

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

Understanding Roles of Other Service Sectors to GBV

**Know your setting:
identify referral networks and
understand the legal and policy context**





Learning objective

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

Competencies

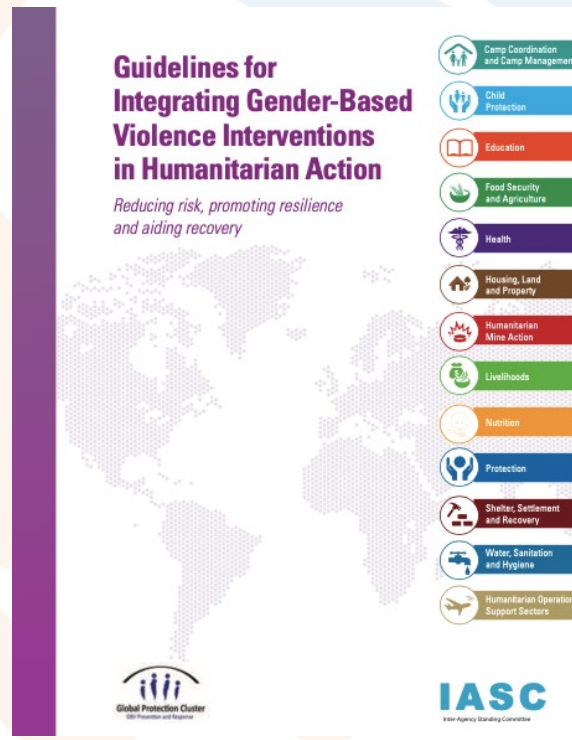
- Understand the roles of other lifesaving services/sectors of work
- Understand resources available to help mitigate GBV risks in other sectors



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





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.

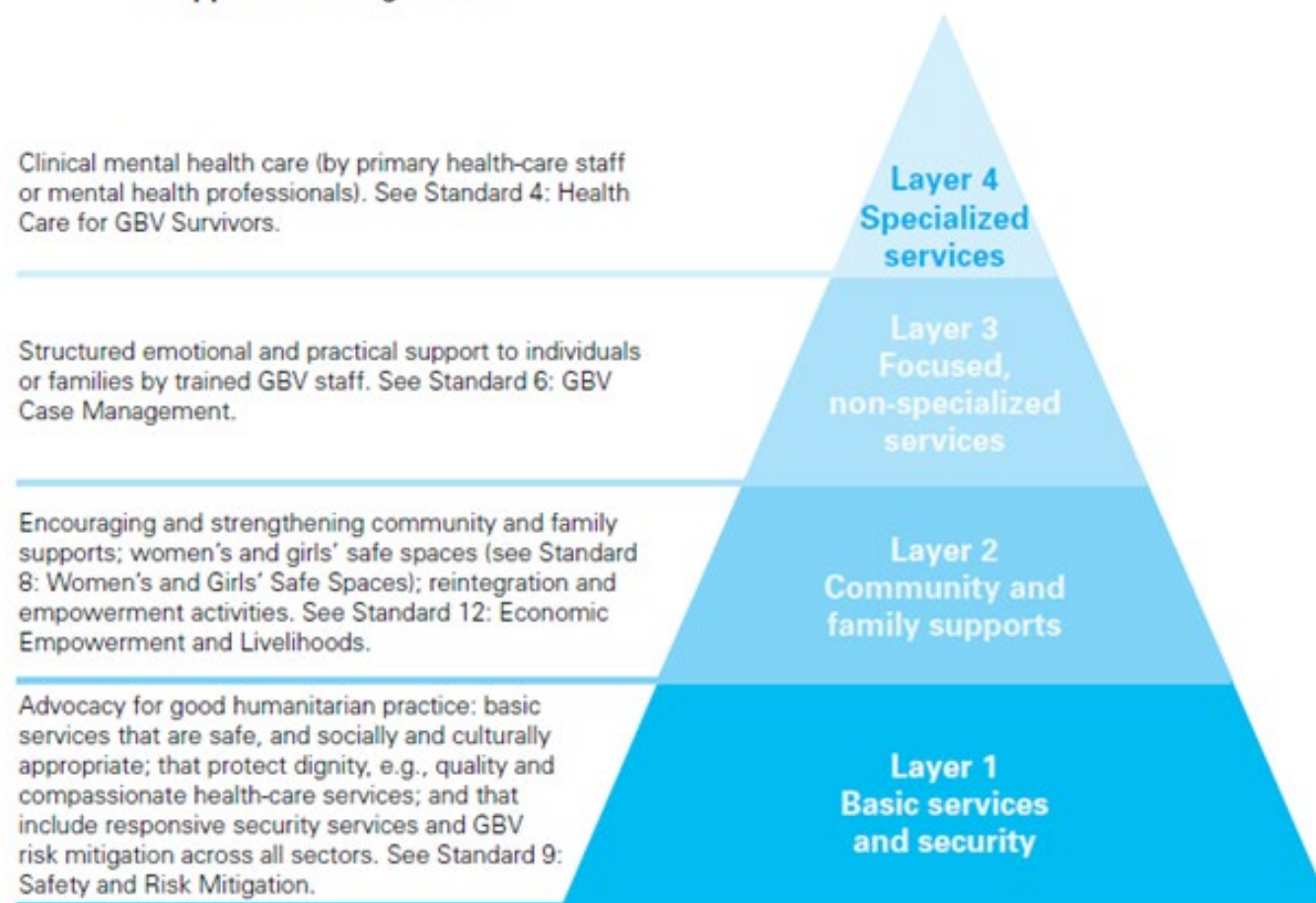


1). Health (recap) critical role during emergencies

- 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.
- 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.



Do No Harm!

- Accessing case management services is **voluntary**; not all survivors will want or need case management services.
- Access to GBV case management services **should be confidential & non-stigmatizing** for women and girls. For example, through safe spaces that offer a range of activities (see [Standard 8: Women's and Girls' Safe Spaces](#)).
- **Must protect written data** about a survivor or a case **through safe data collection and storage practices**.



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.

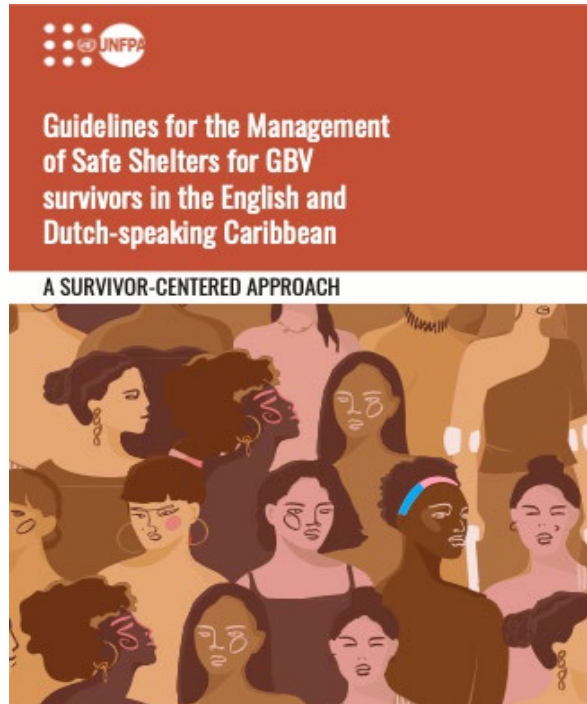
- Allow and support each survivor to determine what constitutes justice for her;
- Protect safety and recovery (allowing *in camera* testifying);
- Non-discriminatory, fair and transparent; respond to the survivor's decisions and the unique local context.
- Targeted and specialized (survivor-centered)
- Mediation is focused on maintaining family or community cohesion; often **denies the survivor's control of the process**, and may **expose her to intimidation and re-victimization, inhibit her access to services and put her at direct risk of further abuse**. **Mediation for GBV cases is not recommended as an intervention.**



Law Enforcement

- 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.
- Focusing on the survivor also requires that security personnel and policies reflect an **awareness of the immediate and ongoing threats** facing women and girls who have experienced violence.
- Crucial to **support ongoing training and awareness-raising** interventions for security personnel at all levels.
- Trainings for police should focus on **clear protocols for responding to reports of violence, emphasizing women's legal right to protection.**
- It is always useful ensuring **female police staff / women's desk**, with direct contact to hospitals, social workers and safe houses.

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.**

THANK YOU!



Understanding Warm Referrals to Essential Services in Emergencies

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**Know your setting:
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Learning objective

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

Competencies

- Know community resources
- Know legal and policy context including providers' legal obligations
- Collaborate with referral partners to help survivors obtain services

Exercise: The Web of Referrals

- **Learning objective for this exercise:**
Appreciate how uncoordinated systems and too much specialization can make referrals burdensome for the survivor



Exercise: The Web of Referrals

- In this role play we will follow “Rose” as she seeks help for intimate partner violence
- We need 10 volunteers. Will one please volunteer to play “Rose”? The others will play people she visits and who refer her to others.
- Rose will ask each person she visits to take hold of the string that she carries



Principles for referral pathways

Referral pathways should:

- respect **self-determination**
- **minimize points of care** and retelling of the story
- maintain **safety** of the woman and **confidentiality** of her information



Establishing referral pathways

Make referral agreements with known resources

- Identify and map available **community services**
 - police/law enforcement
 - justice/legal services
 - social services
 - economic/livelihood support
 - child protection
- Make a **referral directory** (job aid on next slide)
- **Agreements** can be formal or informal
- Specify how you will learn **whether the woman reaches** the referral resource
- **Monitor** referrals and coordination mechanisms

Annex 6. Sample referral directory form

Job aid,
manager's
manual,
page 141

Job aid:
Referral
directory

Need	Name of agency &/or contact person	Contact	Responsible for follow-up
Victim advocate/Family protection unit/Social worker		Phone: E-mail:	
Counselling/Crisis centre/		Phone: E-mail:	
Support groups		Phone: E-mail:	
Mental health care		Phone: E-mail:	
Reproductive health care		Phone: E-mail:	
Laboratory services		Phone: E-mail:	
Child care		Phone: E-mail:	
Child protection		Phone: E-mail:	
Police		Phone: E-mail:	

Need	Name of agency &/or contact person	Contact	Responsible for follow-up	Form
Forensics		Phone: E-mail:		
Shelter/housing		Phone: E-mail:		
Financial aid		Phone: E-mail:		
Legal aid		Phone: E-mail:		
Livelihood/ employment		Phone: E-mail:		
[Other]		Phone: E-mail:		
[Other]		Phone: E-mail:		



What does it mean to “know” a resource?

- **Know at least one person** at that service
 - Be able to refer to these people by name
- Know **what services are provided**, so that you can tell patients
- **Maintain relationships** through
 - hosting cross-trainings
 - sharing information



Provide “warm referrals”

Warm referral practices help women reach further care

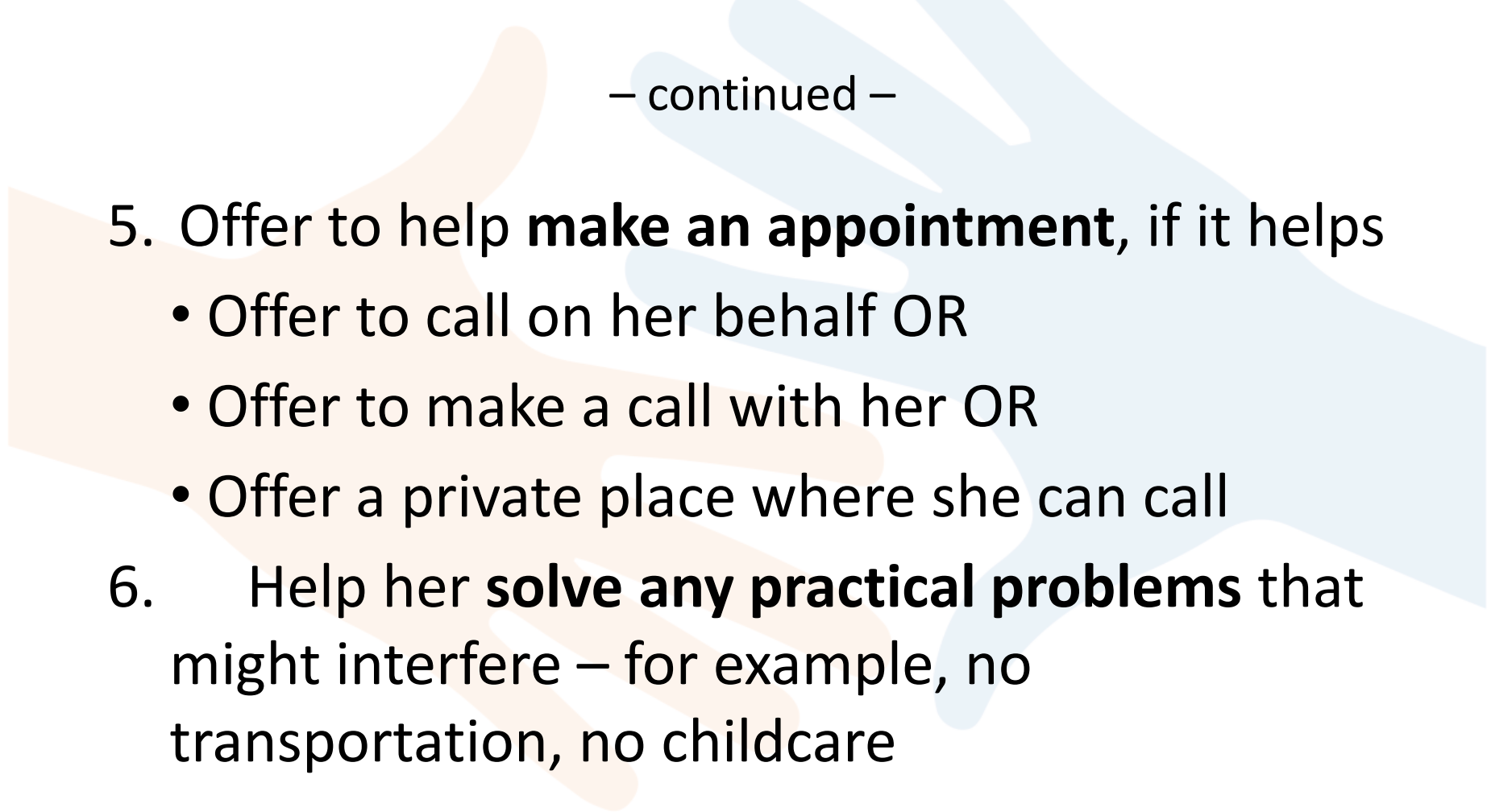
1. Ask: “What would **help most** if we could do it now?”
2. Help her **identify and consider** referral and social support options
3. Explain how the referral service can **meet her need**
4. Give her **contact details** – location, how to get there, names

— continued —



Provide “warm referrals”

– continued –

- 
5. Offer to help **make an appointment**, if it helps
 - Offer to call on her behalf OR
 - Offer to make a call with her OR
 - Offer a private place where she can call
 6. Help her **solve any practical problems** that might interfere – for example, no transportation, no childcare

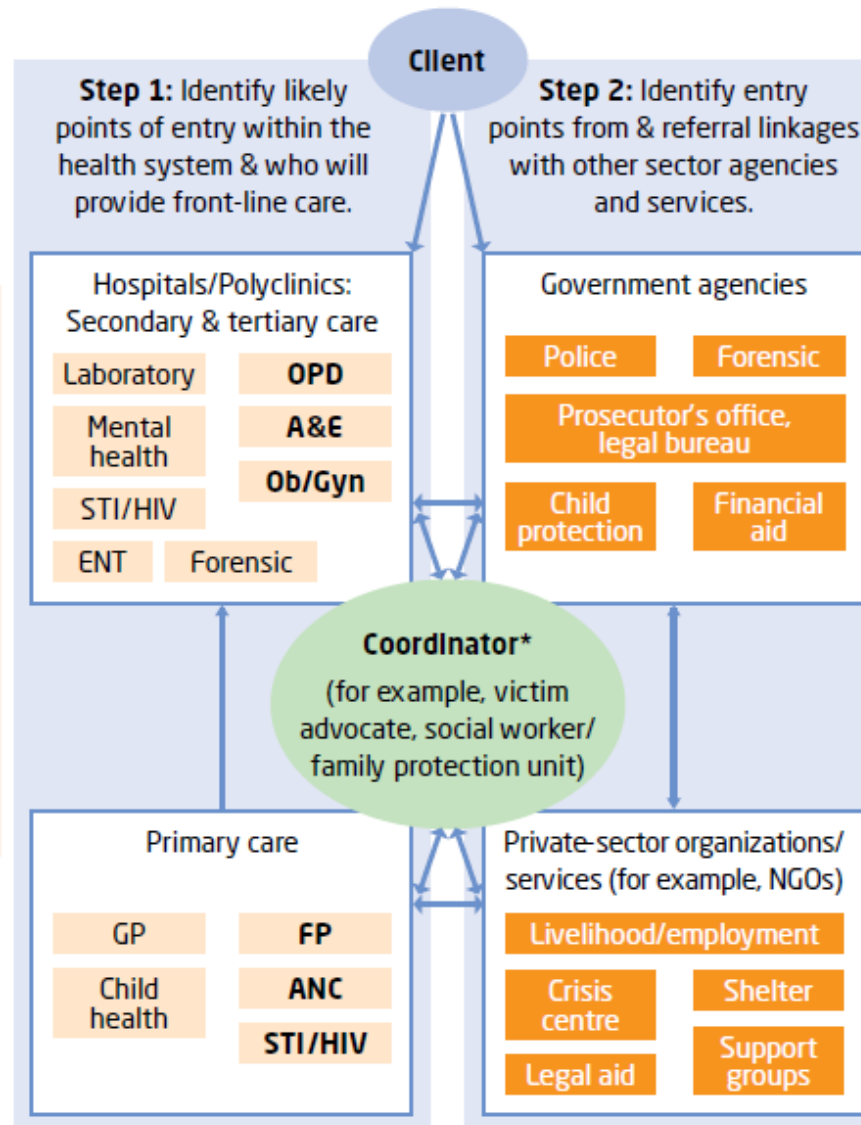


How do Referral Pathways look like for you? Draw one

Learning objective for this exercise: Think through how to draw a referral pathway for your locality.

1. Brainstorm what services/supports a woman might need and identify what formal and informal support is available
2. Specify possible referral paths

Steps for developing your referral pathways for care of women subjected to violence



**Job aid,
manager's
manual pages
91–93**



Step 3: Identify the person/unit responsible for coordinating* access to care and services and the contact details.

*See Annex 4 for coordinator's role and responsibilities including terms of reference/job description.

The services that are highlighted in bold are the likely entry points within the health system for providing front-line care.

Step 4: Specify roles and responsibilities, name, contact details, and forms to be used between referring and receiving unit.¹

Role of referring unit (i.e. Health Facility)

- maintains an updated referral directory with contact details of referral services²
- identifies client
- provides ongoing treatment
- refers client for services not provided onsite
- follows up with client and receiving organization
- documents referral activity³
- conducts quality assurance.



Role of receiving unit

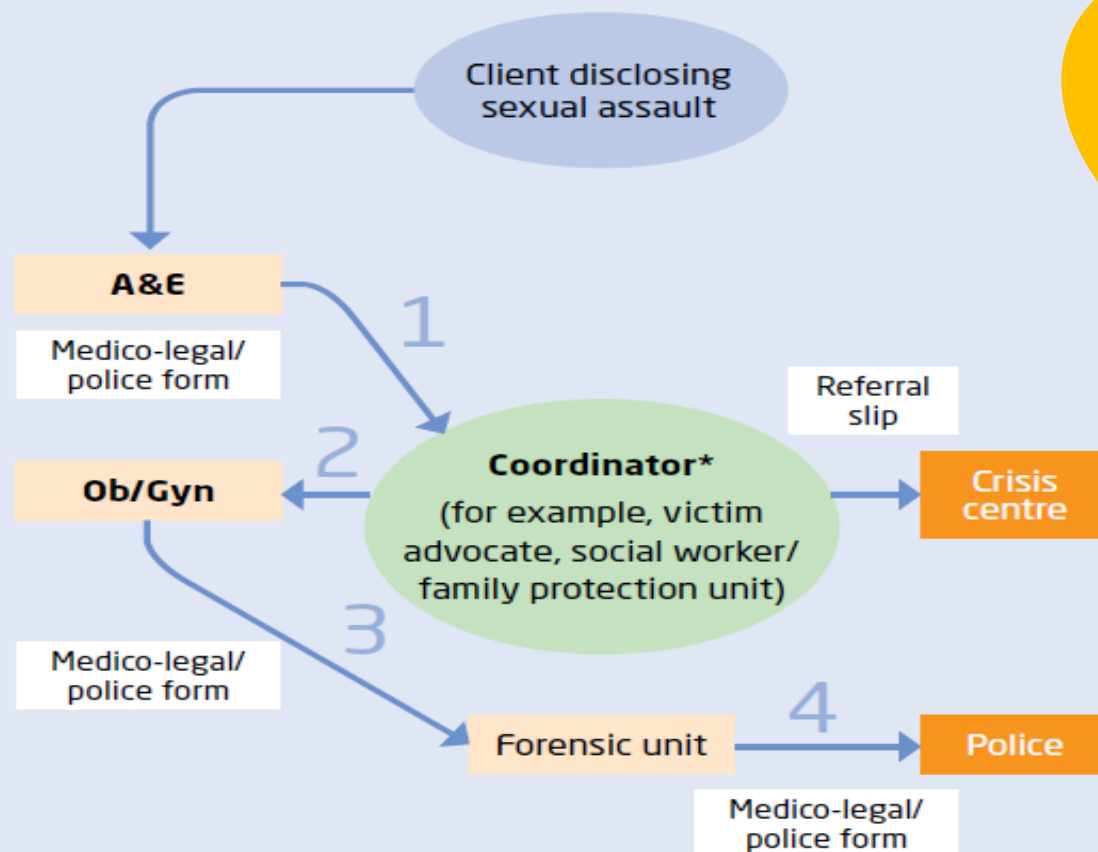
- receives client
- provides service
- documents service
- refers clients to other needed services.

Roles & Responsibilities can be formalized in an MOU⁴ &/or protocols/SOPs

**Job aid,
manager's
manual pages
91–93**

Step 5: Specify the sequence in which referrals will be provided to other services (for example, for sexual assault survivors – from accidents and emergencies to coordinator to gynaecologist to forensic unit to police. See example below.) This sequence may be different for survivors of intimate partner violence.

Step 6: Specify the forms that will be shared/passed between services (for example, police/medico-legal forms, referral slips/forms).



**Job aid,
manager's
manual pages
91–93**



GBV Referral Pathway System in Belize

- Activity to compare referral drawn with official referral in Belize – what are the differences? What can be improved? What does not work?



Know the legal & policy context

Know the law & policy that affects the care you give (content to be developed by country)

- Laws that cover:
 - **sexual violence**, including rape, sexual harassment, child sexual abuse
 - **intimate partner violence**
 - continued —

Know the legal & policy context

— continued —

What laws & policies say about:

- **abortion** services for survivors of violence
- **limits to access** to abortion, emergency contraception
- age of **sexual consent**
- age of **parental consent** for adolescents' care

— continued —



Key messages

- Active and up-to-date **referral networks** and **warm referral practices** help women reach care
- Make referral agreements with **known resources**
- Referral pathways should:
 - respect **self-determination**
 - **minimize points of care** and retelling the story
 - maintain **confidentiality and safety**
- Know the relevant **laws & policies**