

# HEALTH RESPONSE to SURVIVORS of GBV/SV



Federal Democratic Republic of ETHIOPIA  
MINISTRY of HEALTH

FACILITATOR GUIDE

2016

# FACILITATOR GUIDE

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## ACKNOWLEDGMENTS

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A particular note of appreciation goes to the following individuals engaged at different levels to complete this manual.

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The valuable contribution of health workers involved during the pre-testing was highly appreciated for the completion of this training package.

## FOREWORD

Achieving gender equality is high up on the National Growth and Transformation Plan II (GTP II) that is well aligned with the Global Agenda of the Sustainable Development Goals and deserves special attention. A key challenge in achieving this goal is combatting gender-based violence/sexual violence (GBV/SV), especially against women and girls.

The Federal Ministry of Health (FMOH) of Ethiopia has long acknowledged the important interlinkage between gender and health and has accordingly taken significant steps in achieving gender equality in the health sector. The progressive Health Sector Development Program IV (HSDP IV) and various strategies and guidelines are just examples of how the FMOH is enhancing the health sector response in relation to gender equality and gender equity.

The FMOH, through the Directorate of Women and Youth Affairs, has also made significant strides in promoting and strengthening the health sector in its response to GBV/SV against women and girls in particular.

An important and ongoing effort has been the improvement of primary health care services, with special focuses on women, girls and boys to access the health services. The promotion of gender equality in accessing health services is indeed one of the explicit objectives of the Health Extension Program (HEP).

With the aim of strengthening the understanding of gender and the overall health response to GBV/SV, the development of a national standardized competency based Training Package is an important measure to foster the Ministry's determination to reduce gender inequalities.

We believe that by providing all health cadres in the primary health care units and tertiary level, with appropriate training a more effective and comprehensive health response to GBV/SV can be achieved.

Gender-based violence is not just "women's business" but also affects men and boys. Therefore, apart from an effective clinical response along with psychological care and psychosocial support to help survivors to recover from the incident and to re-integrate into society, it is crucial to educate and raise awareness on the subject, improve strategies to prevent GBV/SV, and develop and maintain progressive behavioral changes.

Prevention of GBV/SV in the community through health extension workers is thus one of the critical interventions that the Ministry is devoted to. Indeed, improving health care workers' comprehension and knowledge on the concept of gender and gender equality and strengthening their practical skills in assessing and handling cases involving GBV/SV plays a very significant preventive role. The Training Package consequently not only seeks to enhance the purely medical aspects of clinical management of these cases; it also stresses the importance of understanding the underlying causes and consequences of GBV/SV in order to ensure effective prevention strategies and successful rehabilitation of survivors. In line with these objectives, another significant purpose of this package is to promote and reinforce the multi-sectoral approach as well as the referral system for the response and prevention of GBV/SV in Ethiopia.

We are indeed grateful to the developing partners for their assistance in the development of this Training Package. Also, special thanks to the World Health Organization, Country Office for their support in the development, editorial, designing and printing of this Training Package.



Dr. Kebede Worku  
State Minister of FMOH

## APPROVAL STATEMENT OF THE MINISTRY

The Federal Ministry of health of Ethiopia has been working towards standardization and institutionalization of In-Service Trainings (IST) at national level. As part of this initiative the ministry developed a national in-service training directive and implementation guide for the health sector. The directive requires all in-service training materials fulfill the standards set in the implementation Guide to ensure the quality of in-service training materials. Accordingly, the ministry reviews and approves existing training materials based on the IST standardization checklist annexed on the IST implementation guide.

As part of the national IST quality control process, this Health Response to Survivors of GBV/SV IST package has been reviewed based on the standardization checklist and approved by the ministry in November, 2016.

A handwritten signature in blue ink on a light blue background. The signature is cursive and appears to read 'Getachew Tollera'.

*Dr Getachew Tollera  
Human Resources Development & Administration  
Directorate Director  
Federal Ministry of Health, Ethiopia*

## Acronyms

<b>ART</b>	Anti-Retroviral Therapy	<b>HIV</b>	Human Immunodeficiency Virus
<b>ARV</b>	Anti-Retroviral	<b>IPV</b>	Intimate Partner Violence
<b>BP</b>	Blood Pressure	<b>NGO</b>	Non-Governmental Organization
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination Against Women	<b>PEP</b>	Post-Exposure Prophylaxis
<b>CRC</b>	Convention on the Rights of the Child	<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>CSA</b>	Child Sexual Abuse	<b>SOP</b>	Standard Operating Procedure
<b>DNA</b>	Deoxyribonucleic Acid	<b>STDs</b>	Sexually Transmitted Diseases
<b>EC</b>	Emergency Contraceptive	<b>STIs</b>	Sexually Transmitted Infections
<b>ECP</b>	Emergency Contraceptive Pill	<b>SV</b>	Sexual Violence
<b>FDRE</b>	Federal Democratic Republic of Ethiopia	<b>TAT</b>	Tetanus Anti-Toxoid
<b>GA</b>	General Assembly	<b>TB</b>	Tuberculosis
<b>GBV</b>	Gender-based Violence	<b>UAMs</b>	Unaccompanied Minors
<b>HBs Ag</b>	Hepatitis B Antigen	<b>UN</b>	United Nations
<b>HEW</b>	Health Extension Worker	<b>WHO</b>	World Health Organization

## OVERVIEW OF THE CLINICAL RESPONSE TO GBV/SV SURVIVORS' TRAINING PACKAGE

This Facilitator Guide is part of the national clinical response to GBV/SV training package which follows the principles of adult learning and competency-based training. Readings, discussions, small group work and presentations, interactive visuals, role plays, demonstrations, and a practicum are employed to maximize the learning process and make it interesting to the participants. The topics addressed in each module, and the amount of time allocated, are dictated by the findings from the assessment of core competencies for health providers.

**Module I** deals with the basics of gender concepts, defining common terminologies, types of violence, their respective magnitudes and consequences. It also touches upon the multi-sectoral response including the legal context of GBV in health.

**Module II** addresses the clinical response and management to GBV/Sexual violence. It vastly includes information regarding the clinical assessment, clinical management/treatment, survivors' clinical follow-up and level of service provision along the health service network model.

**Module III** covers the provision of psychological treatment and support, including counseling support for survivors, types and levels of psychological support and social interventions as well as referral for rehabilitation and social re-integration.

**Module IV** deals with prevention of GBV with a focus on sexual violence. The following are addressed: community mobilization and public awareness; promotion of health education in health facilities; identification and promotion of health seeking behavior in the community.

**Module V** introduces the Monitoring and Evaluation of GBV, data registration tools, reporting (internal and legal), and referral formats. It includes information on the report to the National Health Management Information system (HMIS) and the analysis and organization of data on GBV.

## COURSE OVERVIEW

### Purpose of the Training

This comprehensive training course is designed to prepare health service providers to contribute to the effective clinical management of GBV/SV survivors in their health facilities and communities. The training has the following key purpose:

- ***To provide a right-based and participatory training in how to manage survivors of GBV/SV through their life course at both the health facility and community level.***

The training materials have incorporated the clinical, legal and community levels of health response in the framework of the multi-sectoral approach. It has also considered the case through a life course (child, adult and elderly). After taking this course, health care providers working at service entry points in health facilities are expected to provide comprehensive services including treatment and care for survivors of GBV/SV. It is also important noting that most of the care for survivors of GBV can be given at primary health care set-ups. It is believed that this approach will enhance the recovery of survivors by providing a single point of care, minimizing expenses and maximizing comfort, and fostering the continuity of care. Proper recording, documentation and reporting of the findings regarding each case of GBV/SV is a backbone for the successful implementation of the program. Accordingly, appropriate emphasis is also given to this component.

### Participants' Segment

The intended participants are facility-level health workers engaged in the provision of emergency and inlet of health services (e.g., doctors/physicians, health officers, nurses, midwives, health extension workers, counselors and program managers).

### Training Approach

This group-based course adopts a participatory and interactive approach and is designed to maximize involvement of all participants. Participants will learn through a combination of interactive presentations, individual reading sessions, group discussions and exercises, role plays, exercises with photographs, and case studies as well as a practicum.

### Evaluation

Qualification is based on the participant's achievement in two areas:

- Knowledge – a score of at least 85% on the post-course knowledge assessment.
- Skills – satisfactory performance of required skills.

Responsibility for the participant becoming qualified is shared between the participant and the trainer. The evaluation methods used in the course are described briefly below:

- **Post Course Knowledge Assessment.** This knowledge assessment will be given after all subject areas have been presented. A positive score of 85% or more indicates knowledge-based mastery of the course content.
- **Skills.** Satisfactory performance of required skills will be assessed during the course through group exercises, case studies, role plays, and clinical station practice.



## **COURSE SYLLABUS**

### **Course Description**

This four-day training course is intended to update the knowledge and skills of health care providers including health extension workers, who work in the area of prevention of GBV/SV.

### **Course Goal**

The goal of the course is to provide the participants with updated knowledge and skills necessary to deliver comprehensive health services to survivors of GBV/SV.

### **Participant Learning Objectives**

Participants will acquire knowledge and skills in the following areas to enable them to deliver GBV/SV services to survivors:

#### Introduction

Module I: Introduction to the Basics of Gender

Module II: Clinical Response and Management to GBV/SV

Module III: Psychological Support

Module IV: Prevention of GBV/SV

Module V: Monitoring and Evaluation

### **Training/Learning Methods**

- Illustrated lectures and group discussions
- Individual and group exercises
- Role plays and case studies
- Guided practice in form of a clinical practicum in a simulated classroom setting, with feedback from trainers.

### **Learning Materials**

This course is designed to be used with the following materials:

- National Comprehensive GBV/SV Training Package:
  - *Participant Manual: Training Modules I-V*
  - *Facilitator Guide*
  - *PowerPoint (PP) slides*
- National Policy and Guidelines on HCT, Hepatitis, Management of STIs, FP, *SOP for Response and Prevention of Sexual Violence in Ethiopia*

### **Participant Selection Criteria**

The participants for this course should be facility-level service providers who are proficient in providing Emergency Care service, out-patient service including Reproductive, Maternal, Newborn and Child Health (RMNCH) or are responsible for the management of GBV/SV services including HEWs and clinical psychologists.

In addition, they should currently be working in a facility or supervising a facility where these services are provided or are planned to be introduced.

### **Trainer Selection Criteria**

The trainers of this course should be Master Trainers or trainers who have received Training of Trainers (ToT) and who have clinical experience in addressing the sensitive issues of GBV.

**Methods of Evaluation****Participant:**

- Pre- and post-training knowledge assessment
- Performance on group activities, case studies, role plays, and clinical station practicum

**Course:**

- Workshop evaluation (to be completed by each participant)

**Course Duration**

Four days—approximately 21 hours in classroom activities with stations for clinical practicum

**Course Venue**

Trainings will be conducted in the national IST centers.

**Suggested Course Composition**

- Up to 30 participants
- 3-4 nationally-certified GBV/SV trainers

## COURSE AGENDA

Day 1	Day 2	Day 3	Day 4	Day 5 (TOT)
<p>AM (4 hours)</p> <p><b>Pre-training session</b></p> <ul style="list-style-type: none"> <li>- Introduction and course overview (Goals, objectives, schedule, training materials)</li> <li>- Expectations and groups norms (30')</li> <li>- Pre-test (25')</li> </ul> <p><b>Module I: Introduction to the Basics of Gender (180')</b></p> <p><b>Break (20')</b> 10.10 – 10.30am</p> <p><b>Module I: Continued</b></p>	<p>AM (4 hours)</p> <p><i>Agenda and Recap</i></p> <p><b>Module II: Clinical Response and Management of GBV/SV (390')</b></p> <p><b>Break (20')</b> 10.10 – 10.30am</p> <p><b>Module II: Continued</b></p>	<p>AM (4 hours)</p> <p><i>Agenda and Recap</i></p> <p><b>Module II: Continued</b></p> <p><b>Break (20')</b> 10.10 – 10.30am</p> <p><b>Module II: Continued and Complete</b></p>	<p>AM (4 hours)</p> <p><i>Agenda and Recap</i></p> <p><b>Module III: Continued and Complete</b></p> <p><b>Break (20')</b> 10.10 – 10.30am</p> <p><b>Module IV: Prevention of Gender-based Violence/Sexual Violence (210')</b></p>	<p>AM (4 hours)</p> <p><b>Facilitator Guide: Preparation, basics and principles of facilitation (120')</b></p> <p>Methodology: 120'</p> <p><b>Break (20')</b> 10.10 – 10.30am</p> <p><b>Facilitation for Module I (20')</b></p> <p><b>Facilitation for Module II (80')</b></p>
<b>LUNCH (12:30-1:30pm)</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>
<p>PM (3 hours)</p> <p><b>Module I: Continued</b></p> <p><b>Break (20')</b> 3 – 3.20pm</p> <p><b>Module I: Continued and Complete</b></p> <p><i>Summary of the day</i></p>	<p>PM (3 hours)</p> <p><b>Module II: Continued</b></p> <p><b>Break (20')</b> 3 – 3.20pm</p> <p><b>Module II: Continued</b></p> <p><i>Summary of the day</i></p>	<p>PM (3 hours)</p> <p><b>Module III: Psychological Care and Psychosocial Support (300')</b></p> <p><b>Break (20')</b> 3 – 3.20pm</p> <p><b>Module III: Continued</b></p> <p><i>Summary of the day</i></p>	<p>PM (3 hours)</p> <p><b>Module IV: Continued and Complete</b></p> <p><b>Break (20')</b> 3 – 3.20pm</p> <p><b>Module V: Monitoring and Evaluation (120')</b></p> <p><b>Post-test (25')</b></p> <p><b>Course evaluation (20')</b></p> <p>Summary of the course (10')</p> <p>Closing and certification (30')</p>	<p>PM (3 hours)</p> <p><b>Facilitation for Module III (60')</b></p> <p><b>Facilitation for Module IV (60')</b></p> <p><b>Break (20')</b> 3 – 3.20pm</p> <p><b>Facilitation for Module V</b></p> <p><b>Course evaluation and summary (30')</b></p>
<b>Reading Assignment: Module II</b>	<b>Reading Assignment: Module II</b>	<b>Reading Assignment: Modules III &amp; IV</b>		

## PREPARATION FOR THE COURSE

In addition to the standard procedure and preparations in organizing trainings, the organizer of this training should ensure the availability of the following materials:

SN	LIST OF MATERIALS	CHECK
	<b>For all modules</b>	
1	Computer and LCD projector, Speaker	
2	Flip chart	
3	Markers with different colors	
4	Paper adhesive plaster	
5	Stapler and staples	
6	Paper clips	
7	Scissors	
8	Cards of different colors and shapes (packs from each)	
9	A4-sized plain paper (1 pack)	
10	Stickers	
	<b>Module I</b>	
1.	National Gender Mainstreaming Manual (2 copies for display)	
2	Multi-sectoral approach to GBV/SV SOP (2 copies for display)	
	<b>Module II</b>	
1	Paper envelop (40 pieces) for forensic material collection	
2	Plastic bag with zip for forensic specimen and/or swabs (30 pieces)	
3	Test tube with sterile cotton swabs (10 pieces)	
4	Syringe and needle (2ml, 5ml, 10ml)	
5	Samples of ARV drugs for prophylaxis	
6	Samples of EC pills for prophylaxis	
7	Anatomical forceps; spatula; measuring tape	
8	Laminated photos on possible traumatic skin lesions/injuries or PPP slides	
9	Formats (pictogram), patient cards, job aids and diagnostic request forms	
10	Disposable gloves; microscope slides; spatula	
11	Clothes (linen) and sanitary materials, comb	
12	Waste bins	
13	Camera (if available)	
	<b>Module III</b>	
1	Play therapy: Anatomically corrected dolls (male and female) for children	
2	A4-sized plain paper, colored pencils for drawing	
3	Play story (set)	
	<b>Module IV</b>	
1	Job aids (flip chart)	
2		
	<b>Module V</b>	
1	HMIS Register and follow-up cards for MNCH	
2	Monthly/quarterly reporting format	
3	Register format	

Moreover, organizers should pre-arrange the practical stations.

## **STARTING THE TRAINING**

- Start the session by allowing participants to introduce themselves (ask them for their name, place of work, responsibility, expectations regarding the training, something of human interest, and likes and dislikes).
- Set ground rules
- Address administrative and logistics issues
- Review training agenda
- Copy and distribute the pre-test

## National GBV/SV Training: Pre-test/Post-test

Participant's Code: \_\_\_\_\_

*Instructions: Read the multiple choice questions below and circle the best answer for each. You have 25 minutes to complete the test.*

Q1. The following statements are true about the concept of "Gender", except:

- a. It is possible to change the social construct of gender roles and actions through time.
- b. Gender is a social construct that defines the roles of human body structure.
- c. Gender also defines the occurrence of gender-based violence.
- d. Gender is a social construct that defines roles, behaviours, attributes and actions for women and men in society.

Q2. One of the following matches is not correct regarding the definition of gender terminologies below:

- a. **Gender sensitive:** potential of policies or programs that explicitly take measures to reduce the harms and discriminatory effects of gender norms, roles and relations.
- b. **Gender responsive:** potential of policies or programs that explicitly take measures to reduce the harms and discriminatory effects of gender norms, roles and relations.
- c. **Gender equality:** the absence of discrimination – on the basis of a person's sex – in providing opportunities, in allocating resources and benefits or in facilitating access to services.
- d. **Gender stereotype:** cultural constructs that dictate how women and men should behave/act.

Q3. Physical violence includes sexual violence (SV); however, SV is treated separately because:

- a. Physical violence does not include verbal sexual assault.
- b. Physical violence often leaves marks while sexual violence rarely does.
- c. Violence implies some physical excursion as well as sexual assault.
- d. All could be answers.

Q4. What do you recommend if a survivor of sexual violence wants to keep her pregnancy?

- a. Oppose the idea that a GBV/SV survivor should not have a child from such incident.
- b. Provide her with family planning methods including safe abortion.
- c. Give repeated counseling to change her mind.
- d. Counsel her on services available; if she plans to keep the pregnancy, help her to get through the pregnancy. If she plans to give the child for adoption, support her in connecting with foster care.

Q5. Which of the following is NOT true about the multi-sectoral approach to GBV/SV?

- a. Its emphasis on a holistic approach, with the victim in the center.
- b. It includes the care for the perpetrators as well.
- c. It detects health sector to perform forensic analysis.
- d. It sets normative protocols for relevant sectors and bodies.

Q6. Which of the following ARV is/are choice(s) for HIV prophylaxis for survivors of GBV/SV?

- a. AZT+ 3TC+ NVP
- b. AZT + EFV+ TDF
- c. TDF + 3TC + NVP
- d. TDF + 3TC + EFV

Q7. If a woman, initiated recently on HAART regimen, survived GBV/SV, what do you recommend for the alleged perpetrator if identified immediately?

- a. Provide no service for the perpetrator.
- b. There is no value assessing the perpetrator, so often might turn out HIV positive.
- c. Initiate ARV prophylaxis for the perpetrator.
- d. Report situation to the police, initiate HCT for the perpetrator and if negative, provide him with ARV prophylaxis.

Q8. Which of the following is correct in clinically managing survivors of GBV/SV?

- a. Survivors should not be informed on their status until fully recovered from the immediate shock of the incident.
- b. Survivors should be informed on what is planned to be done and should give valid consent.
- c. Survivors should not be told about the possible effects of GBV/SV without adequate evidence.
- d. Survivors should not be told about the provision of Emergency Contraceptive, but should take the medicines freely.

Q9. Which of the following is not correct for post-test counseling for an HIV, HBs Ag positive survivor of GBV/SV?

- a. Provide the result and give time for the survivor to assimilate the meaning of the positive test result.
- b. Available treatment options should be discussed.
- c. Provide condoms and demonstrate how to use them.
- d. The survivor should consent to having her/his test result shared in case of a legal pursuit.

Q10. One of the following statements is true about couple counseling in cases of intimate sexual violence:

- a. It is a preferred approach during the follow-up period.
- b. The victim should attend the counseling session together with her/his partner.
- c. It can potentially reduce the repeated GBV/SV on the woman.
- d. Couple counseling is in general not encouraged in cases of GBV/SV.

Q11. If a survivor of sexual violence presented herself/himself to your facility after three weeks of the incident, which of the following is true (best answer) concerning the laboratory results?

- a. The victim should not be investigated for STIs as the tests may not be conclusive.
- b. Urine analysis may not be done.
- c. All laboratory investigations including forensic of the GBV/SV survivor need to be investigated despite the delay in seeking help at the facility.
- d. All STIs including HIV and HBV as well as the results of a pregnancy test should be investigated; however, other tests such as a stool examination which should be investigated at an early stage after the incident should be skipped.

Q12. Which of the following is not a component of a safety plan in case of domestic violence?

- a. Deciding on the place of stay.
- b. Having support from family or friend.
- c. Arranging to make peace with partner.
- d. Discuss how to stay safe at home in case of decision not to leave home.

Q13. Which of the following is not a sign for hymen status of sexual violence?

- a. Notch of cleft at 5 o'clock of hymen
- b. Distortion of hymen ring
- c. Partial hymen tear at 7 o'clock
- d. Septate hymen

Q14. The preferred antibiotic(s) to give to pregnant victims with syphilis and chlamydial infection is/are:

- a. Erythromycin
- b. Doxycycline
- c. Penicillin
- d. Metronidazole and penicillin

Q15. Physical signs of sexual abuse in the survivor will vary with the following, except:

- a. The age of the survivor.
- b. The type of abuse and the time that has passed since the last assault.
- c. The use of lubricant and the presence of infection(s).
- d. The socio-economic status of the survivor.

Q16. Supporting adherence to treatment requires the following actions, except:

- a. Informing clients on the side effects and benefits of ARVS and when to visit care providers if side effects occur.
- b. Adherence should be assessed at every visit and barriers to adherence should be eliminated.
- c. Continuing taking ARVS even if the patient feels better should be emphasized.
- d. It may not be important for the client to know from the beginning that HAART is a life-long treatment.

Q17. Which one of the following actions is not required during the follow-up care at 3 months for female survivors of sexual violence?

- a. Evaluation of STIs and treatment of findings as is appropriate.
- b. Assessment of pregnancy status, if indicated.
- c. To provide advice on HCT for HIV and HBV.
- d. Collection of forensic specimen.

Q18. The purpose of the Affidavit report is to:

- a. Record information about forensic evidence required for possible legal pursuit.
- b. Monitor the genital and perineal findings of sexual assault.
- c. Have a comprehensive sworn report of findings and possible conclusions on victims of GBV/SV.
- d. Provide documentation on interventions of violence against women and girls.

Q19. Which of the following is NOT true regarding psychological counseling for victims of sexual assault?

- a. Counseling starts immediately alongside the clinical intervention of survivors of GBV/SV.
- b. Children require special counseling strategies, different from the ones used in adults.
- c. Counseling is often provided for survivors of sexual assault, and more so for girls than boys.
- d. Play therapy is one of the counseling types for sexually abused children.

Q20. Which of the following is NOT true regarding prevention of GBV/SV in the community?

- a. Raising awareness on sexual violence and promoting comprehensive care for survivors will result in more violence.
- b. Community awareness activities may result in enhancing the safety and protection of vulnerable groups in society.
- c. Early health seeking behavior in the community will improve treatment outcomes of survivors of GBV/SV.
- d. Health Extension Workers (HEWs) are the primary drive in the health sector structure for the prevention and sensitization of GBV/SV.



## National GBV/SV Training: Pre-test/Post-test Answer Key

*Instructions: Read the multiple choice questions below and circle the best answer for each. You have 25 minutes to complete the test.*

Q1. The following statements are true about the concept of “Gender”, except:

- a. It is possible to change the social construct of gender roles and actions through time.
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- d. **Gender stereotype:** cultural constructs that dictate how women and men should behave/act.

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- c. Give repeated counseling to change her mind.
- d. Counsel her on services available; if she plans to keep the pregnancy, help her to get through the pregnancy. If she plans to give the child for adoption, support her in connecting with foster care.**

Q5. Which of the following is NOT true about the multi-sectoral approach to GBV/SV?

- a. Its emphasis on a holistic approach, with the victim in the center.
- b. It includes the care for the perpetrators as well.
- c. It detects health sector to perform forensic analysis.**
- d. It sets normative protocols for relevant sectors and bodies.

Q6. Which of the following ARV is/are choice(s) for HIV prophylaxis for survivors of GBV/SV?

- a. AZT+ 3TC+ NVP
- b. AZT + EFV + TDF
- c. TDF + 3TC + NVP
- d. TDF + 3TC + EFV**

Q7. If a woman, initiated recently on HAART regimen, survived GBV/SV, what do you recommend for the alleged perpetrator if identified immediately?

- a. Provide no service for the perpetrator.
- b. There is no value assessing the perpetrator, so often might turn out HIV positive.
- c. Initiate ARV prophylaxis for the perpetrator.
- d. Report situation to the police, initiate HCT for the perpetrator and if negative, provide him with ARV prophylaxis.**

Q8. Which of the following is correct in clinically managing survivors of GBV/SV?

- a. Survivors should not be informed on their status until fully recovered from the immediate shock of the incident.
- b. Survivors should be informed on what is planned to be done and should give valid consent.
- c. Survivors should not be told about the possible effects of GBV/SV without adequate evidence.
- d. Survivors should not be told about the provision of Emergency Contraceptive, but should take the medicines freely.**

Q9. Which of the following is not correct for post-test counseling for an HIV, HBs Ag positive survivor of GBV/SV?

- a. Provide the result and give time for the survivor to assimilate the meaning of the positive test result.
- b. Available treatment options should be discussed.
- c. Provide condoms and demonstrate how to use them.**
- d. The survivor should consent to having her/his test result shared in case of a legal pursuit.

Q10. One of the following statements is true about couple counseling in cases of intimate sexual violence:

- a. It is a preferred approach during the follow-up period.
- b. The victim should attend the counseling session together with her/his partner.
- c. It can potentially reduce the repeated GBV/SV on the woman.
- d. Couple counseling is in general not encouraged in cases of GBV/SV.**

Q11. If a survivor of sexual violence presented herself/himself to your facility after three weeks of the incident, which of the following is true (best answer) concerning the laboratory results?

- a. The victim should not be investigated for STIs as the tests may not be conclusive.
- b. Urine analysis may not be done.
- c. All laboratory investigations including forensic of the GBV/SV survivor need to be investigated despite the delay in seeking help at the facility.
- d. All STIs including HIV and HBV as well as the results of a pregnancy test should be investigated; however, other tests such as a stool examination which should be investigated at an early stage after the incident should be skipped.**

Q12. Which of the following is not a component of a safety plan in case of domestic violence?

- a. Deciding on the place of stay.
- b. Having support from family or friend.
- c. Arranging to make peace with partner**
- d. Discuss how to stay safe at home in case of decision not to leave home.

- Q13. Which of the following is not a sign for hymen status of sexual violence?
- Notch of cleft at 5 o'clock of hymen
  - Distortion of hymen ring
  - Partial hymen tear at 7 o'clock
  - Septate hymen**
- Q14. The preferred antibiotic(s) to give to pregnant victims with syphilis and chlamydial infection is/are:
- Erythromycin**
  - Doxycycline
  - Penicillin
  - Metronidazole and penicillin
- Q15. Physical signs of sexual abuse in the survivor will vary with the following, except:
- The age of the survivor.
  - The type of abuse and the time that has passed since the last assault.
  - The use of lubricant and the presence of infection(s).
  - The socio-economic status of the survivor.**
- Q16. Supporting adherence to treatment requires the following actions, except:
- Informing clients on the side effects and benefits of ARVS and when to visit care providers if side effects occur.
  - Adherence should be assessed at every visit and barriers to adherence should be eliminated.
  - Continuing taking ARVS even if the patient feels better should be emphasized.
  - It may not be important for the client to know from the beginning that HAART is a life-long treatment.**
- Q17. Which one of the following actions is not required during the follow-up care at 3 months for female survivors of sexual violence?
- Evaluation of STIs and treatment of findings as is appropriate.
  - Assessment of pregnancy status, if indicated.
  - To provide advice on HCT for HIV and HBV.
  - Collection of forensic specimen.**
- Q18. The purpose of the Affidavit report is to:
- Record information about forensic evidence required for possible legal pursuit.
  - Monitor the genital and perineal findings of sexual assault.
  - Have a comprehensive sworn report of findings and possible conclusions on victims of GBV/SV.**
  - Provide documentation on interventions of violence against women and girls.
- Q19. Which of the following is NOT true regarding psychological counseling for victims of sexual assault?
- Counseling starts immediately alongside the clinical intervention of survivors of GBV/SV.
  - Children require special counseling strategies, different from the ones used in adults.
  - Counseling is often provided for survivors of sexual assault, and more so for girls than boys.**
  - Play therapy is one of the counseling types for sexually abused children.
- Q20. Which of the following is NOT true regarding prevention of GBV/SV in the community?
- Raising awareness on sexual violence and promoting comprehensive care for survivors will result in more violence.**
  - Community awareness activities may result in enhancing the safety and protection of vulnerable groups in society.
  - Early health seeking behavior in the community will improve treatment outcomes of survivors of GBV/SV.
  - Health Extension Workers (HEWs) are the primary drive in the health sector structure for the prevention and sensitization of GBV/SV.

# **INTRODUCTION to GENDER and GENDER-BASED VIOLENCE**



## MODULE I: Background and Introduction to the Basics of Gender

This module is designed to enable participants to get a good understanding of the basic concept of gender and the relevant terminologies used to describe this phenomenon. Moreover, it defines the spectrum of gender-based violence and its different types. This module also familiarizes participants with the rationale of and need for a multi-sectoral response to GBV/SV and gives an overview of the important legal context of gender-based violence with focus on sexual violence against women and children.

**Total time allocated:** 180 minutes (3 hours)

MODULE I Outline			
Section No	TIME ALLOCATED	SECTION TITLE	METHODOLOGY
Pre-course session	30 minutes	Introduction of course participants and the course; Course goal and objectives; Expectations and group norms	Discussion
	25 minutes	Pre-test (20 multiple choice questions)	Individual exercise
	10 minutes	Introduction to Module I	Discussion
1	20 minutes	Introduction to the Gender Concept	Discussion; Reading; PP presentation (PPP); Exercise
	40 minutes	Definition of Common Terminologies	Reading; PP presentation (PPP); Exercise (Card Sorting)
2	20 minutes	GBV and Types of Violence	PPP; Exercise (True or False); Debate exercise (Hide and Seek)
3	15 minutes	Magnitude and Consequences of GBV	PPP; Reading and brainstorming
4	20 minutes	Multi-sectoral Response/Approach to GBV	Reading and discussion; Exercise (Wheel of Intervention for survivors of GBV)
5	25 minutes	Legal Context and Professional Ethics in Response to GBV	PPP; Reading; Exercise (Case Scenario)

### Learning Objectives

*At the end of this module, participants will be able to:*

- Explain the basic concept of gender and the common terminologies
- Define GBV and the different types that exist
- Describe the magnitude and consequences of GBV
- Explain the value of a multi-sectoral approach to GBV/SV
- Describe the legal context of GBV/SV

## Introduction to the Course and Module I

1. Introduce the participants to the Course and to Module I using the Participant Manual.
2. Explain to participants that this module will serve as a springboard to critically understand the subsequent modules.
3. Ask if there are any questions before proceeding to Section 1 of Module I.

## SECTION 1: BASICS OF GENDER CONCEPT AND TERMINOLOGIES

This section will enable participants to explain the concept of gender and the common terminologies used in relation to gender.

### Learning Objectives

*At the end of this section participants will be able to:*

- Explain the basics of the gender concept and relate to health
- Define common terminologies in relation to gender

**Time allocated:** 60 minutes

### Preparation/Materials:

- Computer, LCD projector, Section 1 PowerPoint Presentation (PPP)
- Blank flip chart and markers
- Participant Manual (Module I) and Facilitator Guide
- Cards for “Card Sorting” exercise
- PP slides

### Work Method

- Reading, exercises, discussions and PPP

### Activity A: Introduction to the Gender Concept

1. Introduce the section by explaining its learning objectives; ask one volunteer to read the objectives out loud.
2. Then give participants 3 minutes to go through Section 1.2 in their modules and ask the following questions to provoke a discussion: “*What is gender?*”, “*What is sex?*”, “*What is the relation between the two?*”  
Based on these lead questions, conduct a brief discussion with the participants. Then summarize the gender concept using PP slides on the schematic presentation of the gender concept, adopted from the WHO/National Gender Mainstreaming Manual 2013.
3. Ask participants to answer the questions under **Exercise 1.1** (give them 3 minutes to reflect and to complete the exercise).
4. Then randomly but systematically select one participant at a time to give her/his answers to the questions.

### Exercise 1.1

Read the following statements and answer whether it is “gender” or “sex” in the spaces provided. Participants have 3 minutes to complete the exercise. You will then take them through the answers.

#### Answer key:

1. Women give birth to babies; men do not. sex
2. The majority of surgeons in Ethiopia are men. gender
3. Cardiac infarction is less common in females than men. sex
4. Women are more affected by oesophageal cancer than males. gender
5. In SNNP men are engaged in weaving jobs in their house. gender
6. Women are at increased risk of acquiring HIV than men. sex
7. Many sexually abused women do not seek medical care. gender
8. High cure rate of TB is marked among males and high incidence among women. gender

5. Take the participants through the correct answers and clarify if there are any queries.

#### **Activity B: Definition of Common Terminologies**

1. Ask one participant at a time to read one of the terminologies and ask what she/he understands by it.
2. After completing this step, tell participants that they will perform a “Card Sorting” exercise (**Exercise 1.2**). This activity will take approximately 10 minutes to complete and the active participation of participants is important.
3. For this exercise, arrange the pre-prepared statements on the flip chart and mount them to a wall in a spacious area of the classroom. Then spread the cards labelled with the different terms related to gender (e.g. gender equality, gender norms...) on the table, facing down. Prepare pieces of adhesive paper plaster to equal the number of cards.
4. Tell participants to step forward, to each pick a random card and to take a piece of plaster.
5. Ask each participant to read what is written on her/his card and to match it with one of the statements on the flip chart. Ask them to tape their card next to the appropriate statement that fits best.

## Exercise 1.2 Card sorting

### Answer key:

SN	STATEMENT AND QUESTION	CARD
1.	The state in which access to rights or opportunities is unaffected by social construct.	<b>Gender equality</b>
2.	A framework capturing the magnitude and scope of gender-based disparities which benchmarks national gender gaps on economic, political, education and health criteria; this index looks at economic participation and opportunity deviation, education attainment deviation, health and survival deviation and political empowerment deviation . What does this global gender gap index measure?	<b>Gender equality</b>
3.	Men must always be in control and must not be “weak”.	<b>Gender norms</b>
4.	Giving everyone what they need to be successful.	<b>Gender equity</b>
5.	Women should not contradict their husband.	<b>Gender norms</b>
6.	To participate fully in economic life across <b>all</b> sectors is essential to build stronger economies, achieve internationally agreed goals for development and sustainability, and to improve the quality of life for <b>women</b> , men, families and communities.	<b>Gender empowerment</b>
7.	Degrading one sex over the other is sexism.	<b>Gender stereotype</b>
8.	The public policy concept of assessing the different implications for women and men of any planned policy action, including legislation and programmes, in all areas and on all levels.	<b>Gender mainstreaming</b>
9.	Offers a pluralistic approach that values the diversity among both men and women.	<b>Gender mainstreaming</b>
10.	The public image of being a particular gender that a person presents to others.	<b>Gender role</b>
11.	Attending to the needs of marginalized people.	<b>Gender equity</b>
12.	Educated women are not flexible when sitting in a panel of discipline.	<b>Gender stereotype</b>

6. After completing the group work, review the answers and make corrections if necessary.

#### The facilitator should elaborate on the meaning of the examples below:

- Men must always be in control and must not be “weak”, do not allow them to seek health care: Seeking healthcare when in need and taking care of one self is the core part of being a healthy man.
- Women should not contradict their husband: This limits women’s ability to negotiate with their husband (for example regarding the use of condoms). The alternative message is that women and men have equal decision-making power in a relationship.

7. Thank the participants and applaud them for their good work.



## SECTION 2: GENDER-BASED VIOLENCE AND TYPES OF VIOLENCE

### Learning Objectives

At the end of this section, participants will be able to:

- Define gender-based violence
- Describe common types of gender-based violence

**Time allocated:** 20 minutes

### Preparation/Materials:

- Computer, LCD projector, Section 2 PPP
- Prepared case scenario

### Work Method

- Reading, class exercise, small group debate (Hide and Seek), PPP

### Activity A:

1. Ask one participant to read the learning objectives out loud. Thank the reader for her/his contribution.
2. Explain to the participants the competencies they will have acquired after completing this section.
3. Put up the prepared PP slides (slides #12-15) on the definition of GBV. Read each definition out loud and ask participants what they understood. Explain and clarify the definitions. Emphasize the issues of “consent”, “age”, “force” and “power imbalance”.
4. Ask participants to do **Exercise 1.3** (True or False questions). Tell them that the time allocated for the completion of the exercise is 4 minutes. Make sure that all participants are doing the assigned task.
5. After the time is over, ask participants for their attention and randomly ask them individually but systematically for their answers. Clarify if there are any queries.

### Exercise 1.3 True or False

Participants have to write true or false for the following statements in the space provided.

*Participants have 4 minutes to complete the exercise individually. You will then take you through the correct answers.*

#### Answer key:

- 1) **False** GBV is one of the components of sexual violence.
- 2) **True** Domestic violence is part of GBV that occurs in a family.
- 3) **True** Gender-based violence can occur in women and girls and men and boys.
- 4) **False** If an adult freely consented to the sexual action, the use of excessive force during the act may not be regarded as GBV upon complaint of the adult.
- 5) **False** GBV in children is an unlawful act only if it results in physical, sexual, or psychological harm or suffering.

- 6) **True** GBV occurs due to power imbalances that usually favor men.
- 7) **True** Violence is the use of force that is based on unequal power distribution and includes actions that influence the free and voluntary decision-making of an individual.

6. Thank participants for their participation and applaud them for their good work.
7. Ask participants to turn to Section 2.2 in the Module I of their Participant Manual.
8. Tell participants that before going through the different types of GBV, they should be well acquainted with important terminologies such as “survivor”, “victim”, and “perpetrator” and be able to explain the “human rights” principles to this regards.
9. Put up the PP slide (slide #17) defining these terms and ask a participant to read from the slide. Ask the participants what they observe in the definitions.
10. Put up the PP slide (slide #18) and quickly go through the different types of GBV. Emphasize that “rape” denotes the use of “force” but that it is a condition, not a diagnosis. When recording the history and findings of survivors of GBV/SV, health workers must be very careful not to use accusatory language. Therefore, they must use expressions such as “*alleged* rape” in their documentation.
11. Inform participants that the clinical assessment and interventions regarding survivors of GBV/SV will be dealt with in detail in Module II.
12. Tell participants that they will be divided into small groups and play a “hide and seek” game (**Exercise 1.4**) to discuss given scenarios. Demonstrate the exercise with your co-facilitator, using the first scenario as an example (you can be the seeker and your co-facilitator will be hiding or concealing the situation and arguing that it is not a violation of rights). At the end of the debate, provide and explain the take away message. This activity will take approximately 20 minutes to complete and the active participation of the participants is important.
13. Put up the PP slide (slide #19) with the first scenario that reads:

**a. Scenario 1:** A girl walking in the streets of Adama was teased by a young man who said to her “*I like your outfit!! Wow! How about going out with me?!*”

Start debating whether (1) to hide/conceal the situation behind social norms etc. or (2) to try to resolve and unveil (seek) the situation in the perspective of human rights.

**Seek:** “*This is violating the girl’s rights!!*”

**Hide:** “*No! It is simply a request in admiration of her outfit.*”

**Seek:** “*This is verbal sexual harassment.*”

**Hide:** “*His comments have no effect on her health or her economic or social relations. He is rather paying her a compliment and girls usually enjoy receiving compliments.*”

**Seek:** “*This person does not know her. He is a stranger. He has an inner motive of seducing her sexually. It is an attempt of sexual abuse.*”

**Hide:** “*Then how should men admire a girl’s beauty unless they express their thoughts and feelings openly? It is the right of a person to say what he/she thinks. She can always reject or accept his request,*

*that is her decision” “As to being a stranger, the guy should also not be a close relative to make the remark as it would end up being incest if it developed further”*

**Seek:** *“So you agree that there is an inner motive to this assault by admitting to the possibility of further sexual development?” “Bothering and tormenting the girl directly requesting for sexual enjoyment is violating her right to walk freely without being intimidated.”*

**Take away message (slide #20):** Teasing and annoying a girl who is passing by and directly asking her to go out is impolite and may be regarded as (sexual) assault.

14. Randomly select six participants and divide them into two groups (three at each group). Give them the second scenario and ask them to start a debate: One group should hide or conceal/defend the given situation to find that it is not a case of GBV and the other group should seek for the truth or reveal that it is or could be GBV.

Give the groups 3 minutes to reflect and only 5 minutes for the actual debate.

15. Optional: If you have time, repeat the same process for the second scenario.

**b. Scenario 2 (slide #21):** A babysitter/maid is fondling the genitals of the 4-year-old boy whom she was babysitting. The father happened to see it and was not happy at all with what he witnessed.

**Take away message (slide #22):** Fondling the private sexual parts of toddlers or infants is improper behavior and a violation of the sexual rights of the child. Though at the age of four, boys may not ejaculate, they can have erections that might as well be painful. Stimulating the child’s sexual drive under the veil of playing with the child is an unlawful act. The child’s right of having her/his sexual body parts respected must be ensured.

**c. Scenario 3 (slide #23):** A couple who has been married for five years came to you for advice on their marital relationship. The woman explained that she loved her husband very much but that she is tired of being beaten whenever she did something wrong in the household. She had tolerated it for the first three years of their marriage but she cannot take it anymore and would like him to stop. The husband stated that he loved his wife more than his own life. He said that his wife is pushing him daily to identify faults in the household and to beat her as a demonstration of his love: “I never beat my wife with the intention of harming her or causing her pain. I am just doing it as a disciplinary act as per her request.”  
She only recently started to complain about the beating.

**Take away message (slide #24):** Wife-beating is a type of physical abuse as it is done intentionally. There is no scientific evidence that shows that beating will improve a couple’s relationship, be it on the emotional, physical or sexual level. The use of “force” over another is an inappropriate act. It shows that there is a “power imbalance”. Resolving issues through dialogue consultations and finding ways to make life pleasurable for both the woman and the man is important.

16. Thank all participants for their contributions and applaud them for their good work.

## SECTION 3: MAGNITUDE AND CONSEQUENCES OF GENDER-BASED VIOLENCE

### Learning Objectives

*At the end of this section, participants will be able to:*

- Explain the magnitude of GBV
- Describe economic, social and health consequences of GBV

**Time allocated:** 20 minutes

### Preparation:

- Computer, LCD projector, Section 3 PPP
- Flip chart and marker

### Work Method:

- Reading, PPP, brainstorming exercise

### Activity A:

1. Put up PP slide #25 and ask one volunteer participant to go through the section on the magnitude and severity of GBV in Module I.
2. Go to the next PP slide (slide #26) and read the learning objectives. Then ask the participant to quickly read Section 3.2. After the participant finishes reading, thank her/him and ask if there are any questions. If so, offer clarifications.
3. Tell participants that you are going to lead a brainstorming session on the consequences of GBV.

### Exercise 1.5 (PP slide #27)

Ask participants to brainstorm what are the consequences of GBV. Write down their answers and align them in the following categories: (1) health, (2) economic, (3) social, and (4) others.

*This exercise will take approximately 15 minutes to complete. The active participation and contribution of participants are important.*

4. Applaud participants for their insightful contributions.
5. Put up the next PP slide (slide #28) and quickly go through the consequences of GBV/SV related to health.
6. Tell participants that this section will be dealt with more in detail in Module II (Clinical Management of GBV).
7. Thank participants for their contributions and ask if they have any remaining questions. Then close the session.

## SECTION 4: MULTI-SECTORAL RESPONSE/APPROACH TO GENDER-BASED VIOLENCE

### Learning Objectives

*At the end of this section, participants will be able to:*

- Describe the rationale to work in collaboration with relevant actors in the prevention of, and response to, GBV/SV (especially against women and girls).
- Explain the relevance of norms and standards of procedures relating to GBV/SV against women and children.
- Describe the basics of the SOP in response to sexual violence by centering the victim.

**Time allocated:** 20 minutes

### Preparation:

- Computer, LCD projector, Section 4 PPP
- Flip chart and marker
- Multi-sectoral Wheel of Intervention for Survivors of GBV

### Work Method:

- PP slides, exercise, brainstorming

### Activity A:

1. Put the PP slide (slide #29) on Section 4 on the Multi-sectoral Response/Approach to Gender-based Violence.
2. Move to PP slide (slide #30) and ask one of the participants to read the objectives out loud. Acknowledge the participant for her/his voluntary contribution.
3. Go to PP slide (slide #31), explain the rationale and show them the national SOP document (working document for multi-sectoral actions).
4. Ask one participant to read the last paragraph out loud.
5. Ask participants to do **Exercise 1.6** (Short Questions and Answers) and use the participants' guide to lead and provide the correct answers to the questions.

### Exercise 1.6 Short Questions and Answers

*Participants have 15 minutes to complete the exercise individually. You will then take them through the correct answers.*

#### Answer key:

1. What is the purpose of the multi-sectoral approach to survivors of GBV?

*Ask participants to look into Section 4.2 on multi-sectoral response, paragraph two. Ask one participant to read the paragraph out loud and emphasize the objective.*

2. Why is it important to prepare the child survivor for trial hearing and who should be responsible for this process?

*Ask participants to read the paragraph which talks about the link to the medical social worker.*

3. Why do you think it is important to build the capacity of local government (community level) on the protection of vulnerable groups?

Ask participants to go through the last sentences of the third paragraph.

4. Why is it important that the health sector be part of the multi-sectoral approach to GBV?

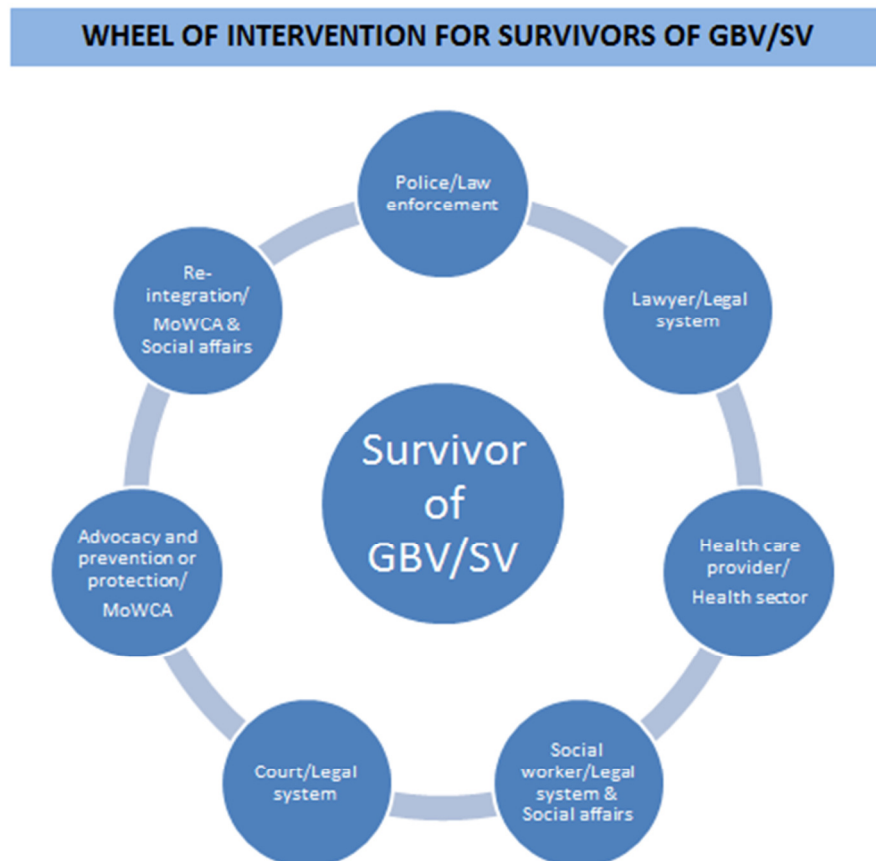
*Various answers can be found when reading the whole section.*

5. Why do we need a SOP for the prevention of and response to sexual violence?

*Possible answers: Check the third paragraph stating the SOP that defines the roles of each sector etc.; making interventions across different sectors helps to standardize and strengthen the response and prevention mechanisms; the SOP ensure accountability and focus on the survivors' well-being; GBV prevention programs in the community are essential.*

6. Put up PP slide (slide #33) with the “Wheel of Intervention for Survivors of GBV” (**Exercise 1.7**) centering the survivor and ask participants to fill in the different components/areas of support. Give the participants 5 minutes to complete the exercise individually before taking them through the correct answers.

**Answer key (slide #34):**



7. Thank participants for their contributions and go on to the next section.

## SECTION 5: LEGAL CONTEXT AND PROFESSIONAL ETHICS IN RESPONSE TO GBV

### Learning Objectives

*At the end of this section, participants will be able to:*

- Describe the basics human rights specific to violence against women (VAW) and violence against children
- Describe the existing international conventions and the national legal framework designed to protect the rights of women and children
- Increase the potential of health workers to improve the protection of the rights of survivors of sexual violence
- Explain the professional ethical practice of health workers with regards to the care of survivors of GBV

**Time allocated:** 25 minutes

### Preparation:

- Computer, LCD projector, Section 5 PPP

### Work Method:

- Reading, PP presentation, exercise

### Activity A:

1. Put up the PP slide (slide #35) on Section 5 dealing with the legal context of GBV.
2. Ask one of the participants to read the learning objectives out loud (slide #36). Acknowledge the participant for volunteering.
3. Go to the next PP slide (slide #37) and give participants 3 minutes to individually read Section 5.2. Verbally summarize the important areas of legal concern.
4. Put up the next PP slide (slides #38-39) and go through the ethical issues. Explain that this section will be reiterated on its practicability in Module two in form of a clinical practice.
5. Tell participants to do **Exercise 1.8** (Case scenario) and give them 5 minutes to individually write down their answers to the questions.
6. Go around the room and check if everyone has done the exercise. If most have completed it, ask participants to provide their answers to the questions. Refer to the answer key to provide feedback.

## Exercise 1.8

### Answer key:

**Case 1:** An elderly 63-year-old female visits a clinic and complains about consistent severe headaches and discharge from her private part. A physician on-duty took a very brief history of the primary complaints, checked her blood pressure (result was normal for age) and prescribed treatment for STI syndromic management. The patient politely asked for her diagnosis and in response, the physician said “Emama, though I didn’t expect this at your age, you have STI, for which I gave you the treatment.”

1. Identify the areas of ethical misconduct. Underline the unethical behaviors in the scenario.

*Not taking sufficient time to properly take the patient’s history; not doing a physical examination or lab investigations; being impolite in addressing her title; reminding her of her age and making generalizations about it; making a personal remark regarding the diagnosis.*

*In general, the treating physician was not respectful and did not treat the elderly female patient with dignity. Moreover, he did not execute his professional obligation to respect, protect and fulfill the patient’s rights.*

2. What is or are the behavioral component/s missing or that should have been corrected?

*Misnaming; verbal assault stating “Emama, I didn’t expect this at your age...”*

*Being impolite - may be misdiagnosing the case (the discharge and the headache) as P/E lab investigation were not done; Prejudiced in the thought that elders may not be victim to GBV, though suspicious, not expecting STI in an elder age. It seemed the physician is biased that STIs are due to promiscuity or an illness that affects only the young; No advice on protecting the partner or further prevention....*

3. What would have been your approach if you had been the treating physician?

*State the correct ethical behavior in line with the topics of ethics.*

7. Thank participants for their contributions and summarize Module one on the concept of gender, the definition of some gender-related terms, the magnitude and types of GBV, the legal context in which GBV falls, and ethics.
8. Ask participants to do the self-evaluation in their own time.



# HEALTH RESPONSE and MANAGEMENT to GBV/SV



## MODULE II: Clinical Response and Management to GBV/SV

**Time allocated:** 390 minutes (6 hours and a half)

<b>MODULE II Outline</b>			
<b>Section No</b>	<b>TIME</b>	<b>SECTION TITLE</b>	<b>METHODOLOGY</b>
	5 minutes	Introduction to Module II	Oral Presentation; Reading
<b>2.1</b>	<b>Approx. 125 minutes</b>	<b>Clinical Assessment</b>	
<b>2.1.1</b>	2 minutes	Learning Objectives	PPP; Reading
<b>2.1.2</b>	20 minutes	Principles of clinical approach	PPP; Brainstorming
<b>2.1.3</b>	100 minutes	Initial medical history and physical examination	PPP; Reading; Discussion; Exercises
<b>2.2.</b>	<b>Approx. 125 minutes</b>	<b>Clinical Care for GBV/SV Survivors</b>	
<b>2.2.1</b>	2 minutes	Learning Objectives	Oral Presentation; Reading
<b>2.2.2</b>	80 minutes	Clinical care for acute case management for survivors of GBV/SV	Reading; Reading; Exercises; Discussions
<b>2.2.3</b>	20 minutes	Interpretation of physical and laboratory findings and initiation for counselling on Follow-up	Reading; PPP; Exercise
<b>2.2.4</b>	20 minutes	Preventive treatment for STI, HIV, Hep B and Tetanus	Oral Presentation; Reading; Discussion
<b>2.3</b>	<b>Approx. 125 minutes</b>	<b>Follow-up of Survivors of GBV/SV</b>	
<b>2.3.1</b>	2 minutes	Learning Objectives	Oral Presentation; Reading
<b>2.3.2</b>	10 minutes	Purpose of follow-up care	PPP
<b>2.3.3</b>	30 minutes	Schedule of follow-up care	Reading; Oral Presentation; Exercises
<b>2.3.4</b>	40 minutes	Referral services for survivors of GBV/SV	PPP; Reading; Exercises
<b>2.3.5</b>	35 minutes	Documenting and certifying cases of GBV/SV	PPP; Reading; Exercise
	5 minutes	Summary of Module II	Oral Presentation; Reading

## Learning Objectives

*At the end of the module participants will be able to:*

- Conduct clinical assessment for survivors of GBV/SV
- Provide clinical management for GBV survivors
- Provide follow-up visits to ensure improve health

## Preparation/Materials:

- Computer, LCD projector, PPP
- Blank flip chart and markers
- Participant Manual (Module II) and Facilitator Guide

## Work Method

- Reading, exercises, discussions and PPP

## Activity A:

1. Introduction to Module II: Tell participants that the module is divided into three sections:

**Section 2.1 Clinical Assessment:** assessing the clinical situation of the survivor of GBV/SV which includes history taking, physical examination, laboratory investigations and supporting forensic data collection.

**Section 2.2 Clinical Management:** interpretation of findings and classification of status, counseling, provision of prophylaxis and treatment, when to return, referral within and/or external services and facilities (as applicable) and planning for prevention and protection of recurrence.

**Section 2.3 Follow-up Visits:** the importance of and need for follow-up visits; the added value of each visit due to re-assessment, laboratory re-investigation and re-classification of status, treatment follow-up including possible adverse effects, counseling and checking for compliance with advice given; recording and completing medico-legal certificates (Affidavit reports).

Referral Services are expected at each level in line with the health service network model – health posts, health centers, district hospitals, regional and referral hospitals.

2. Put up the PP slide (slide #4) that states the learning objectives of Section 2.1 and ask one of the participants to read them out loud. Acknowledge the participant's contribution. Ask whether it is clear for everyone what they are expected to learn. Summarize the competences they will have obtained at the end of the section.
3. Put up the PP slide (slide #5) and go through the definitions of different sexual offenses.
4. Read or ask a participant to read the first paragraph out loud and tell the participants to follow in their manual. Emphasize the definitions.
5. Put up the PP slide (slide #6) to quickly go through the principles of the clinical approach. Once completed, ask if anyone needs clarifications, then summarize.
6. Tell participants to do **Exercise 2.1** individually and give them 5 minutes to complete it. Then go through the answers together and discuss on the mainstreaming of the principles and why it is important.

## Exercise 2.1 Short questions and answers

### Answer key:

1. What are the right-based approaches that health workers follow in responding to GBV survivors?

*Refer to Module II of the Participant Manual, Section 2.1.2, A).*

2. Why should a health care provider be considerate of gender equality and be gender sensitive?

*Refer to Section 2.1.2, B) on gender equality and sensitivity.*

7. Thank participants for their contributions.

### Activity B: Section 2.1.3 Initial Medical History and Physical Examination

1. Put up the slide (slide #8) that lists the five simple initial tasks one needs to follow when handling cases of survivors of GBV/SV.
2. Ask participants to follow the five tasks through their participant's manual.
3. Tell participants to read through the general considerations. Give them time (5 minutes) and take them through the **Exercise 2.2** (True and False questions).

## Exercise 2.2 True or False

*Participants have 5 minutes to complete the exercise individually. You will then take them through the correct answers.*

### Answer key:

1. **False** The first consideration for GBV survivors is protection (safety).
2. **True** In first-line support, "LIVES" is an important approach to respond to GBV survivors in the health care setting.
3. **False** In managing any GBV survivors, the overriding priority should be the collection of forensic evidence.
4. **True** Adherence to ethical codes of conduct is particularly relevant when dealing with survivors of interpersonal violence.
5. **False** Health facilities should be organized and equipped with optimal standards of care for GBV survivors; however, not all cases of GBV survivors should be treated as urgent.

4. Acknowledge participants for their good work and applaud them for their correct results.
5. Take the participants through the step-by-step history-taking and physical examination and discuss steps 1-3 (slide #11). Clarify any queries. Always encourage participants to read their manual.
6. Take participants through steps 4-5 (slides #12-16), emphasizing the logical flow and art of medical history-taking and performing physical examination.
7. Tell participants that they will do an exercise with photographs and ask them to refer to **Exercise 2.3**. Explain to them that you are going to project each photograph on a slide and that

- they will have 15 seconds to reflect and to write a description of what they see into their manual (in the space corresponding the projected photograph's number) (slides #18-30).
8. After participants have finished their description for one photograph, click on it to see the answer. Give participants 10 seconds to make corrections. Continue with the next photograph and repeat the process.
  9. Thank participants for their good work.
  10. Ask participants to individually do **Exercises 2.4 - 2.6** on the case studies of Birtukan, Seidu and Teja. Give them 10 minutes to complete the exercises.
  11. After completing the task, ask each participant randomly but systematically to reveal their answers to the different questions. Appraise the participants' responses. Do not discourage them if they did not do well.
  12. Go through the correct answers together following the answer key below.

### Exercises 2.4 – 2.6

#### Answer keys:

#### **Exercise 2.4 Case study of Birtukan**

Birtukan is a 17-year-old female student from Bisheftu. She came to the clinic with her mother who told you that her daughter was raped by her elder half-brother.

**1. What do you do now?**

*Comfort the survivor; Ask, Listen, Observe and Check if Birtukan needs urgent interventions and if yes, act immediately; record what was done.*

**2. What information do you need?**

*Timing of alleged assault; how the mother came to know about the situation; was there any drug or substance to influence the act; possible to speak to Birtukan alone if preferred by the girl.*

**3. How do you go about taking Birtuka's history and performing the physical examination?**

*Ensure privacy; obtain consent from the mother before proceeding with any interventions; record the date and time of her arrival to your facility; ask if she wants her mom to be present during the history-taking; conduct the interview – Ask, Listen, Observe and Check for personal history and the circumstances of the incident. The age of the alleged perpetrator and her/his relation to the survivor; the timing, repeated or single event; whether there was any penetration and if so, what kind; whether a contraceptive was used and if so, which one; areas of sexual contact; actions taken by the survivor, if any, before coming to clinic; other gynecological and obstetric history e.g. pregnancy; check the survivor systematically from head-to-toe; record everything.*

#### **Exercise 2.5 Case study of Seidu**

Seidu is a 10-year-old boy who was the victim of sexual assault by his neighbor. Since he was complaining of pain in his genital and perineal area, his elder sister brought him to your clinic.

**(a) What do you do?**

**Comfort Seidu; assess, decide and treat for any emergency situation...**

**(b) How do you approach this child?**

*Comfort him as required and appropriate in the given situation; manage the acute condition; have the consent form completed; take his history and do a physical examination; (refer to steps 1-3 ) ensure him that it is not his fault; inform him of what is being done and why (for example when doing an anal examination, etc.).*

### **Exercise 2.6 Case study of Teja**

Teja is a 27-year-old married woman who has been working in a flower plantation for the last two years. She observed that her menses did not occur when they should have. It has now almost been one month and three weeks. One day, she was working late in the evening. A male coworker started teasing her and suddenly she found him on top of her. She tried to get off him but could not. She went home and spent the night crying and blaming herself of what he did to her. The next day she came to your clinic crying and very depressed and timid to talk about her situation. She said she wanted to know about the status of her menstrual disorder. She does not say much.

**(a) What do you do?**

*Comfort her; take her history and do a physical examination following steps 1 – 5.*

**(b) How do you make her open up?**

*By ensuring confidentiality; by asking why she is crying and looking so sad and devastated.*

**(c) How do you probe that she was raped?**

*By asking probing question; ask her what has happened when her husband is not around. If she is ready to tell her story, assure her that everything she tells you will be kept confidential.*

13. Thank and applaud the class for the good work.

14. Take participants through step 6 (slide #32) on laboratory investigations.

15. Tell participants that they will soon do cont'd case study Exercises 2.7-2.9. Give them 10 minutes to reflect and to individually answer the questions in their modules.

16. Take them through the correct answers and acknowledge their good work.

## **Exercises 2.7 – 2.9**

### **Answer keys:**

#### **Exercise 2.7 Case of Birtukan**

The assessment of Birtukan's sexual maturity rate, including an examination of her dentition estimated her age between 18 and 24 years.

**(a) What investigation do you do for Birtukan?**

*Initial investigation for STIs; HIV; HepB; U/A including pregnancy test; stool examination; vaginal swab; oral swab.*

#### **Exercise 2.8 Case study of Seidu**

You found from his history that Seidu has been repeatedly assaulted by the same person but that he never spoke to anyone about it because his life was threatened. The last offense occurred today after coming from school and he told you that this time he suffered from agonizing pain and could not even sit and endure the pain any longer.

(a) What will be your initial action?

*To give him something to relieve his pain*

(b) What laboratory investigation(s) is/are important for Seidu?

*Initial investigation for STIs; HIV; HepB; U/A; stool examination; oral swab; anal swab*

(c) What forensic evidence do you collect?

*Clothes and/or underwear; anal swab for motile sperm; seminal fluid; foreign materials*

### **Exercise 2.9 Case study of Teja**

Teja told you that she did not wash or change her clothing after the incident. She had kept on crying the whole night before coming to your facility and feels tired and ashamed. Her husband has been out for field work for one week now and will only be back two days from today.

(a) What laboratory/diagnostic investigation do you recommend for Teja?

*Initial investigation for STIs; HIV; HepB; U/A including pregnancy test; stool examination; vaginal swab; oral swab.*

(b) How do you go about collecting forensic evidence? What evidence(s) do you collect and how do you store it?

*Put the clothes in a paper bag, seal it properly and write on it the patient's identification; vaginal swab in a sealed test tube; ...*

17. Thank participants for their valuable contributions.
18. Put up the PP slide (slide #34) regarding step 7 on forensic evidence collection, documentation and reporting.
19. Initiate discussions and clarify any queries.

### **Activity C: Clinical Care for GBV/ SV Survivors**

1. Put up the PP slide for this section (slide #36) and ask one of the participants to read the objectives out loud. Thank the participant for her/his contribution. Go through the competencies they will have obtained at end of the section.
2. Ask participants the challenging question “*How to manage GBV/SV survivor seeking help/care in the first hour of incident?*” Give them 5 minutes to reflect and to share their answers. Then put up the PP slide (slide #37) and go take them through the activities.
3. Ask participants to do case study **Exercises 2.10-2.12** which are continuations of the cases they worked on earlier.

## Exercises 2.10 – 2.12

### Answer keys:

#### **Exercise 2.10 Case of Birtukan (cont'd)**

You found that Birtukan's vaginal smear has Intracellular Diplococci; other STIs tested negative; HIV test result was negative; HBs Ag is pending. Pregnancy test was negative. Birtukan did not mention pressing charges against the perpetrator but her mother would like to do so. In another interview alone with Birtukan, she told you that she had consented to the sexual action and that her mom is lying about her age.

a) How do you manage Birtukan's case?

*Treat for gonorrhea; inform that this first HIV result does not indicate the absence of the disease and repeating the test is important to confirm the result; same holds true for other STIs that tested negative. As to her age and her mom's concern, she needs to talk to her mother about her age and to take radiologic examination for age estimate to produce further evidence; disclose to her mom that she consented to the action.*

b) What specific counselling do you provide regarding the pregnancy test result?

*Though the current pregnancy test is negative, she needs to repeat the test after 15 days for the result to be conclusive; discuss possible consequences of incest and inform her on the availability of services to terminate a pregnancy.*

c) What additional information would you pass on to Birtukan?

*Discuss the possibility of treating her half-brother for STIs including HIV; inform her on the availability of psychological support and advise her to receive follow-up care.*

#### **Exercise 2.11 Case study of Seidu (cont'd)**

Seidu's results for HIV were positive; smear from perineal areas showed motile sperm; positive for chlamydial infection. The anal sphincter tone is patent/dilated with 15mm diameter.

a) How do you manage Seidu's case?

*Comfort; treat for STIs; give him anti-pain medication; refer to start ART treatment and psychological treatment (refer out or in-house); counsel him on child protection services.*

b) What will be your likely diagnosis concerning the alleged situation?

*STI, HIV and anal sphincter widening due to alleged anal sexual assault (sodomy).*

c) What do you tell his sister? And how do you go about counseling and a plan for protection?

*Discuss the situation of Seidu depending on the age of his sister or to bring an adult or someone who care for Seidu. Assure him that what happened to him is not his fault; inform him that as a health worker, you have the obligation to report the case to law enforcement authorities; his clinical diagnosis (HIV) requires lifelong treatment; strong adherence to the treatment and support from his close family is essential for Seidu to deal with the situation.*

#### **Exercise 2.12 Case study of Teja (cont'd)**

You found that Teja is pregnant and motile sperm seen in the vaginal smear shows a negative result for Gonorrhea. She refused testing for HIV. Rapid test for syphilis is also negative and her Hepatitis B result is pending. She tested positive for Chlamydial and Trichomoniasis infections. Teja did not want to press charges against the offender and she does not want her husband to know what happened.



a) How do you prioritize the clinical management for Teja?

*Treat the STIs; explain to her what the negative results for Syphilis and the unknown HIV status mean.*

b) How do you go about counseling her on her situation and what do you provide as preventive treatment? When do you schedule Teja in for her follow-up visit?

*Provide PEP and schedule her follow-up visit for three days later. Inform her on the issue of confidentiality and respect her decision on the pressing of charges; however, let her know that she can always change her mind.*

c) How do you plan to discuss the disclosure to her husband about treatment of STI?

*Discuss the issue of confidentiality; inform her on the outcome of STIs and to bring her husband for treatment. As for the extra-marital issue, assure her that it is up to her to decide whether she wants to disclose the incident to her husband or not.*

4. Go through the next PP slide (slide #39) about case management after the first 24 hours to 5 days of the incident.
5. Provide clarification if requested. Put up the next PP slide (slide #41) on “*Interpretation of physical and laboratory findings and initiation for counseling on follow-up.*”
6. Use PP slides for different findings and ask participants to identify before giving the explanation.
7. Go through Section 2.2.4 on the prevention and treatment of STIs, HIV, Hep B and Tetanus infections.
8. Tell participants to turn to Section 2.2.4 in their modules and to follow your explanations by reading along.
9. Ask participants one-by-one to describe the prophylaxis treatment for each clinical classification or suspected classification.
10. Take the participants through the instructions of **Exercise 2.13** and ask them to complete the exercise.

### Exercise 2.13 Interpretation of Findings

What is your interpretation of the survivor of alleged sexual violence based on following findings? Answer with: “definitive” or “highly suggestive” or “suggestive” or “inconclusive” or “no evidence” and write comment(s).

*Participants have 20 minutes to complete this exercise individually. You will then take them through the correct answers.*

#### Answer key:

CASE #	FINDINGS	INTERPRETATION	COMMENT(S)
1.	5-year-old child, with complaints of sore throat; smear from oral swab revealed Intracellular Diplococci.	Definitive	

2.	14-year-old boy living in foster care; examination revealed fresh anal bruise and laceration with no adequate accidental explanation; presence of motile sperm from anal swab; bite marks over the back of shoulders and abrasion over the glans penis.	Definitive	
3.	The only findings in a 19-year-old female, who came on the 4 <sup>th</sup> day of assault, were that the vaginal swab result showed spermatozoa, the STI status was initially negative and the second test done after 12 days turned positive for Syphilis and Chlamydia.	Highly suggestive	
4.	60-year-old female had fresh genital bruise at the posterior fourchette; with bruises over her face, the anterior shoulders and the left inner thigh. Initial lab test for STIs was negative but semen and motile sperm were identified.	Definitive	
5.	The finding of 15-year-old student revealed genital injury at the posterior fourchette; attenuation of hymen with enlargement of hymen orifice, no hymeneal rim and has petechial bleeding. Negative result for STIs.	Definitive	
6.	No clinical and negative laboratory findings.	No evidence	
7.	12-year-old girl with laboratory result positive for genital Trichomonas and Chlamydia; physical examination result showed notch or cleft of hymen found posteriorly; localized erythema and edema and minor abrasions in vestibule/hymen.	Suggestive	
8.	15 years has posterior fourchette friable; bacterial vaginosis.	Inconclusive	Other causes are possible

11. Thank participants for their excellent work.

#### Activity D: Follow-Up of Victims of GBV/SV

1. Ask one volunteer to read the objectives of Section 2.3 in their manual out loud; put up PP slide (slide #44) on the same subject. Inform participants of the core competencies that will have acquired after completion of this section.
2. Acknowledge the participant for her/his contribution.
3. Discuss the importance of the return for follow-up care of GBV/SV survivors and ask one participant to read Section 2.3.2 on the purpose of follow-up out loud (slide #45). Thank her/him for the contribution.
4. Discuss the schedule (slide #46) and facilitate **Exercise 2.14** for short questions. Give 5 minutes for answering and take undertake discussion entertaining the answers.

### Exercise 2.14 Short questions

#### Answer key:

1. What is/are the purpose(s) of follow-up care with regard to GBV/SV?

*Refer to Section 2.3.2 of Module II of the Participant Manual.*

2. List activities expected to be undertaken during the follow-up visits.

*Refer to the Table in Section 2.3.3 table of Module II for the answer.*

5. Take participant through follow-up visits activities corresponding to the scheduled visits, asking each to go vertically on the timing and horizontally pertaining to the medical conditions.
6. Ask participants to do **Exercise 2.15** – the initial visit day is given and participants are expected to schedule the appointment days or the timing for retesting for the corresponding health condition.

### Exercise 2.15 Fill in the Laboratory Testing Schedule

Fill in the laboratory testing schedule for the following conditions in a GBV/SV survivor.

*Participants have 5 minutes to complete this exercise individually. You will then take them through the correct answers.*

#### Answer key:

Test	Initial test result is negative	Retest
Pregnancy	23/08/2016	4 weeks
Chlamydia, Gonorrhoea, Trichomonas	23/08/2016	2 weeks
Syphilis	23/08/2016	2 weeks
HIV	23/08/2016	6 weeks
Hepatitis B	23/08/2016	None

7. Applaud participants for the work well done.
8. Ask participants to do individually do the exercises on the case studies that they worked on before (**Exercises 2.16-2.17**: Cases of Seidu and Teja) and give them 10 minutes to complete the exercises.
9. Provide group feedback on possible answers and thank them for their hard work.

## Exercises 2.16 – 2.17

### Answer keys:

#### Exercise 2.16 Case of Seidu (cont'd)

Seidu was appointed for follow-up visit after 15 days and he came with his mother. His mother told you that he is doing fine but sometimes have nightmare and cry out in the middle of the night. He still complains of pain during defecation.

#### *How do you proceed with follow up care of Seidu?*

*Reassure the mother that it may be side effect of EFV; discuss on adherence of ART and treatment of STIs. Do targeted physical examination i.e. anal exam if there are infections or fissures or new discovery. Refer to psychologist for behavior disorder as the nightmare and sleeplessness could as well be emotional consequences.*

#### Exercise 2.17 Case of Teja (cont'd)

Teja was provided PEP for HIV as her status was unknown and appointed to return to clinic at the third day. She came to the clinic and still refused to be tested for HIV.

#### *How do you proceed with follow up care of Teja?*

*Discontinue PEP; counsel for adherence to STI treatment and advise her to continue follow-up care; reassure her that confidentiality will be maintained and tell her that she can come back anytime if she changes her mind.*

10. Take participants through Section 2.3.4 on providing referral service to survivors of GBV/SV.
11. Put the PP slide (slide #49) on referral and go through the points quickly. Clarify if there are any queries.
12. Ask participants to do **Exercises 2.18** and **2.19** in their manual. Distribute blank forms of referral slips for each participant.
13. Provide feedback in groups and thank them for their hard work.

## Exercise 2.18 Questions on Referral

*Participants have 5 minutes to answer the following questions on the issue of referral. You will then take them through the correct answers.*

### Answer key:

1. What is referral?

*Refer to Section 2.3.4.1 of Module II of the Participant Manual for the answer.*

2. What are the benefits of referral for the provider and survivor?

*Refer to Section 2.3.4.1 of Module II for the answer.*

3. List the key characteristics of health care providers for an effective referral system.

*Refer again to Section 2.3.4.1 under “effective referrals require health care professional to be: ...”).*

### **Exercise 2.19 Case study of Seidu (cont’d)**

#### **Answer key:**

1. Where would you like to refer Seidu? What would be the added value?

*Refer him to ART for specialized treatment; refer him to psychologist for behavioral conditions.*

2. Complete a referral form for Seidu (use the format provided by your facilitator)

*Use the referral form and complete it for Seidu’s case together with the participants.*

14. Put up the PP slides (slides #51-53) on documentation and record keeping. Clarify if there are any queries.
15. Ask participants to do **Exercise 2.20**. Provide them each with blank sheets of register and certificate forms and tell them to complete them individually while referring to the cases discussed earlier. The co-facilitator is expected to go around and check that each participant has done the exercise and has completed the register and certificate forms.

### **Exercise 2.20 Case studies of Birtukan, Seidu and Teja (cont’d)**

Participants are required to use the information acquired through history-taking and physical examinations made so far for each of the individual case studies to complete these forms.

*They have 20 minutes to complete the exercise. You will then take them through the corrections.*

1. Using the history and physical examination findings, complete the GBV register form in line with the cases of Birtukan, Seidu and Teja. Your facilitator will provide you with blank register formats.
2. Write the medical certificate for Seidu and Teja. The facilitator will provide you with two copies of blank certificate formats.

16. Provide feedback and corrections and applaud for the good work.
17. Summarize the module and ask participants to do the self-evaluation in their own time.

# PSYCHOLOGICAL CARE and PSYCHOSOCIAL SUPPORT



## MODULE III: Psychological Care and Psychosocial Support

Time allocated: 300 minutes (5 hours)

<b>MODULE III Outline</b>			
<b>Section No</b>	<b>TIME</b>	<b>SECTION TITLE</b>	<b>METHODOLOGY</b>
	5 minutes	Introduction to Module III	Oral presentation
<b>3.1</b>	5 minutes	Learning Objectives	Reading; PPP
<b>3.2</b>	<b>Approx. 80 minutes</b>	<b>Psychological and Social Consequences of GBV/SV</b>	
<b>3.2.1</b>	25 minutes	Psychological Consequences	Reading; PPP
<b>3.2.2</b>	25 minutes	Child Sexual Abuse (CSA) and its Effects on the Child Survivor	Reading; discussion; PPP
<b>3.2.3</b>	25 minutes	Social Consequences	Reading; discussion; PPP
<b>3.3</b>	<b>Approx. 195 minutes</b>	<b>Psychological and Social Interventions</b>	
<b>3.3.1</b>	20 minutes	General Principles of Psychological Treatments for Survivors of GBV/SV	Reading; PPP
<b>3.3.2</b>	20 minutes	Factors that Influence the Psychological Impact on Victims of Sexual Violence	Reading; PPP
<b>3.3.3</b>	35 minutes	Types and Levels of Psychological and Social Interventions	Reading; PPP
<b>3.3.4</b>	25 minutes	Basic Psychosocial Support: Counseling Survivors of Sexual Violence	Reading; PPP; Exercise (breathing and muscle relaxation)
<b>3.3.4.1</b>	10 minutes	Purpose of Psychosocial Support	Reading; PPP
<b>3.3.4.2</b>	35 minutes	Conditions for Effective Counseling	Reading; PPP
<b>3.3.4.3</b>	30 minutes	Strategies for Handling and Addressing Cases on CSA	Reading; PPP
<b>3.3.4.4</b>	20 minutes	Strengthening Survivor's Positive Coping Methods	Reading; PPP
<b>3.4</b>	<b>Approx. 15 minutes</b>	<b>Referral for Social, Rehabilitation/Social Reintegration Services</b>	Reading; PPP
	5 minutes	Summary of Module III	Oral presentation; Reading

## Learning Objectives

*At the end of this section, participants will be able to:*

- Explain the major psychological consequences of GBV/SV
- Describe the core principles of psychological treatments to survivors of GBV/SV
- Describe types and levels of psychological and social interventions
- Provide basic counseling service to survivors of GBV/SV
- Provide Referral for Rehabilitation and/or social reintegration

## Preparation/Materials:

- Computer, LCD projector, PPP
- Blank flip chart and markers
- Participant Manual (Module III) and Facilitator Guide
- Anatomically corrected dolls

## Work Method

- Reading, discussions, PPP and exercise

## Activity:

1. Briefly introduce the content of the module to the participants.
2. Put up the PP slide (slide #3) that states the learning objectives and ask one of the participants to read them out loud. Acknowledge her/his contribution. Ask whether something is not clear regarding these objectives. Summarize the skills they will have obtained at end of the section.
3. Read or ask a participant to read through the first paragraph of Section 3.2.1 and tell the others to follow through their manual.
4. Then put up PP slide (slides #5) and go through the categorization of psychological and social consequences of GBV/SV.
5. Read or ask a participant to read the first paragraph of Section 3.2.1 (Psychological Consequences) and tell the others to follow with their manuals.
6. Explain and discuss the emotional, cognitive, behavioral and mental health problems that can arise from after GBV/SV. Clarify any inquiries.
7. Ask participants to read Section 3.2.2 on Child Sexual Abuse (CSA) and the effects this has/can have on the child survivor (slide #6). After everyone has finished reading, summarize this section and ask participants to give comments and ask questions. Thank participants for their insightful contributions.
8. Then put up the next PP slides (slides #7-9) and go through the summary of social consequences of GBV/SV. Ask one participant to read out loud the consequences specific to female survivors, another to read the consequences specific to male survivors and a third to read the social consequences specific to child survivors. Thank the participants for their contributions.
9. Ask participants what they think about social consequences of GBV/SV and the differences that exist in men, women and children.
10. Ask if there are any final questions and thank the participants for their contributions.



11. Ask a participant to read Section 3.3.1 on the general principles of psychological treatments to survivors of GBV/SV or take them through it yourself if pressed for time.
12. Put up the PP slide (slide #10-11) on factors that influence the psychological impact on victims of sexual violence.
13. Ask for need of any clarifications.
14. Put up the PP slides (slide #12) on Section 3.3.3 regarding the types and levels of psychological and social interventions and ask the participants to follow with their manual.
15. Put up the PP slides (slides #13-15) on Section 3.3.4 on basic psychosocial support for survivors of SV and ask one participant to read the content of the slides out loud. Thank him/her for the contribution.
16. Explain the purpose of psychosocial support by reading Section 3.3.4.1. Ask whether everything is clear and if not, offer clarifications.
17. Briefly read through the definition of counseling (slide #16) and explain the importance of confidentiality when dealing with child survivors (slide #17). The requirement of confidentiality when dealing with any survivor of GBV/SV will be emphasized again on PP slide #19.
18. Put up PP slide (slide #18) on conditions for effective counseling and ask each participant to mention one thing that they think is an important condition for effective counseling of GBV/SV. Then put up the next PP slide (slide #19) and proceed to read Section 3.3.4.2 on this matter. Emphasize the importance of a counselor's appropriate attitude and skills and tell participants to follow with their manuals.
19. Ask if there are any questions and acknowledge participants for their good work.
20. Go through the different steps in counseling on the PP slides (slides #20-21).
21. Put up the next PP slides (slides #22-25) on the strategies of handling and addressing cases of CSA and take the participants through it. Emphasize the importance of adapting to a child's language by using the anatomically correct doll for demonstration. If there are any questions, please clarify.
22. Put up the next PP slides (slides #26-27) and take the participants through the different methods of strengthening survivors' positive coping mechanisms.
23. Ask if there are any questions and make clarifications if necessary.
24. Ask one participant to read through the availability of social support (slides #28).
25. Take the participants through **Exercise 3.1** (breathing and progressive muscle relaxation) to help reduce stress. Use the Participant Manual for the different steps that need to be followed for the slow breathing technique and the progressive muscle relaxation technique.
26. Quickly take the participant through the referral for social services, rehabilitation and/or social integration by explaining the difference between rehabilitation and social reintegration (slide #30).
27. Summarize the module and clarify any final queries.
28. Ask participants to do the self-evaluation in their own time.

# PREVENTION of GENDER-BASED VIOLENCE/ SEXUAL VIOLENCE

STOP  
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i've had  
ENOUGH!

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STOP

## MODULE IV: Prevention of Gender-Based Violence/Sexual Violence

**Time allocated:** 210 minutes (3 hours and a half)

MODULE IV Outline			
Section No	TIME	SECTION TITLE	METHODOLOGY
	5 minutes	Introduction to Module IV	Oral presentation
4.1	2 minutes	Learning Objectives	Oral presentation; PPP
4.2	<b>Approx. 90 minutes</b>	<b>Primary Prevention</b>	
4.2.1	60 minutes	What is Primary Prevention?	Reading; PPP; Oral presentation; Group exercise
4.2.2	15 minutes	Importance of Prevention of GBV/SV	Reading; PPP
4.2.3	15 minutes	Requirements for Sustainable Prevention Interventions	Reading; PPP
4.3	<b>Approx. 110 minutes</b>	<b>Strategies to Prevent GBV/SV and Role of Health Care Providers</b>	
4.3.1		<i>Community Level Interventions</i>	
a)	60 minutes	Community Mobilization and Process of Social Change	Reading; PPP; Group exercises; Discussion
b)	20 minutes	Addressing the impact of GBV/SV on Families and Communities of Victims/Survivors	Reading; PPP
4.3.2	30 minutes	<i>Facility Level Interventions</i>	Reading; PPP; Group exercise
	5 minutes	Summary of Module IV	Oral presentation; Reading

### Preparation/Materials:

- Computer, LCD projector, PPP
- Blank flip chart and markers
- Participant Manual (Module IV) and Facilitator Guide

### Work Method:

- PPP; Reading; Exercises; Discussions

## Learning Objectives

*At the end of this section, participants will be able to:*

- Describe key principles of primary prevention
- Explain process of community mobilization and social change
- Describe the roles of health care providers in the prevention of GBV both at community and health facility level
- Identify survivors of GBV

## Activity:

1. Briefly introduce the content of the module to the participants.
2. Put up the PP slide (slide #3) that states the learning objectives and ask one of the participants to read them out loud. Acknowledge her/his contribution. Ask whether something is not clear regarding these objectives. Summarize the skills they will have obtained at end of the section.
3. Read or ask a participant to read “what is primary prevention” under Section 4.2 out loud and tell the others to follow with their manuals. Thank him/her for the contribution.
4. Put up the PP slide (slide #4) stating what primary prevention should do and read it out loud. Ask participants if they have any questions.
5. Put up the PP slide (slide #5) and discuss the ecological framework of GBV. Then move to the next slide (slide #6) on risk factors at the different levels of the ecological models and ask participants to quietly go through the different tables in their manuals. When everyone has finished reading, summarize the risk factors for GBV/SV at each level and ask whether anyone has comments or questions.
6. Tell participants that they will now do **Exercise 4.1** and that their active participation is important. They have 30 minutes to complete it.

### Exercise 4.1 Prevention of GBV/SV in Yechalal Kebele

**Scenario 1:** You are the lead HEW and would like to eliminate GBV/SV in Yechalal kebele. You feel it is possible to do so. You started reading on GBV and how to prevent it. You come up with possible solutions. But your strategic solution requires deeper knowledge and understanding of the situation in your kebele. You discuss your idea with the kebele administrator and decided to have meeting on the causes for GBV/SV with the HDA and renown community leaders. Then you ask:

1. *What is/are the basis for GBV/SV in our community?*
2. *What are the social norms that disregard GBV/SV in our community?*
3. *How do we address these negative social norms to prevent GBV/SV?*
4. *What protection measures should we take? As individuals, families, as a community and society?*

*Divide participants into groups of 6 members each. One member will be designated the lead HEW and the rest will be community participants (kebele administrator, member of HAD, community leader, etc.). Provide each group with a flipchart and markers. The lead HEW will then give the introduction, write the different questions on the flipchart and will lead the brainstorming/discussion exercise. The group members have around 5 minutes to discuss each question. The HEW will write down the answers and categorize them as follows:*

<b>Biological (cannot be changed or solved)</b>	<b>Individual (behavior)</b>	<b>Community: social norms, culture, traditions</b>	<b>Organizational (is it a system?)</b>	<b>Legal</b>
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Based on the knowledge already acquired, the team members will try to find solutions for each of the bases for GBV/SV stated in the different categories.

7. Take the participants through the different categories to discuss the exercise (slide #8).
8. Quickly go through the importance of prevention of GBV/SV and the requirements for sustainable prevention interventions and ask participants to follow in their manuals.
9. Tell participants that you will take them through Section 4.2.1 on the different strategies to prevent GBV/SV and the important role of health care providers in the prevention of GBV/SV (PP slide #10).
10. Explain that there are community level interventions on the one hand and facility level interventions on the other (PP slide #11). Ask one participant to read the first paragraph of the section on community mobilization and process of social change out loud. Thank her/him for the contribution.
11. Then take participants through the Stages of Change Theory (Table) and tell them to follow you with their manuals. Ask if there are any questions and if so, please clarify (PP slide #12).
12. Take participants through **Exercise 4.2** (Prevention of GBV/SV in Yechalal Kebele (cont'd)).

#### **Exercise 4.2 Prevention of GBV/SV in Yechalal Kebele (cont'd)**

*Participants will work in the same groups as for Exercise 4.1 and have 30 minutes to complete the activity.*

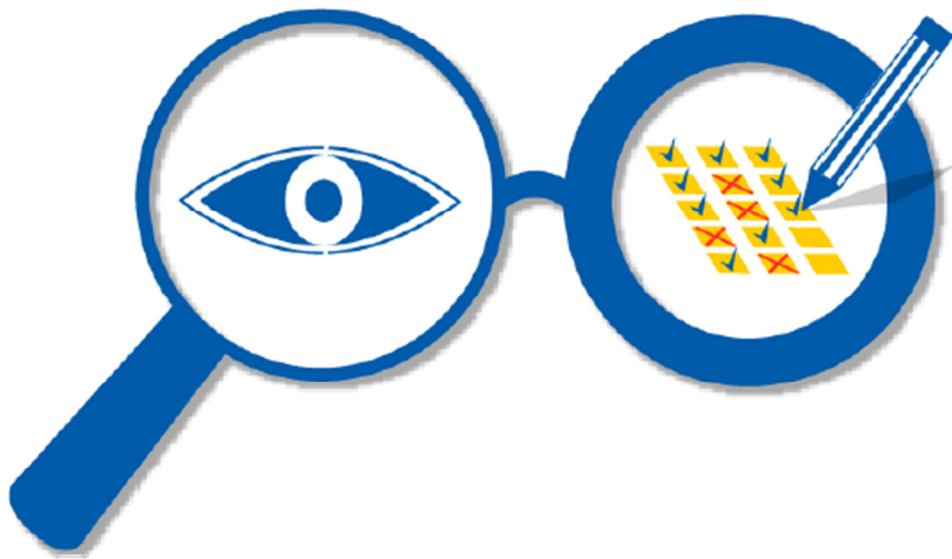
**Scenario:** You did gather all the information from your kebele to systematically address your target/goal. You and your colleagues tried to design community mobilization strategy in order to change the community behavior.

*What elements should you consider regarding this design? Or what principles will be addressed in each stage of community behavioral changes?*

13. Ask participants what they think HEWs and health care providers should do in order to address each of the stages of change. Thank them for their contributions and then take them through the relevant section (PP slide #14).
14. Take participants through **Exercise 4.3** (Group questions and answers). Divide the participants into two groups and ask questions for each group to answer. Each group should appoint a captain who will choose a group member to answer the questions asked by your facilitator. Explain to the participants that they need to follow the exercise very attentively; it requires a certain level of discipline and fast answers in a short time (seconds). This exercise should take approximately 20 minutes to complete.

15. Ask one participant to read the introduction of the section on addressing the impact of GBV/SV on families and communities of victims/survivors and ask the rest to follow in their manuals. Thank her/him for the contribution. Put up the PP slide (slide #16) and ask participants to brainstorm what the effects on a) families of victims/survivors and b) on the community and society might be. Applaud everyone for their work and proceed to read the respective answers in the module out loud.
16. Put up the PP slide (slide #17) on facility level interventions and take the participants through “Identifying a survivor who may be exposed to GBV/SV”. Explain to participants what is important to know when dealing with cases where GBV/SV is suspected and ask participants what they think they have to do when suspecting GBV/SV but the survivor does not disclose any information.
17. Continue with “Promotion of health education within health facilities” and tell participants to follow with their manuals.
18. Summarize the module and offer final clarifications.
19. Thank participants and acknowledge their good work and valuable contributions.
20. Ask participants to do the self-evaluation in their own time.

# MONITORING and EVALUATION



## MODULE V: Monitoring and Evaluation

**Total time allocated:** 120 minutes (2 hours)

MODULE V Outline			
Section No	TIME	SECTION TITLE	METHODOLOGY
5.1	2 minutes	Learning Objectives	Reading; PPP; Oral presentation
5.2	35 minutes	Definitions and Types of Indicators	Reading; PPP;
5.3	50 minutes	Purpose of Monitoring and Evaluation	Reading; PPP; Oral presentation
Annex	25 minutes	Table with Draft Indicators	Reading; PPP; Oral presentation
	5 minutes	Summary of Module V	Oral Presentation; Reading

### Learning Objectives

*At the end of this section, participants will be able to:*

- Describe the objectives of monitoring and evaluation of post-sexual violence care
- Explain the difference between monitoring and evaluation
- List indicators that can be used for monitoring of post-sexual violence care
- Use register and produce reports on post sexual violence care

### Preparation:

- Computer, LCD projector, PPP

### Work Method:

- PPP; Reading; Oral presentation
- Participant Manual (Module V) and Facilitator Guide

### Activity:

1. Briefly introduce the content of the module to the participants.
2. Put up the PP slide (slide #3) that states the learning objectives and ask one of the participants to read them out loud. Acknowledge her/his contribution. Ask whether something is not clear regarding these objectives. Summarize the skills they will have obtained at end of the section.
3. Put up the PP slide (slide #4) and ask participants to read the definitions out loud. Continue with the next PP slide (slides #5) and then move on to PP slide #6 for the type of indicators.
4. Put up PP the slide (slide #8) explaining the purpose of monitoring and evaluation of cases involving GBV/SV. Briefly take the participants through it.



5. Continue with the next PP slides (slides #8-9) that state what should be monitored and evaluated in post-violence care. Ask a participant to read the content of the slide out loud and thank her/him for the contribution. Ask if there are any questions.
6. Tell participants to turn to the last page of Module V in their Participant Manual and go through the table with the draft indicators.
7. Ask if there are any final questions and thank all participants for their attention and contributions.
8. Tell participants to do the self-evaluation in their own time.

**At the end of the course:**

- Tell participants that they will take a post-test. Distribute the questionnaires and remind them to put their code. They will have 25 minutes to complete the test.
- After completing the test, take time to score and post the scores in a visible place.

*Then it is time for certificate issuance for those who successfully completed the training.*

## ALTERNATIVE COURSE AGENDA

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6 (TOT)
<p>AM (4 hours)</p> <p><b>Pre-training session</b></p> <ul style="list-style-type: none"> <li>- Introduction and course overview (Goals, objectives, schedule, training materials)</li> <li>- Expectations and groups norms (30')</li> <li>- Pre-test (25')</li> </ul> <p><b>Module I: Introduction to the Basics of Gender</b></p> <p><b>Break (20')</b> 10.10 – 10.30am</p> <p><b>Module I: Continued</b></p>	<p>AM (4 hours)</p> <p><i>Agenda and Recap</i></p> <p><b>Module II: Clinical Response and Management of GBV/SV</b></p> <p><b>Break (20')</b> 10.10 – 10.30am</p> <p><b>Module II: Continued</b></p>	<p>AM (4 hours)</p> <p><i>Agenda and Recap</i></p> <p><b>Module II: Continued</b></p> <p><b>Break (20')</b> 10.10 – 10.30am</p> <p><b>Module II: Continued</b></p>	<p>AM (4 hours)</p> <p><i>Agenda and Recap</i></p> <p><b>Module III: Psychological Care and Psychosocial Support</b></p> <p><b>Break (20')</b> 10.10 – 10.30am</p> <p><b>Module III: Continued</b></p>	<p>AM (4 hours)</p> <p><i>Agenda and Recap</i></p> <p><b>Module IV: Continued</b></p> <p><b>Break (20')</b> 10.10 – 10.30am</p> <p><b>Module IV: Continued and Complete</b></p>	<p>AM (4 hours)</p> <p><b>Facilitator Guide: Preparation, basics and principles of facilitation (120')</b></p> <p><b>Methodology (120')</b></p> <p><b>Break (20')</b> 10.10 – 10.30am</p> <p><b>Facilitation for Module I (20')</b></p> <p><b>Facilitation for Module II (80')</b></p>
<b>LUNCH (12:30-1:30pm)</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>
<p>PM (3 hours)</p> <p><b>Module I: Continued</b></p> <p><b>Break (20')</b> 3 – 3.20pm</p> <p><b>Module I: Continued and Complete</b></p> <p><i>Summary of the day</i></p>	<p>PM (3 hours)</p> <p><b>Module II: Continued</b></p> <p><b>Break (20')</b> 3 – 3.20pm</p> <p><b>Module II: Continued</b></p> <p><i>Summary of the day</i></p>	<p>PM (3 hours)</p> <p><b>Module II: Continued</b></p> <p><b>Break (20')</b> 3 – 3.20pm</p> <p><b>Module II: Continued and Complete</b></p> <p><i>Summary of the day</i></p>	<p>PM (3 hours)</p> <p><b>Module III: Continued and Complete</b></p> <p><b>Break (20')</b> 3 – 3.20pm</p> <p><b>Module IV: Prevention of Gender-based Violence/Sexual Violence</b></p> <p><i>Summary of the day</i></p>	<p>PM (3 hours)</p> <p><b>Module V: Monitoring and Evaluation</b></p> <p><b>Break (20')</b> 3 – 3.20pm</p> <p><i>Post-test (25')</i></p> <p><i>Course evaluation (20')</i></p>	<p>PM (3 hours)</p> <p><b>Facilitation for Module III (60')</b></p> <p><b>Facilitation for Module IV (60')</b></p> <p><b>Break (20')</b> 3 – 3.20pm</p> <p><b>Facilitation for Module V (20')</b></p> <p><b>Course evaluation and summary (30')</b></p>