

Welcome!

Day 1

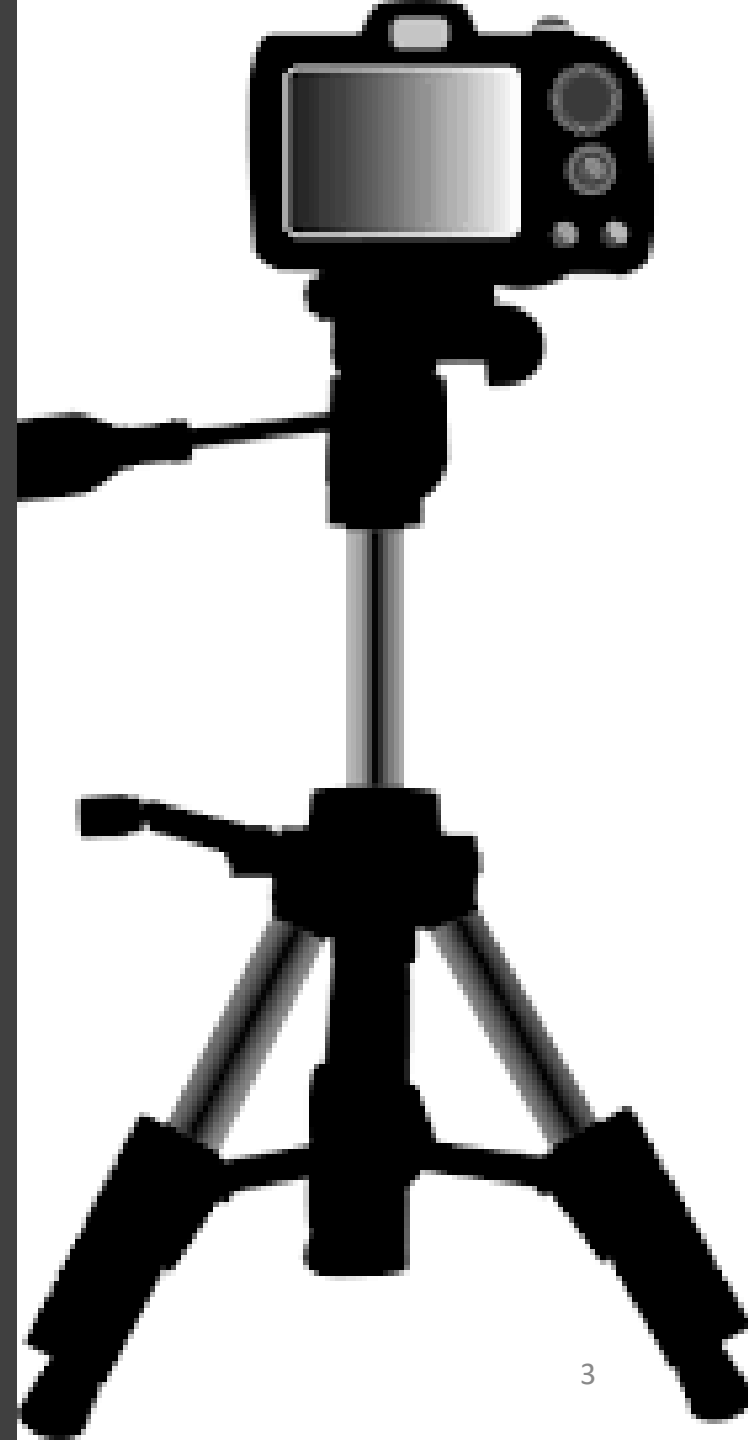


Opening

- Welcome remarks
- Introductions



GROUP PHOTO



Introduction and course expectations



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

Ground rules

✓ **Timeliness**

✓ **Learn & work together**

✓ **Respect each other**

- Listen with an open mind
- Let everyone participate
- Express disagreements respectfully
- Give feedback constructively

✗ Interrupting others

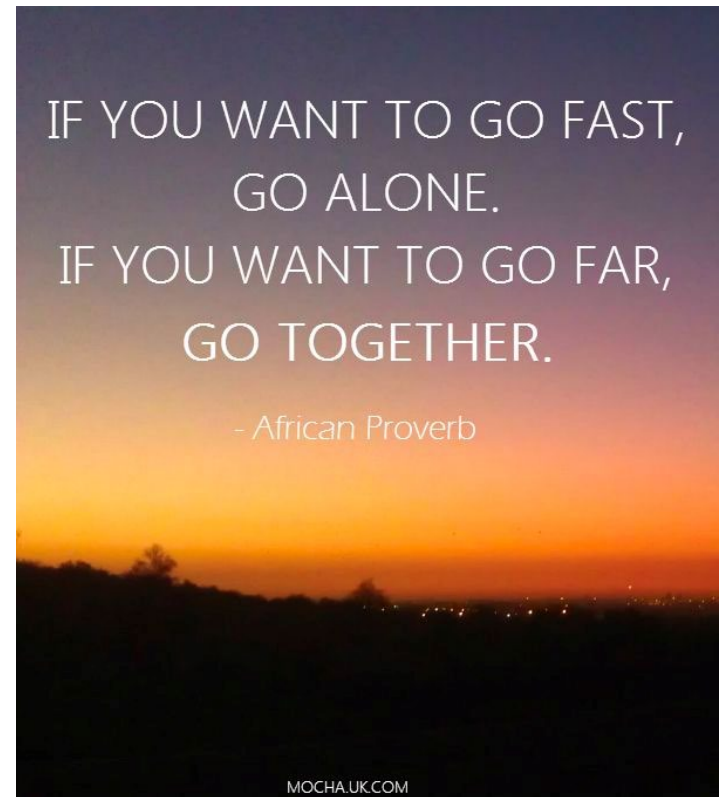
✓ **Safe space**

- Respect confidentiality, personal info stays in the room

✓ **Be present**

Use of electronics, video, mute button

✓ **Suggestions to improve are welcome!**



VAW as a public health problem

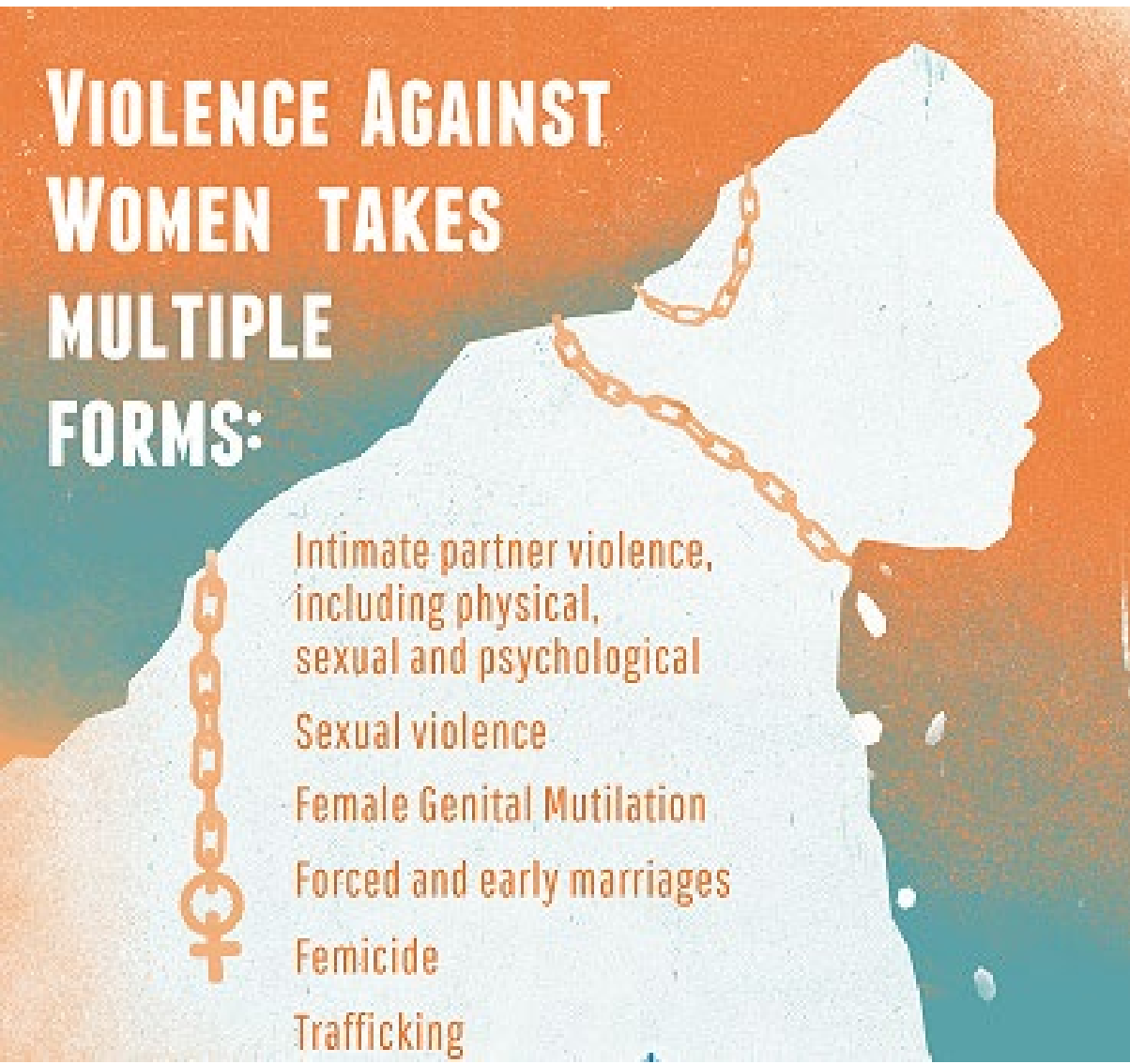


Any public or private act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty with the family or general community

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.



Town Council worker and two children stabbed in domestic dispute in Esperanza

Posted: Saturday, November 19, 2022. 1:52 pm CST. By Aaron Humes: A long-standing worker of the San Ignacio/Santa Elena Town Council has been hospitalized along with [...]

An Unacceptable Crisis: Incidents Of Domestic Violence Have Nearly Doubled During The Coronavirus Pan



Sai Balasubramanian, J.D. Contr
Healthcare
I write about clinical medicine, innovati

TRINIDAD & TOBAGO NEWS

Trinidad: Frightening increase in domestic violence cases, as families stay home

A study released in Radiology last week finding: as compared to the past three years, the severity of physical intimate partner violence has increased during the Covid-19 pandemic. In order to maintain

WSJ Wall Street Journal

'There's No Escape': Finding New Ways to Help Domestic-Violence Victims Trapped in Lockdown

One woman called the National Domestic Violence Hotline about her partner, who claimed he had Covid-19, then intentionally coughed in her ...
May 10, 2020

globalcitizen.org

Hundreds of Girls and Women Have Disappeared in Peru

...

... Girls and Women Have Disappeared
... "Violence against women exists b
4 weeks ago



Why Caribbean Hurricanes Are Worse for Women and the Poor

Husband Kills Wife, Then Himself - 7 News Belize

19 feb 2018 — 43 year-old Jason Emmanuel, and his 46 year-old wife Hermelinda Emmanuel were the victims. Police found a weapon beside the husband's body, ...

Domestic violence

Domestic abuse surged in lockdown, Panorama investigation finds

Answers for domestic violence: Son of Nora Parham says victims need refuge and someone to listen to them

Posted: Friday, May 13, 2022. 11:19 pm CST. By Aaron Humes: We probably all know of domestic violence happening somewhere at some time even if we [...]

The New York Times

COVID-19 Cases in Americas Reach 11.5 Million, Deaths ...

The pandemic also has brought a related problem in a surge in domestic violence against women, Carissa Etienne said in a virtual briefing ...

2 weeks ago

Covid-19 and the ongoing crisis of domestic violence: A view from Barbados

By Stabroek News May 1

Shelters in storm-ravaged nation fight gender-based violence

13 October 2017 | General News

Managers of shelters in hurricane-ravaged Antigua and Barbuda are being trained to make sure these locations are safe spaces for women and girls.

The tiny Caribbean island nation was devastated by Hurricane Irma, a category 5 storm which struck last month.

CARIBBEAN, DISPATCHES, FEATURES, NEWS BRIEFS, PUERTO RICO

OFFICIAL REPORTS OF VIOLENCE AGAINST WOMEN IN PUERTO RICO UNRELIABLE AFTER HURRICANE MARIA

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

“Protection of all persons affected and at risk must inform humanitarian decision-making and response...it must be central to our preparedness efforts, as part of immediate and life-saving activities....”

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



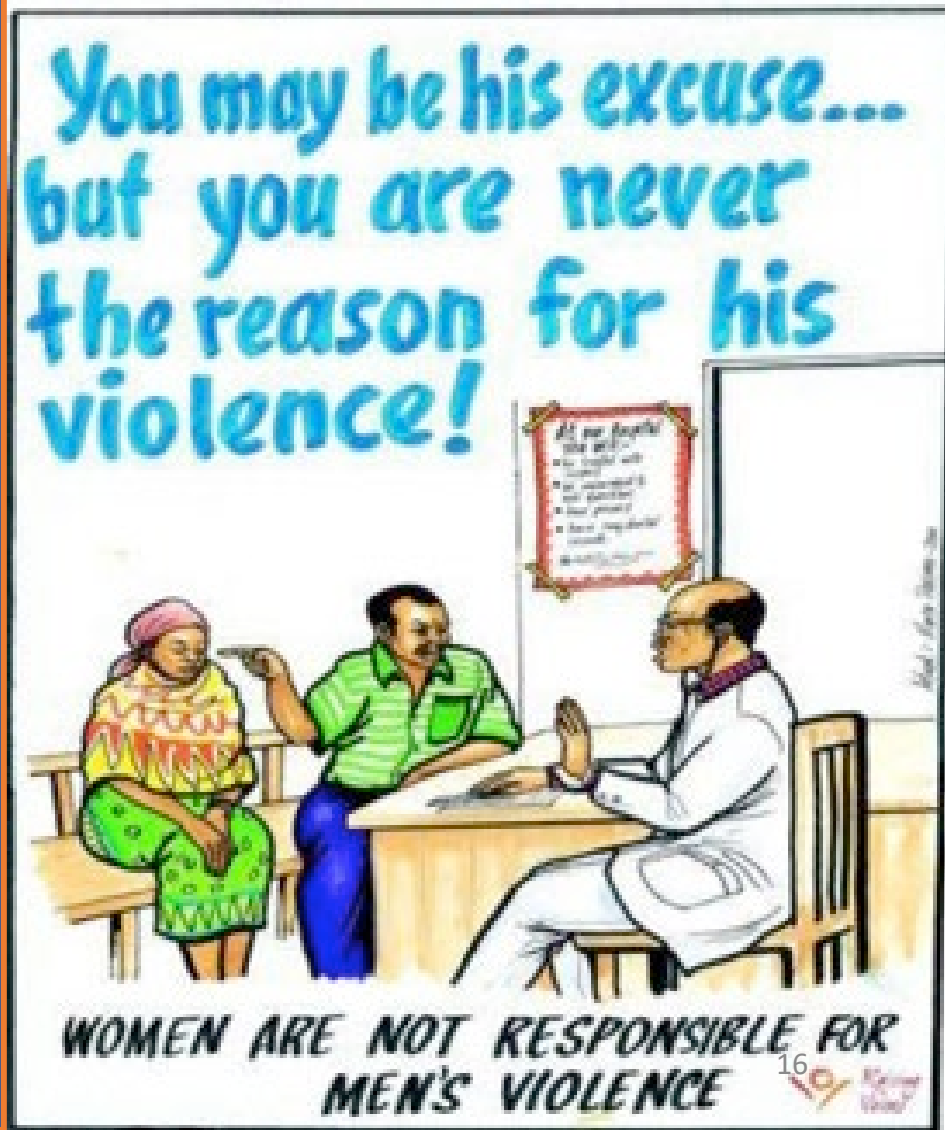
Possible consequences

- 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

Violence is preventable: Small changes make a BIG difference

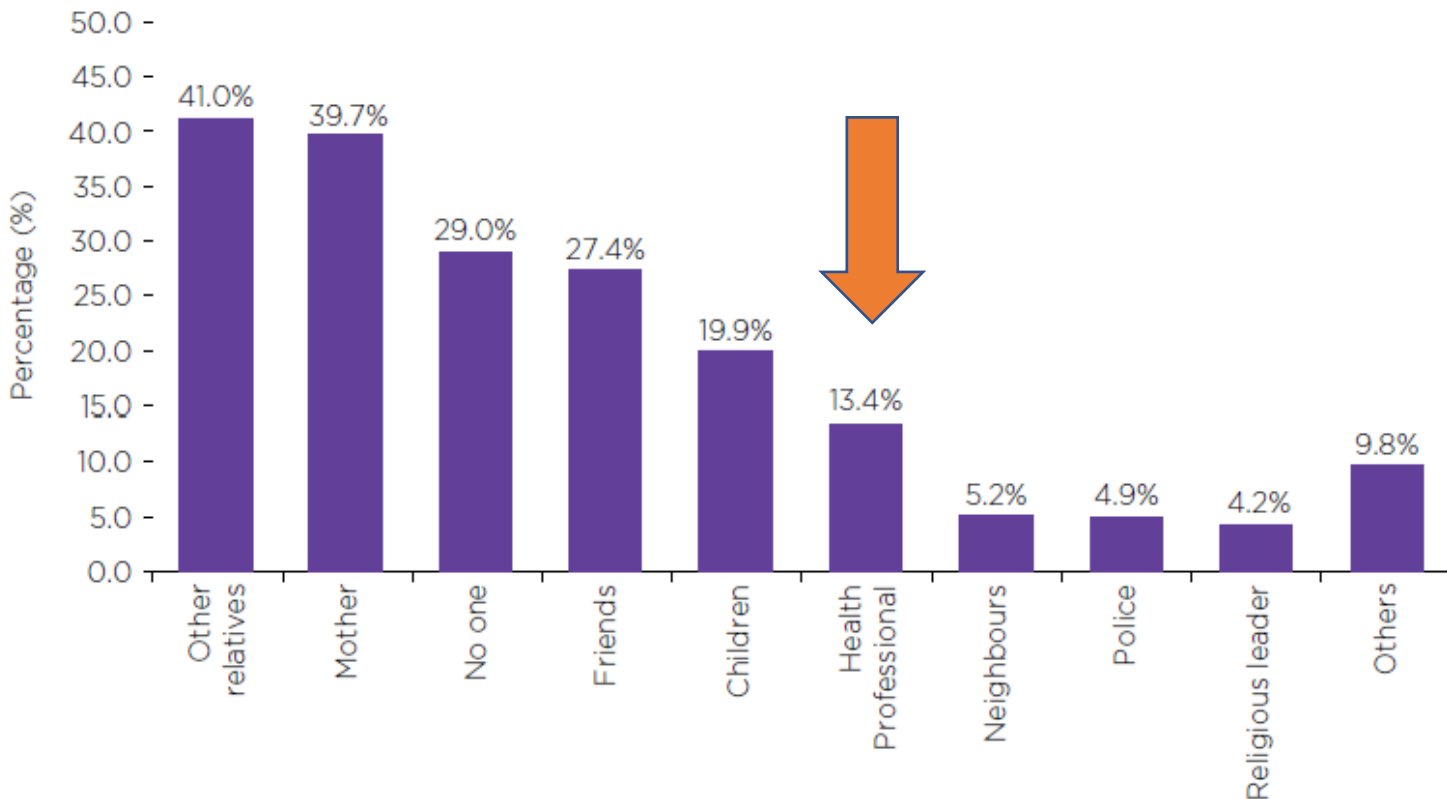
“The doctor helped me feel better by saying that I don’t deserve this treatment, and he helped me to make a plan to leave the house the next time my husband became violent.”

— Salvadoran woman



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





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 response
- ✓ Clinical care
- ✓ Referrals as needed
- ✓ Documentation
- ✓ Medico-legal evidence
- ✓ Advocacy as community role models





Providers
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

Why does it matter: public health



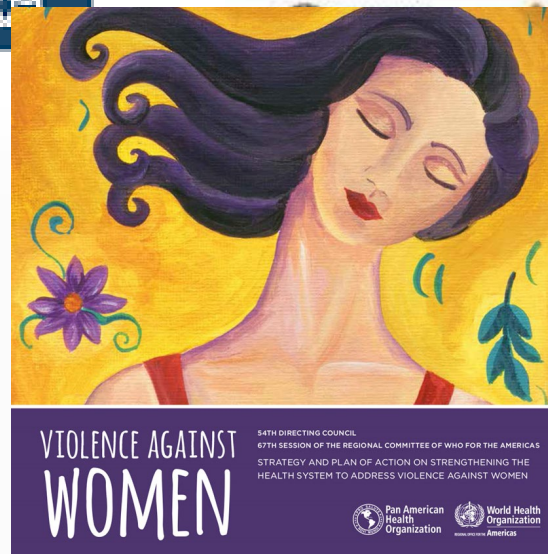
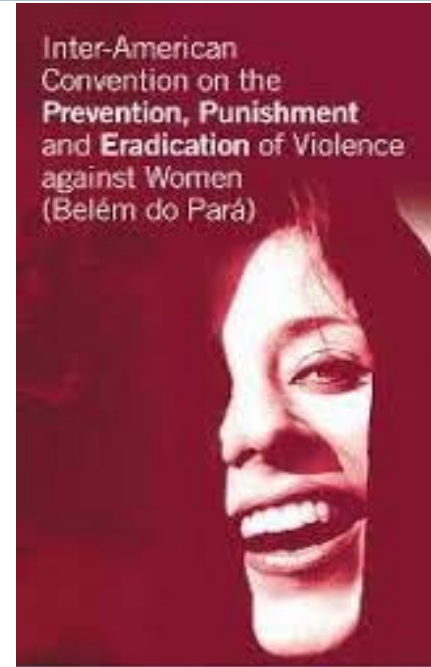
Why does it matter: society

Effects on children	<ul style="list-style-type: none">• Higher rates of infant mortality• Behaviour problems• Anxiety, depression, attempted suicide• Poor school performance• Experiencing or perpetrating violence as adults• Physical injury or health complaints• Lost productivity in adulthood
Effects on families	<ul style="list-style-type: none">• Inability to work• Lost wages and productivity• Housing instability
Social and economic effects	<ul style="list-style-type: none">• Costs of services incurred by victims and families (health, social, justice)• Lost workplace productivity and costs to employers• Perpetuation of violence

Why does it matter: internationally

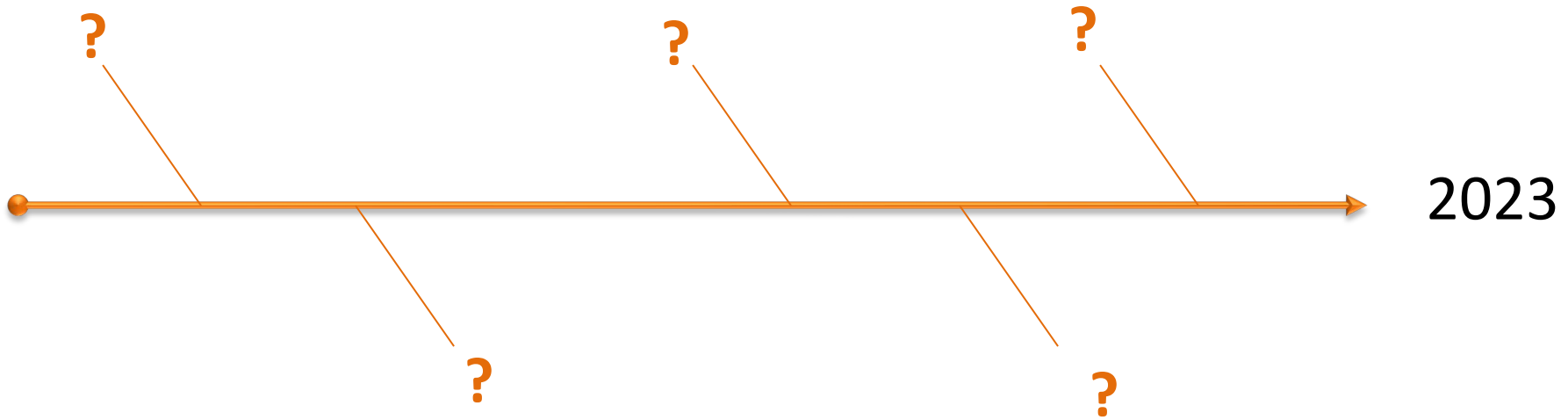


Includes a range of **indicators** for monitoring progress on preventing and responding to VAW



Why does it matter: nationally

Timeline of achievements in Belize



The Belize context



Belize: Context

Gender Inequality and Gender Based Violence

- Belize's **Ministry of Human Development** ensures national programming and budget allocations correspond with existing legal frameworks.
- Many practices promoting gender inequality are cultural constructs, which laws alone cannot change.
- **Women unemployment** remains high (double as that of men).
- **Early drop-out rates of girls** from school and lack of measures to ensure teenage mothers stay or return to school.
- Social expectations on women + traditional roles
- Social and cultural barriers impede women from **participating in politics**.
- Lack of **sex-disaggregated data** for many sectors
- No mechanisms in place to ensure employers and households comply with domestic workers minimum wage regulations.
- **Women living in rural areas** have very limited access to services, including health.

Belize: Context ctd

Gender Based Violence: Forced Marriage and Unions of Children. Source: girlsnotbrides.org

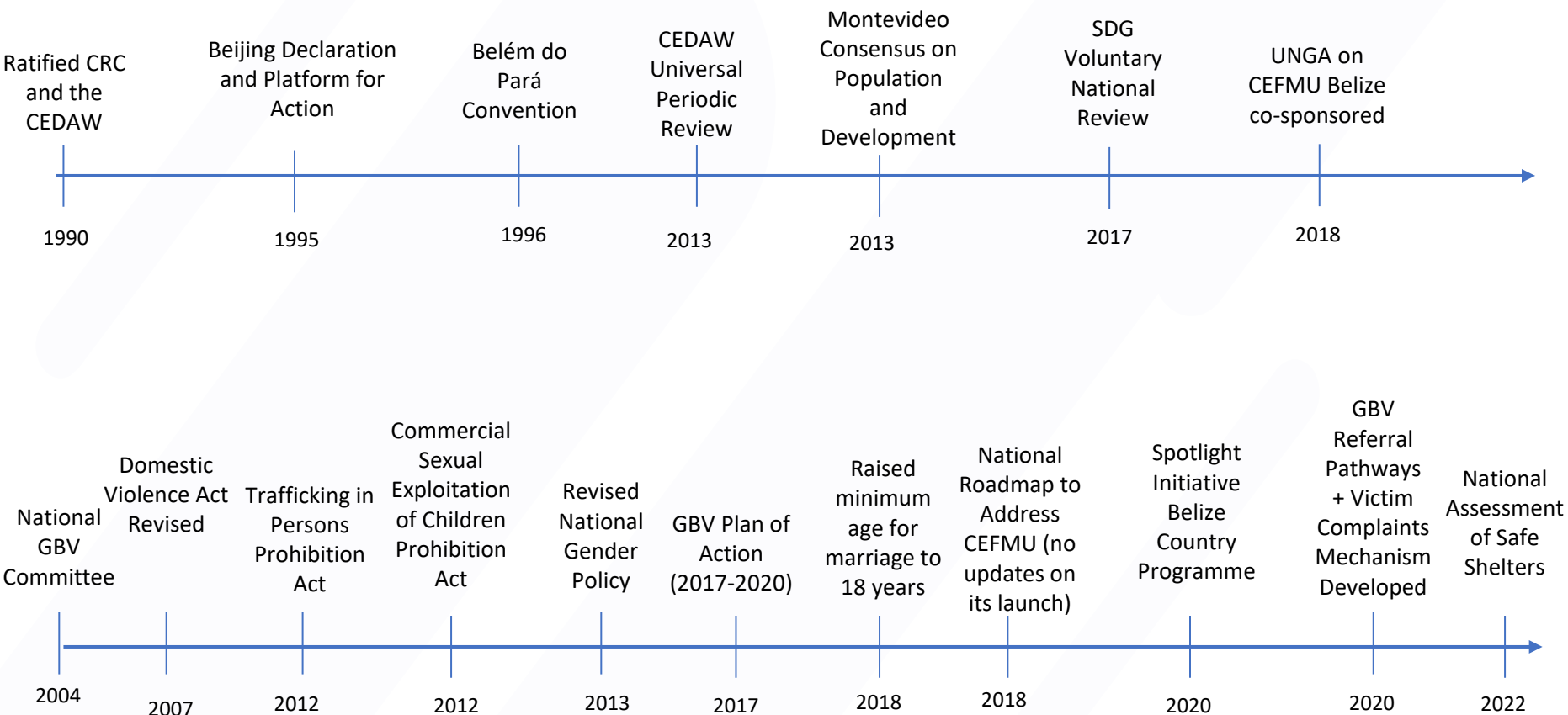
- Concerning **high rates of prevalence of GBV** → survivors continue to be advised to return to their abusive partners, are not believed, are blamed for the abuse and continue to be abused.
- There was a notable rise in sexual violence during 2022 (reported rapes and unlawful sexual intercourse)
- Very low rate of prosecutions and convictions, access to **justice for survivors**.
- Despite criminalization of **marital rape**, it is unclear if there have been any prosecutions so far.
- Belize is a destination for **trafficked women** from El Salvador, Guatemala, Honduras and Nicaragua.
- Belize is one of the countries with highest prevalence of **Child, Early and Forced Marriage and Unions (CEFMU)** in Latin America and the Caribbean
 - 34% of girls in Belize are married or united before their 18th birthday, 6% before the age of 15
 - 22% of boys are married or united before their 18th birthday, 5% before the age of 15
 - CEFMU most prevalent in the south, especially among indigenous populations.

Belize: Context, ctd

Access to Sexual and Reproductive Health Services

- **Basic SRH is free** in Belize, and available in all public hospitals → it is only accessible to those **above the age of 16**.
- High **maternal mortality rates** and increasing number of deaths resulting from **self induced abortions**.
- Pregnant women tend to **seek healthcare in advanced stages** of pregnancy.
- Maternal and child health care programme supports **community intervention programmes** with voluntary family planning and preventative measures → but no clear outreach strategy.
- **Adolescent birth rate** (ages 10-14) has been declining. As of 2015, Belize averaged 74 per 1000 adolescent 15-19 years. But it is still a grave concern.
- **School-based programmes** highlight prevention and curative measures around safe sex practices as part of the Health and Family Life Education curriculum at primary school, and positive youth development curriculum at secondary school level → several barriers to implement in schools managed by faith based organizations and not as robust as before.
- **As healthcare providers, are you legally bound to mandatory reporting laws concerning the provision of services and reporting to the police?**

Belize Roadmap



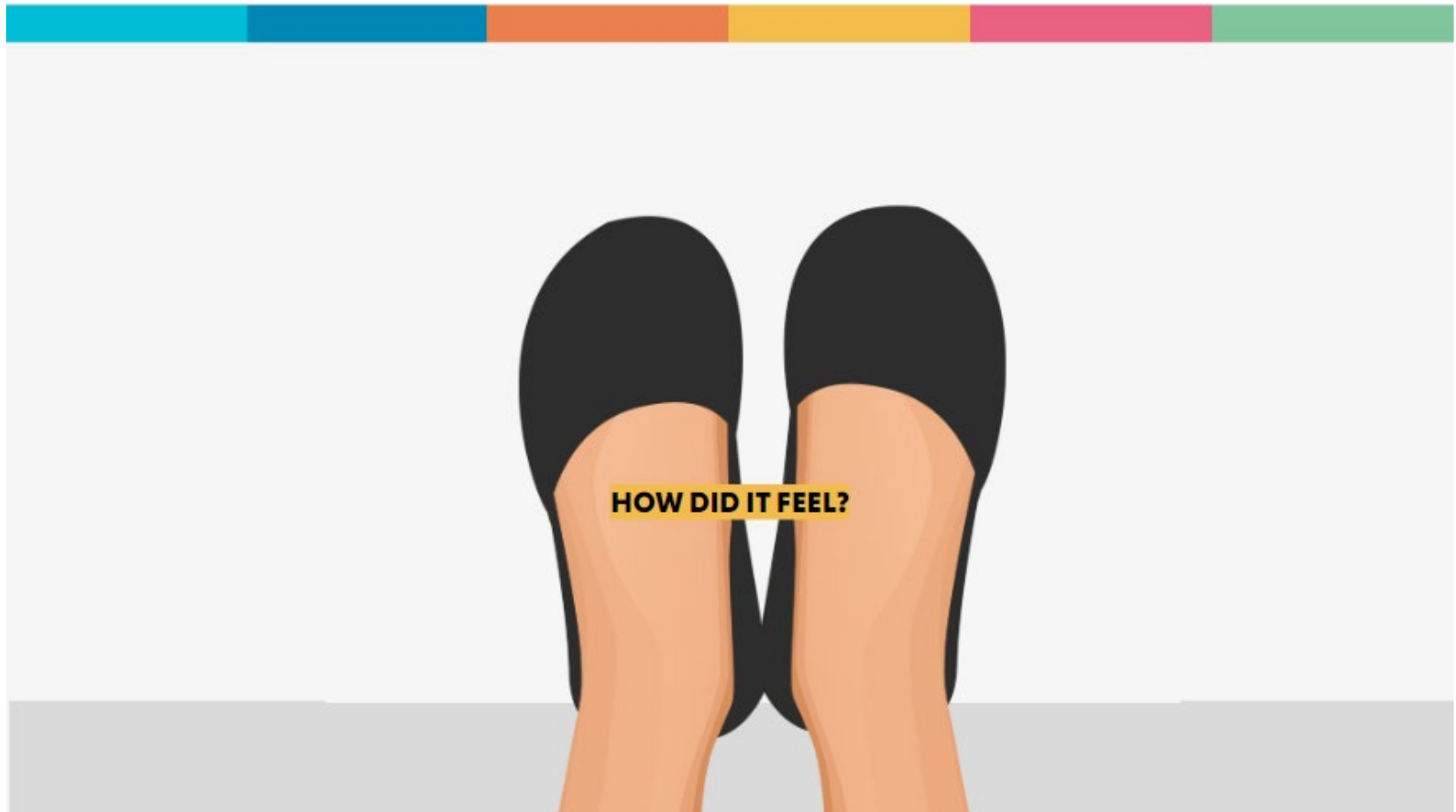
Break



Understanding the Survivor's Experience

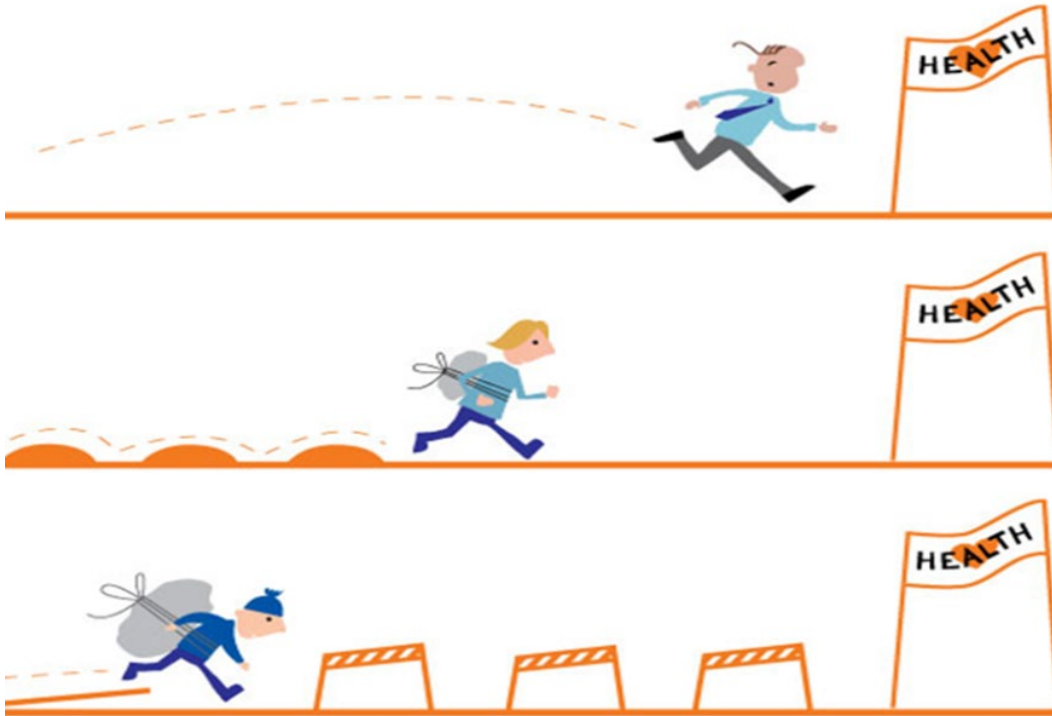


Understanding the survivor's perspective



https://www.paho.org/vaw-interactive-tools/eng/decision_making/story.html

Barriers to VAW help seeking



- The violence was normal or not serious
- She was afraid of consequences/threats/more violence
- She was embarrassed or afraid of being blamed or not believed
- She was afraid of bringing shame on her family
- She may fear economic hardship or manipulation
- She was afraid it would result in separating children and father
- She could not get there safely
- She was busy with other tasks

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!

Explaining concepts and definitions: GBV in emergencies



Concepts and definitions

Sex and Gender

Sex is assigned at birth, it is based on the genitals and chromosomes you are born with; this is usually male or female and goes on your birth certificate. It is a label.

***Intersex** people are born with a combination of both male and female biological characteristics and therefore don't fit the assigned sex or genders of male and female.

Gender is a social construct and legal status (usually male or female). It is a set of expectations from society, about behaviors, characteristics, and thoughts of how you should behave, based on your sex.

Each culture has standards about the way people should behave based on their gender. Instead of it being about body parts, it is more about how you are expected to act, because of your sex.

Concepts and definitions

Sexual Orientation and Gender Identity

Sexual Orientation refers to an inherent enduring emotional, romantic or sexual attraction to other people. It is about who you are attracted to and want to have relationships with.

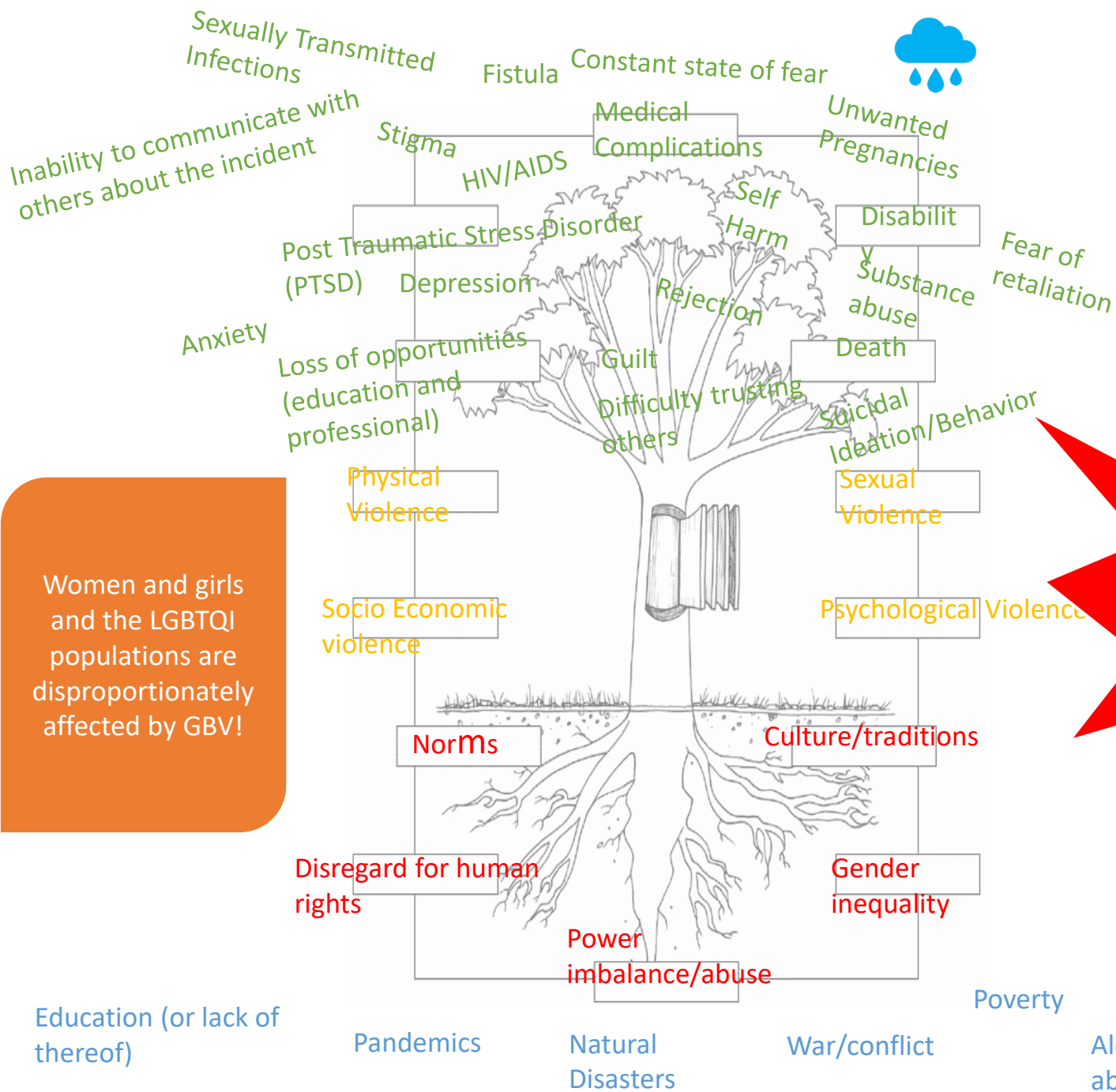
Types of sexual orientations include:

- People who are attracted to people from the same sex call themselves **homosexual**. Women attracted to women call themselves **lesbian or gay**. Men attracted to men call themselves **gay**.
- People who are attracted to people from a different sex, often call themselves **heterosexuals**.
- People who are attracted to both men and women, often call themselves **bisexual**.
- People who don't experience any sexual attraction for anyone often call themselves **asexual**.
- People whose attraction span across different gender identities may call themselves **pansexual or queer**.
- People who are unsure about their sexual orientation, often call themselves **questioning or curious**.

Gender identity refers to how you feel inside and how you choose to express yourself through personal appearances and behaviors, it can be the same or different from the one assigned at birth. It is not about who you are attracted to, but about who you ARE. It is a feeling that begins very early in life.

There are many **types of gender identities**:

- People who identify as the same sex and gender they were assigned at birth, are **cisgender**.
- People who identify as the other gender from their assigned sex are **transgender/trans**.
- People whose gender identity does not match traditional genders of people who don't have/express a gender identity are



Women and girls and the LGBTQI populations are disproportionately affected by GBV!

Perpetrators choose violence in order to maintain power and control over the survivor

Concepts and definitions

Gender Based Violence

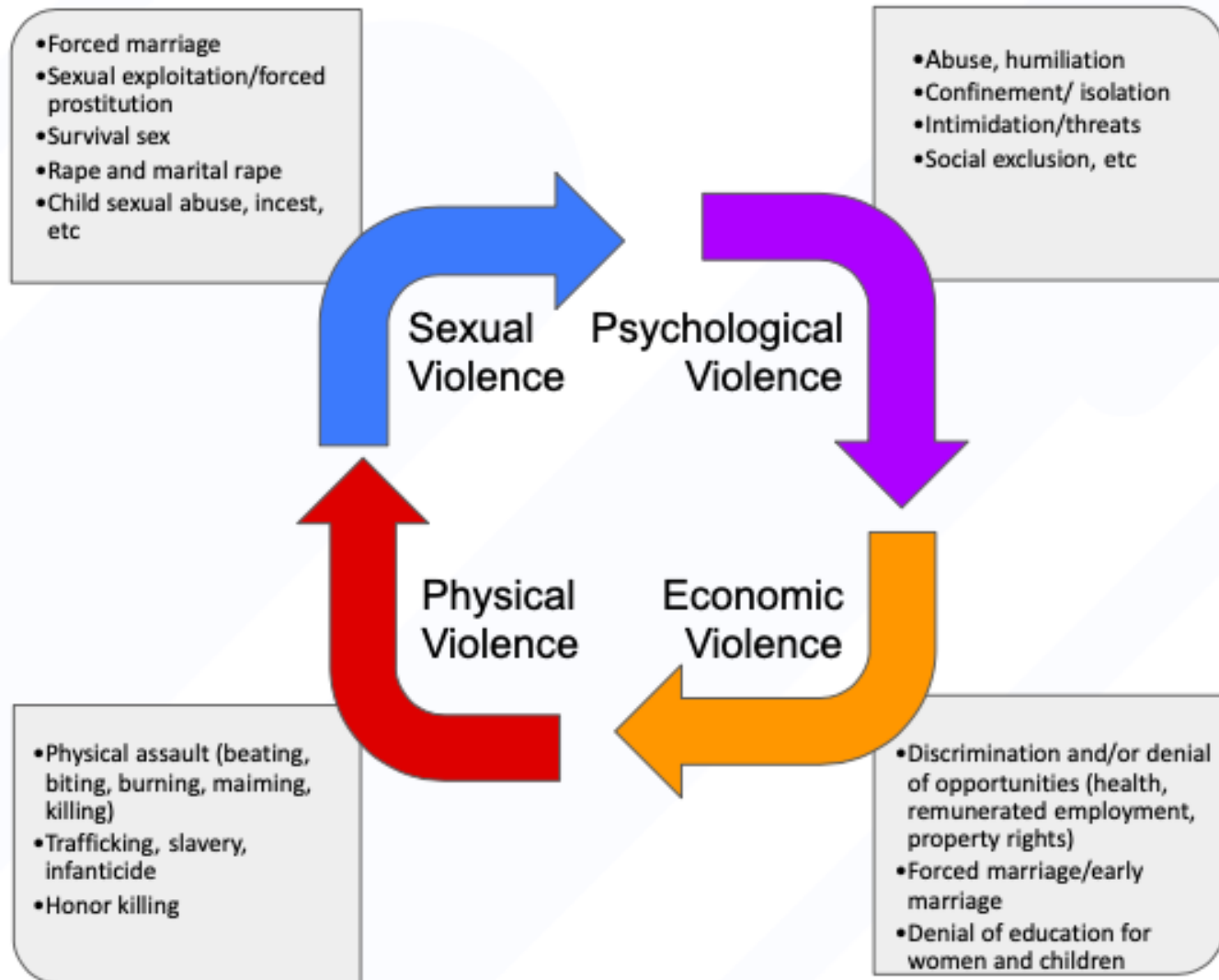
An umbrella term for **any harmful act** that is **perpetrated against a person's will** and that is **based on socially ascribed (i.e. gender) differences between males and females**.

It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

Interagency Standing Committee. Guidelines for Gender-based Violence Interventions in Humanitarian Emergencies. IASC (2005)

Concepts and definitions

Forms of GBV



Concepts and definitions

Power and control wheel

Intimate partner violence is a pattern of behaviour in an intimate relationship (for example, in a marriage or dating relationship) that is used by one person in the relationship to gain or maintain **power** and **control** over the other.



GBV in Emergencies

During and after an emergency, **risks of violence, exploitation and abuse are higher**, and even though men and boys are also at risk, **women and girls are disproportionately affected**:

- National systems, community and social support **networks are weakened**.
- **Environments of impunity** will not hold perpetrators accountable.
- Pre-existing **gender inequalities** will be exacerbated.
- **Women and adolescent girls** are at higher risks of sexual violence and abuse, forced or early marriage, denial of resources and harmful traditional practices.
- Women and girls' safety will be affected due to decreased privacy, lack of access to basic services and self-reliance opportunities. Consequently exposing them to **trafficking, exploitation and survival sex**.
- **Men and boys** may also be at higher risks of GBV, particularly during conflicts, where rape is used as a weapon of war, to dehumanize the adversary.
- Greater risks for vulnerable groups following **family separation, displacement, and loss of community protection mechanisms**.
- Life threatening **health and protection consequences** for GBV survivors due to a lack of basic services and infrastructure.



Greater impact on women and girls

- The **caregiving role** women and girls are expected to take on at home, may expose them to **greater health risks**.
- **Social norms** in some contexts dictate **women and girls will be the last ones** to benefit from health care and general access to humanitarian relief items.
- **Migrant and refugee women and girls** are at even higher risks, as their situations are not regularized and most times not able to access basic services and dealing with xenophobia and discrimination.
- Structural violence against the elderly, particularly older women, **limit their ability to meet basic needs and access relief services**, placing them at even higher risks of GBV. They usually face **economic deprivation, leaving them dependant on social help or caretakers**.
- Women and girls living with disabilities will be at higher risks of GBV when in **isolation** with their perpetrators, and will face greater **challenges in reporting incidents and accessing life-saving services**.
- Service providers and general population usually assume **persons living with disabilities are not at risk of GBV because of their disabilities**.

Persons identifying as LGBTQI face particular risks of GBV and

During emergencies, it is your responsibility:

- ✓ Assume GBV is occurring and is a threat to women and girl's safety and wellbeing
- ✓ Take actions regardless of the presence or absence of concrete "evidence"
- ✓ GBV is under-reported in all settings
- ✓ Recorded cases represent the "tip of the iceberg"
- ✓ Lack of data does not mean GBV is not a major issue but an indication of challenges in gathering information on GBV (often due to a lack of available services)

Guiding principles and moving forward with the health system response

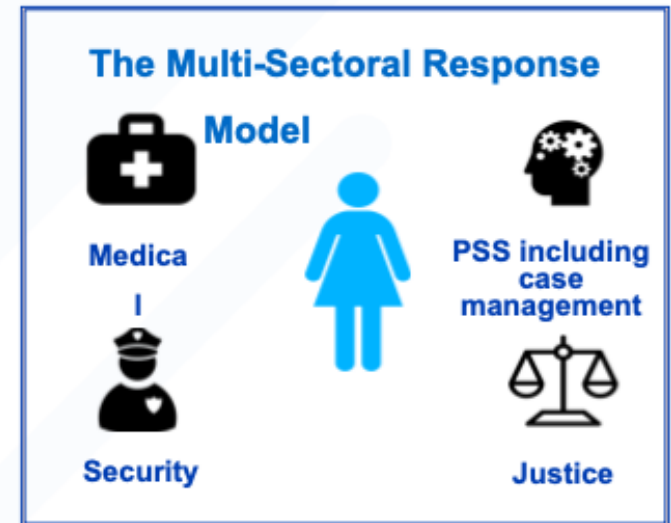


What
we
can
DO



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

Recap & closing





End of Day Evaluation