
GENDER BASED VIOLENCE IN THE MALDIVES:

What We Know So Far

**A report on the findings of qualitative research on GBV
carried out by the Ministry of Gender, Family
Development and Social Security in 2004**

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September 2004

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LIST OF ACRONYMS

DV	Domestic Violence
FGDs	Focus Group Discussions
GBV	Gender Based Violence
IGMH	Indira Gandhi Memorial Hospital
UN	United Nations
UNFPA	United Nations Population Fund
VAW	Violence Against Women
WHO	World Health Organization

CHAPTER 1: INTRODUCTION

'Globally, one in three women will be raped, beaten, coerced into sex or otherwise abused in her lifetime' (Heise, L., Ellsberg, M., and M. Gottemoeller 1999).

In the majority of cases, the abuser will be a member of the woman's own family or someone known to her (WHO 2002). The most widespread form of Gender Based Violence (GBV) is physical abuse of a woman by an intimate male partner, current and former spouse, cohabitating partner, date or boyfriend. Thirty five studies from a wide variety of countries show that one-quarter to more than half of women reported having been physically abused by a present or former partner (Heise, Pitanguy and Germaine 1994).

Despite a widespread belief that rape is something committed by strangers, most non-consensual sex actually takes place between spouses, partners and acquaintances. A review of literature published in English on sexual violence against women, which included research from 84 countries, showed it to be most prevalent in everyday contexts and environments and among individuals known to each other. Population-based studies report that between 12 and 25 per cent of women have experienced attempted or completed forced sex by an intimate partner or ex-partner at some time in their lives (WHO 2000).

GBV adversely affects victims, family members, perpetrators, communities and states on profound emotional, physical, psychological and economic levels. According to a World Bank study it accounts for more death and ill health among women ages 15 to 44 worldwide than cancer, obstructed labour, heart disease, respiratory infections, traffic accidents and even war (World Bank 1993). Other studies indicate that 40 per cent of all female homicide victims in the United Kingdom are killed by their intimate partners.

Violence against women (VAW) or gender based violence is a worldwide problem, crossing cultural, geographic, religious, social and economic boundaries.

1.1 Definitions

The United Nations (UN) Declaration on the Elimination of Violence Against Women (1993) defines the term 'violence against women' as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

The preamble to the Declaration recognises that violence "is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women," and that it is "one of the crucial social mechanisms by which women are forced into a subordinate position compared with men."

The United Nations Population Fund (UNFPA) says that:

"Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women" (quoted in Secretariat 2003).

For the purposes of this report a series of separate definitions are given for some of the different forms of violence against women which will be discussed. These definitions come from the *World Health Organization (WHO) Multi-Country Study on Women's Health and Domestic Violence Protocol* (1998)

- **Domestic violence against women**

Any act or omission by a family member (most often a current or former husband or partner), regardless of the physical location where the act takes place, which negatively effects the well being, physical or psychological integrity, freedom or right to full development of a woman.

- **Physical violence**

Physical violence is the intentional use of physical force with the potential for causing death, injury or harm. Physical violence includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, the use of restraints or one's body size or strength against another person, and the use of a weapon (gun, knife or object).

- **Severe physical violence**

Physical violence that is likely to lead to external or internal injuries.

- **Abusive sexual contact**

Abusive sexual contact is any act in which one person in a power relationship uses force, coercion or psychological intimidation to force another to carry out a sexual act against her or his will, or participate in unwanted sexual relations from which the offender obtains gratification. Abusive sexual contact occurs in a variety of situations, including within marriage, on dates, at work and school, and in families (i.e. incest). Other manifestations include undesired touching, oral, anal or vaginal penetration with the penis or objects, and obligatory exposure to pornographic material.

- **Forced sex**

Forced sex will be taken to be where one person has used force, coercion or psychological intimidation to force another to engage in a sex act against her or his will, whether or not the act is completed.

- **Sex act**

Sex act is defined as contact between the penis and vulva, or the penis and the anus involving penetration, however slight; contact between the mouth and the penis, vulva or anus; or penetration of the anal or genital opening of another person by a hand, finger or other object.

- **Psychological violence**

Psychological violence is any act or omission that damages the self-esteem, identity or development of the individual. It includes but is not limited to humiliation, threatening loss of custody of the children, forced isolation from family or friends, threatening to harm the individual or someone they care about, repeated yelling or degradation, inducing fear through intimidating words or gestures, controlling behaviour, and the destruction of possessions. (WHO Protocol 1998)

VAW is a cross-cutting issue. It is a community issue, a family issue, a legal issue, a health issue, and a social issue, but most fundamentally VAW is a human right issue.

1.2 Gender Based Violence as a Human Rights Issue

"Violence against women is perhaps the most shameful human rights violation. And it is perhaps the most pervasive. It knows no boundaries of geography, culture or wealth. As long as it continues, we cannot claim to be making real progress towards equality, development and peace" (Annan 8 March 1999).

Violence against women in the form of physical assault, harassment, emotional abuse, sexual assault, deprivation of resources, destruction of property, torture or confinement clearly violate women's rights to be free from violence.

Women's human rights advocates also stress that unless women are free from the threat of violence, they are unable to realise their other rights, and thus unable to participate in the process or benefits of development (Burton, Duvvury and Varia 2000: 5). For example, a woman cannot exercise her rights to livelihood, education, mobility, health or participation in governance, if she is prevented from leaving her home under threat of violence or death. In addition, a woman cannot fulfill her right to choose whether, when or how often she will have children, if she is routinely denied the opportunity to consent to sexual relations, or to choose whether and whom she marries" (Burton et al. 2000: 9).

1.3 Gender Based Violence as a Development Issue

VAW is also a serious development concern. Development is not simply the pursuit of economic growth but the linking of economic growth to indicators of social justice and individual well-being. The UNDP defines development as the "enlargement of choices," and the improvement of women's individual agency is essential to this. Therefore, at the most fundamental level, VAW contradicts the goals of development.

Violence against women also undermines development outcomes, because it depletes resources and has various direct and indirect economic and social costs. Morrison and Biehl (1999) identify direct costs such as medical, criminal justice, social services as well as non-monetary costs such as increased homicide, suicide, alcohol/drug abuse, depressive disorders (quoted in Burton et al. 2000: 9). For example, in the United States, the health related costs of rape, physical assault, stalking and homicide by intimate partners are more than \$5.8 billion every single year (UNIFEM 2003).

Research has also identified larger economic consequences of VAW such as loss of productivity, decreased investment and social impacts such as intergenerational transmission of violence, reduced quality of life, reduced participation in democratic processes (Burton et al. 2000: 9-10). A study in Canada estimated that physical and sexual abuse of girls and women cost the economy 4.2 billion Canadian dollars each year (Heise, Ellsberg and Gottemoeller 1999: 26).

Violence, and the threat of violence reduces women's and girl's opportunities for work, their mobility and their participation in education, training, community activities and wider social networks (Secretariat 2003: 8). For example, violence is now established as an influential factor inhibiting the access of girls to education in both South Africa and Jamaica (Burton et al. 2000: 10). In Mexico a study found that a major reason why women stopped participating in development projects was men's threats (Heise et al. 1999:28).

1.4 International Conventions and Agreements

In recent decades a number of international conventions have brought the issue of VAW into the international spotlight, and demonstrated that VAW must be understood as a human rights issue and that states are responsible for human rights violations by private actors in both the public and private spheres. The 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) establishes international standards for guaranteeing equality between women and men within the family and the state. The essence of this convention, as with the Universal Declaration of Human Rights, is respect for human dignity and respect for the human capacity to make responsible choices. The 1993 World Conference on Human Rights in Vienna further insists that state and local biases in the implementation of CEDAW, due to religious and cultural interpretations or reservations, be eliminated. The Declaration on the Elimination of Violence against Women, adopted by the UN General Assembly in 1993, and the Beijing Platform for Action of 1995 later helped to further crystallise the doctrine that women's rights are human rights (Burton et al. 2000:8-9). The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1978, is the most comprehensive international agreement imposing legally binding duties to eliminate discrimination against women and ensure equality between men and women. Maldives has ratified this Convention and is obliged to eliminate discrimination in private

as well as public life, of which violence is a major part. In addition, the International Conference on Population and Development (ICPD), Programme of Action 1994, reinforced the CEDAW principles stating that, “advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women and ensuring women’s ability to control their own fertility are cornerstones of population and development-related programmes”. As a result of these conventions once private issues like domestic violence can now be understood as human rights violations of public concern.

1.5 Gender Based Violence in the Maldives

Similar to women all over the world the women of Maldives face violence in various forms within their homes, in public space, in the workplace, and within the community in general. Gender based violence greatly affects the overall mental, psychological and physical health of half the population and is a major constraint to women’s full participation in society and development. In order to have a gender equitable and equal society and achieve and sustain ultimate development goals such violence must be eliminated.

On the occasion of the International Women’s Day, 8 March 2002, H.E President Maumoon Abdul Gayoom said, “Discrimination against women, especially domestic violence and violence against women is nothing but an impediment to establishing gender equality...I call upon the beloved people of the Maldives to be cautious of such dangers and work with a renewed effort to eliminate such practices.” On the same occasion the then Minister of Women’s Affairs and Social Security, Hon. Ms Raashida Yoosuf said that, “...violence is an issue we are hesitant to talk about. We have to keep in mind that, victims keeping silent about their suffering encourages perpetrators to continue with their actions. If we want to make our environment safe, free and conducive for all individuals, we have to start openly talking about the actions of perpetrators of violence. At the same time we have to help perpetrator to overcome the habit of violence. Issues of violence must be viewed as societal concerns rather than a private issue, and it must be seen as the responsibility of all to work towards eliminating violence from our society.”

Although unofficial reports on personal experiences of women indicate that physical as well as sexual violence does occur in the Maldives there is a conspicuous lack of research and data on the prevalence and impact of gender based violence. Accurately estimating the prevalence of different forms of VAW in families is difficult. Violence is a highly sensitive area that touches on fundamental issues of power, gender and sexuality. As violence is commonly perpetrated by a woman’s partner, often within the home, it is often considered as ‘private’, lying out of the realm of public debate and exploration. Such factors have helped VAW remain largely hidden and undocumented in Maldives. Socialisation processes, shame and self-blame reinforce this secrecy. This makes it difficult to assess the extent of the problem or develop effective prevention strategies and support services for victims of GBV.

Research on violence against women offers a starting point to bring the issue into the public eye, making it difficult for governments and civil society to ignore. This research is therefore particularly important in order to raise the awareness of the public and authorities that domestic violence is a legitimate social problem and that legislative measures may be necessary to discourage violence and provide assistance to victims. This research is also vital in generating a greater understanding of GBV issues in the Maldivian context which will hopefully enable the development of effective policies, education programs, support services for victims and rehabilitation for perpetrators.

In 2004, the Ministry of Gender, Family Development and Social Security has undertaken qualitative research on VAW in order to develop an in-depth understanding of the current situation in the Maldives in preparation for more substantial quantitative investigations to be carried out in 2005. The qualitative research was conducted first as part of the formative stage of research, which will be used to help guide the study development, describe the context within which the quantitative findings will be interpreted, identify modifications to the research method,

and identify ways in which the quantitative research can be used nationally for advocacy and to help inform intervention development.

The primary objectives of the qualitative research were to:

- a) Gather information from organisations such as SHE, IWDCs, police, hospitals, Ministry of Justice, courts etc to report on the VAW/DV issues in the Maldivian context
- b) Collect information on laws relating to DV/VAW in order to identify any gaps or areas of concern. This includes laws relating to assault, rape, statutory rape, attempted rape, sexual abuse, child sexual abuse, domestic violence. This legislative review also aims to examine laws relating to status of women and their rights within marriage, upon separation and divorce, including child custody upon separation / divorce and maintenance, laws relating to abortion / menstrual regulation and contraceptive use, female ownership of assets and inheritance or property.
- c) Carry out in-depth semi-structured interviews with survivors of violence to produce case studies
- d) Conduct focus group discussions with men and women drawn from different age groups, socio-economic and regional backgrounds. These discussions aimed to explore men's and women's attitudes and beliefs concerning violence against women as well as to collect information to understand outcomes of the quantitative analysis
- e) Document the number of reported cases of violence against women and basic details from police records
- f) Examine police, medical and other support services to identify gaps within various sectors that impede assistance to victims of DV/VAW.

The following report is a documentation of the findings from the qualitative research carried out in 2004.

CHAPTER 2: CASE STUDIES OF SURVIVORS OF VAW

The following case studies are based primarily on in-depth interviews with survivors of violence against women. Reports and letters from the Ministry of Gender, Family Development and Social Security regarding these cases were also used. All the interviews took place on Male', however the incidences related occurred in various places throughout the Maldives. Names, place and specific details have been changed to ensure the confidentiality of participants. These case studies were chosen to give us some indication of the various types of violence against women that exists in Maldives, the effects that such violence has on the woman, her children, her work, her social interactions and her ability to support her family. They also provide information about where she has sought help and the outcomes of this help, including how she was treated by others and how women experiencing violence feel that the situation could be improved.

SEXUAL ABUSE

Aminath moved to Gaafu Atoll to go to Gaafu School and stayed at her sister's friend's house. At the same time the assistant headmaster of the school moved into the same house. He is the adult son of the house. Aminath reported that he would sneak into her room at night and try to sexually abuse her. "One time I awoke to find him naked in front of me doing things that I didn't want to see," she said. At this time she started crying and he left because he was scared others might come in. One night she woke up and he was getting on top of her. Aminath tried to get up but she couldn't, he held her down. He was about to rape her.

Aminath looked for something around her to hit him with. She found a cutter on her bedside table and cut his cheek. He ran away and she jumped out of the window. She ran to the neighbors place to get help, but as she was trying to explain what had happened she fainted. In the morning she called her brothers and they came to pick her up.

Apparently he has done this type of thing before to another girl who was staying at the house and a grade five girl at school.

Before Aminath left the island and went home she went to the Khatheeb's house to report the matter but he was having lunch and would not talk to her. Her parents reported the case to the island NSS who said they would look into the matter. He headmaster was brought to Male' for investigation but the island office did not support Aminath's claims and presented two witnesses that reported that the headmaster did not try to sexually abuse Aminath and that she just cut him on purpose.

Aminath also reported the case to the Ministry of Gender, Family Development and Social Security as well as the Education Ministry.

She was very disheartened that people did not believe her story and now does not want to talk about it with anyone. This abuse affected Aminath psychologically but the headmaster was never brought to justice.

WORK PLACE HARASSMENT

30 year old Aishath has been sexually harassed at her place of employment for the past three years. Aishath is able to read and write but has never been to school. She was married in an arranged marriage at the early age of 13 although she is now divorced. She has a 10 year old son who she is raising by herself with only sporadic support from her ex-husband.

Aishath works at a government department as a cleaner and she says the problems began when Ali, a senior member of the staff asked her to come to the office after office hours. "I thought he simply wanted to talk because I was a new employee, however he told me that he had special feelings for me and wanted to have a relationship but warned me never to mention this to anyone else in the office." Systematic harassment began following her refusal of his advances.

Ali continued to ask her to come to the office after office hours even though there was no work to do, and when she refused he made her repeatedly sign statements saying that she was careless and disobedient towards the senior level officers.

In an attempt to avoid further problems Aishath thought she would meet with Ali as he requested to see what he wanted. However, when she met him at the office after hours he took her into the toilet and started to touch her breasts, asked her to remove her clothes and have sex with him. "When I refused he became angry," she said. He asked her to leave and told her to come back when she was ready to do as he wanted.

After this incident Ali threatened that Aishath would lose her job if she told anyone. The harassment was unrelenting and took a variety of forms; humiliating her in staff meetings in front of everyone, making her watch porn movies on the computer when she came into his office to clean up, insisting she go away with him and threatening that she would lose her job if she married her boyfriend.

Aishath did not tell anyone about this situation for a long time because she was afraid that people would not believe her. She was confused and unsure of what to do. She could not afford to leave her job because she had a son to support on her own.

This harassment affected Aishath's emotional state as well as her family. "I blamed myself for being in this situation and felt bad about myself, and I began ignoring her child's needs which affected him psychologically.", said Aishath. Aishath's son began to lose his appetite and became reclusive, always wanting to be alone. The situation also impacted on her relationship with her boyfriend. He started to think that Aishath was having an affair. One day he came to Aishath's workplace to look for her and he was informed by her co-workers that Aishath was with Ali. He became very jealous. He called Aishath and when she came he hit her while she was in the office. At this point the Ministry staff called the police to arrest Aishath's boyfriend.

Following this incident with her boyfriend, Aishath decided to report the harassment to the Dean of the Faculty who suggested that she write to the Ministry of Gender, Family Development and Social Security. She wrote a letter to the Ministry detailing the situation and asking for assistance. The MGFDDSS contacted the President's Office and Aishath was moved to another workplace. Nothing happened to Ali, the offender. Aishath was believed by those whom she told and was at least removed from the situation. Aishath wanted to express to other women in similar situations the importance of seeking help.

DOMESTIC VIOLENCE

Fathimath is 30 years old, married with three boys and three girls. She has been remarried to the same man three times, the first time when she was 13 years old in an arranged marriage. He was 33 years old at the time. She currently works as a domestic worker on Male'.

Fathimath's husband started abusing her when she was pregnant with their first child. During the pregnancy he pushed and slapped her and shoved her into the wall. However, for the sake of her unborn child she said she decided to stay. One day during Ramazan she saw him eating and when she went asked him not to do that he became angry and shoved her and pushed her onto the floor. She was badly hurt so she went and reported the matter to the police on the island and he was banished for 3 months for not fasting. She went to live with him on the island he was banished to and the violence became more and more intense. They moved to another island and still the violence continued to escalate.

He sometimes kept her starving for days, other times he would keep her awake for the whole night, disturbing her and scaring her verbally so she could not sleep. The abuse also included sexual violence where he would force her to have anal sex and watch porn movies. When she refused she was beaten.

She did not have enough money to support the children so she did house work for neighbors but her husband stole the money she earned and when she complained he beat her. She was severely hurt but he would not give her any money to go and see a doctor. Fathimath reported that she was suffering from seizures and getting weaker by the day. She went to the island hospital and they advised her to have several tests but still he refused to pay. Finally when her eldest daughter begged her father to send Fathimath to Male' for medical treatment he agreed to let her go. However he never gave her any money so she took the small amount of money that she had saved and came to Male'.

She has been divorced three times now but every time he begs her to come back and promises to change so for the sake of the children she agrees. "But when I knew I couldn't survive anymore I decided to come to Male'" says Fathimath. Now that she is in Male' she does not want to go back to him because she had heard from many people in the island that he has threaten to kill her if she returns to the island.

Fathimath says that living with this abuse has made her very emotionally unstable. She experienced a loss of appetite and a lack of interest in her household work. She says she still feels helpless and unsure what to do.

She did not report the matter to anyone after the first incident because she was scarred. However, she discussed the matter with her sister and when she came to Male' her brother brought her to the Ministry of Gender, Family Development and Social Security to get some support. She feels a little relief to have some assistance and wants to let other women in the same situation know that it is very important to seek help.

Conclusions

These case studies give us a clear indication that various forms of violence exist in Maldives and that it is a serious problem. Furthermore, they indicate that there are very limited services available to victims, and at institutions like the police and hospitals women often do not receive the help or support that they need.

They also demonstrate that there is a considerable overlap between physical, sexual and emotional violence, and that women often face multiple levels of abuse from different people. For example, Aishath was being sexually harassed in her workplace, but she was also physically assaulted by her boyfriend in the story she recounted.

These case-studies also show that perpetrators are very rarely prosecuted or punished. They are not held accountable for their actions, even when it is in the public arena such as a workplace.

The next step is to carry out a nationally representative survey to determine prevalence estimates for such type of violence amongst women of the Maldives. These case studies are important in their own right, however, this information will also be used to help inform the interpretation of the quantitative research findings, and to supplement the quantitative figures to be obtained in 2005.

CHAPTER 3 – COMMUNITY ATTITUDES

We conducted 6 focus group discussions on Male' between April and July 2004 to learn about community attitudes towards gender based violence. Each focus group discussion consisted of 8-10 participants separated as follows:

1. Males 15 – 20 years
2. Males 20 – 35 years
3. Males 35 – 49 years
4. Females 15 – 20 years
5. Females 20 – 35 years
6. Females 35 – 49 years

The participants were randomly selected by the 5 ward offices in Male' so that each group had 2 people from each ward and represented different socio-economic backgrounds. The female focus group discussions were facilitated by females while the male focus groups were facilitated by males in order to encourage honest and open discussion of the issues. The primary objective of these discussions was to explore general community attitudes and beliefs about violence against women, in order to develop appropriate and effective awareness programs and support services and to assist in the analysis of the quantitative research to be conducted in 2005.

The focus group discussion used a story completion model based on the *WHO Multi-Country Study of Women's Health and Domestic Violence Against Women* format. A brief story about a third person experiencing domestic violence or sexual abuse was read to the group and then the group was encouraged to discuss the issues that arose based on some guiding questions asked by the facilitator. Four different stories were explored:

1. A case of domestic abuse by a husband which included financial, emotional and sexual abuse but not physical abuse
2. A case of sexual abuse of a 15 year old girl by her step father
3. A case of workplace harassment.
4. A case of severe domestic abuse by a husband which included serious physical and sexual violence.

The stories used were based on case-studies collected by the MGFDDSS with the names, places and specific details changed to protect confidentiality. Real Maldivian stories were chosen so that they were culturally relevant, realistic and dealt with the specific types of violence evident in the Maldivian context. The same stories were used for both men and women, however they were worded slightly differently and presented from different perspectives in order to promote candid responses. At the end participants were also asked whether they agreed or disagreed with some specific statements such as 'a good wife obeys her husband even if she disagrees'. Please see Appendix 1 for a copy of the focus group guides for men and women.

The following observations were made by the participants in the focus group discussions:

3.1 Domestic Abuse – including financial, emotional and sexual abuse

3.1.1 Females

- Women generally observed that these kinds of problems exist in the Maldivian community but that they tend to be kept secret because many people believe that these issues should remain in the family.

- It was generally agreed that women should talk to someone, such as a friend or their mother, about the abuse rather than keeping it to themselves. It was noted that women should seek help from within their family rather than from outsiders.
- Some recognised that it may be difficult for a woman suffering domestic violence to talk to someone because her husband may be very controlling. “Sometimes he may prevent them from meeting friends and family or even talking to a neighbour. He will provide just enough for her to survive daily so sometimes she’s left with no option,” one woman suggested.
- Another woman aged 20-35 recounted that “there are situations where nobody can come in to the place where she lives. She would be made to live in a small room, taking care of the kids, cleaning and cooking. And there are instances where if the husband doesn’t give money she would be left starving for the day.”
- One woman suggested that we were only looking at the woman’s side of the story at that it is important to listen to the man’s side as well. Another woman agreed saying that “I think when the wife stays at home she should realise that the husband is working very hard to make the ends meet and if she’s is complaining that she needs more than what he can afford it can be a real problem for the husband.” Some women, particularly in the older age groups suggested that it was the woman’s fault if she was in this situation
- Some women argued that a woman should understand the sexual needs of her husband and that the mismatch of sexual needs within a relationship is one of the major reasons for divorce in the Maldives.
- All agreed that the abuse would have a damaging effect on the children, particularly in their studies and the way they see their father. One woman recounted a story of a couple who were fighting and as a result the kids also started to fight with each other.
- When asked whether neighbours should intervene, one woman said that as a neighbor she has encountered a husband beating his wife, but didn’t know what to do. She was also scared of the husband but advised the wife to be more careful and report the case to the authorities.
- Amongst the 15-20 year olds everyone agreed that divorce was not an option. The couples should communicate with each other to resolve the problems. Also they could ask help from a friend or seek professional help to resolve the issue. However, other people thought that if there was no way to solve the problem then either person could file for divorce

3.1.2 *Males*

- Most men in the 15-20 age group thought that Mohammed (Aishath’s husband) shouldn’t treat Aishath in this way and that he had to accept some blame for the situation. But another man pointed out that that Mohamed was right and according to Islam women should not be allowed to go out side the home. He said that Mohamed is a very religious person and that is a good quality and that women are less intelligent, less mature and easily provoked so it is important to keep them inside.
- Most people thought that divorce was not an option, rather the couples should communicate with each other to resolve the problems for the sake of the children’s future.
- Some of the younger men (15-20) agreed that it is not right to hurt anyone physically. However, others argued that if the wife is disobedient and her behavior is uncontrollable it is stated in Islam that a husband can hit his wife. But they noted that there are certain steps to be taken and hitting is the last option, which too is only allowed on certain parts of the body. In contrast, one male aged 15-20 thought that it was not right to hit in any circumstances and that it is not acceptable in the community. He said that violence would only destroy the family.
- The men aged 20-34 thought under no circumstance the wife should be hit, insisting that the couple should discuss and if they can’t solve the problem they should seek outside help.
- All men agreed that it is not acceptable in the community to force a woman to have sex even if he is her husband.

3.2 Child Sexual Abuse

3.2.1 Females

- Everyone agreed that these things happens in Maldivian society but that the community tries to hide these issues believing that it is a family problem that should be dealt with within the family.
- The older group (35+) all agreed that the mother is to blame and that she should have been aware of the situation.
- Most people agreed that the girl should tell someone about it, her mother or another trusted adult. But many people also recognised that children would be afraid to tell anyone, especially if the abuser was a well respected member of society. They may feel that people would not believe them, or that it is their fault. One woman recounted a story: “that same kind of thing happened in our neighbourhood but the wife did not believe her younger sister. But later she knew her husband was abusing her sister but it was impossible to separate because she had four kids to look after. So she decided that she would live with him anyway.” Another story was recounted of how at school a girl’s best friend told her about her stepfather abusing her, so she went and told her mother. The best friend’s mother told the abused girl’s mother but she denied that there was anything going on, saying that her husband loved her daughter and she was just imagining things.
- Most people agreed that as neighbours or as family members if any kind of child abuse case is identified it is absolutely necessary to report the matter to authorities for that sake of the child or other children in the family. Everyone strongly believed that people who abuse children sexually or physically should be punished.

3.2.2 Males

- All men thought that child abuse was very common in the Maldives and that there were many reasons which lead to this, like families living in crowded rooms and negligence of mothers. They said that it was important to make everyone aware of this, especially children when they are young so that they can understand the seriousness of the issues.
- All men agreed that Zeenath should tell her mother who should then report the matter to the concerned authorities and he should be punished even if is a respected police man otherwise he would continue abusing other children.
- They speculated that the reasons for abuse may be that the husband is not being sexually satisfied by his wife. Also one man in the group thought that the way children are dressed these days may lead to sexual abuse.
- They all believed that Zeenath would be deeply affected by this emotionally and physically in adult life.
- Men aged 20-35 thought that sometimes the mother fears to report about the father due to financial reasons but the perpetrator should be punished no matter who he is.

3.3 Workplace Harassment

3.3.1 Females

- All female participants agreed that workplace harassment is a common problem in the offices.
- One woman suggested that Aminath doesn’t really have to stay in the job, that she can leave and report the matter. But others said that if Aminath does not have any other job she cannot leave because she has a responsibility as a single mother, and she may not be aware how she can seek help. They observed that she must be scared that if she reported the matter she might be made to leave her job by the senior staff.
- All women agreed that she should report the matter as soon as possible and if she did not report it then that might indicate that she wants it to happen. The older group said that as an employee she has the right to report the matter but it is very unlikely that anyone would believe her because she is complaining against the boss. The noted that in fact, sometimes she might be the one who gets punished. From her own experience

one woman said that when a similar incident happened to her and when she complained everyone else humiliated her.

- One woman reported that there is no where in the Maldives that would support a woman in a situation like this and the women would be blamed.

3.3.2 *Males*

- The 15-20 year old group thought that even though she has many obligations that it was unnecessary for her to stay in the job and she could have left if she really wanted to. Therefore they think that she may be encouraging her boss in his advances. Men aged 35-49 agreed with this sentiment. Another man aged 15-20 thought that these things happen because of the way women presents themselves in front of their bosses and that they encourage them.
- The men noted that it is really common in offices for the boss to be having an affair with female employees and from what they have heard the females also exploit the situation for financial benefits.
- However, other people did note that in some cases when the woman wants to report it would be difficult to go against her boss and prove that he is sexually harassing her.

3.4 **Severe Domestic Violence**

3.4.1 *Females*

- All women from the FGDs believed that there were such cases happening in the Maldives.
- Everyone agreed that in this extreme case Mariyam should be granted a divorce and she should report the matter to the NSS because she had tried to work it out and now she has no choice but to leave him.
- Many women suggested that in an island where everyone knows each other, the Khatheeb might be a relative of the husband and he might use his influence to prevent a divorce. They observed that even if this was not known to the government these things do happen.
- Most women said that because of the extent of the violence when others know about this they should intervene and try to help her. However other disagreed saying that neighbours would not want to interfere in another person's family problems.
- One woman aged 35-49 thought that it was difficult to get a divorce these days due to court proceedings and the laws. Furthermore she said that the women will often be labeled the wrongdoer in the eyes of the family. However, another woman in the same group disagreed with this saying that it might have been like that in the past but now women can fight for their rights.
- Some people blamed the women for not leaving and getting help for themselves, saying that often they complain first but then withdraw the complaint. But they also noted that those women who get out of such relationships are very brave and courageous because fighting for women's right is not an easy task.

3.4.2 *Males*

- Many men acknowledged that issues of DV are common but all believed that these issues are kept in the family for years and often end up creating a terrible situation for the wife and children.
- The men aged 15-20 all agreed that Mariyam should leave her husband and seek a divorce and that she should be granted a divorce based on the fact that she was being abused physically and emotionally.
- Most of them thought that after a divorce Mariyam should get custody of the children but one person suggested that the boy be kept with the father and the girls with their mother.
- As a neighbor the men suggested that they would not interfere in an argument but would only interfere if the husband got violent.

- It was noted by a number of men that in order to help women who are victim of domestic violence the whole community should be made aware of these issues.

3.5 Statements

A good wife always obeys her husband

- Everyone we spoke to, men and women of all ages agreed that a good wife should obey her husband. Some people noted that this is specified by the religion, but if the husband asks her to do something against Islam then she does not have to obey him.
- Family problems should only be discussed with people in the family
- **Women 15-20** generally believed that small problems should be kept inside the family but if things could not be solved within the family it was important to seek help from other parties.
- All **Women 20-49** except but one agreed that family problems should be kept inside the family.
- Most **Men 15-49** disagreed that family issues should remain within the family.

It is important for a man to show his wife/partner who is the boss

- Most **Women 15-34** said it was unnecessary for a man to constantly remind his wife that he is the boss, however the older age group **Women 35-49** all agreed that it was important for the husband to do this.
- Most **Men 15-20** agreed that a husband should show his wife who is boss, however most **Men 20-49** disagreed with this statement

It is a wife's obligation to have sex with her husband whenever he wants

- Most **Women 15-49** said that a wife didn't have to have sex if she didn't want to but others thought that it was her obligation and said that if he is not forcing her then she should not refuse.
- Most **Men 15-49** didn't think that wives were obliged to have sex with their husbands.

If a man mistreats his wife, others outside of the family should intervene

- Most **Women 15-49** said that first family members should be the ones to try to help but if they could not then it is ok for other people to intervene.
- Most **Men 15-49** agreed that it was ok to seek help from people outside the family.

In your opinion, does a man have good reason to hit his wife if:

She does not complete her housework to his satisfaction

- All men and women disagreed with this statement

She disobeys him

- One of the **Women 15-20** and all **Women 35-49** said that if there is no valid reason for her disobedience then it is ok to hit her, but others disagreed saying that under no circumstances should a husband hit his wife.
- All **Women 20-34** disagreed and said that the couples should be able to solve this by talking.
- Most **Men 15-34** agreed that a wife should be hit if she disobeys her husband, however all **Men 35-49** disagreed with the statement

She refuses to have sexual relations with him

- All men and women disagreed with this statement

She asks him whether he has other girlfriends

- All men and women believed that a man does not have any reason to hit his wife in this instance.

He suspects she is unfaithful

- Only one of the **Women 15-20** agreed that a man has good reason to hit his wife if he thinks she's having an affair but the others disagreed, as did all **Women 20-49**.
- All **Men 15-34** disagreed with this statement but some **Men 35-49** thought a man could hit his wife under these circumstances

He finds out that she has been unfaithful

- Some **Women 15-20** and all **Women 35-49** agreed that if he knew she had been unfaithful then he could talk to her and if she did not obey him then he could hit her but not in a way that harms her. However, other women, particularly women 20-34 disagreed, saying that under no circumstances should a man hit his wife.
- Most **Men 15-20** agreed that a wife should be beaten under these circumstances, however most **Men 20-49** disagreed that a woman should be hit.

3.6 Conclusions

- Almost all people recognise that domestic violence and child abuse are common problems in the Maldives. Most people we spoke to had a story to tell about a GBV incident that they knew about or had personally experienced which tells us that the problem is widespread.
- Some men and women still believe that hitting a woman under some circumstances is justifiable. The first step must therefore be to teach women about their rights and that they do not deserve to be hit under any circumstances.
- The position of the woman in a husband/wife relationship is considered subordinate by most people. This is believed by many to be defined as such by Islam. GBV is based on such inequality and is minimalised because men think it is their responsibility to show their wife who is the boss.
- Some women still believe that they are obliged to have sex with their husbands whenever he wants which means that many women are unable to see sexual abuse within a marriage for what it is.
- A number of people, particularly men use Islam to justify keeping women inside the house, restricting their rights and being violent. This understanding of Islam must be addressed.
- Many people believed that GBV issues should be kept within the family and were reluctant to interfere in what they saw as other people's private problems. This helps to keep DV and sexual abuse hidden in the Maldives and makes it all the more difficult to help women in the community.
- Many people spoke of staying together for the sake of the children. However, this fails to recognise the damaging effect that domestic violence and abuse has been proven to have on children living in the same household. People thus need to be made more aware of these negative impacts on children.
- Women were sympathetic to the workplace harassment story however, most men did not see the woman to be an innocent victim but encouraging of this behaviour. We therefore need to carry out more education and awareness raising about the issue of workplace harassment.
- Surprisingly some of the younger men (15-20) had very conservative views thinking that a man has good reason to hit his wife under some circumstances, whereas more of the older generation thought women should not be hit.

CHAPTER 4 – THE HEALTH SECTOR

Violence against women is increasingly being recognised as a major public health issue by the international community. VAW has been associated with reproductive health risks and problems, chronic ailments, psychological consequences, injury and death. The physical and mental health consequences are numerous, with fatal and non-fatal outcomes as indicated in the diagram below.

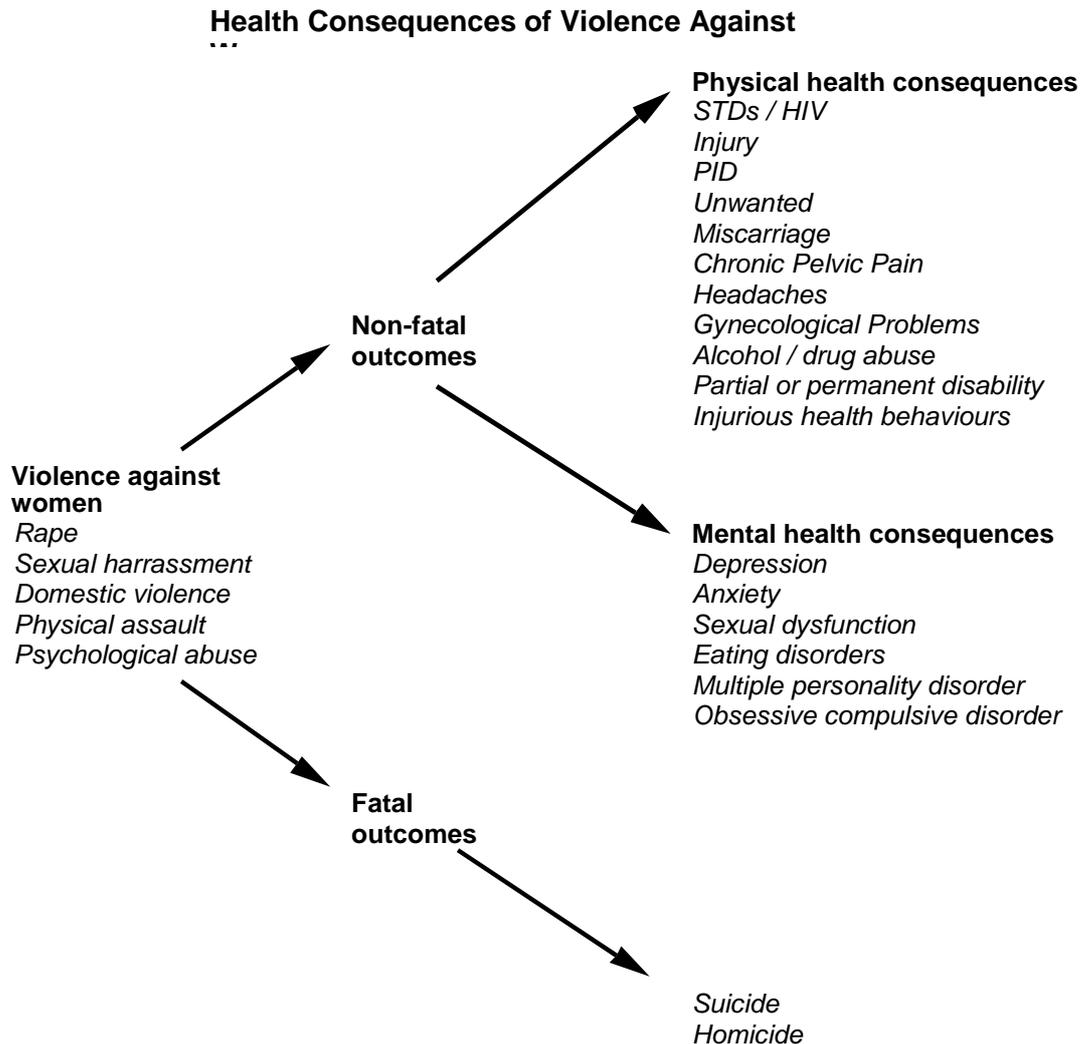
Physical violence by intimate male partners often causes serious bodily injury, including bruises, cuts, black eyes, burns, concussion and broken bones. They also include injuries from knives and other objects, as well as permanent injuries such as physical disfigurement from burns, bites or the use of weapons. Women who are physically abused often also have a host of less-defined somatic complaints, including chronic headaches, abdominal and pelvic pains, and muscle aches (Watts, Heise, Ellsberg, Williams and Garcia-Moreno 1998: 9).

Recurrent abuse can erode women's resilience and place them at risk of psychological problems such as fear, anxiety, fatigue, sleeping and eating disturbances, depression and post-traumatic stress disorder (Watts et al. 1998: 9). Links have also been found between physical abuse and higher rates of psychiatric treatment, attempted suicide, and alcohol dependence (Plitcha 1992).

Physical and sexual abuse have important reproductive health consequences either directly through risks incurred by forced sex or fear, or indirectly through the psychological effects that lead to risk taking behaviours (Velzeboer, Ellsberg, Arcas and Garcia-Moreno 2003: 6). These include the risk of contracting a sexually transmitted disease, including HIV, unwanted pregnancy, trauma-induced symptoms including nightmares, depression, inability to concentrate, sleep and eating disorders, and feelings of anger, humiliation and self-blame. It is also associated with severe sexual problems and mental health disorders, including severe depression, obsessive compulsive disorder and post-traumatic stress disorder (Heise et al. 1994).

Children may also be effected either during the mother's pregnancy or due to neglect or the psychological and developmental impacts of living with and experiencing abuse (Heise et al. 1999). Several studies in industrialised countries have documented women's increased vulnerability to violence during pregnancy, with blows commonly being directed to a woman's abdomen. Studies in the US indicate that women battered during pregnancy run twice the risk of miscarriage, and have four times the risk of having a low birth weight baby than women who are not beaten (Watts et al. 1998: 9). Physical abuse has also been found to be associated with delayed entry into prenatal care (Velzeboer et al. 2003).

Violence against women in families may even be fatal. Data from a range of countries demonstrates that the majority of women murdered are killed by present or former partners (Heise et al 1994). For example, in the UK 40 per cent of female homicide victims are killed by a current or former intimate partner. In addition, women may commit suicide as a last resort to escape a violent situation.



(Watts et al. 1998)

Health care providers can play a crucial role in detecting, referring and caring for women living with violence. International research has consistently shown that women living with violence visit health services more frequently than non-abused women. Thus, interventions by health providers can potentially mitigate both the short- and long-term health effects of gender-based violence on women and their families. However, medical records rarely identify violence as a reason for medical consultations, and according to 'Critical Path Study' in Central America most health care providers do not consider violence to be an important issue in their work (Heise et al. 1999).

Although GBV greatly affects the health of women, currently there are no provisions made to address issues of GBV in the health care system in the Maldives. Therefore, victims of such nature are either invisible or not properly cared for with an effective referral system that would assist them to seek help and break the cycle of violence they are embedded in. In recognition of this the Ministry of Gender, Family Development and Social Security, with support from the WHO, Ministry of Health and IGMH, undertook a three-step project to improve the response of the health sector to GBV which involved focus group discussions with medical personnel, a short-

term attachment at IGMH to sensitise staff to GBV issues and a workshop to train nurses to be GBV counselors. The project summary is attached as Appendix 2. We conducted three focus group discussions at IGMH and three at ADK Hospital to gather information on the current treatment of and attitudes towards gender based violence victims in the health sector in order to determine the institutional changes necessary and to develop appropriate education and training for medical personnel. The specific objectives were as follows:

- i) To find out whether medical personnel consider gender based violence to be a serious health issue
- ii) To hear their opinions about victims of violence
- iii) To ascertain how often medical personnel come across cases of violence
- iv) To determine whether medical personnel ask women the causes of their injuries/symptoms if they suspect violence
- v) To examine the course of action medical personnel follow when presented with cases of abuse
- vi) To assess the current referral system between the hospitals and NSS
- vii) To see what resources hospitals/clinics need to be able to deal adequately with GBV cases
- viii) To examine the current barriers, such as time, money, attitudes, to providing support to women living with violence through the health sector

4.1 Findings of Focus Group Discussions at IGMH and ADK Hospital

4.1.1 Attitudes

The nurses in the focus group discussions at IGMH generally believed that domestic violence and sexual abuse were public health issues, identifying that there may be minor injuries from abuse and that violence can lead to future health problems. However, they argued that there should be a multi-sectoral approach to deal with this issue. A number of doctors at IGMH on the other hand, felt that gender based violence was primarily a family and legal issue although they acknowledged that there was a component that was related to health.

The doctors at ADK Hospital felt that violence against women should be a public health issue although they pointed out that this was not currently the case. Some doctors were particularly adamant that it should be made a public health issue because the government has a responsibility to help solve this problem. On the other hand, ward nurses at ADK generally believed that domestic violence was not a public health issue, rather a legal one. The administrative staff at ADK also indicated that they thought that GBV, rape and child abuse were mainly legal issues.

4.1.2 Current Situation

There was disagreement amongst medical personnel in the focus group discussions regarding the prevalence and seriousness of GBV in the Maldives. The nurses at IGMH generally agreed that gender based violence was a serious issue in the Maldives but that not many women would come to the hospital about it. Nurses said that they mostly see child abuse cases and they are usually referred from the National Security Service (NSS). According to them, IGMH very rarely gets cases of women coming in off the street who have been beaten or abused.

The nursing staff at ADK on the other hand observed that domestic violence was not a common problem and that rape and child sexual abuse were rare. In contradiction, the administrative staff identified domestic violence as being very common in the Maldives. They also identified that child sexual abuse was more common than other types of sexual abuse.

Casualty doctors at IGMH agreed that they rarely see abuse cases. Gynecologists see most of the sexual abuse cases directly. They said that each doctor sees about 2 cases a month where the patient discloses abuse. The doctors generally agreed that victims of abuse “don’t come to the hospital.”

One doctor at ADK reported two cases in nine months of women presenting with physical abuse and reiterated that mental abuse is more common. It was observed that often women will attempt to commit suicide as a result of depression. They confirmed that if someone presents with unexplained injuries they will attempt to find out the cause of the injuries. The doctors believed that it was important to obtain a full medical history and to this end they would persist using a variety of strategies. However, the doctors said that if the patient was not willing to disclose then they accepted the decision. Doctors revealed that it is not always easy to find out the facts.

One doctor at IGMH reported that they only get cases where people admit to the cause of the injury, “otherwise they just stay home.” He said, “we don’t find accidental things. When a patient comes for another thing we don’t see bruises or things like that.” However, other doctors did report such cases of suspected abuse. In such instances the doctors ask the patient about their injuries and try to extract the history but this is often difficult.

“We try to probe a bit but most of the time they won’t say. Unless they say we can’t report it or refer it to anyone.” --- Doctor, IGMH

Although the nurses at both IGMH and ADK Hospital reported that they do not receive many obvious violence cases they agreed that there are suspicious cases and often it is very difficult to find out the exact cause of an injury or ailment.

“Often women will come in with difficult breathing, or with headaches and sometimes we find that the patient has been crying for a long time because of swollen eyelids. Or sometimes we see scratch marks, and we keep on asking questions but mostly they won’t answer.” --- Nurse, IGMH

The nurses said that they try to get an accurate medical history.

“We ask [about the cause of injuries] but they don’t tell us, as if they have a fear of the person who is doing this.” --- Nurse, IGMH

“A husband and wife came in the middle of the night and the husband said the patient is having difficulty breathing, and then we found a wound here [on her arm] that was dressed in a very ordinary way. We asked what had happened and the husband said that it had been done by the patient. The husband was very drowsy and we sent him out to get a drink for her and she revealed that he was doing all these things. Once the husband came back she just stopped talking and the husband continued saying that she has been doing it on her own.” --- Nurse, IGMH

The nurses claimed that it is usually easy to identify cases of abuse even when the woman will not admit it. According to the nurses, the physical indicators besides the obvious cuts and bruises that are most common are breathing difficulties, rapid breathing or holding the breath, emotional behaviour and expressions, difficulty moving, headaches, chest pain and fainting.

4.1.3 Anxiety / depression cases

Anxiety and depression cases are extremely common in Male’, particularly among women, although males also present with these problems. Indeed the doctors at ADK observed that anxiety issues are more common here than other countries where they have worked. The doctors at both IGMH and ADK reported that people are often brought in by family members in a state of unconsciousness and won’t respond. Other physical symptoms identified were: fainting,

headaches, blackouts, chest pain, and breathlessness. According to one IGMH doctor, “a lot of them come without having food for the whole day, they are very weak, and they need IV fluid”. Another doctor added, “all day they spend without eating, without talking to anybody, isolated and then they collapse.” The doctors at IGMH reported that they get approximately 8-10 such cases per shift, especially during the 7pm-1am shift. According to both doctors and nurses the common causes of this anxiety were identified as family problems and boyfriend or marital problems.

Although the doctors identified a psychosomatic element in these cases, they reported reluctance by the patient, in the first instance, to see the psychiatrist. If an early referral is made the family would be unsatisfied with the service provided by the doctor and may not attend the psychiatric consultation because they do not believe that the problem is not physical. Also, psychiatric care is still associated with madness in the Maldives and has a major stigma attached to it. The doctors at IGMH also said the “it is also difficult to get appointments with the psychiatrist,” and that in most cases they talk to these patients a little and give them anti-anxiety medication or an injection and send them home. Apparently patients and the family are more willing to use the services of the psychiatrist after the second or third attack. Overall it seems that the patients seem to prefer counselling from a doctor.

Nurses and doctors at IGMH described these cases as “attention seeking behaviour,” and indicated that they did not consider these cases of anxiety and depression to be serious medical problems. Underpinning the treatment of anxiety and depression is the attitude that mental health is not very valued. The doctors pointed out that in the Maldives “everything must have a physical diagnosis” and that “health is limited to the physical aspects” rather than a broader understanding that incorporates mental health.

4.1.4 Procedures

4.1.4.1 Official Procedures/Protocols

There is no official hospital procedure or protocol which outlines how medical personnel should deal with victims of violence and abuse at either IGMH or ADK Hospital. In addition, there is no screening system for cases of violence against women. GBV, sexual abuse or anxiety cases are handled by the practitioner according to his/her own personal judgment and training. This approach is very common in this region as one doctor pointed out the imposition of protocols would make the cost to the patient much more expensive, and as another mentioned many procedures such as semen analysis are not available in the Maldives. They identified that it is difficult to have protocols in one area and not in all areas.

4.1.4.2 Physical abuse

If a case of physical abuse comes through NSS to IGMH it is reported to the nursing coordinator and then referred to a doctor for treatment. The police will bring victims to IGMH for a check-up regardless of the seriousness of the injury. However, there are no cases from NSS to ADK Hospital.

If a woman presents at casualty having been beaten by someone medical personnel try to obtain an accurate medical history and treat the physical injuries. The nurses at IGMH said that they would try to speak to her and her husband together (with her permission) to try to solve the problem or try to help find the cause of the problem. In most cases the woman would be sent home with her husband, however if she refused to go with him the nurses would try to contact someone she would be willing to go home with, like a family member. Even if a woman was too scarred to go home, or she seemed to be in immediate danger, she could not stay at IGMH unless her injuries were severe enough to need to be admitted. At ADK if a patient was afraid to go home she could be admitted on a paying basis. One doctor explained it as follows: “If she doesn’t have a place to go and she insists ...keep me here for a few days then she could stay...The hospital is always open for the patients. ... (However) It cannot be a rehabilitation centre...The patient has to pay.’

4.1.4.3 Rape / sexual abuse

For rape or sexual abuse cases, if the patient comes through NSS or directly to IGMH it is reported to the nursing coordinator and the victim will be taken to the gynecology department for examination and treatment. However, no forensic evidence is taken, because of a lack of resources and because it is not possible to prosecute using forensic evidence in the Maldives.

Treatment for rape cases at ADK also occurs in the gynecology section, and like IGMH there are no facilities for semen analysis or DNA testing. It was noted that,

“in severe cases of rape generally after a short stay in hospital the girl will be taken home and the parents will not want to fuss too much about legal issues.”

Child abuse was rarely seen at the hospital and not referred to ADK by the police. With the cases they do get parents apparently want to be reassured about the physical health of the child and then to return home and deal with the situation as a family issue.

4.1.4.4 Medical-legal form

A medical-legal form (see Appendices 3 and 4) is to be filled in by the attending doctor for any cases that have some legal component, such as car accidents, sexual abuse or violence cases at both IGMH and ADK. There is no official procedure for these forms at either hospital, but new staff are briefed on their usage. Once completed by a doctor these forms are given to the IGMH Medical Department or ADK Front Office where NSS is usually informed. However, there are no clear guideline on what cases should or should not be filed with the NSS. The defining factor is not whether the patient consents or not, rather it appears to be a decision made by the Medical Department. When the police are informed of an abuse case by the hospital, they go to the hospital, meet with the Public Relations Coordinator, then meet with the doctor to see their findings, and finally meet with the patient. If a doctor simply suspects abuse of some type but it has not been disclosed or confirmed they may inform the police but this is not compulsory.

There appears to be some confusion amongst the staff at both hospitals as to what actually happens with these forms and what procedure should be followed. One doctor at IGMH reported that “we have to write up a medical-legal report which is given to the medical department. It is confidential. We usually inform the coordinator of the medical department and then they send the forms to NSS. We only send the forms if the NSS asks for them.” However, other doctors and administrative staff said that if a medical-legal case came first to the hospital then IGMH must inform NSS. In contrast, according to the nurses, “it is not compulsory to send the report to NSS, if the patient doesn’t want to report to the police they don’t have to.”

Some doctors at ADK reported that the medical legal forms are filled in if there is a legal complaint, but that it is not compulsory. Whereas, nurses at ADK indicated that the medical legal form is filled out by the doctor and sent to the police in all cases. The nurses also indicated that the police would have to be informed of these cases even if the victim did not want this to occur.

4.1.4.5 Referrals

Doctors will refer patients to the in-hospital psychiatrist if they feel it is necessary. If it is a serious case (where the patient is psychotic) the psychiatrist will visit the patient at that time but usually the referral is written on the prescription and the patient is expected to visit the psychiatrist in their own time. However, often the patient will not go to the psychiatrist. The nurses noted that most people don’t like to be referred to a psychiatrist because of the stigma attached to it. According to one nurse at IGMH, “it is hard to refer a case to a psychiatrist, to make them accept that they need it.” The doctors agreed that even when they refer patients to the psychiatrist they often will not go because of the negative association with mental health care.

There are currently no counseling services available at IGMH or ADK and patients are not referred to outside services, such as SHE counseling. One of the doctors at IGMH said that they can suggest that a patient go to an outside support service but there is no proper system in place for these referrals. When asked if doctors had ever referred patients to any outside support services they all said no.

4.1.4.6 Recording

Staff do not record specific details of violence cases on either medical legal forms or medical charts. If medical personnel suspects that some sort of abuse has occurred they may write something like 'proper history not available', meaning that the patients would not disclose the real cause of her injuries/condition. This means that there is no easy way to ascertain the number of abuse cases reported to either hospital. The administrative staff at IGMH said that information about an abuse case should be recorded on medical forms although this is not the common practice. They said that although statistics have not been available previously, in the last month they have started trying to classify abuse cases.

4.1.5 Barriers

The following barriers were identified as preventing staff from providing the most appropriate and effective treatment to victims of abuse.

- i) A lack of specialised training.

“We need training because it is a special area.” ---Nurse, IGMH

When nurses do their training at Faculty of Health Sciences (FHS) there is a small module on GBV which mainly teaches them about dealing with psychological issues, and stresses confidentiality and not to label or stigmatise the patient. They confirmed that some training on what to do when presented with GBV cases would be useful.

The doctors at IGMH said that they receive general training on these issues in their medical degree in one subject on forensic medicine, however they are given no specific training on gender based violence. Although the doctors reported that they generally felt confident in dealing with these issues they also said that they “are not in a position to do much about it. Up to us is just to write the report, basically we just treat the medical part.” Doctors confirmed that their training and knowledge was inadequate to deal with these cases.

- ii) A lack of counselors or social workers.

Staff at both hospitals indicated that a counselling service run from inside the hospital would be useful, especially if the person is not communicating. It was noted that it was difficult getting an accurate history and that it takes time to build up the trust for a women to be willing to disclose.

“We need special counselors to deal with patients at the time of admission.” ---Nurse, IGMH

“We also need some sort of private room where patients can talk with the counselor – at the moment patients are taken to a dressing room in the private ward, but there is no place in the OPD or casualty.” --- Nurse, IGMH

“Sometimes it is very difficult to deal with them [victims of sexual abuse] because even if they come through NSS we have to take them to the gynecologist. Before that it would be helpful if the patient could talk with a counselor. The gynecologists comes and questions the patient and she is very frightened and sometimes not very open.” --- Nurse, IGMH

- iii) A lack of staff and time to deal with these cases

“Especially in the casualty the number of staff is a problem.” --- Doctor, IGMH

“When a person comes and doesn’t speak, and won’t open up to any one, then the nurses have limited time because patients keep on coming.” --- Doctor, IGMH

Doctors suggested that it would be useful to have another person such as a counselor who could come and sit with the patient and spend some time to ascertain the real history.

iv) Limited finances

v) Lack of guidelines

Both doctors and nurse considered the development of guidelines a very useful initiative.

iii) Confidentiality

Confidentiality was considered an important impediment to implementing a successful referral system to a counselor. One staff member described the issue in this way. “To be frank, Male’ is such a small place...everyone knows everyone ...we don’t really feel like going to a counselor thinking that that person will be talking to somebody else regarding my problems.” The hospital has a strict confidentiality policy, nevertheless patients still worry about the issue and in abuse cases patients are particularly reluctant to talk.

iv) Coordinated approach

Staff suggested that there should be a more coordinated approach with other community services. They emphasised that if outside services were used good feedback systems should be in place.