

Today another woman died

Today another woman died  
and not on a foreign field  
and not with a rifle strapped to her back,  
and not with a large defense of tanks  
rumbling and rolling behind her.

She died without CNN covering her war.  
She died without talk of intelligent bombs  
and strategic targets  
The target was simply her face, her back  
her pregnant belly.

The target was her precious flesh  
that was once composed like music  
in her mother's body and sung  
in the anthem of birth.

The target was this life  
that had lived its own dear wildness,  
had been loved and not loved,  
had danced and not danced.

A life like yours or mine  
that had stumbled up  
from a beginning  
and had learned to walk  
and had learned to read,  
and had learned to sing.

Another woman died today,  
not far from where you live;  
Just there, next door where the tall light  
falls across the pavement.

Just there, a few steps away  
where you've often heard shouting.  
Another woman died today.

She was the same girl  
her mother used to kiss;  
the same child you dreamed  
beside in school.

The same baby her parents  
walked in the night with  
and listened and listened and listened  
For her cries even while they slept.

And someone has confused his rage  
with this woman's only life.

Carol Geneya Kaplan

Source: [www.domesticviolence.org](http://www.domesticviolence.org)

# The Role of Health Professionals: What to do in Cases of Sexual Assault?

Dr. Amita Pitre, CEHAT

## Challenges

Women and children in India suffer from a wide spectrum of sexual coercion starting from child sexual abuse, sexual harassment in adolescence to forced non-consensual sex, both within and outside of marriage. Child marriages themselves contribute to a sizable proportion of 'accepted' non-consensual sexual initiation.

Gross under-reporting of sexual crimes are a major challenge to addressing it. Many police stations are more concerned to hide such crimes for fear of increased crime rate reflecting badly on their 'competence'. Activist intervention is needed in many areas: legal reforms, changing definition of consent and rape, legal aid, empowerment of women, struggles to achieve such changes and so on. Here we would like to highlight the role that can be played by the health care professional in proactively helping survivors of sexual assault.

## Health care intervention: essential and acceptable

In cases of sexual assault health workers can play an important role in detecting the crime, instituting appropriate care and documenting the essential evidence. This makes the health worker an important link on the way to seeking justice. The medical care should include attention to physical and mental trauma, emergency contraception, care for sexually transmitted infections including HIV, counselling and a thought for the security and safety of the woman. Appropriate health care intervention is not only essential, but often much more acceptable to the survivor, because it does not label her with the crime. If given in the right way, it may in fact boost her confidence to register an official case.

## Sensitising medical education

It is necessary to incorporate modules on violence against women in the medical curriculum. All medical graduates should get adequate training to care for and record evidence in cases of sexual assault. In India, forensic science is taught in the second year but does not provide sufficient training to examine victims of violence. Obstetrics and gynaecology do not address issues of violence at all, although it is intimately linked with women's reproductive health. Ability to screen, care for and examine women and children facing sexual assault should be a requirement for every primary physician.

## Use of a comprehensive protocol to examine survivors of sexual violence

A comprehensive protocol to care for and document cases of sexual assault can be a concrete step in ensuring that every survivor seen by a doctor gets the necessary care and documentation of evidence. Health professionals should proactively screen for sexual violence and give care with a non-judgmental and empathetic attitude. CEHAT

# Burma: Rape as a Weapon of War

Harry van Velsen, Burma Centre Netherlands

Since 1962 Burma suffers from a military dictatorship, presently ruled by the State Peace and Development Council (SPDC). Rape by army personnel, particularly against ethnic minority women, is an intrinsic component of the ongoing SPDC led military dictatorship in Burma.

The prevalence of rape in Burma is facilitated by an exalted status of the military, which enables soldiers and their leaders to rape without impunity; the militarisation of Burmese society, in which notions of masculinity and femininity are played out on battlefields; and the subordinate status of women in Burma, with an attitude of strong disrespect for minority women.

In Burma, rape is used as a military strategy to humiliate, shame and control the population as well as for ethnic cleansing. Sometimes military officers deliberately rape and beat or burn women in public as a method to intimidate the local ethnic population. There is evidence from various reports to suggest that military leaders wage a campaign of ethnic cleansing on ethnic minorities. By forcibly impregnating ethnic minority women, the military increases the majority population through more 'Burmese births'. The number of ethnic minorities decreases through death resulting from murder after rape, sexually transmitted diseases, unsafe abortions, suicides and actual injuries from rape.

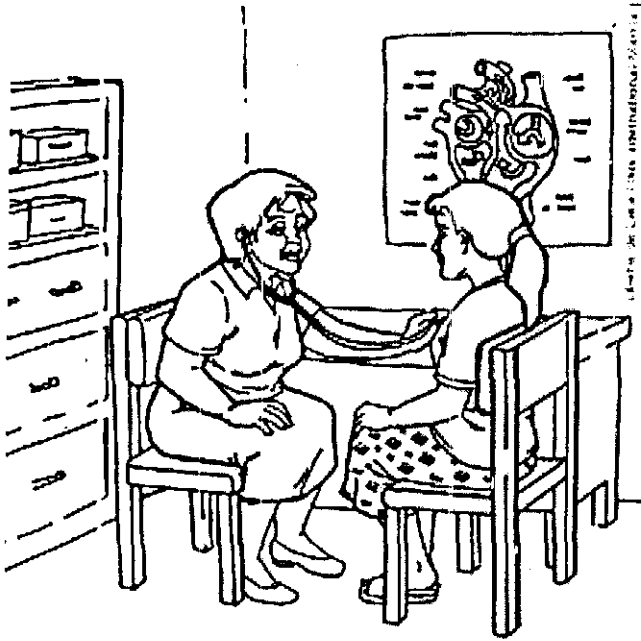
Many of the women who survive rape are traumatised. Affects of trauma include a persistent expectation of danger, a constant re-experiencing of the traumatic event(s), and an emotional numbness that prevents normal responses to even ordinary events.

Inside Burma it is very difficult for women's groups to start activities. There is some help from international NGOs and UN agencies but this help is marginal. One organisation that is active in Burma is the Women's League of Burma (WLB), an umbrella organisation comprising 11 women's organisations of different ethnic backgrounds from Burma. Its mission is to work for women's empowerment and advancement of the status of women, and to work for the increased participation of women in all spheres of society in the democracy movement, and in peace and national reconciliation processes through capacity building, advocacy, research and documentation. In their report 'System of impunity', WLB shows that sexual violence by the military is not only prevalent in civil war zones, but also in cease-fire areas or 'non-conflict' areas. Most of the 26 documented stories of rape have either been perpetrated by senior military officers or authorities, or with their complicity.

The Burmese military regime denies all allegations and attempts to block flows of information, but reports of sexual violence by the military inside Burma continue to reach women's groups and other human rights organisations around the borders. More testimonies will follow, as the war of sexual violence will continue.

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Burma Center  
Netherlands (BCN)  
is a lobby and  
activity organisa-  
tion on Burma  
Justice Women's  
issues are part of  
the broader BCN  
programme  
Strengthening civil  
society in Burma



has prepared a model sexual assault evidence kit to care for and record evidence in cases of sexual assault prepared as a first step.

## Innovative approaches in developed countries

Women who have experienced violence by men may find female health workers more approachable and acceptable than male health workers. In some countries, Sexual Assault Nurse Practitioners have been trained to give care, counselling and to collect evidence in cases of sexual assault. The experiences in Dilaasa, a crisis centre in Bombay for women facing domestic violence, also point to female health workers being able to empathise and care better for survivors. Well-trained health care professionals should proactively screen for cases of child sexual abuse, sexual assault in adolescence and assault within and outside marriage. They need to provide a whole range of services from counselling and care as mentioned above, to making a medico-legal case paper as well as record evidence irrespective of legal recourse taken. Further action may be taken only with the consent of the woman. They must first think of the woman as their patient, and their role to support the judiciary should not come in the way of being the care-provider. Are the docs listening?

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CEHAT is a voluntary organisation working on health and related themes in Bombay, India. The 'Dilaasa' crisis centre for women facing domestic violence is a collaborative project of CEHAT and the Bombay Municipal Corporation based in Bandra Bhabha Hospital.