitating effects. The ICRC (2017) and IFRC (2015) include the following psychosocial reactions and needs:

- Emotional reactions such as anxiety, fear, insecurity, anger, shame, self-hate, self-blame, numbness and hopelessness.
- Difficulties concentrating, hyper-vigilance, nightmares or intrusive memories, reliving distressing experiences and flashbacks of the incident(s).
- Behavioural consequences such as the inability to sleep, avoidance (i.e., some survivors may avoid certain situations that remind them of the traumatic event), social isolation and withdrawal, aggressive behaviour, changes in eating behaviour or substance abuse.
- Mental health consequences like depression, trauma-related symptoms, post-traumatic stress disorder, anxiety disorder, eating disorder, self-harm and substance abuse.
- Social consequences such as community stigmatization and isolation, rejection by partners, families or communities, loss of a job and financial income, as well as status in the society.

It is more likely that a survivor's psychological difficulties will manifest themselves as psychosomatic symptoms. Although survivors rarely talk openly about their experiences, they may seek treatment for physical symptoms (e.g., injuries, fatigue, headaches, back pain, abdominal pain, urinary tract infections, or sexually transmitted infections).

When providing care to someone affected by SGBV, first aid providers should be mindful of the following critical needs (IFRC, 2015):

- safety and protection
- care and understanding
- practical support
- connectedness with the family and community
- livelihood for their family
- self-efficacy
- hope for the future.



Facilitation tip

First aid education should take a survivor-centred approach; everything begins with the experiences of the survivor. These experiences determine the needs, which in turn determines the services required. A survivor-centred approach means that catering to the rights, needs and wishes of survivors is the top priority (IFRC, 2015). It is a participatory process that takes into account survivors' existing coping mechanisms, suggestions and expectations (ICRC, 2017). This process is based on the principles of safety, confidentiality, respect, and non-discrimination. Particularly, when we approach or interact with the survivors of SGBV, practical ways and responses that can help ensure their feelings, needs, rights are being accepted and respected should include the following (ICRC, 2017; IFRC, 2015):

- ensure confidentiality and privacy
- stay close and listen to their story
- avoid further traumatising survivors when they are reliving horrific experiences
- believe the affected person without questioning the story
- do not pressure the person to tell details nor do anything against their own will
- avoid further disempowering or stigmatising survivors
- do not judge or blame the person
- ensure safety and do not put the person in danger, such as by:
 - > confronting their partner or calling the police without their consent
 - > sending a child away unaccompanied or with the suspected offending person.
 - be very clear about the available options and the decisions that need to be made
- do not promise anything, (e.g., “everything will be fine if you report to the police”)
- refer the person to professional support and follow-up if needed.

This information is taken from the [Traumatic event](#) worksheet, where the full references are available.