

10

Problems arising from loss and violence[†]

10.1 The person who has experienced a traumatic event

An incident that makes a person fear for their life and causes them extreme distress is a traumatic event. There are different types of traumatic events:

- **personal trauma:** these are incidents which threaten the person, for example, being raped, being a victim of crime, being involved in a road traffic accident, or witnessing trauma in a loved one;
- **war or terrorism:** these are events in which an entire community, or a subgroup in the community to which the individual belongs, has been exposed to violence;
- **disasters:** earthquakes, fires, floods and other natural disasters can cause trauma to individuals or large numbers of people at the same time.

10.1.1 How does trauma affect health?

Trauma can cause physical injuries such as a broken leg following an accident or a burn after an explosion. Trauma can also have a deep effect on a person's mental health. Even a person who only saw what happened (such as someone walking on the road and seeing a terrible accident) can experience these mental health effects. Many people affected by trauma will experience some emotional distress in the following ways:

- feeling numb, in a daze and disconnected from one's surrounding and feelings
- forgetting one or several important parts of the event
- repeated thoughts of the event and re-living what happened to them
- irritability, sleep difficulties, nightmares, having difficulty concentrating



† The possible causes of post-traumatic stress disorder: crime, war, disasters.

[†]With Maryam Shahmanesh.

BOX 10.1 MENTAL HEALTH EXPERIENCES FOLLOWING TRAUMA

People with PTSD have three types of complaints:

- experiencing the trauma again and again: the person re-lives the trauma through visions of the incident, nightmares and ‘flashbacks’ (thoughts of the traumatic event repeating itself);
- avoiding things: the person avoids situations which remind them of the traumatic event; they are unable to remember things related to the trauma and feel emotionally distant from people;



- being on edge: sleep is disturbed, the person feels irritable, has difficulty concentrating and is easily startled or scared, as if the trauma could happen again at any minute; panic attacks and hyperventilation (i.e. breathing very fast) can occur (⇨8.2).

In addition, many people with PTSD feel depressed and lose interest in daily life, feel tired or suffer aches and pains, and have suicidal feelings. Some resort to using alcohol or sleeping medications to help them cope with their symptoms.



- feeling scared and avoiding anything that reminds them of the event
- physical symptoms such as nausea, vomiting, racing heart and feeling breathless
- children can experience bed-wetting.

This is a normal response to a traumatic event and usually lasts for no longer than 2 weeks. In a few people, however, these experiences continue for months (even years) after the trauma. If they begin to interfere with the person's daily life (e.g. causing difficulties in relationships with others) the person may have developed a mental disorder called **post-traumatic stress disorder (PTSD)**. Traumatic events can trigger other mental health problems as well, including depression, anxiety, and alcohol and drug problems.

10.1.2 Why do some victims of violence develop mental health problems?

Events that lead to actual loss of life or events that were life-threatening are more likely to lead to mental health problems. Man-made events such as terrorist violence may be more traumatic than natural events. Survivors of traumatic events in which others died may feel guilty or blame themselves for not having done enough to save others. People who have prolonged exposure to the trauma (e.g. childhood sexual abuse), those who

have experienced mental health problems in the past and those who have poor social support are more vulnerable to developing mental health problems, including PTSD.

10.1.3 How to deal with this problem

Questions to ask the person

- What happened? How/when did it start? What happened to you? Who else was present? What did you do immediately afterwards? (*These questions will help you get information about the traumatic incident.*)
- How are you feeling now? (*Intense symptoms of distress are associated with greater risk of developing PTSD.*)
- What have you done to help cope with your feelings? (*In particular, explore the availability of social supports, or the use of alcohol or other drugs.*)
- Ask about features of depression and anxiety (⇨3.9) as these are common mental disorders following trauma.

What to do immediately

For trauma associated with disasters, war or other humanitarian crises, the first principle is to promote safety and ensure that basic needs, such as



food and shelter, are met. Refer to § 13.1 for further information on integrating mental health in such situations.

For individuals who have mental health distress following traumatic events, try the following actions:

- psychological first aid (§ 5.10);
- for sleep problems, relaxation techniques (§ 5.12) and advice on how to sleep better (§ 8.3) are advised;
- for symptoms such as panic attacks, or when the response to trauma involves the use of alcohol or drugs, follow the steps suggested in § 8.2 (panic attacks), § 9.1 and § 9.2 (alcohol or drugs);
- during the first 4 weeks post-trauma, do not use antidepressants; avoid the use of benzodiazepines unless the person is in an extreme state of distress and cannot be comforted and

then only prescribe one or two doses, otherwise this will start to interfere with the person's own ways of coping;

- parents and people caring for children should be advised against harsh reactions to bed-wetting in children (§ 11.7).

What to do later

Immediately after the traumatic event, see the person at least once every few days. As you see signs of recovery, you can reduce the frequency gradually. Counselling strategies such as problem-solving (§ 5.11), thinking healthy (§ 5.14) and getting active (§ 5.13) may be helpful. However, if symptoms seem to be getting worse, keep contact with the person for a longer period and, if possible, refer them to a mental health specialist. Antidepressants should only be used if there has been no response to the counselling treatments.



SECTION 10.1 SUMMARY BOX

THINGS TO REMEMBER WHEN DEALING WITH SOMEONE WHO HAS EXPERIENCED TRAUMA

- Traumatic events include being a victim of violence, rape or another criminal act, or being involved in war, terrorist violence or major disasters.
- Most people experience distress following such events; only a small number develop PTSD or other mental health problems.
- The main features of PTSD are experiences of re-living the trauma, avoiding situations or places that bring back memories of trauma, and feeling fearful or on edge.
- Psychological first aid is the most helpful strategy for distress immediately after the event.
- Sleeping tablets (benzodiazepines) and antidepressants are very rarely useful in the immediate aftermath of trauma.
- Counselling strategies are often of great help in recovery. Antidepressants are helpful if other approaches have failed or if there are symptoms of depression.

10.2 The woman who is being beaten or abused by her partner

Around the world, women experience violence at the hands of other family members, most commonly their husbands or intimate male partners. Less commonly, women may experience violence at the hands of other male relatives (such as sons) or other women with more power in the home

(such as mothers-in-law). Domestic violence can take a variety of forms (Box 10.2).

Violence occurs in all classes of society. Violence severely damages a woman's physical and mental health. In the most extreme situations, it can cause her death either through injuries or by suicide. Many victims seek help for the various health problems they suffer.

BOX 10.2 THE WAYS IN WHICH MEN CAN ABUSE WOMEN

- By mocking, abusing and humiliating (e.g. using foul language or running down the woman's relatives and friends).
- By threatening (e.g. threats of killing or harming the woman, threats of harming oneself (e.g. through suicide) if the woman leaves).
- By forcing her to have sex. (Some people think that



because a woman is married, she must allow her husband to have sex with her whenever he wants. This is not true.)



- By controlling resources in the home (e.g. denying the woman money, health care or the opportunity to work).
- By forcing her to isolate herself (e.g. denying the woman the chance to meet her friends or to leave the house).
- By physical violence (from slapping to hitting to kicking her. In more serious cases, the man may use a weapon or even try to kill the woman).



10.2.1 How do women suffering domestic violence present to health workers?

Women rarely complain of domestic violence. For that reason, it is important for health workers to be alert to the possibility of violence and to ask about this issue when in doubt. The typical health problems which women do complain of are:

- multiple presentations with cuts, bruises and other injuries, with vague or unlikely explanations
- suicidal behaviour or self-harm
- drug and alcohol misuse
- unexplained chronic physical complaints such as headaches, sleep problems, tiredness, gastrointestinal symptoms, bladder symptoms and chronic pain
- reproductive tract symptoms, such as vaginal discharge and vaginal bleeding, and sexually transmitted infections
- adverse pregnancy outcomes such as miscarriages and unplanned pregnancies
- repeated health care consultations with no diagnosis
- intrusive male partner attending consultation.

10.2.2 Why do some people beat or abuse their partners?

Intimate partner violence is very common and occurs everywhere in the world. Some men beat their wives because they believe this is the accepted way of dealing with conflicts. They may have seen their fathers behave in a similar way towards their mothers. Violence becomes a way of keeping women 'in their place'. Some people say that some women 'deserve' it when they are beaten because of what they do or how they behave. What is important for the health worker to note is that there is no justification of any sort for a man to be violent towards a woman.

Violence, though mostly directed against women, can also be directed against other people in the family such as children (⇨ 11.5), elders and men. In same-sex relationships, men may be violent against their male partners and women may be violent towards women. There are also cases of women being violent towards male partners. A common theme in domestic violence is the need for power and control. A person who wants to exert power or control over another is more likely to be violent towards them.

Health workers should not think that the abuser is a 'monster'. He may be in need of help

himself. Many people prefer to stay with their partners, even though they are violent. If the health worker has the attitude that the man is a monster, then it may be hard for them to understand the woman's decision to continue living with the man (Box 10.4) and to be able to work comfortably with the couple if the woman wishes for this.

10.2.3 How to identify domestic violence

Many health workers are unsure whether they should ask about violence, because they feel there is little they can do about it. Some believe that violence is not a health issue. In fact, violence is as much a health concern as dirty drinking water, especially for mental health. As a rule, if you suspect that violence is occurring in a woman's home, always ask her about it. All women who

have the clinical presentations described earlier (⇨ 10.2.1) must be screened for violence. Women who have intellectual disability or a physical disability are at higher risk of violence. Pregnancy is a time when domestic violence can escalate, and so antenatal care visits are an opportunity to ask about domestic violence.

10.2.4 How to deal with this problem

Special interview suggestions

- Violence is a subject which causes embarrassment, so discuss it in private.
- If family members or the husband seem unwilling to leave, you can say you need to 'examine' the woman and thus need to be alone with her.



BOX 10.3 MYTHS AND TRUTHS ABOUT INTIMATE PARTNER VIOLENCE

◦ *Myth: A man can do whatever he wants to his wife.*

- The truth: No person has the right to control another person, let alone be violent towards them.



◦ *Myth: She deserves it.*

- The truth: No human being, man or woman, ever 'deserves' to be a victim of violence.



◦ *Myth: He loves her too much to do something like this. Even if he does hit her, it is because he loves her.*



- The truth: Hitting is never the result of love. Many men who hit are possessive of their wives, but this is not love.

◦ *Myth: It's a matter for their family. It's none of our business.*

- The truth: It is a matter for the whole community. If one woman is being beaten, then others will be beaten as well.

◦ *Myth: How can she leave him? What will happen to the children?*



◦ *Myth: He hits her because he drinks.*

- The truth: Alcohol does not make a man violent, but it can make an angry man more likely to become violent.



- The truth: If there is violence in the home, this can be far more dangerous to the children's well-being than separation of the parents.

BOX 10.4 WHY DO WOMEN STAY IN VIOLENT RELATIONSHIPS?

There are many reasons women do not leave their violent relationships.

- 'No money, nowhere to go': the woman is trapped by her money situation; if she leaves, she may have no home to go to and no money.
- 'How will the children manage without a father?': if she has children, she may have worries about their future.
- 'What will he do if I go?': she may be scared of what he might do if she leaves. Some husbands threaten (and do) kill their wives.
- 'What will others think if I leave?': she may have little support in her situation; some women fear that her family will reject her and that she will be shunned by her community.
- 'Let me try and change to make things better': some women blame themselves for the violence. They may feel that they should change in order to make the situation better.
- 'This is what marriage is about': some women may believe that violence is a 'normal' part of living with a man. This is especially so for women who have seen their own mothers or sisters being beaten.

- Discussion of violence takes time. Do not be in a hurry to get the information. Do not take sides.
- Listen before you say anything on how to resolve the situation.
- Do not make judgements about whether the woman is right or wrong in deciding to stay with or separate from her husband.
- With the exception of situations where there is an immediate danger to the woman's life, do not be in a hurry to 'save' the woman from her situation.
- Take care to keep your discussions confidential. If the man finds out that his partner has been speaking to others about the violence she is experiencing, he may get



angry and the violence may get worse.

- If the woman asks you to speak with her husband, discuss the potential risks with her first. If you both agree that engaging him may help improve the situation, invite him to meet with you (either together with the woman or separately, based on what she feels most comfortable with).

Questions to ask the woman

Step 1: Ask

Asking about violence in the home is a very sensitive matter and must only be done after you have built a rapport with the woman. In general, start off with a general question about the quality of the relationship or an opener to normalise the question.

- How is your relationship with your husband?
- Violence in the home is very common, so we ask about it routinely.
- Do you and your husband fight or argue? How often? About what?
- Are you in a relationship with someone who hurts or threatens you? Is there anyone at home who you are frightened of?

Remember never to pressurise the person to talk.

Step 2: Assess the extent of the problem

Based on the responses to these questions, you can be more direct.

- Has your husband ever hit you? Or threatened to hit you?

Being married can be quite difficult for some of us. Many women who feel unhappy are suffering violence in their homes. Could this be happening to you?



- If yes, when was the first time? Since then, how often has he hit you? Has it been getting more frequent recently? (*Violence that is getting worse with time is likely to lead to serious harm unless quick action is taken.*)
- What is the worst injury you have suffered? Has he ever used a weapon or tried to kill you? (*Women who have suffered severe injuries such as fractures are at greater risk of physical injury in the future.*)



- How is this situation affecting your feelings? (*Ask questions for anxiety, depression and suicidal thoughts* ↗ 3.9, 7.4.)
- How are you coping with this violence? Have you told anyone else about it? Who? (*Identify the woman's social support and her ways of dealing with the violence; check on the use of alcohol or sleeping tablets.*)
- What about the children? (*If there are children caught in the violence, make arrangements to talk to them.*)
- What things have you thought of to change your situation? (*If the woman has considered separation, find out who she has talked to.*)
- What are your concerns about separation? Who would you go and stay with? (*This is especially important when there are no women's shelters in your area.*)
- Does your husband know that you are talking to me about this problem?
- Would you like me to invite your husband to come to talk to me about this problem? (*In*



most cases, he probably would not. But it still does no harm to ask.)

As a rule, **do not be afraid to ask about violence**. Most women are relieved when asked about violence, because they are often scared or embarrassed to bring it up themselves.

Questions to ask the family or friends



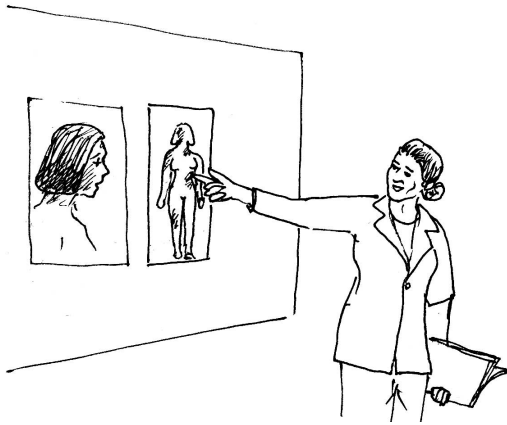
As for all people who seek help from you, never ask questions of the family or friends without the person's permission. Having done so, these are some important questions.

- What do you feel she should do? (*This will give you a sense of the views of the people who are close to the woman. These often play an important part in influencing the decision taken by the woman.*)
- If she were to leave home, would she be welcome to stay with you? Or with someone else?

What to do immediately



- If the woman discloses violence, offer supportive statements such as 'You are not alone', 'You are not to blame for what is happening to you'.
- Clearly document the woman's history and any physical injuries. Record details such as exactly what the woman said her partner did (e.g. 'Woman says partner hit her with a metal pan at least 6 times') and the nature of injuries (e.g. 'A bruise on the right shoulder area measuring about 2 cm by 3 cm'). These records may be very important in the event of a police case.
- Many women develop negative feelings about themselves. Be comforting and reassure the woman that she is not responsible for the violence.



I Carefully document the location and extent of bruising.

- Treat symptoms of depression (☞7.4) or PTSD (☞10.1).
- Use problem-solving to identify practical things the woman can do to address the causes and consequences of the violence (☞5.11).
- While you should not make decisions for the woman on whether she should continue living with her husband, you should share your concerns if you feel that her life is at risk.
- Involve people important in her life in planning for the future. This could include family or friends who have genuine concern for the woman.
- If the woman has legal problems, or wishes to make a police complaint, refer her to the appropriate authorities. It can help if you write a note describing the health issues, since the woman may not get a sensitive hearing from the police.
- If you know the legal rights for women who are victims of violence, then share this information with her. If you don't know this, consult a colleague or refer her to a woman's support group. For example, in some places police can question and warn a man who has been accused of violence, and judges can restrain a man from coming near the woman and force him to make maintenance payments.
- Discuss what the woman would do if violence occurred again. Help her plan her actions. Examples of how the woman can plan for her safety are as follows.

- Consider where she could go for refuge, for example, neighbours – make sure that this place will welcome her in an emergency.
 - If there are weapons in the house, hide them.
 - Save money in case it is needed later.
 - Leave copies of important documents, such as identification cards and marriage certificates, with others.
 - Devise a code word she could use with children or relatives when she feels threatened and wants help.
 - The best course of action is to recognise when a situation is becoming dangerous and leave the room immediately.
- Give information regarding resources for women in your community (☞Chapter 15).

When to refer

If the woman's life is at risk and she has nowhere to go, hospital may be the only safe shelter for her. If available, refer her to a community-based group or programme for empowerment of women.



What to do later

If the woman wishes, invite the husband for counselling to address the relationship problems (☞5.15). The difficulty in helping people who experience violence is knowing what to do if the situation does not change and the woman cannot leave. You can consider the following options for the woman.



- Make a police complaint. Some men will back off when the police get involved.
- Share the information with the wider family and hope that they will apply some pressure to the husband.
- Start planning for separation. Examine the woman's concerns about separation and help her think of ways in which they can be overcome.
- Refer her to a woman's support group from whom she can seek advice.
- Sometimes the man may himself come to the health worker for some different reason – bring up the issue at this time.

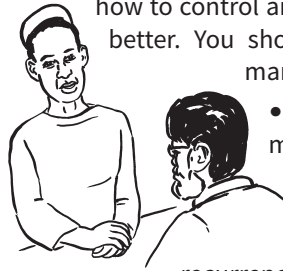
10.2.5 Working with men who are violent

The greatest difficulty in helping women whose husbands or partners are violent is that most men do not seek help for this problem. They may fear humiliation, police or legal action, or social stigma. These are some suggestions on how to work with men who do seek help because they are concerned about their violent behaviour.

- It is important for the health worker not to take sides in this situation and to try to help the man change his behaviour.
- There are also some situations where a man can become violent as a result of his mental health problems. The first is men who drink too much and become violent when they are drunk (⇨9.1). The second is men who are very suspicious that their partners are having an affair with another man and beat their wives

to try to get them to confess to the affair. Of course, the affair is most often imaginary (⇨7.3).

- All violent men can benefit from advice on how to control and deal with their anger better. You should advise on how to manage anger (⇨5.16).
- Support groups for men who have difficulty in controlling their anger may help in reducing the risk of recurrence, in the same way that Alcoholics Anonymous groups help individuals with drinking problems (⇨5.26).
- Confidentiality is very important when working with partners as separate individuals. Both partners must feel secure that their conversations with the health worker will not be shared with the other partner.



SECTION 10.2 SUMMARY BOX

THINGS TO REMEMBER WHEN DEALING WITH WOMEN WHO ARE BEING ABUSED

- Violence is common; suspect it in any woman with unexplained injuries, vague physical symptoms, sleep problems or suicidal feelings.
- Violence can be physical, sexual or emotional. Most victims of violence in the family are women being abused by their male partners.
- Violence may escalate during pregnancy.
- Always ask about violence if you suspect it.
- Encourage the woman to share her experience with family or friends she trusts.

10.3 The person who has been raped or sexually assaulted

In most countries, rape refers to forced sex where there is sexual penetration of a woman by a man. Sexual violence against children is discussed elsewhere (⇨11.5).

Sexual assault is a broader term, which includes rape as well as other forms of sexual violence. This includes:

- touching or grabbing parts of the body
- making sexually suggestive comments or movements
- sexually attacking a person in any way, whether or not there is sexual penetration.

Sexual assault and rape are among the most terrifying experiences. In some places, the person suffers the double blow of rape and then being discriminated against by other members of their community. Because rape involves both physical and mental violence, it is extremely damaging to the person's health.

Sexual assault and rape can lead to:

- unwanted pregnancies
- sexually transmitted diseases, HIV/AIDS
- physical injuries such as bruises, tears, cuts or fractures
- mental health problems such as PTSD and depression
- death.



a.



b.



c.



d.

The health impact of rape

- a. Unwanted pregnancies.
- b. Sexually transmitted diseases, such as HIV/AIDS.
- c. Physical injuries, such as bruises, tears, cuts or fractures.
- d. Mental health problems such as PTSD and depression.

Some people argue that it is not possible for a man to rape another person unless she cooperates, for example, by lying down and staying quiet during the rape. In fact, most women do put up resistance and many manage to escape the rapist in this manner. However, a rapist can overcome a woman by sheer physical strength, often combined with emotional power. Sometimes, the woman is so scared that she fears resisting because the rapist might hurt her even more.

Men can also be victims of sexual assault and rape by other men. Male rape is an even bigger secret than female rape. This is partly because male victims rarely seek help.

- In the days and weeks after a rape, the person may blame themselves, fear being killed or harmed, feel dirty, have repeated thoughts of the rape, or have nightmares and sleep problems. Physical complaints such as aches and pains, loss of appetite and tiredness are also common.
- Later, the person may develop a fear of people and of situations similar to those in which the rape occurred. They may develop depression (☞7.4), PTSD (☞10.1) or suicidal behaviour (☞7.6).
- In the end, the majority of people recover, but not without having suffered ill effects for a long time.

10.3.1 How do people react to being raped?

Typically, the person goes through a series of emotional reactions as a result of being raped (☞10.1).

- Shock and anger are often the first reactions. The woman may be tearful, shaking with fear and anger, and unable to understand what she has just experienced.
- Some women may appear calm and controlled; this does not mean that they have coped well with the rape.

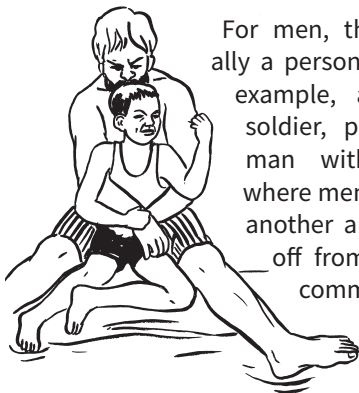
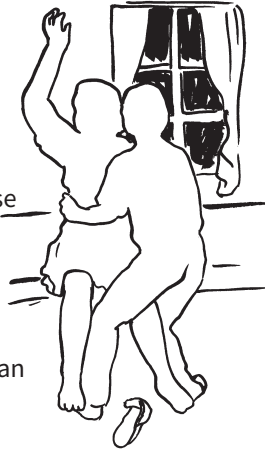
10.3.2 Who rapes another person?

In the case of women, most often the rapist is someone she knows:

- her boyfriend: this is sometimes called ‘date rape’;
- her husband: in many societies, having sex is considered a ‘duty’ of a wife; however, if she does not want sex and it is forced on her, it is sexual violence;
- a man in her social circle, such as an uncle or a neighbour, or someone she works with.

Rape can also happen by:

- the police or soldiers (especially when women are captured by soldiers or arrested by the police – it is particularly terrifying because the woman is being raped by the people who should be protecting her);
- the client, if the woman is a commercial sex worker;
- a complete stranger (the attack may happen on the street or in the woman's home).



For men, the rapist is usually a person in authority, for example, a police officer, soldier, priest or another man within a situation where men live close to one another and relatively cut-off from the rest of the community, such as in prisons, the army, boarding schools or hostels for men.

10.3.3 How to deal with this problem

Rape is a very sensitive issue. Take time to listen without pressurising the person to talk about what happened. Give appropriate priority to addressing the person's health and legal needs. If the person would like to speak about what happened, discuss it in private. Reassure them about the confidentiality of their story. Do not ask for unnecessary details about the act. Men who are raped (by other men) are especially unlikely to come forward with what happened owing to the stigma and humiliation attached to this experience. Be especially sensitive when asking men about sexual violence.

Questions to ask the person



- What happened? (*In particular, ask about the time since the assault, the nature of the assault and the nature of any injuries.*)
- Are there times when your partner has sex with you when you do not want to?
- When was your last menstrual period? Are you using any contraception? (*Assess her risk of pregnancy.*)
- Did the rapist use a condom? (*The risk of HIV and sexually transmitted infection is increased if the rapist did not use a condom.*)
- How are you feeling right now? (*Ask about their mental health, in particular, symptoms of depression, anxiety and suicidal behaviour.*)
- Have you told anyone about the rape? Who? What was their reaction? (*This will help you identify any support the person might have during this difficult period.*)

What to do immediately?



Physical examination

A physical examination is recommended especially if the rape occurred less than 24 h earlier. The person may be resistant to having such an examination. Reassure them that this is the main way in which a rape can be proved for legal purposes. The examination will include looking for injuries to the sexual organs or other body parts (including the rectal region, especially in men), collecting specimens to look for sperm, and tests for sexually transmitted infections including HIV.

Emergency contraception

If there is a risk of pregnancy, emergency contraception should be offered to a woman who has been sexually assaulted as soon as possible:

- if available, levonorgestrel 1.5g; if not available, a combined oestrogen–progesterone course with anti-emetic cover can be given;
- emergency copper intrauterine device with prophylactic antibiotics for prevention of sexually transmitted infections.

If the event was more than 5 days ago or the woman is already pregnant, she should be offered safe abortion in accordance with national law.

Post-exposure prophylaxis (PEP) for HIV and sexually transmitted infections

- Offer HIV counselling and testing as soon as possible after the event.
- Consider offering PEP to victims presenting within 72 h of the assault, according to the risk of HIV (which depends on the prevalence in the area, HIV status and characteristics of the assailant if known, nature of assault and number of assailants).
- If PEP is given, HIV counselling and testing need to be done. Adherence counselling and support for PEP must be provided.
- Offer prophylactic antibiotics for chlamydia, gonorrhoea, trichomonas and syphilis according to national guidelines.
- Offer hepatitis B vaccination according to national guidelines.

Caring for mental health

- Offer psychological first aid (⇨ 5.10) and ensure that prevention of further violence has been specifically addressed.
- Provide practical advice to address the person's concerns, such as help with the decision about reporting the rape to the police. Ideally, the event should be reported; however, factors such as shame, the assailant being a close relative or the fact that, in the case of men being raped, homosexuality may be a criminal offence may make a person hesitant to report the rape.
- Explain the psychological reactions to the rape so that the person knows that the fearfulness, nightmares and sadness are typical reactions.

- Encourage disclosure to a friend or relative, and spending a few days with someone the person trusts. It is better if they are not alone.
- Refer the person to a support group who can advise them on legal rights and provide assistance.
- If the woman agrees, talk with the family. Some men reject their wives if they have been raped. Talk to the husband and try to change his reaction by pointing out that rape is a crime and that it could have happened to any woman.
- The person who has been raped or sexually assaulted by a relative or close friend should be encouraged to share this with their family to help them cope and prevent the rape from recurring.

When to refer

Always refer for a physical examination to specialised medico-legal services (if such are available).



What to do later

- Look for signs of depression or PTSD (⇨ 10.1), drug and alcohol use or other mental health problems; if present, manage them accordingly (⇨ 7.4, 8.2, 9.1, 9.2).
- Arrange follow-up for testing and management of sexually transmitted infections and pregnancy (if a woman) at approximately 4 weeks post-assault, and syphilis, hepatitis B and HIV counselling and testing at 3 months and (if received PEP) at 6 months.



SECTION 10.3 SUMMARY BOX

THINGS TO REMEMBER WHEN DEALING WITH A PERSON WHO HAS BEEN RAPED

- Rape and sexual assault are among the most severe acts of violence that a person can experience. They can affect the person's physical health, sexual health and mental health.
- Rape can lead to unwanted pregnancies, sexually transmitted infections (hepatitis B, HIV) and serious injuries. Depression, suicidal feelings and PTSD are the common mental health problems.
- When helping a person, the key is to provide psychological first aid, ensure their physical health, document the event (including a physical examination), advise on preventing pregnancy and sexually transmitted infections, and counsel on the mental health effects of rape.
- Provide support and correct documentation if the person chooses to file a police complaint.
- Link the person with support services.

10.4 The person who has been bereaved

Bereavement (or grief) is the experience when someone you are close to dies. Most persons will experience bereavement at some point in their lives. Bereavement of someone we are close to is probably the most severe loss we have to cope with. This is why bereavement can become a mental health issue.

10.4.1 How does a person react to bereavement?

Bereavement is like a wound. Like a wound, it hurts. Like a wound, you will need time to recover and to allow the wound to heal. And, like some wounds, it can sometimes take longer to heal or become complicated. Bereavement is an intensely personal experience; there is no 'right' or 'wrong' way to grieve. In some communities, bereavement can also be a group experience involving many people grieving together. In such situations, the pain and loss can be shared more easily with others.

10.4.2 When is a bereavement 'abnormal'?

Sometimes, bereavement can become abnormal because it can last much too long or affect the person's life in a way which is damaging to their health. These are some features which may indicate an abnormal bereavement:

- if the reaction lasts for more than 6 months (or the expected period of mourning in your setting)
- if the bereaved person becomes very depressed or suicidal



- if the person withdraws from social interaction with others
- if the person avoids people and things linked to the lost relative or friend.

Abnormal bereavement is more likely to happen in the following situations:

- if the person has experienced more than one close person dying in a short period of time
- in people without adequate social support
- in parents who have lost a child, especially an only child
- when an elderly person becomes bereaved owing to the death of a spouse
- when someone dies suddenly, for example, in a road accident or by suicide.

10.4.3 How to deal with this problem

Questions to ask the person

- What happened? How are you feeling? (*Talking about the loved one's death may help reduce the feeling of shock.*)
- Who will you be spending the next few days with? Who can you talk to when you need someone? (*Social support from friends or family immediately following a bereavement is very helpful in promoting recovery.*)

What to do immediately

- Offer psychological first aid (⇨ 5.10).
- Reassure the person that experiences such as imagining that the loved one is still alive or searching for them are normal and are not signs that they are going 'mad'. Educate them about the stages of grief so that they know what to expect and are not worried about some of their feelings or thoughts.
- Encourage the person to share their feelings with friends and relatives. As far as possible, the bereaved person should not be alone for the first few days.
- If the person's community has rituals associated with death, encourage them to participate. These ceremonies can often make the

BOX 10.5 THE STAGES OF GRIEF

Typically, three stages are described in the human response to loss, although not everybody experiences all of the stages or experiences them in this order.

'It cannot be true': the stage of denial

This happens in the days just after the loss. There is a feeling that the news is false. The person you love could not be dead. It is just not possible. This stage of shock is most obvious when the person dies suddenly.

The person can feel numb, as if in an unreal, dream-like state. Activities such as the funeral can help the person distance themselves from the loss.



'I feel miserable': the stage of sadness

This stage usually begins once all the hectic activity surrounding the final rites and funeral are over and the bereaved person is back to their own usual life. The absence of the loved one is now noticed. Sadness, a feeling like searching for the missing person and imagining that they must still be alive are common experiences. Some people may even hear their name being called or have dreams of the lost one.



Some people can blame themselves for not having done enough to prevent the death, or get angry that the loved one left them. Crying, sleep problems, loss of interest in activities and in meeting people, and even thoughts that life is not worth living can all be experienced in this stage.

'It's time to move on': the stage of reorganisation

This is the final phase of bereavement. For most people, it is the time when they accept the loss as part of life and get on with the rest of their life.

Coming to terms with loss is a gradual process. Most of us will never stop thinking of the lost person now and again. What is important is that the sadness we feel when we do think of the person does not interfere with our ability to enjoy happy moments in our life. The real sign that a person has moved on is when they begin to make plans for the future. A future without the loved person, but still a future with hope.



bereaved person feel supported by others. If the person is religious, prayer may help them cope with the grief (Box 10.5).

- The needs of people who have been bereaved through suicide need very sensitive attention, because they may feel great anger or blame themselves for the death. They may also be at higher risk of attempting suicide themselves.
- A discussion of feelings of loss and sadness may be helpful a few days after the bereavement. The person may feel embarrassed to share some emotions, such as anger. This is especially a concern when the loved one

died as a result of suicide or if their relationship with the person was difficult. Ask them about those types of reactions to make them feel more confident that they can be frank and open with you.

- If the person has suicidal ideas, assess and manage as described elsewhere (⇨ 7.6).
- Do not give simple reassurances such as 'it's God's will' or 'at least you have children'. Grief is a universal human experience, and your ability to listen quietly and allow the sadness to be expressed is a treatment in itself.

