

Welcome!

Day 1



Opening

- Welcome remarks
- Introductions



Recap and phase 2 objectives



Objectives

1. Demonstrate **behaviors** and understand **values** that contribute to safe & supportive service culture in health emergencies

2. Improve **competences to provide first-line support** to survivors of violence, including how to access additional resources and support for patients and for oneself in health emergencies

3. Demonstrate **clinical skills** to respond to violence against women in emergencies

4. Develop appropriate technical knowledge and competencies to **conduct trainings** on responding to and preventing violence against women in the context of disasters and health emergencies

Health care for women
subjected to intimate partner
violence or sexual violence

A clinical handbook



THE INTER-AGENCY
MINIMUM STANDARDS

for Gender-Based Violence in
Emergencies Programming



Caring for women
subjected to violence:
A WHO curriculum for
training health-care
providers



Clinical management of
rape and intimate partner
violence survivors

Developing protocols for use in
humanitarian settings



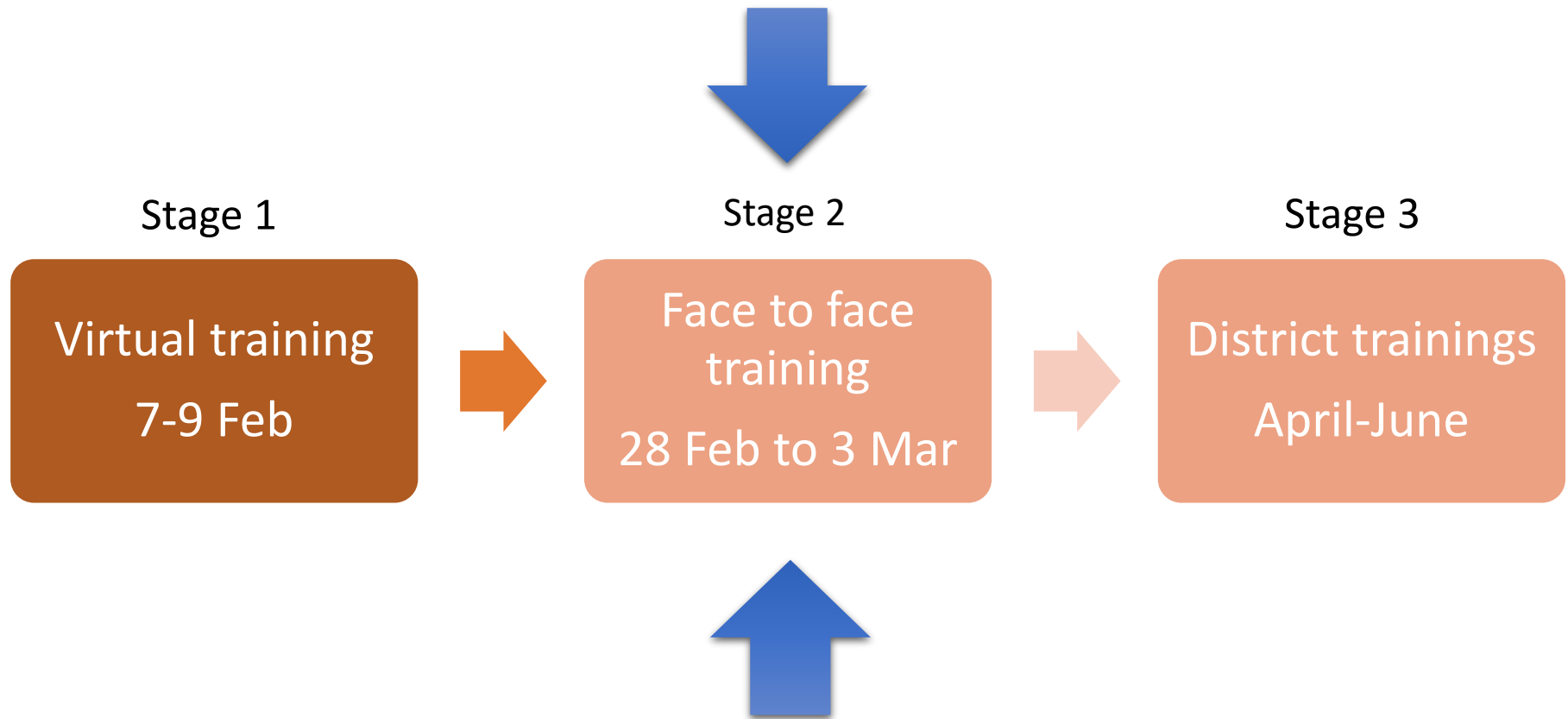
Guidelines for
Integrating Gender-Based
Violence Interventions
in Humanitarian Action

*Reducing risk, promoting resilience
and aiding recovery*



Orientation and background

Training structure



Expectations for Stage 2



- Do your homework
- High level of interaction and participation
- Volunteer to lead exercises and discussions
- Prepare to ask the questions you need to implement training in Stage 3.
- Work in teams to develop training plans

Ground rules?

Key learning from phase I?

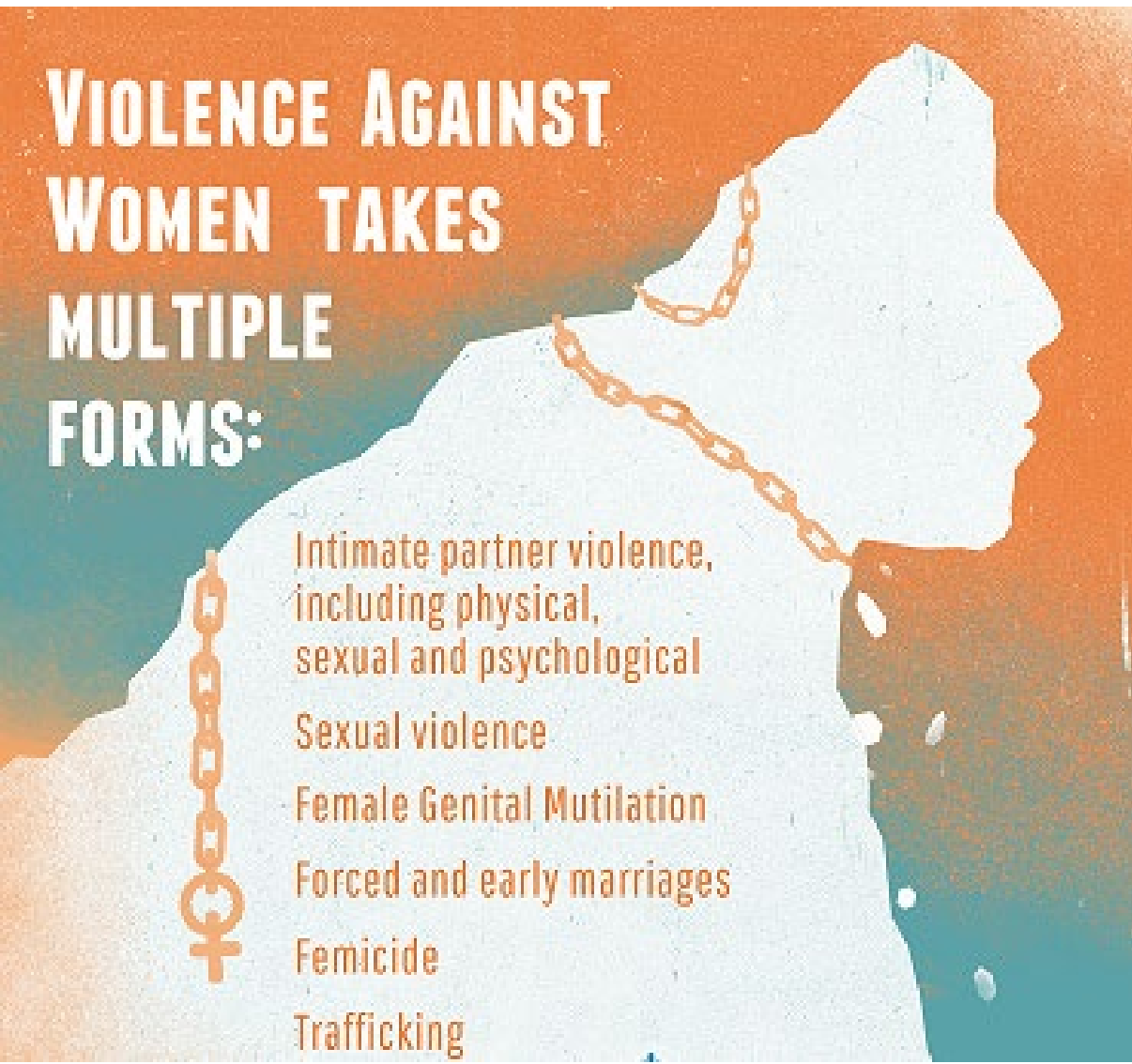
Parking lot?

Any public or private 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 with the family or general community

Violence against women

Violence against women...

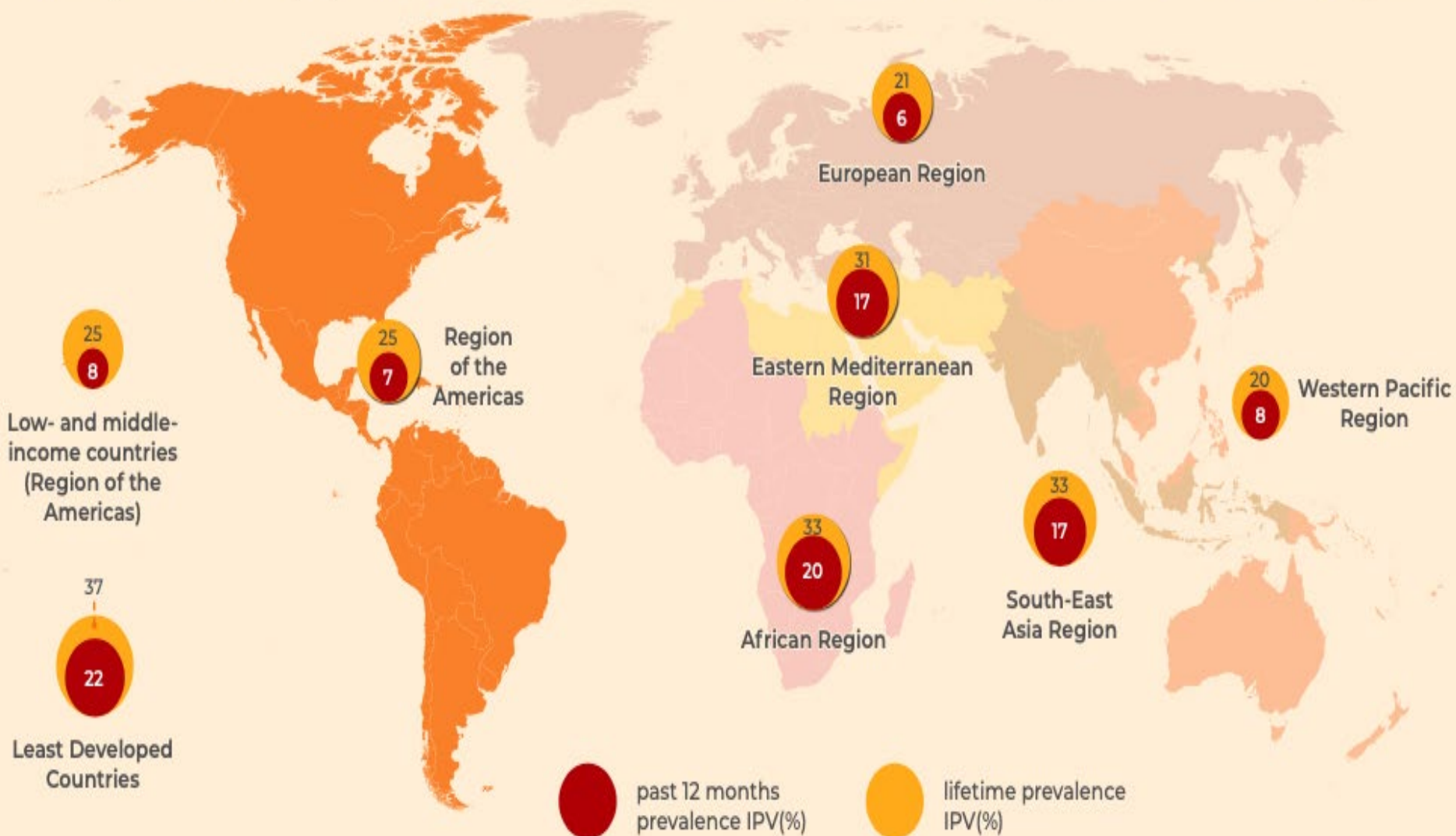
...takes many forms



Intimate partner violence:
the most common form of violence experienced by women

REGIONAL PREVALENCE ESTIMATES OF INTIMATE PARTNER VIOLENCE

This map shows global and regional (by WHO region) prevalence estimates of lifetime and past 12 months physical and/or sexual intimate partner violence (IPV) among ever-married/partnered women aged 15–49. The WHO Region of the Americas is highlighted.



What happens in emergencies?



- Conflict and displacement exacerbate pre-existing violence and present new forms of GBV.
- 1 in 5 women who are refugees or displaced experience sexual violence globally.
- Reported rates of IPV are more prevalent than non-partner sexual violence, even in emergency settings.
- Adolescent girls 10 - 19 are one of the most at-risk groups

ALWAYS ASSUME VIOLENCE IS OCCURRING (EVEN IN THE ABSENCE OF HARD DATA)

Interpersonal violence in emergencies

Pre-existing - exists independent of, or prior to emergency or conflict

Emergency-related - specific to/resulting from the disaster or conflict

Humanitarian-related - caused directly or indirectly by humanitarian environment

What are
some
groups
that are at
particular
risk in
your
context?



VIOLENCE AFFECTS WOMEN OF ALL AGES AND BACKGROUNDS

Minority groups, such as ethnic and indigenous women, trans women, and women with disabilities, can face a higher risk.

END VIOLENCE AGAINST WOMEN AND GIRLS!

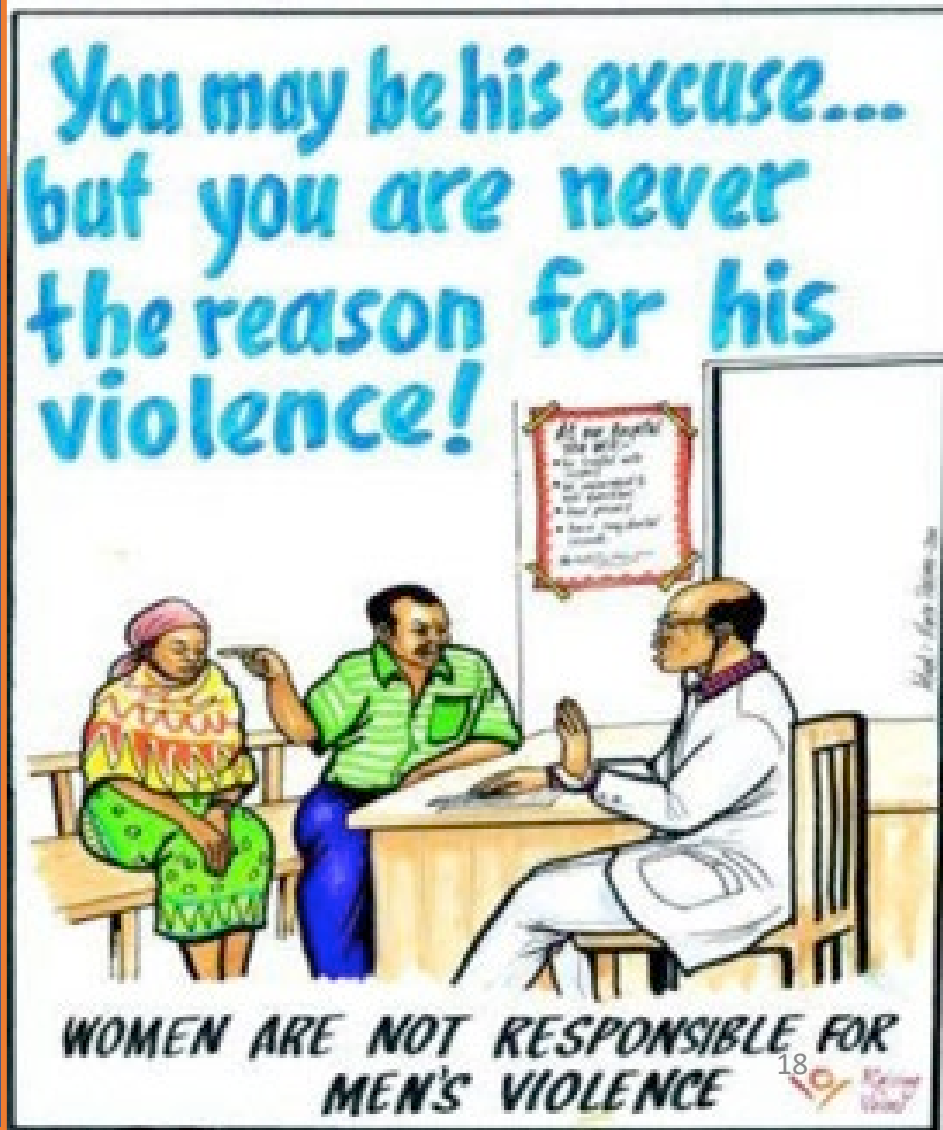
What
we
can
DO



Violence is preventable: Small changes make a BIG difference

“The doctor helped me feel better by saying that I don’t deserve this treatment, and he helped me to make a plan to leave the house the next time my husband became violent.”

— *Salvadoran woman*



Break



Guiding principles and moving forward with the health system response

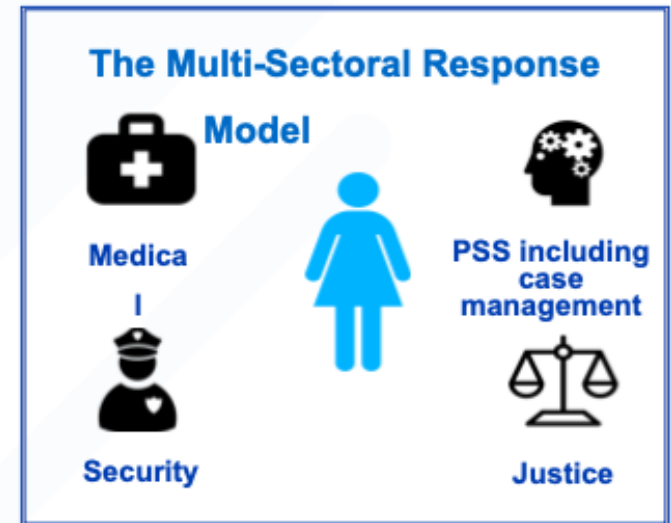


A close-up photograph of two hands holding fruit against a dark background. The left hand holds a whole, bright orange, and the right hand holds a whole, shiny red apple. The text 'TRUE OR FALSE?' is superimposed in white, bold, sans-serif capital letters across the lower half of the image, centered between the two hands.

TRUE OR FALSE?

GBV Guiding Principles and the Survivor-centered Approach

A **Survivor Centered Approach** seeks to empower the survivor by prioritizing their rights, needs, and wishes.



The survivor's wishes determine the care that you give. You act in response to their wishes, provide the best care possible, and avoid causing further harm.

What does it mean?



AUTONOMY:

RESPECT OF THE SURVIVOR
ABILITY TO MAKE DECISIONS
WITHIN THEIR CONTEXT



THE HIGHEST ATTAINABLE STANDARD OF HEALTH:

QUALITY HEALTH CARE FROM
SKILLED PROVIDERS



NON- DISCRIMINATION:

TREATING PEOPLE WITHOUT
PREJUDICE



GENDER EQUALITY:

RESPECT DIGNITY
DO NOT BLAME NOR JUDGE
ACKNOWLEDGE POWER
DYNAMICS



FREEDOM FROM VIOLENCE AND FEAR:

PROMOTE SAFETY AND DO
NO HARM

PRIVACY & CONFIDENTIALITY:

DURING INTERACTIONS WITH
PROVIDERS, DOCUMENTATION
AND REFERRAL



What does this mean in practice?

- Treat all women in a **fair and respectful** way and do not discriminate
- Ensure **autonomy, choice** and **decision-making power** is always with the patient.
- Survivors should **not have to move** from room to room and/or be **made to repeat the story** to multiple providers
- Nobody in the health setting should **not be able to overhear** the care provided to the survivor.
- A survivor's health information and documents must be **stored securely**.
- Staff need survivor's **permission** to provide information to the appropriate resource and to give referrals
- Staff must handle all health information confidentially and know **limits of confidentiality** (if any - e.g. mandatory reporting)

Principal 2: Gender sensitivity and equality



Gender Equality is essential to prevent violence against women.

What does this mean in practice?



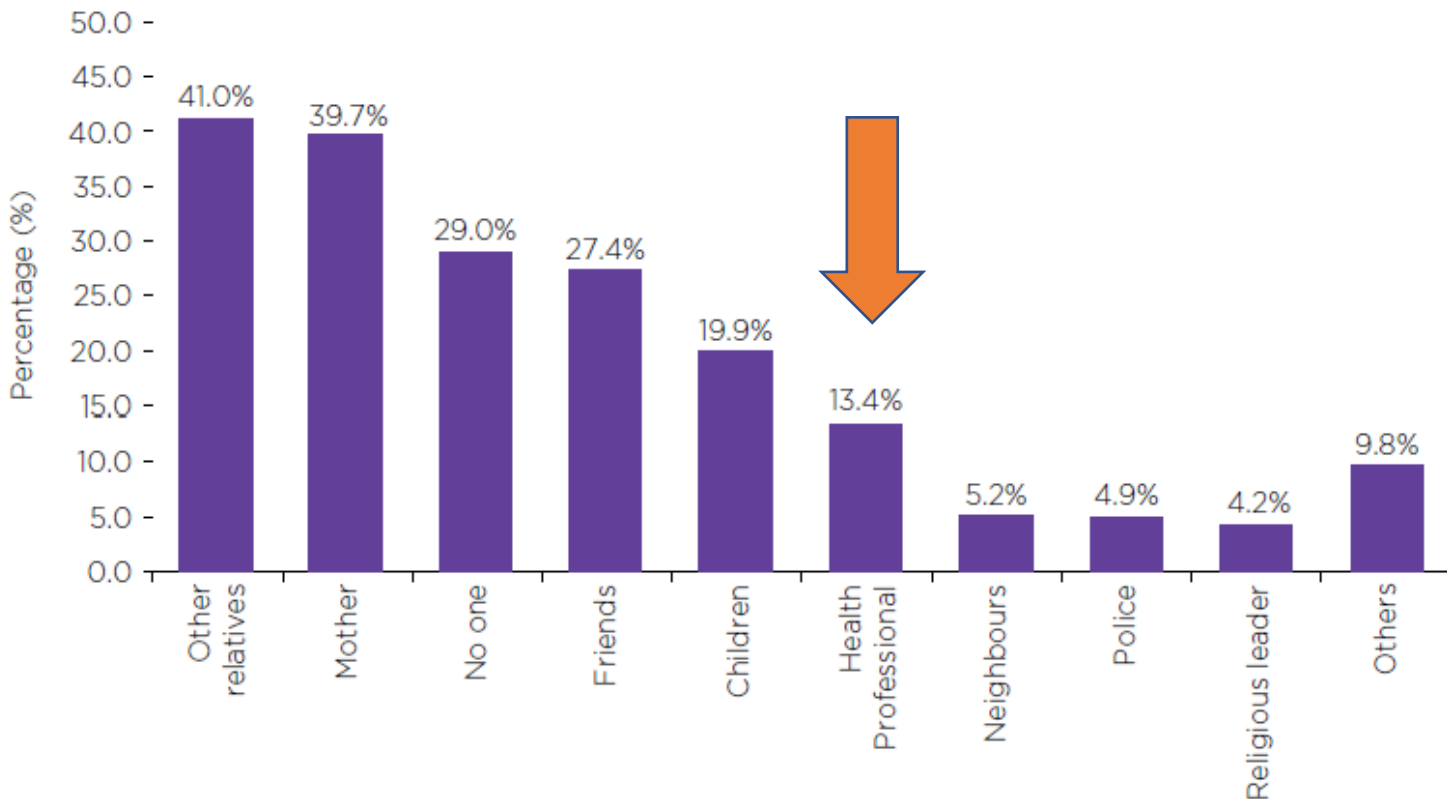
- Be aware of the **power dynamics and norms** that perpetuate violence against women
- Reinforce her **value as a person**
- Respect her **dignity**
- **Listen** to her story, believe her, and take what she says seriously
- Do **not blame** or **judge** her
- Provide **information** and **counseling** that helps her to make her own decisions

Understanding the health sector response



Health workers are often the first professional that women survivors tell about the violence they have experienced

Percentage of women who had told others, and persons whom they told about the violence, among women experiencing physical or sexual partner violence: National Women's Health Survey Trinidad and Tobago, 2017



Ignoring violence can do harm

Provider behaviour

- Blames or disrespects women or girls
- Doesn't recognize VAW behind chronic or recurring conditions
- Fails to provide post-rape care or address VAW in FP, STI/HIV care
- Breaches privacy or confidentiality
- Ignores signs of fear or emotional distress



Possible consequences

- Inflicts additional emotional distress or trauma
- Woman receives inappropriate or inadequate medical care
- Unwanted pregnancy, STIs, HIV, unsafe abortion, more violence
- Partner or family member becomes violent after overhearing information
- Woman is later injured, killed or commits suicide

Why does it matter: public health





Health providers and health systems have a critical role in supporting women, minimizing the impact of violence and preventing violence


Why health systems?

- Women and girls experiencing violence are more likely to use health services
- Health-care providers are often women's first point of professional contact
- All women are likely to seek health services at some point in their lives

Role of health-care providers

- ✓ Do no harm
- ✓ Identify violence
- ✓ Empathic first line response
- ✓ Clinical care (wound care, sexual and reproductive health care, mental health care)
- ✓ Referrals as needed
- ✓ Documentation
- ✓ Medico-legal evidence
- ✓ Advocacy as community role models





Health
workers
are NOT
responsible
for

- Solving violence-related issues
- Addressing all violence-related needs
- Addressing all aspects of treatment, care & support in one consultation

WHAT WE CAN DRAW ON: RESOURCES

INSPIRE

Seven Strategies for Ending Violence Against Children



GLOBAL PLAN OF ACTION

to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular girls, and against children

RESPONDING TO CHILDREN AND ADOLESCENTS WHO HAVE BEEN SEXUALLY ABUSED

WHO CLINICAL GUIDELINES

Preventing Child Maltreatment:

a guide to taking action and

Guidelines for medico-legal care for victims of sexual violence



Responding to intimate partner violence and sexual violence against women
WHO clinical and policy guidelines

Health care for women subjected to intimate partner violence or sexual violence

A clinical handbook

mhGAP Intervention Guide

for mental, neurological and substance use disorders in non-specialized health settings

Clinical Management of Rape Survivors

Developing protocols for use with refugees and internally displaced persons

Revised edition

Psychological first aid: Guide for field workers



Mental Health Gap



International Labour Organization

AIDS Programme

Health services to fight HIV/AIDS

POST-EXPOSURE
PROPHYLAXIS
TO PREVENT
HIV INFECTION

WHO/ILO guidelines
on post-exposure prophylaxis
to prevent HIV infection

VIDEO: Violence against women: Strengthening the health system response



https://www.youtube.com/watch?v=Qc_GHITvTmI

Understanding the roles of other sectors





Learning objective

Demonstrate knowledge of how to access resources and support for patients and for oneself

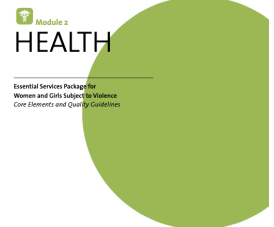
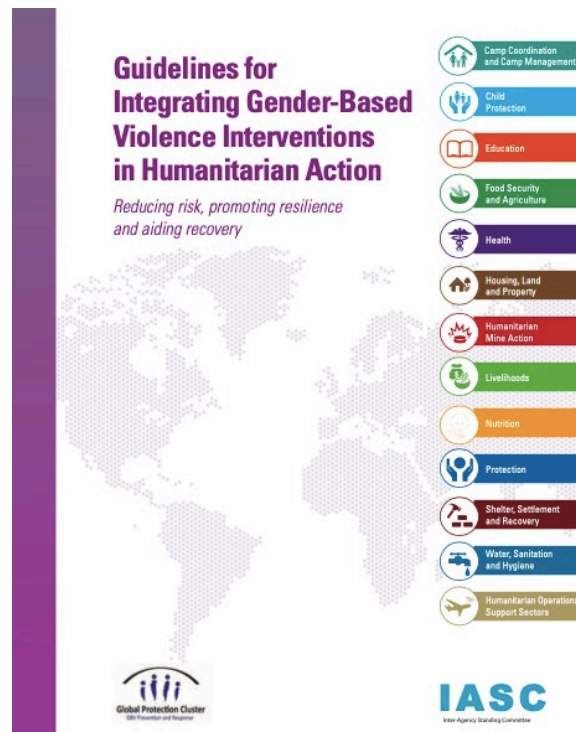
Competencies

- Understand the roles of other lifesaving services/sectors of work
- Understand resources available to help mitigate GBV risks in other sectors

Activity: In each other's shoes

- Divide in groups by sectors.
- You will be responding to the needs of **Rose (28)** who has been surviving physical and sexual abuse by her boyfriend for the past 6 months.
- Sectors: **Doctor, Social Worker, Psychologist, Shelter Manager, Police Officer, Safe House Manager**
- Discuss: **What are the key roles of each person? What are barriers for survivors in accessing these services in your context?**
- Come back to group and share with colleagues x 5 mins
- Sector representatives to fill in and say if something missing

Global Resources that outline intersectoral work in the prevention and response to GBV in Emergencies



Caring for women subjected to violence: A
WHO curriculum for training health-care
providers

TITLE OF SLIDE DECK

GBV Survivors Have the Right to Receive:

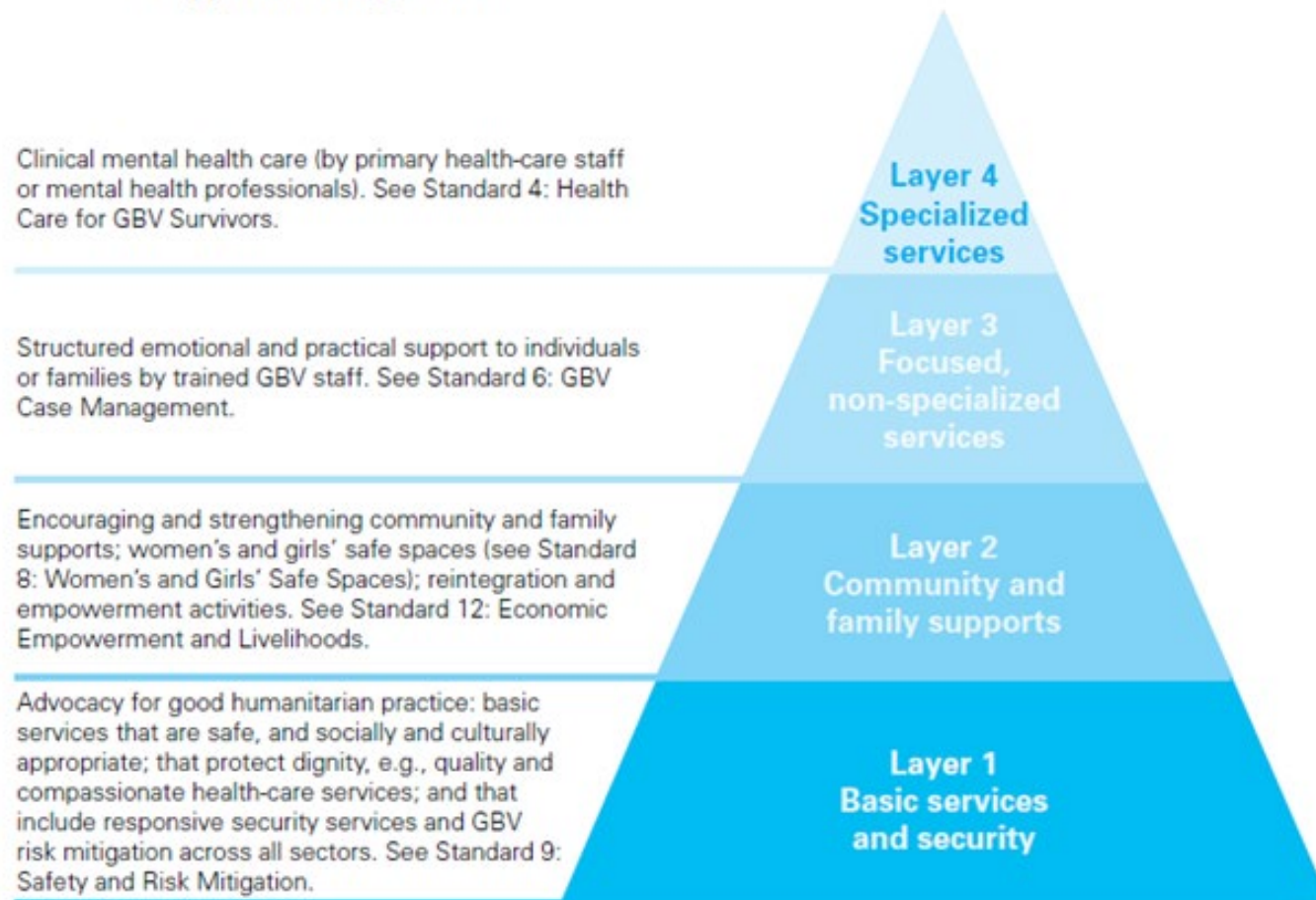
- **Medical treatment and health care**
- **Psychosocial care and support**
- **Options for safety and protection** for survivors and their families who are at risk of further violence;
- **Legal (informal and formal) and law enforcement services**
- **Education, economic/assistance and livelihood opportunities**
- **Other protection services**, including durable solutions for displaced populations.

1). Health (recap) critical role during emergencies

- First and sometimes only **point of contact** for GBV survivors;
- On the **front line** in responding to GBV in emergencies;
- Responsible for **providing care and referring survivors to case management** services where available;
- Need to be aware of laws, obligations and **mandatory reporting** on sexual violence and intimate partner violence to the police or authorities;
- Need training and ongoing support to provide effective care for women and girls who are subjected to violence.

2). Mental Health and Psychosocial Support

FIGURE 2. The IASC Intervention Pyramid for Mental Health and Psychosocial Support in Emergencies



Source: IASC 2007.

3). GBV Case Management (or Social Work)

- **Primary entry point** for GBV survivors in humanitarian settings.
- **Responsive** to the unique needs of each survivor.
- **Voluntary**
- Involves a **trained psychosocial support or social services actor** who:
 - Takes responsibility for ensuring that survivors are informed of all the options available to them;
 - Refers survivors to relevant services based on consent;
 - Identifies & follows up on issues that a survivor (and her family, if relevant) is facing;
 - Provides the survivor with emotional support throughout the process.

A GBV caseworker works closely with a survivor to assess her immediate risks and needs and prepare a safety plan.

- Including:
 - **Developing a comprehensive plan** that identifies what the survivor needs and how her needs will be met.
 - **Connecting the survivor** to health care and/or other prioritized services if she wishes & consents.

GBV Case Management Steps

1. Introduction and engagement.
2. Assessment.
3. Case action planning (+ comprehensive Safety Plan).
4. Implement the case action plan.
5. Follow-up.
6. Case closure.

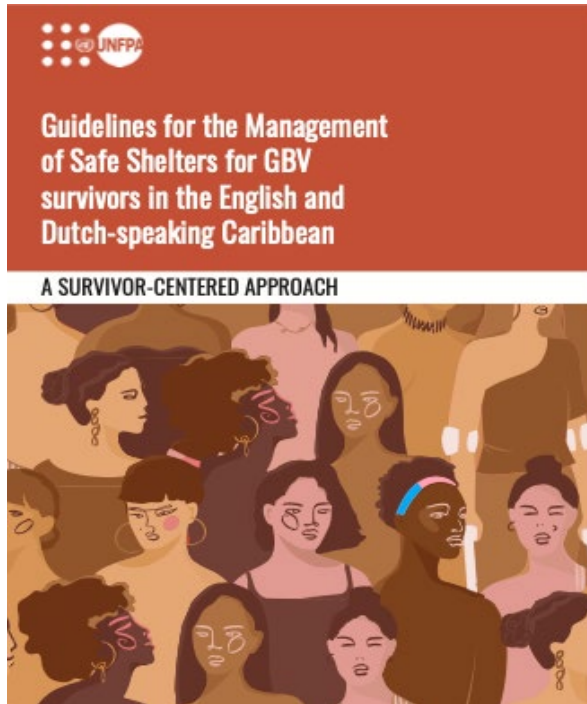
The Case Management process is NOT linear. In emergencies, it is often difficult to complete ALL the steps.

4). Justice and Law Enforcement

Legal services should be part of a safe, non-stigmatizing, multisectoral response to GBV. They should be staffed by trained personnel, accessible to GBV survivors and integrated into the general GBV referral system.

- Provision of **free/low cost** legal aid, advice, representation (State, provider, cash)
- Allow and support each survivor to determine what constitutes **justice for her**;
- Protect safety and recovery (allowing *in camera* testifying);
- **Non-discriminatory**, fair and transparent; respond to the survivor's decisions and the unique local context.
- Targeted and specialized (**survivor-centered**)
- Security personnel should respect women's **confidentiality and decisions** regarding the GBV incident, including where the survivor decides not to immediately (or ever) pursue a case against the perpetrator(s) or be involved in a case.

5). Safe Houses / Safe Shelters



- ✓ Immediate Protection
- ✓ Provision + linkage with essential and comprehensive services
- ✓ Most services can be provided on site, protecting confidentiality and ensuring privacy.
- ✓ Support empowerment + livelihoods + transition
- ✓ Contribute to ending cycle of abuse

6). GBV Integration in Other Sectors

- GBV integration effective if the process is owned and driven by the sector itself.
- Women and girls consulted and engaged → to mitigate risks.
- **All sectors have a critical role to play in designing and implementing interventions in a way that minimizes risks of sexual exploitation and abuse and helps connect survivors of this and other forms of GBV to appropriate care and services.**

→ Sectors: Emergency Shelters, Child Protection, Education, Food Security and Agriculture, Housing, Land & Property, Livelihoods, Nutrition, Protection, Shelter, Settlement and Recovery, Water, Sanitation and Hygiene, Humanitarian Operations Support Sectors.



Break



Becoming a trainer in Belize





**What makes a
good training?**

VAW Specific Trainings

Self-determination:
the choice of the
survivor is central

Be vigilant about
identifying and
responding to
victim blaming

Terminology
matters

Prepare for VAW
disclosures

What about other
population groups
(e.g. men, children
etc)?

Tips for Effective Trainings



Prepare: make a plan!



Agree on objectives and target group



Distribute facilitator roles (see facilitation guide)



Communicate clear instructions and guidelines



Stay on time



Keep training resources handy



Monitor impact

More Training Tips



Repeat important concepts: Don't assume because you said it, they got it. Don't assume because you said it 5 minutes ago, they remember it!



Be enthusiastic! If you are not passionate, don't expect energy from your learners



Encourage participation!

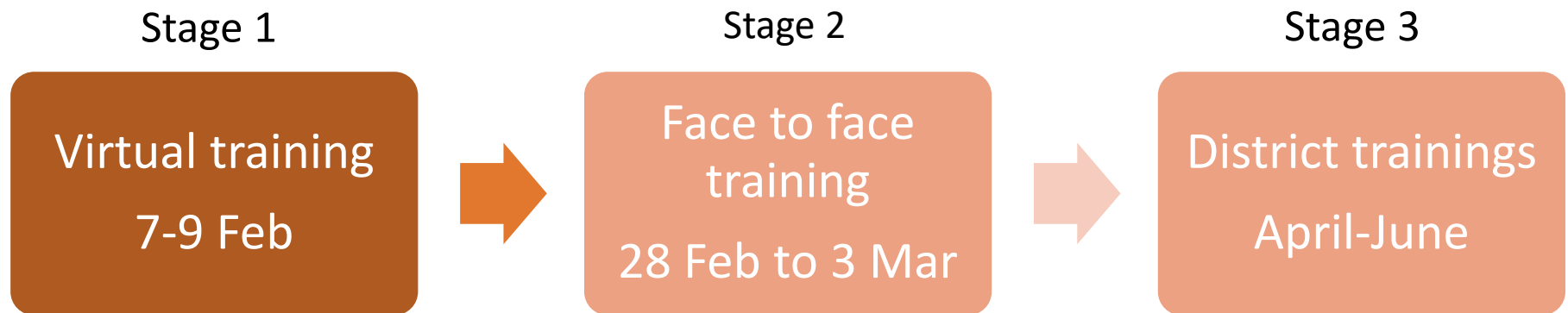


Let's practice!

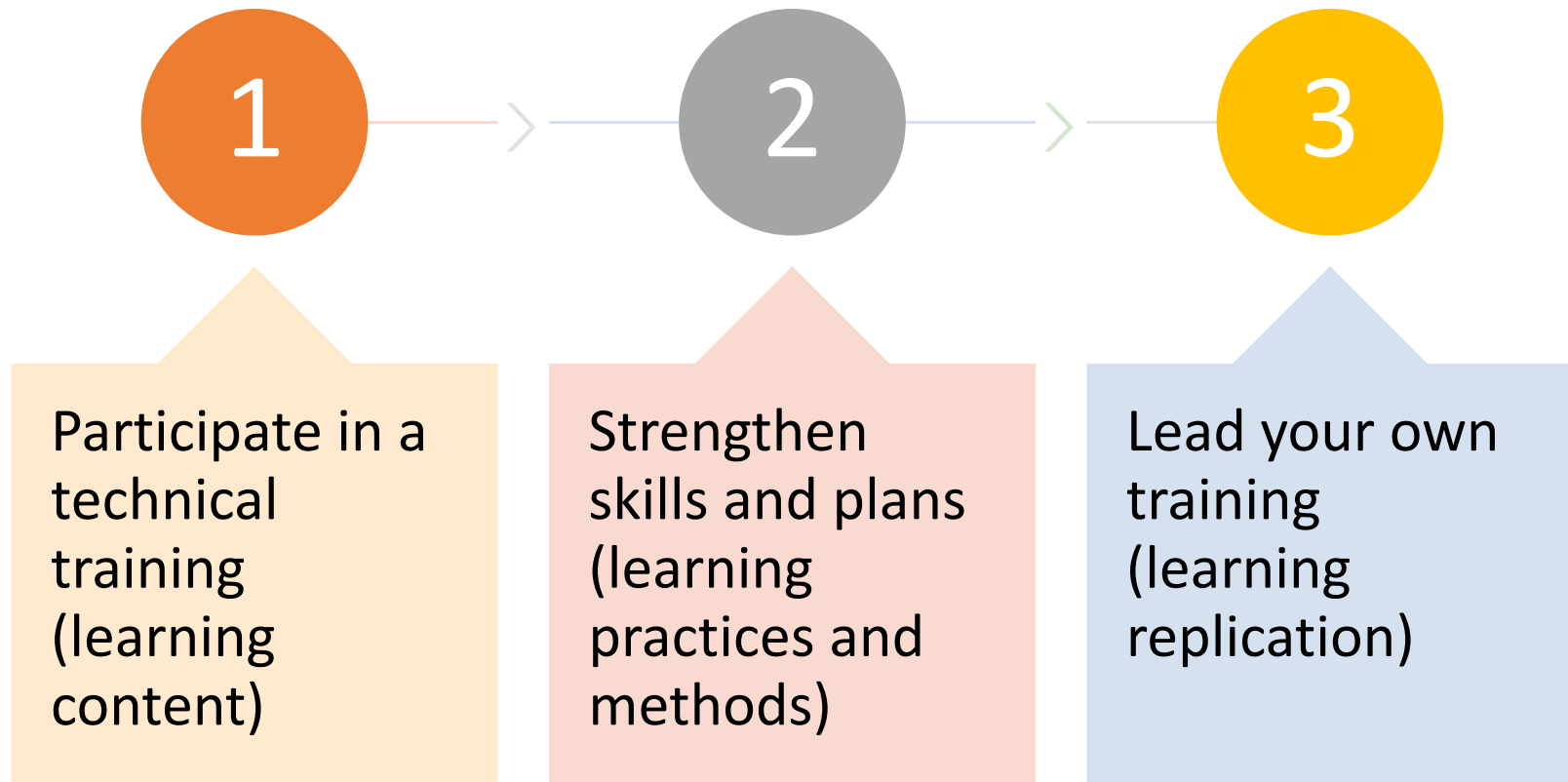
Next steps



Training structure



Training theory



This
training
is....

For frontline
providers

Uses participant-
centered learning

Is a competency-
based training

+

•

o

The training should:

- Address attitudes and gender norms associated with violence
- Outline the best way to respond to survivors, including when and how to enquire, first-line support and acute post-rape care for health workers
- Explain 'warm' referral in emergency settings

Adapt content to local context

Develop a training plan

What are my training objective(s)?

Who am I targeting?

What will I cover (topics)?

Where will I train (location/format)?

How much time will I spend training, and how will I organize it?

Who will facilitate the training sessions?

Recap & closing





End of Day Evaluation