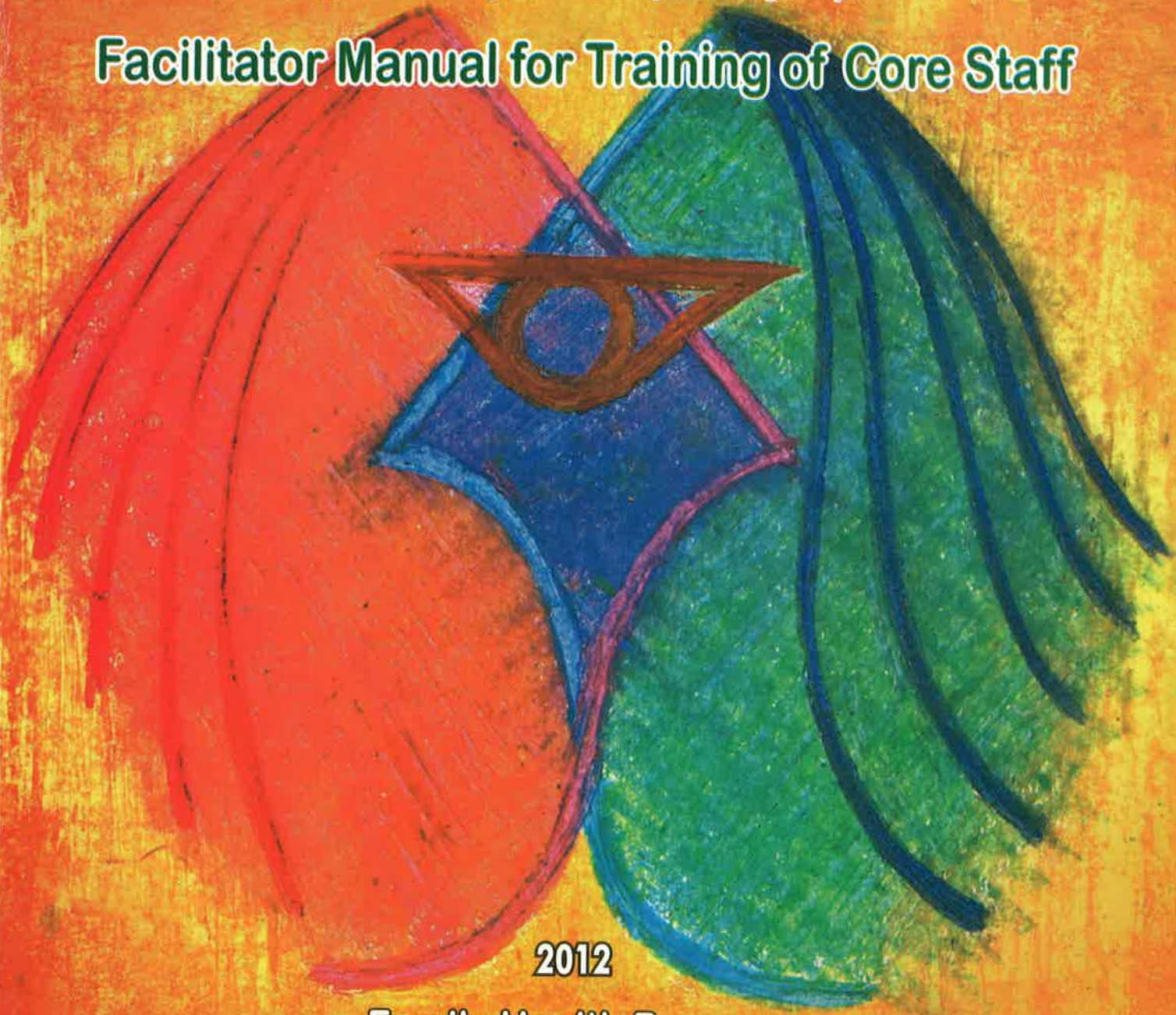
Gender-based Violence Care Centres

(Mithuru Piyasa - Natpu Nilayam)

Facilitator Manual for Training of Core Staff



2012

Family Health Bureau
Ministry of Health
Sri Lanka

UNFPA

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(Mithuru Piyasa - Natpu Nilayam)

Facilitator Manual for Training of Core Staff

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Message from the
Hon. Minister of Health

Sri Lankan government provides free health care to its public while maintaining high standards and indicators unrivaled in the region.

One of the distinctive features of the health system of Sri Lanka is the equal emphasis given to both curative care and preventive health care which includes issues such as addressing gender-based violence.

Many policy documents of the government of Sri Lanka, including Mahinda Chinthanaya, and the Health Master Plan of Sri Lanka 2007-2016 iterate the commitment of the state to provide services to women subjected to various forms of violence.

I am very happy that the Family Health Bureau as the directorate responsible for women's health has taken steps to address gender-based violence in the area of prevention as well as in responding to persons who suffer from violence.

Improving knowledge and skills of the health staff is an important step in provision of support and assistance to persons subjected to gender-based violence.

I am confident that the development of these training documents will launch a series of training activities which will in turn result in bringing together a group of competent and compassionate care providers to serve the public.

Maithripala Sirisena
Minister of Health

Message from
UNFPA Representative

UNFPA, the United Nations Population Fund, advocates against gender-based violence as a human rights violation and a public health priority, in line with the mandate entrusted to us by the Programme of Action of the International Conference on Population and Development (ICPD).As the lead UN agency on sexual and reproductive health, UNFPA plays a vital role in addressing the health consequences of (violence against women) and girls which often have a long-lasting impact.

In Sri Lanka, UNFPA began its support in addressing gender-based violence within the health sector in 2002. This was through a pilot under the global Programme Guide for Health Care Providers and Managers, developed by UNFPA. With UNFPA support, the Ministry of Health established the first ever government run gender-based violence care centre at the Matara Hospital in 2007.

Taking on from the lessons learnt, UNFPA under its current country programme is working with the Ministry of Health to integrate the prevention and management of gender-based violence using multi-pronged approaches. A key strategy has been to build the capacity of health professionals (with the) knowledge and competency to respond to gender-based violence. To this end, UNFPA has supported the Family Health Bureau of the Ministry of Health, to produce a resource pack comprising of a training manual, an information booklet for health staff and a protocol for service centres.

This resource pack will enable uniformity in training and in the implementation of activities at the hospital care centres and will add to its long-term sustainability as an integral part of health care in the country.

This resource pack was compiled by Dr. Lakshmen Senanayake under the leadership of the Family Health Bureau and with technical assistance from UNFPA. Review of these materials were carried out by an expert panel comprising of professionals from various disciplines.

UNFPA is grateful to the Family Health Bureau for their leadership. We sincerely thank Dr.Lakshmen Senanayake and the panel of experts.

No doubt, the resource pack will add to the success of the programme to prevent and manage gender-based violence in Sri Lanka.

Ms. Lene K. Christiansen

Preface

Family Health Bureau is the nodal organization responsible for Women's Health in the Ministry of Health.

Gender-based violence is now being recognized as one of the significant threats to women's health, In addition, it has been accepted that, domestic violence is a major public health issue affecting mostly women who are at a high risk of multiple negative health outcomes, particularly in the area of reproductive health. Pregnant women undergoing domestic violence are at a higher risk of experiencing many negative health outcomes, affecting the mother to be and the baby.

Although data on gender-based violence came to be available over the last few decades, impact of domestic violence on health and well being of the women came to be critically evaluated and assessed only in the recent past. It is a tragic situation that, the topic is often considered by many health care providers as shameful, irrelevant, and as an unnecessary intervention. Such attitudes leave the abused women uncomfortable to disclose violence and the health care provider uncomfortable to ask, and the health care system unable to use the window of opportunity offered to identify and care for abused women.

A significant step taken by Family Health Bureau in responding to gender-based violence is setting up of Gender-based Violence Care Centres named "Mithuru Piyasa/Natpu Nilayam" at hospitals, which are dedicated to provide emotional and medical support to survivors of gender-based violence.

Inadequacy of health care provider's knowledge, the societal attitudes towards the subject, and the ensuing reluctance to respond make its detection and management inconsistent, ineffective and sometimes even counterproductive.

Capacity building of health care providers attached to "Mithuru Piyasa-Natpu Nilayam" to respond to survivors of gender-based violence is vital in this aspect.

Resource pack comprising of the Facilitator manual for training of the Core Staff of Gender-based Violence Care Centres (Mithuru Piyasa-Natpu Nilayam), Information booklet for health care providers on gender-gased violence, and the Protocol for Gender-based Violence Care Centres (Mithuru Piyasa-Natpu Nilayam) were developed to fulfill the above purpose.

We take this opportunity to pay our sincere gratitude and appreciation to all those who contributed to make this endeavour a success.

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National Programme Manager Gender and Women's Health
Family Health Bureau,
Ministry of Health
Sri Lanka

Dr. Deepthi Perera
Director Maternal and Child Health
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Ministry of Health
Sri Lanka

Acknowledgements

The Family Health Bureau, as the directorate responsible for women's health, would like to acknowledge all those who contributed towards the development of this manual, but they are too many to be identified by name. However we would be failing in our duty, if those central to the activity are not mentioned here.

The initial training programme for establishing the first Mithru Piyasa/ Natpu Nilayam in 2007, conducted at Matara, was the starting point for the evolution of this manual and we acknowledge the contribution made by all resource persons who participated at this training.

This facilitator manual would not have been a reality if not for the hard work and the commitment of Dr Lakshmen Senanayake, who compiled the document after extensive review of literature on gender-based violence and taking guidance from them. We appreciate his effort.

We are thankful to Dr Manoj Fernando for developing the section on befriending.

Dr Chandani Galwaduge National Programme Officer RH, UNFPA and Dr Nethanjalie Mapitigama National Programme Manager Gender and Women's Health, FHB who took up the challenge of piloting the document and thereafter improving it with constructive suggestions. We thank them.

The piloting was facilitated by the Heads of the Institutions, Consultant Psychiatrists, Consultant Obstetricians and Gynecologists and other staff of Matara , N'Eliya, Dickoya and Batticalao Hospitals. The assistance given by them is very much valued.

This manual was extensively reviewed by a panel of experts and consensus was reached after many discussions. We are grateful to the members of this panel who contributed time and expertise in no small measure.

We are thankful to Dr Kamal A. Perera for designing a distinctive cover page for documents.

We acknowledge the assistance given by UNFPA-United Nations Population Fund Sri Lanka, in providing technical and financial assistance and would like to specially appreciate the support given by Ms. Lene K Christiansen, the UNFPA Representative in Sri Lanka.

Dr. Deepthi Perera

Director Maternal and Child Health

Family Health Bureau

Acronyms and Abbreviations

AIDS	–	Acquired Immune Deficiency Syndrome
ANC	–	Anti Natal Clinic
DALY	–	Disability Adjusted Life Years
DDGMS	–	Deputy Director General – Medical Services
DDGPHS	–	Deputy Director General – Public Health Services
DV	–	Domestic Violence
EC	–	Emergency Contraception
FHB	–	Family Health Bureau
GBV	–	Gender Based Violence
GP	–	General Practitioner
HIV	–	Human Immunodeficiency Virus
IASC	–	Inter Agency Standing Committee
JMO	–	Judicial Medical Officer
MCH	–	Maternal and Child Health
MIS	–	Medical Information Systems
MO	–	Medical Officer
MOH	–	Medical Officer of Health
MoH	–	Ministry of Health
MOIC	–	Medical Officer In Charge
MO/MCH	–	Medical Officer / Maternal & Child Health
MRO	–	Medical Records Officer
MS	–	Medical Superintendent
NCW	–	National Committee on Women
OIC	–	Officer In Charge
OPD	–	Out Patient Department
OSCC	–	One Stop Crisis Center
OSSC	–	One Stop Service Center
PHM	–	Public Health Midwife
RDHS	–	Regional Director of Health Services
SLMA	–	Sri Lanka Medical Association
STI	–	Sexually Transmitted Infections
UN	–	united Nations
UNFPA	–	United Nations Population Fund
VAW	–	Violence Against Women
WIN	–	Women In Need

01. Introduction

Sri Lanka's health sector has recognized gender based violence as an emerging health issue of considerable significance and responded in a systematic manner in its policies and their implementation[1]. One of the crucial activities conducted was the establishment of identified service points in secure spaces in the state health institutions, dedicated to the care of survivors of violence to support and supplement the routine medico legal services provided in the state health service. The name used to identify these service points was *Mithuru Piyasa/Natpu Nilayam* The services at these service points would be provided by doctors and nurses, specifically identified and allocated from the hospital staff for this purpose.

This manual is designed to assist the facilitator to conduct training for the core staff of such centers, who would manage these service points. This includes one day training targeted specifically to improve the basic listening (befriending) skills of the same group. The training is considered mandatory and needs to be conducted before establishment of the centers. The training is not meant to be once only training, but to be the initial step of a process of professional development in order to provide high quality care for GBV survivors.

This manual has been prepared to improve the understanding among the health professionals, providing training for those who care for GBV survivors ,on the role of health system in providing care in an environment where confidentiality and privacy is ensured and the dignity and the rights of the survivor are respected.

The training will fill the gap in the accurate information available on GBV ,including domestic violence, and the lack of awareness of the cultural contexts impacting both the patient and the care provider, or both that exist among the majority of health care providers . In addition, the manual attempts to look at the relationship between socially sanctioned norms and behavior that result in violence against women and the impact of such acts on the health of survivors and the community at large. It also incorporates the training on the logistical aspects of managing a unit within the health institution in a culturally sensitive manner

The Facilitator manual helps in the integration of information from different fields of expertise in the improvement of practices and procedures related to the care of survivors.

The accompanying "Information booklet for care providers " is complementary in fulfilling the additional knowledge needs related to GBV for those providing care for survivors and their children .

The Protocol for *Mithuru Piyasa/Natpu Nilayam* deals with the operational aspects of managing the service point.

02. Training Plan

2.1 TARGET GROUP

The Facilitator Manual targets the Trainers who are entrusted with the capacity building intended to develop the skill of doctors, nursing officers and ancillary staff who would be dedicated (identified) care providers of the service points/Units (*Mithuru Piyasa-Natpu Nilayam)* that are being established in the hospitals of the Ministry of Health.

Although the training is designed to give the participants ,the knowledge and skills in providing care to the survivors of GBV, appointed to the service point, the training is not to be limited to them, but may include other interested care providers such as hospital administrators, senior nursing officials, members of relevant departments such as psychiatry, accident and emergency and preventive sector officials such as MO/MCH.

The addition of such care providers in the training not only provides a group who could stand in for service provision when necessary, but becomes a strong force from the advocacy point of view, in establishing and sustaining this service in a hospital setting in spite of the negative local sensitivities that may exist.

2.2 LEARNING OBJECTIVES

The main objective of the training is to enhance the ability of the health professionals to effectively respond to survivors and to perpetrators of Gender Based Violence.
At the end of the training the participants would be able to,

- understand what is meant by Sex and Gender
- understand health and non health impacts of Gender Based Violence
- To understand how gender influences day to day life/life cycles
- understand root causes, associated factors, types and presenting features of GBV
- recognize the responsibility of the health sector to address GBV
- establish and run a service center for survivors of GBV in a hospital
- To understand the importance of multidisciplinary approach in providing care and the importance of establishing linkages with non health sectors.

2.3. DURATION

The training is to be conducted over four days.

2.4. TRAINING ENVIRONMENT

It is suggested that the workshop be held in an environment away from the usual working place in order to ensure uninterrupted participation which ensures focused attention on the training.

03. Facilitation

3.1 Qualities of an effective gender trainer

The quality of the trainer is very important, particularly in dealing with a sensitive issue such as GBV, more so, in using a participatory approach in the training. Some of the key competencies of the facilitator are listed below.[2]

- **Asking questions**: It helps the facilitator to understand the participant's background and the level at which the discussion to be pitched an also gives an opportunity for the participant to share experiences. It is important for the facilitator not to be too defensive.

- **Debriefing, consolidating and summarizing**: These three are essential components of any session. The presentation or group task should lead to the required learning objective. This process requires debriefing, consolidation and summarizing. The drawing of conclusions with the help of data and discussion is called consolidation and summarizing. Where data is transparent only summarizing may be enough. In others a common thread has to be woven and then we call it consolidation [2]

- **Listening:** Listening involves paying attention to what we hear, analyze it and respond to it. Fixed notions we have about many things very often disturbs the listening process. The facilitator should listen and evaluate what is told in the light of the learning objective and respond respectfully. Dismissing them as absurd or irrelevant will antagonize the participant and "walling off", thereby preventing the message from getting across.

- **Preparation**: This is an essential activity. The facilitator should be prepared with :
  - Training content
  - Operational details of the method of training
  - Debriefing framework
  - Ancillary material, if any

  Should demonstrate :
  - Friendly, interactive and use good communicative skills
  - Humility and openness
  - Flexibility
  - Resourcefulness

3.2 ROLE OF THE FACILITATOR

To explain to the participants the key concepts and issues as given in the module.

To facilitate discussion on these issues.

To sum up key points and ascertain that all key objectives are achieved.

To enable the participants to achieve the expected skill and the knowledge.

Avoid the attitude of lecturing, and giving the impression that you are not there to teach or enforce views but to guide and facilitate the exchange of knowledge and experiences among the participants which will help to establish collaborative relationships that are crucial for successful coordination during the training and in the follow up activities.

It is best for the facilitators to work as a team sharing training responsibilities with eachother, which not only decreases the workload but also enriches the training. However there is a need for the facilitators to check with each other about the progress of the workshop and the situation of the group and continue to be present even when the other facilitator is leading in order to play a supportive role. When there are two facilitators present, it is easier to gauge the progress of the workshop and implement midcourse corrections.

3.2 TIPS FOR THE FACILITATOR

USING GOOD FACILITATION SKILLS [3]

- **Let the participants know that you are paying attention to them:**
  - Face the participants (eye to eye).
  - Look at everyone—scan the entire group.
  - Smile at individuals.
  - Nod affirmatively—encourage participation.
  - Walk toward participants

- **Observe how the training is being received and adjust your training method accordingly.**

  If you notice that participants are:

  - **Bored**
    - Speed up the pace.
    - Take a break.
    - Stop talking and let participants talk or practice.
    - Use different training techniques, such as role plays, case studies, lectures, small group work, etc.
    - Ice Breaker
  - **Confused**
    - Ask questions and clarify.
    - Give examples.
    - Have others in the group explain the topic.
    - Demonstrate.
    - Let participants practise and provide hands-on assistance, if necessary.
  - **Sleepy**
    - Make sure the room is not too warm or stuffy.
    - Adjust the A/C
    - Make sure there is enough light.
    - Use a variety of training methods and training aids.
    - Take a break.
    - Ice Breaker
  - **Inattentive**
    - Stop talking and ask questions.
    - Have participants practise and exercise.
    - Ask others to explain a topic.
    - Speed up the pace.
    - Change your training technique.
    - Take a break.

04. Training Methods

4.1 Applying participatory principles in training

This training follows a participatory method of training and uses a variety of training methods such as interactive discussions, power point presentations, group work, Q&A sessions and role plays. This enables two way communications, allows for collective analysis which is experience based and action oriented.

- If imparting knowledge is the intention he / she may use interactive lectures slide shows etc.
- If awareness or attitudinal change is the intention he / she may use small group discussions, case studies, role plays etc.
- If skill development is the intention it is best to use demonstrations or hands on training.

Another important aspect of the training is to make it action oriented.
The sequence of learning needs to be arranged in such a way, that understanding of the participants develop in a sequential manner and then proceeds towards some concrete post training action. In this instance, required action is the setting up and managing a service point in the hospital.

It is also important to recognize that most of the participants have been providing care to GBV survivors for many years although they had no training specifically on GBV but have a wealth of experience. The facilitator should make every effort to bring it out to the surface and in the process build a link with the participants.

4.2 Principles governing the training

- Commitment to *collaborative* relationships.
- Encourage *reflective and continuous learning* within and beyond the programme.
- Positive *sharing* of experiences.
- *Empowerment* of all participants.
- *Open and constructive feedback*.
- Awareness of the important *roles and responsibilities* and enhancing ongoing commitment to mainstream GBV care in the health system.

05. Preparation for the workshop and follow up action

5.1 PRE WORKSHOP PREPARATION

- Read the manual at least one month before the date of training.
- Understand the background of the participants and what they are supposed to do after the training i.e. establish and provide service at the service point.
- Decision on the dates on the convenience of participants, other resource persons and the hospital working arrangements.
- Finalizing the venue.
- Invitation to the participants and their supervising officers early.
- Arrangement for stationery and other aids such as multimedia, .overhead projector flip charts etc.
- Arrangement for refreshments and accommodation.
- Arrangement for duty leave and other administrative matters for the participants.

5.2 POST WORKSHOP FOLLOW UP

The training is meant to lead to a change in the attitudes / behaviors of the participants and not just updating their knowledge. Ideally a follow up workshop would be the way of ascertaining this, but in the present situation, the progress review meetings of the service point *Mithuru Piyasa/Natpu Nilayam*, to which some of the trainers could attend would serve this purpose.

06. Session Plan

Day 01 :		
Duration	**Subjects areas to be Discussed**	**Resources**
9.00 am - 9.20 am Opening Session	• Opening Session Addresses by Director of the hospital Provincial Director/Regional Director MOMCH	
9.20 am - 9.50 am Technical Session 01	• Introduction of participants and resource persons (15mts) • Introduction to training objectives (15 mts) • Setting the environment Participants expectations and fears • Discussion about the Training programme and finalizing the programme Pre Test (15 mts)	Minimum of two resource persons should conduct together
9.50 am - 10.00 am	Tea Break	
10.00 am - 12.30 pm	Understanding Concepts on Gender • Define gender and sex. • Understand gender stereotyping • Gender roles, division of labour and access to services • Describe how gender stereotyping affect males and • females differently at different ages • Understand how gender stereotyping influences GBV Interactive discussion	Minimum of two resource persons should conduct together
12.30 Pm - 1.30 pm	Lunch	
1.30 pm - 4.00 pm Technical Session 02	Understanding Gender-based Violence (GBV • Define violence and Gender Based Violence • Understand Associated Factors and root causes of GBV • Describe the different types of GBV • Understand misconceptions on GBV • Describe the magnitude of the problem • Sharing Experiences	Minimum of two resource persons should conduct together

Day 02 :		
Duration	**Subjects areas to be Discussed**	**Resources**
8.30 am - 12.30 pm Technical Session 03	Recap - Day 1 Impacts of GBV -Health and Non Health • Understand how GBV can affect a person throughout the life cycle	Minimum of two resource persons should conduct together
10.00 am - 10.15 am	Tea Break	
10.15 am - 12.30 pm	• Describe the Health Outcomes of GBV • Understand effects of GBV on pregnancy • Describe the Non Health Outcomes of GBV	Minimum of two resource persons should conduct together
12.30 pm - 1.30 pm	Lunch	
1.30 pm - 4.00 pm Technical Session 04	Provision of Healthcare to GBV Survivors • Profile the perpetrator and the survivor • Understand the barriers and limitations in providing care within the hospital settings. • Recognize the possible revictimisation that may occur within the care provision system • Understand and apply the Guiding Principles when providing care	Minimum of two resource persons should conduct together
Day 03 :		
8.30 am - 10.00 am Technical Session 05	Recap - Day 2	Minimum of two resource persons should conduct together
10.00 am - 10.15 am	Tea Break	
10.15 am - 12.00 noon	What is expected from befriending ? Basic principles of befriending	
12.00 noon - 1.00 pm	Lunch	
1.00 pm - 4.00 pm Technical Session 06	• Basic qualities and skills of a befriender • Managing survivors and families	Minimum of two resource persons should conduct together
Day 04 :		
8.30 am - 10.00 am Technical Session 07	• Recap - Day 3 • State commitment towards responding to GBV • Health sector Response to GBV • " Prevention of Domestic Violence " act 2005	Minimum of two resource persons should conduct together
10.00 am - 10.15 am	Tea Break	

Duration	Subjects areas to be Discussed	Resources
10.15 am - 12.30 pm	In depth discussion on : • Protocol for functioning of the GBV service point • Basics of the proposed MIS • Completing the data collection instrument • Data transmission to FHB • Referral mechanisms • Collaborating with other organisations • Monitoring process	Minimum of two resource persons should conduct together
12.30 pm - 1.30 pm	Lunch	
1.30 pm - 3.00 pm Technical Session 08	Discussion on, • Setting up of the service centre • Developing an Action Plan for service provision, referral system etc..... • Service provision • Referral system	Minimum of two resource persons should conduct together
3.00 pm - 3.30 pm	Award of certificates and the Closing of the work shop	

07. Opening Session

Inauguration Ceremony	
Length **Overview**	This session formally inaugurates the training programme This may be brief but preferably with the participation of RDHS/PDHS and Director, FHB or national programme manager for women's health, FHB to provide the State leadership for the programme.
outcome	This session formalizes this training in the health system Gives ownership to the health administration of the hospital Ensures linkages with the provincial and district health administration.
Preparation	Identification of limited number of speakers and invitees in a sensitive manner in order to get the maximum support for the programme. Ensure that the speakers keep to time.
Methodology	Conduct in a manner of a conventional meeting but be brief.

Process:

The session gives an opportunity to establish the ownership of the programme as a part of the overall health sector response of the Ministries of Health both Central and Provincial.

It also institutionalizes the establishment of the service points *Mithuru Piyasa/Natpu Nilayam* as high officials particularly in the provincial administration would participate and their comments would amount to policy statements.

This also gives an opportunity to invite consultants, nurses and other staff from different departments of the hospital to be made aware of the training as well as the scheduled establishment of the service point.

It also gives an opportunity to bring together other factors necessary to make an effective service provision to the survivors of GBV.

Opening Session / Getting to know	
Length **Overview**	This session serves as an introduction to the participants and to the training programme and to build up a team spirit ahead of the training.
outcomes	At the end of this session the participants would: Get to know one another Get to know the facilitators. Understand the objectives of the training programmes and harmonize them with the expectations. Set the ground rules jointly with the facilitators.
Preparation	Ensure that the Power Point Presentation is ready Ensuring that the speakers keep to time
Material	Items such as flip charts, display card, colour cards
Methodology	See below.

Introduction

As participants arrive, give them a coloured card and request them to note their own expectations i.e. what they hope to get out of the workshop

Activity 1 Introductions

Objective of this activity is to give an opportunity for the participants as well as the resource personnel to get to know one another

Step 1

Request the participants to form pairs among themselves at random.

Step 2

Request the participants to ask few questions about the other (partner) .They should get the information within 2 minutes

Step3

Request each participant to introduce his / her partner giving the name, position and one item of interesting personal information.

The resource persons too should join in this activity.

Learning Objectives

Activity 2 Expectations of the participant.

Objective of this is to give an opportunity for the resource personnel and the participants to realistically identify an achievable target.

Step 1

Request the participants to complete writing down their primary expectations on the cards given to them on arrival.

Step 2

Get a co-facilitator to collect them and paste them in groups mentioning similar expectations

Step 3

Initiate a discussion on these and present the expectations identified as the outcomes of the training course

The facilitator would draw a parallel on the expectations of the participants as brought up in the cards and the learning objectives on which the programme had been developed.

Learning Objectives of the Training

To enhance the ability of Health Professionals to effectively respond to survivors and perpetrators of Gender Based Violence in a hospital setting .

- To understand what is meant by Sex and Gender.
- To understand how gender influences day to day life/life cycle.
- To understand root causes, associated factors, types and presenting features of GBV.

Learning Objectives ctd....

- To understand Health and Non Health impacts of Gender Based Violence
- Recognize the responsibility of the health sector to address GBV
- To provide services for survivors of GBV with the collaboration and support of other staff in the hospital.
- Plan the establishment of a service centre for survivors of GBV in the hospital.
- To understand the importance of multidisciplinary approach in providing care and the importance of establishing linkages with non health sectors.

Emphasize the following using some of the expectations mentioned by the participants

Response to GBV needs multi-sectoral response, health sector has an indispensable and a leading role to play.

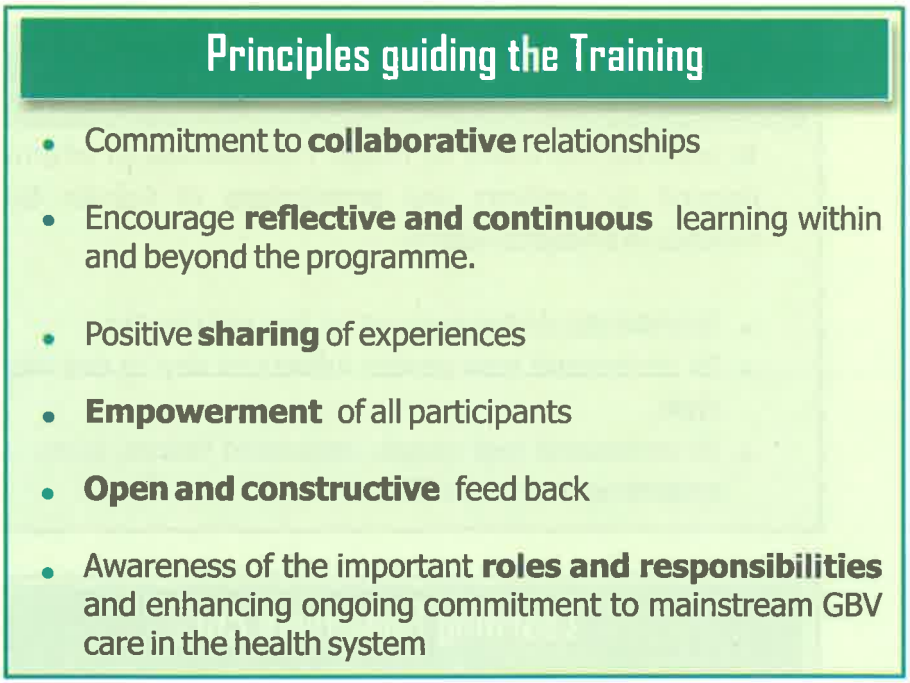
Important role this group of participants has to play in establishing and running GBV care centre*Mithuru Piyasa* in order to strengthen the response to GBV.

Ground rules, logistics and other arrangements. Discuss with the group openly. Encourage them to speak freely. Facilitator should not dominate the discussion if the participants are reluctant to contribute. E.g. meal times, mobile phones on silent mode.

It may be helpful to have ground rules for facilitators as well. This makes it more interesting and link up the participants and resource persons closer.

Finishing on time, not using acronyms etc.

This would be the opportunity to invite participants to form teams for assisting the workshop with icebreakers.



Using the above slide the facilitator could illustrate the principles guiding this workshop highlighting the importance of issues such as constructive feed back to improve the quality of the learning

Pre Test

Pre Test	
Length	20 Minutes
Overview	The answers may identify major gaps in knowledge, and inaccuracies in concepts and attitudes regarding GBV
Learning outcomes	At the end of this session the facilitator and the participants would: recognize these gaps
Preparation	Copy the pretest paper to be prepared as given in the Annexures
Material	Items such as flip charts, display cards
Methodology	See below

Step 1

Explain that the purpose of the pretest is to understand the learning needs of the participants better and also to serve as a basis to assess the impact of the training on the participants.

Step2

Distribute the papers and give them 10 minutes to mark.

Step 3

At the end of this session, a co-facilitator quickly marks the test, calculates the mean score and summarizes areas of strength and weakness, so that facilitators can emphasize accordingly during the training. You may want to post the mean score on a wall for all participants to see.

08. Technical Session 01

Session 1 Understanding Concepts	
Length **Overview**	Concept of Gender, understanding how gender stereotyping influences GBV.
Learning outcomes	At the end of this session the participants would: • Define gender and sex. • Understand gender stereotyping. • Describe how gender stereotyping affects males and females differently at different ages • Understand how gender stereotyping influences GBV
Preparation	White board divided into two sides - Man and Woman
Material	colored cards, flipchart and paper, whiteboards, marker pens
Methodology	See below.

Session 1: Understanding Concepts

Learning objectives
By the end of this session you will be able to:

- Define gender and sex.
- Understand gender stereotyping.
- Describe how gender stereotyping affect males and females differently at different ages
- Understand how gender stereotyping influences GBV

Activity 2 Understanding Gender and gender stereotyping

Objective of this activity is to give an opportunity for resource persons to get an idea of the knowledge and attitudes of the participants on the subject and also to highlight some of the important and sensitive issues through the participants own views

Step1

Mark two columns on the white board identified for 'men' and ' women' Divide the participants in to two groups. Ensure that there is a good mix-up in the method of selection.

Step2

Ask the participants to list what comes to the mind when the word 'man' or 'woman' is heard.

Explain clearly that they can write down a trait, characteristic, function, role or responsibility that could be attributed to men and women.

Starting with the closest to the chart, keep the line moving till the ideas are exhausted.

Then ask the two groups to cross over and add on to the list which are not already mentioned.

Step 3

Once the lists are completed discuss some of these attributed characteristics and how they impact on women's and men's lives at different stages emphasizing on the health aspects.

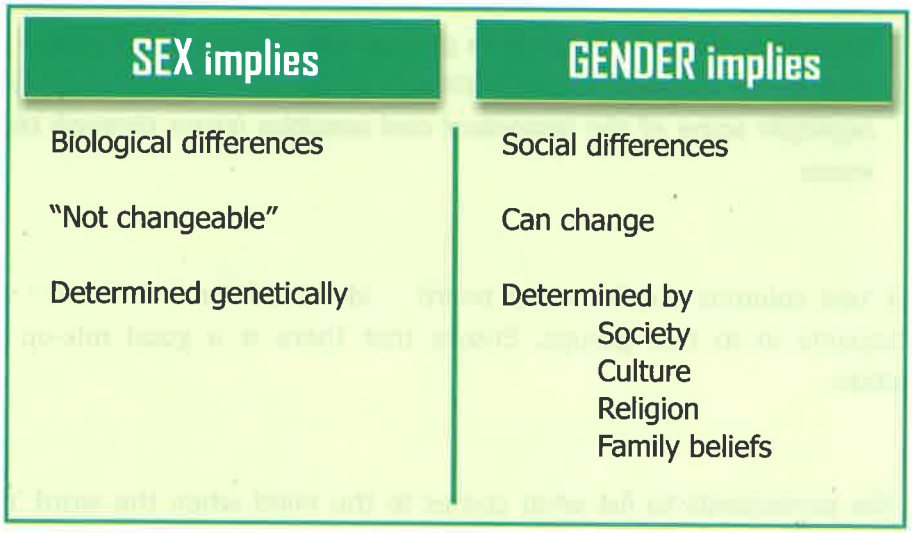
E.g. Women tolerate violence, women's reluctance to talk on sexual matters, promotion of docile behaviour from women, Young men indulging in risky behaviours.

Step 4

Based on the points brought up in the Step 3 continue an open discussion on impact of the stereotyping on Lives of both men & women.

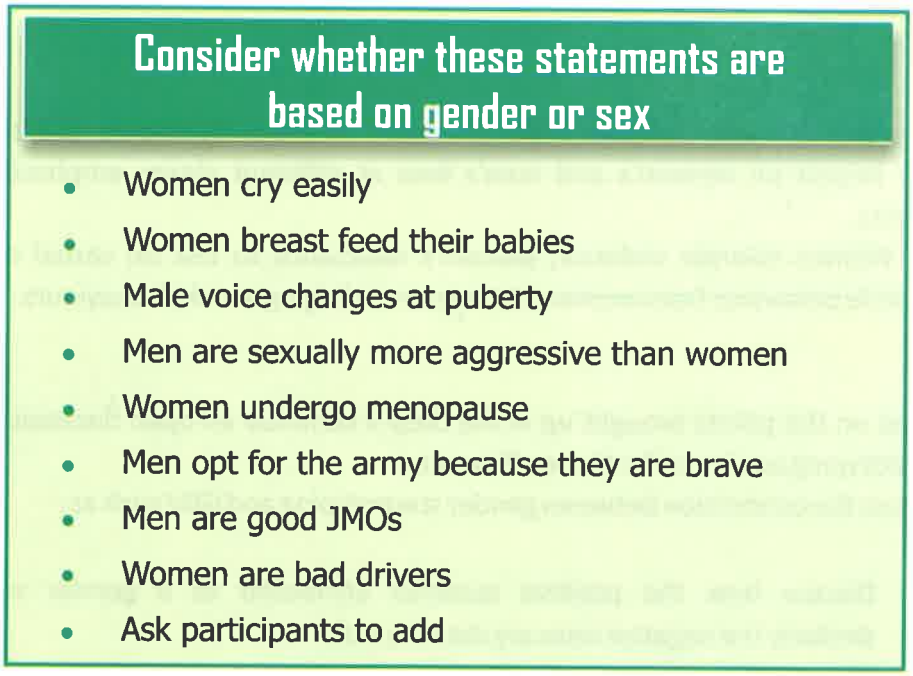
Discuss the connection between gender stereotyping and GBV such as:

- Discuss how the positive qualities attributed to a gender are beneficial, and similarly the negative ones are detrimental.
- Discuss the negative effects of gender stereotyping with examples on men and women and conclude that it is mostly disadvantageous to women.
- Woman's role in the home.
- Perceived image of woman as a person, who is expected to undergo any amount of suffering in order to keep the family together.
- Male domination in a patriarchal society.
- Using 'culture' to justify stereotypes; actually 'culture' reflects the existing stereotyping and culture could be changed - slow or rapid change.
- Trainer should also listen for any attitudes that may reflect a "blame the victim" stance and help the participants to analyze it deeply.

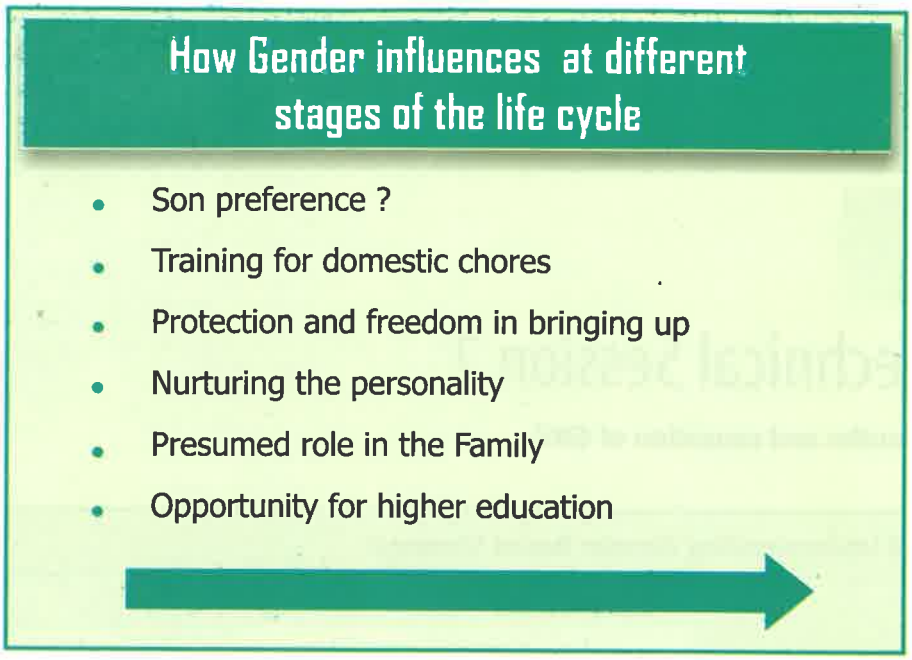


Coments on using the slide :

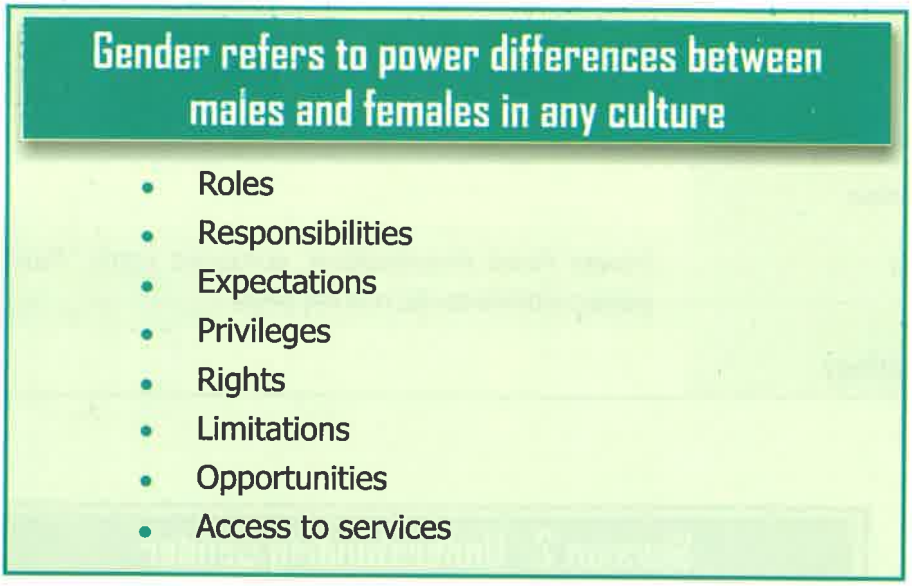
Using the above slide illustrate the difference between sex and gender



Use the above slide to make the participants understand the concept of gender opposed to biological sex .Ask the participants to add to this list which internalizes the message.



Using this slide explain how gender stereotyping influences boys and girls ,men and women at different stages of their life cycle . Illustrate the statements with examples related to both sexes and request the participants to contribute their own examples



Using this slide describe how different genders are attributed distinct and different roles, responsibilities etc. by the society. Select examples for each and make sure that they are related to both men and women.

Encourage the participants to give such examples and eventually conclude that the disadvantage of gender stereotyping and resultant power imbalance created in a patriarchal society such as ours is more for women relative to men.

Explain in detail how the gender roles influence the day to day lives of males and females differently. Males become "breadwinners" and women "child minders".

Also explain how gender leads to power differentials bet ween men and women and conclude how women are often at the receiving end

09. Technical Session 2

Gender and causation of GBV

Session 2 Understanding Gender Besed Violence	
Length	150 Minutes
Overview	What is violence ? What is GBV ? Understand associated factors and root causes of Gender Based Violence Magnitude of the problem.
Learning outcomes	At the end of this session the participants would: • Define violence and Gender Based Violence • Understand associated factors and root causes of GBV • Describe the deferent types of GBV • Understand misconceptions on GBV • Describe the magnitude of the problem
Preparation	
Material	Power Point Presentation, coloured cards, flipchart and paper, whiteboards, marker pens
Methodology	

Session 2 : Understanding Gender Based Violence (GBV)

Learning Objectives
At the end of the session you will be able to:

- Define violence and Gender Based Violence
- Understand Associated Factors and root causes of GBV
- Describe the different types of GBV
- Understand misconceptions on GBV
- Describe the magnitude of the problem

Activity 3 Distinguishing 'Violence' and 'Gender-Based Violence'

Objective of this activity is to allow participants to share their knowledge and understanding of the term violence in order to set the pace for detailed discussion on GBV.

Step 1

Request the participants to form pairs among them.

Step 2

Request them to discuss between them on "What is meant by violence?"

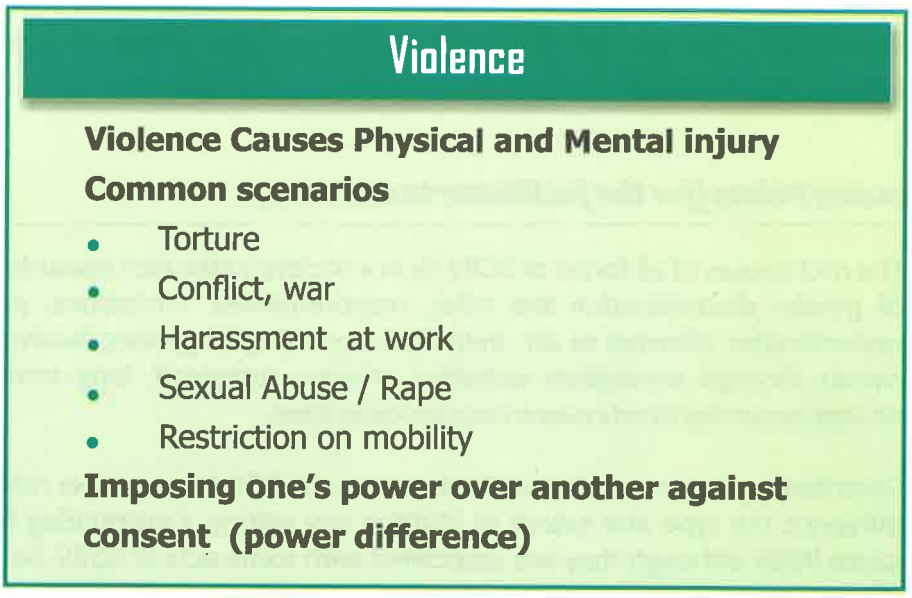
Step 3

Request them to write down their understanding on 'violence' on cards given to them.

Step 4

Invite them to share their understanding with the larger group.

The facilitator should impress upon the participants that violence always has a negative effect on the person who is subjected to. He may draw examples from some acts commonly considered as a corrective measure by some people with children.



Explain that underlying all types of violence, there is power difference between the two persons concerned.

Activity 4: *Construction of the GBV Tree. Exploration of the cause structure of GBV. This activity attempts to use the existing knowledge and experience of the participants to understand the causes and associated factors of Gender Based Violence .It is to be conducted, starting with fruits and ending up with roots. the impacts of violence. It is easy to initiate a discussion with health professionals who are familiar with effects/ outcome of GBV fruits. It is important to emphasize that causation of GBV is a complex phenomenon with many underlying factors, particularly societal factors*

- Explain that this is the GBV tree. It has roots, a trunk, branches and fruits. Fruits represent the outcome of GBV The branches represent examples of GBV, the trunk represents contributing factors, and roots represent underlying or root causes.

- Ask the group to give some examples of SGBV. Stop the discussion when you have 5-8 examples. Write the appropriate examples in the branches of the tree. Some examples might be: Rape, Domestic Violence, Sexual Exploitation, FGM, etc.

- Explain that in order to design effective GBV programming, we must understand contributing factors and underlying causes of GBV.

- Ask participants for examples of causes and contributing factors. Write them in the appropriate areas of the tree. Continue until you have elicited the majority of items listed in the slide below.

Key Discussion Points (for the facilitator to consider)

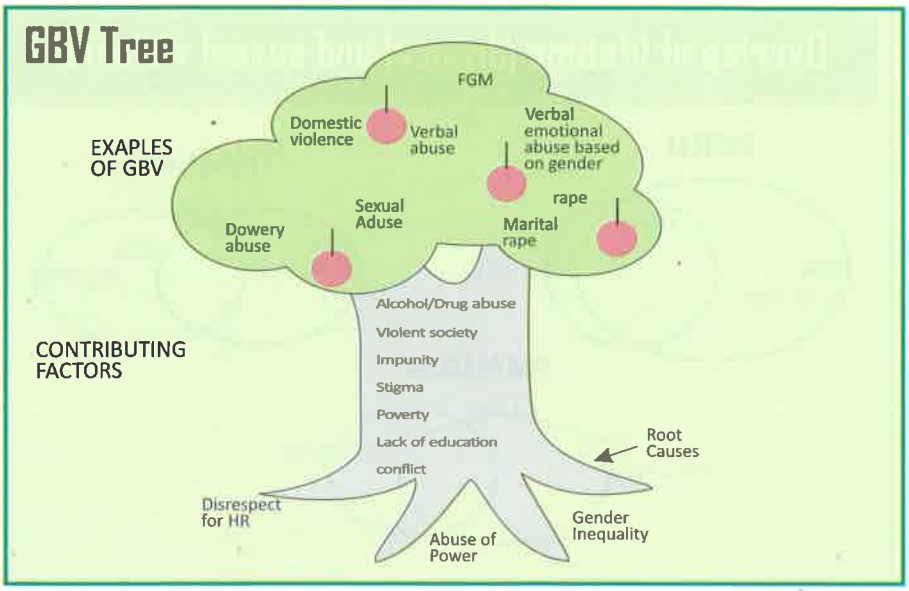
- The root causes of all forms of SGBV lie in a society's attitudes towards and practices of gender discrimination the roles, responsibilities, limitations, privileges, and opportunities afforded to an individual according to gender. *Addressing the root causes through prevention activities requires sustained, long term action with change occurring slowly over a long period of time.*

- Contributing factors are factors that perpetuate SGBV or increase risk of SGBV, and influence the type and extent of SGBV in any setting. Contributing factors do not cause SGBV although they are associated with some acts of SGBV. Some examples: Alcohol/drug abuse is a contributing factor-but all drunks/drug addicts do not beat their wives or rape women.

- War, displacement, and the presence of armed combatants are all contributing factors, but all soldiers do not rape civilian women.

- Poverty is a contributing factor, but not all poor women and girls will be sexually exploited or will resort to sex work.

- Many contributing factors can be eliminated or significantly reduced through prevention activities.



Using the diagram emphasize the fact that health professionals should realize that there is a complex array of responsible factors operating at different levels ,leading to GBV and not feel that it is due to simple and commonly blamed issues such as anger or alcohol. Highlight the fact that when they see consequences of violence among the care receivers to reflect on the back drop leading to GBV.
Help participants to understand the fact that contrary to the common belief, alcohol and poverty are not causes of GBV.

Facilitator should explain how power differentials and controlling behavior accepted by the society supports and justifies propagation of Gender Based Violence.

The perpetrators tend to use societal norms and attitudes to justify and inflict violence. At the same time, internalization of such norms and attitudes tend to make women accept violence and suffer in silence thereby .

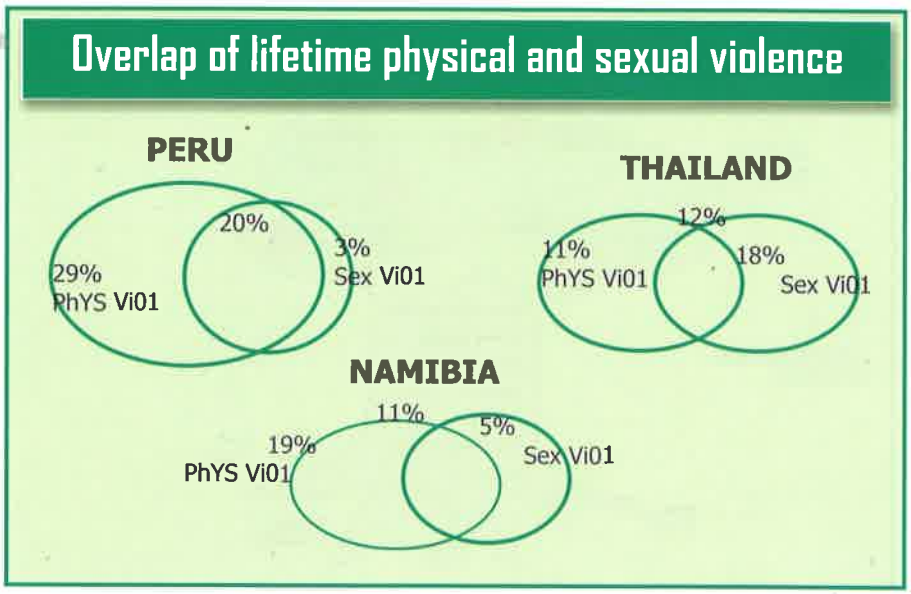
At this point, it is necessary to emphasize that gender based violence is learned behavior and not genetically determined.

Influence of violence seen and experienced by individuals as children, tend to generate violent behavior later on.

Describing GBV.....

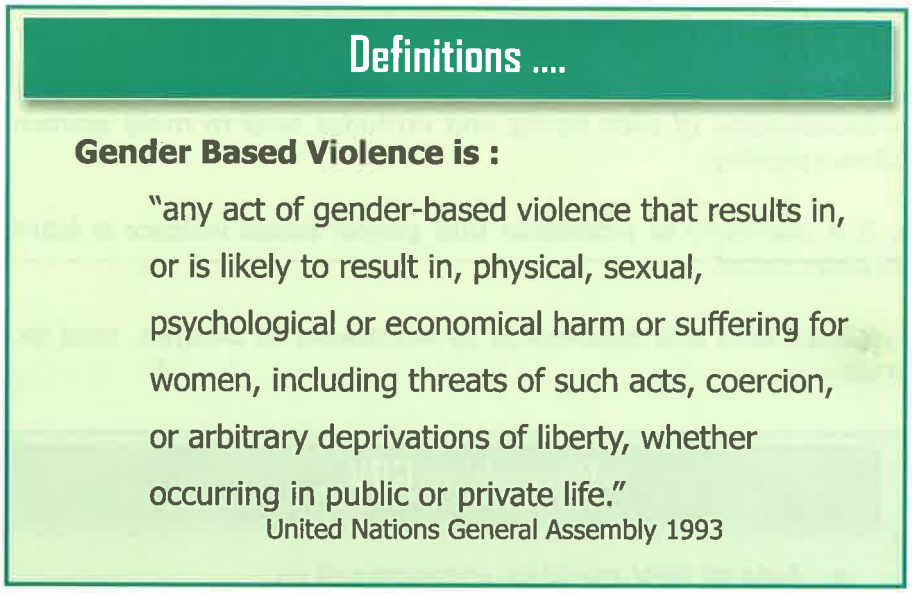
- **Acts of GBV could be categorized as :**
  - Physical
  - Psychological / Emotional
  - Sexual including Coercion
  - Social / Controlling behavior.
  - Economical

Using this slide discuss the different categories of GBV giving examples from each



Using this slide it is important to highlight that ,although we categorize GBV, in many instances these are overlapping. Also, indicate that physical violence always is associated with emotional trauma.

Power Point Presentation *Consolidate on the Definitions*



This slide gives one of the oldest but comprehensive and widely used definitions.

The facilitator must point out that although the definition indicates ,only women , at present Violence against men by women too is included in the definition.

It is also important to comment that the definition is very wide and encompass a wide array of incidents but indicate that the concern and prioritizing

Definitions

Domestic Violence is :

Domestic violence, broadly speaking is violence largely between family members and intimate partners, usually, though not exclusively, taking place in the home

Using this slide the facilitator defines domestic violence and emphasizes different aspects ,such as it may happen between different members of the family , it may be the female partner on the male, may occur in a same sex relationship and also draws attention to the description given in the prevention of domestic violence Act of Sri Lanka (Described in detail in the latter part of the manual.)

The presentation is followed up by an interactive discussion.
The facilitator may describe case histories and try to relate them to the definitions exemplifying the important aspects of the definitions.

Then the participants could be asked to relate their experiences with care receivers and try to relate to definitions and other issues discussed so far.

Power Point Presentation Consolidate on the cause structure of violence with interactive discussion

When considering GBV....

- Violence against women is rooted in unequal power relations between men and women in society .
- The gender division of labor creates a situation where women have less access and almost no control over resources.
- It also denies any decision making power to women.

Using this slide the facilitator briefly consolidates some of the aspects of GBV which were descried earlier and how they affect women in particular. The facilitator may use examples of such situations that he is aware of and accustomed to ,in order to drive in the points.

When considering GBV

- Belief in the inherent superiority of males
- Values that give men proprietary rights over women and girls
- Notion of family as the private sphere under male control
- Customs of marriage, (bride price/dowry)
- Acceptability of violence as a means to resolve conflict

Using this slide the facilitator briefly consolidates some of the aspects of GBV which were descried earlier and how they affect women in particular. The facilitator may use examples of such situations that he is aware of and accustomed to, in order to drive in the points. The significance of some of these issues differ from country to country and the facilitator emphasizes the situation in Sri laka. For example the situation regarding the dowry which possibly has a lesser impact in Sri Lanka relative to India.

When considering GBV.....

In Sri Lanka...

- "although there are no cultural or social practices that directly promote violence against women the cultural and social attitudes created through patriarchal ideologies and gender inequalities are embedded in every social institution"

Subhangi Herath Gender based Violence Sri Lanka 2007

Using this slide the facilitator briefly consolidates some of the aspects of GBV which were described earlier and how they affect women in particular.

When considering GBV....

In Sri Lanka...

- We have our share of culturally accepted practices such as virginity testing.

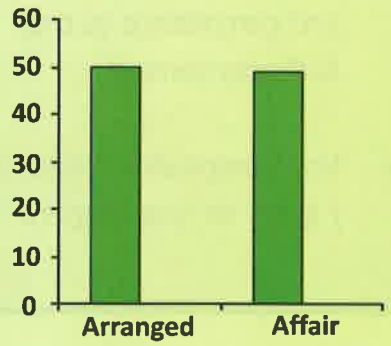
Robert Knox mentions many aspects regarding marriage but does not mention this practice

Using this slide the facilitator briefly consolidates some of the aspects of GBV which were described earlier and how they affect women in particular. Bring to their notice and start a discussion on the practice of virginity testing. Often the audience itself brings out the harmful effects such as initiating a lack of trust between the couple, emotional instability it creates on the woman and being health providers emphasize on the embryological aspects and state that it is not a valid mechanism.

During the discussion emphasize the fact that that there is no conflict with the society discouraging premarital sexual intercourse but explain that using this practice which is crude is a violation of human dignity and that it leads to domestic violence

Misconceptions on Gender based violence

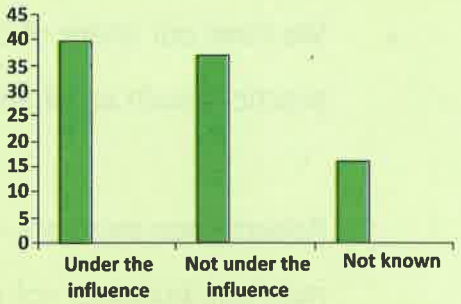
- Out of women who experienced domestic violence **49.01%** the marriage was arranged by their parents.**50.99%** had married their choice



Using this slide dispel some of the misconceptions

Misconceptions on Gender based violence

- Out of women who experienced domestic violence **46.00%** said that the perpetrator was after alcohol.**37.08 %** answered negative16.02 % were uncertain



Using this slide dispel some of the misconceptions regarding alcohol and GBV .

Many perpetrators are teetotalers.Getting rid of alcohol will never eradicate GBV. Most perpetrators will batter only the partner but not any other person.If one accepts that, alcohol is the cause it only adds on to the impunity with which the society treats GBV. It is possibly only an excuse.

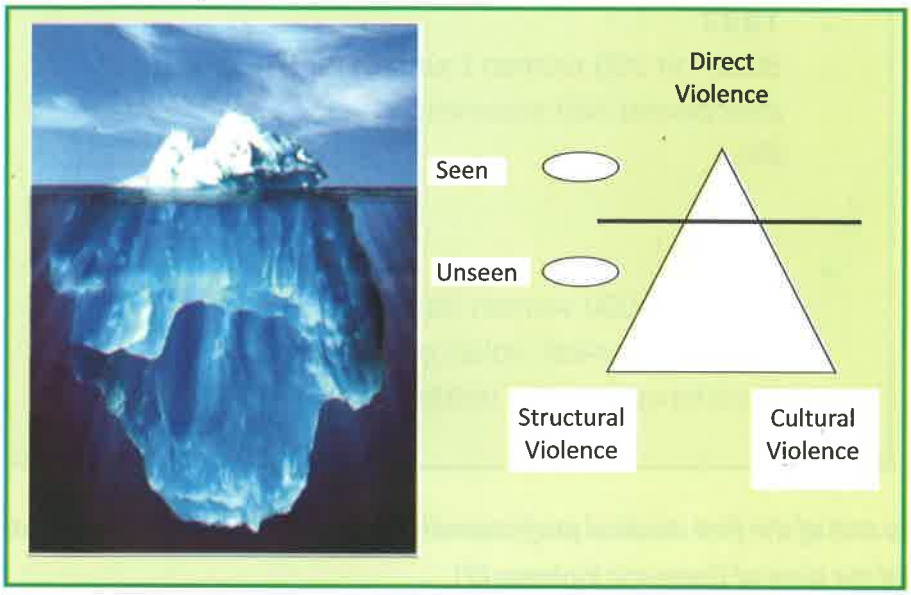
Arguments used to justify Gender based violence

- Exertion of authority similar to "paternal authority" which demands obedience and compliance to that authority/person
- Non compliance "deserves " / leads to "punishment"

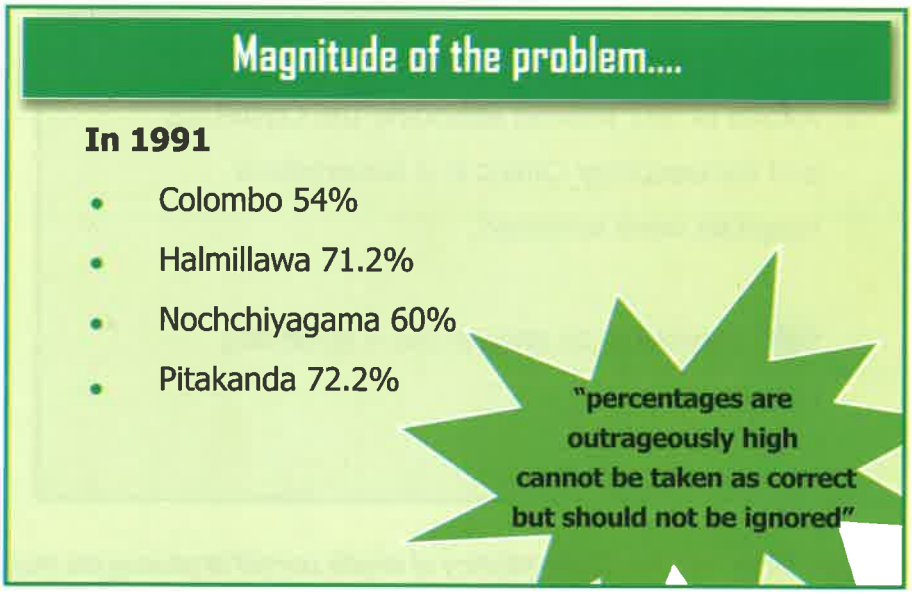
Using this slide, briefly stress on the power relations that lead to violence. Facilitator may use incidents he is aware of and illustrate.

Magnitude of the problem

Power Point Presentation *Present available information on prevalence of GBV*



Using this slide illustrate that relative to survivors we see in the health system there are many more who are suffering silently



This study was one of the earliest studies done in Sri Lanka. Although it was a small sample the findings surprised the researcher herself and she called for further studies. (7) At that time micro studies were done by interested researchers.

Magnitude of the problem...

- **1992**
  Study on 200 women found that 60% of the women interviewed had experienced violence in their married life.

  Sonali Deraniyagala

- **1992**
  Study of 1000 women found that 27% of the women received physical violence and 9% of them experienced severe battering

  Ananda Perera

Dr. Ananda Perera one of the first medical professionals, a general practitioner, interested in the issue of GBV highlighted the issue of Domestic Violence (8)

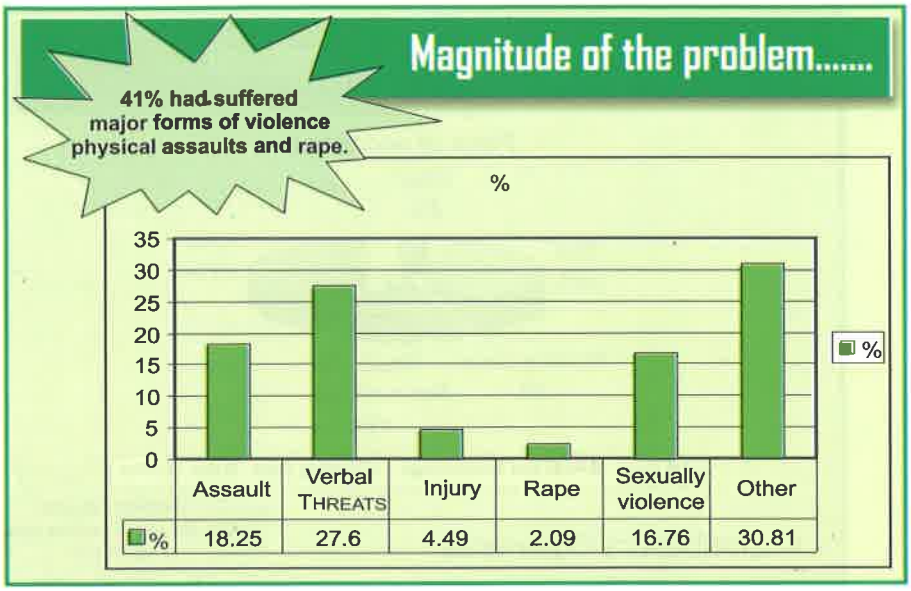
Magnitude of the problem...

Screening for GBV : Anuradhapura

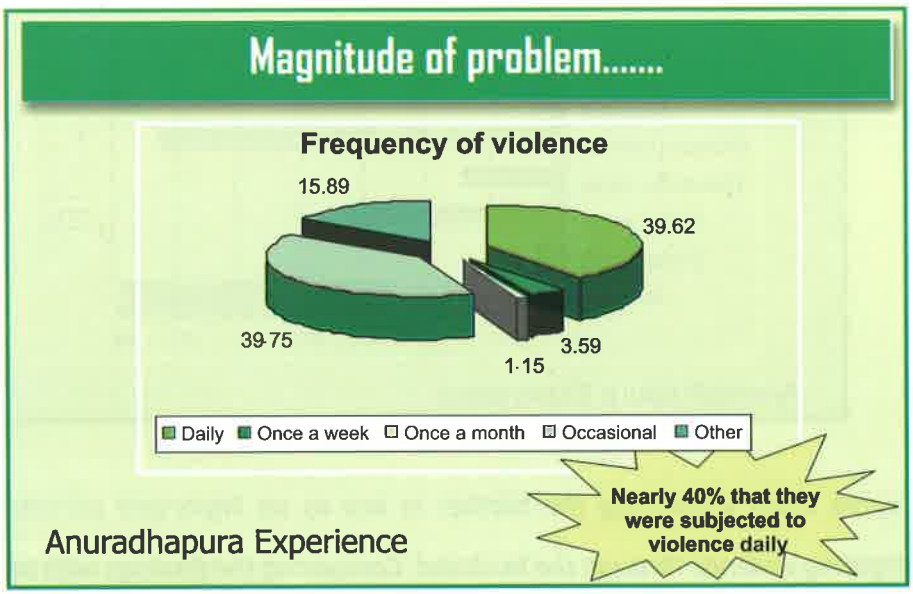
- A total of 991 women attending the Obstetrics and Gynaecology Clinics in 2 Government hospitals were screened.
- 98% consented to answer the 4 screening questions

This was the earliest health sector response in the Ministry of Health started as piloting the manual on health sector response. Screening for GBV among antenatal mothers and Gynecological patients was done in two hospitals. Lessons learned from this have helped to plan the activities including setting up "Mithurupiyasa."

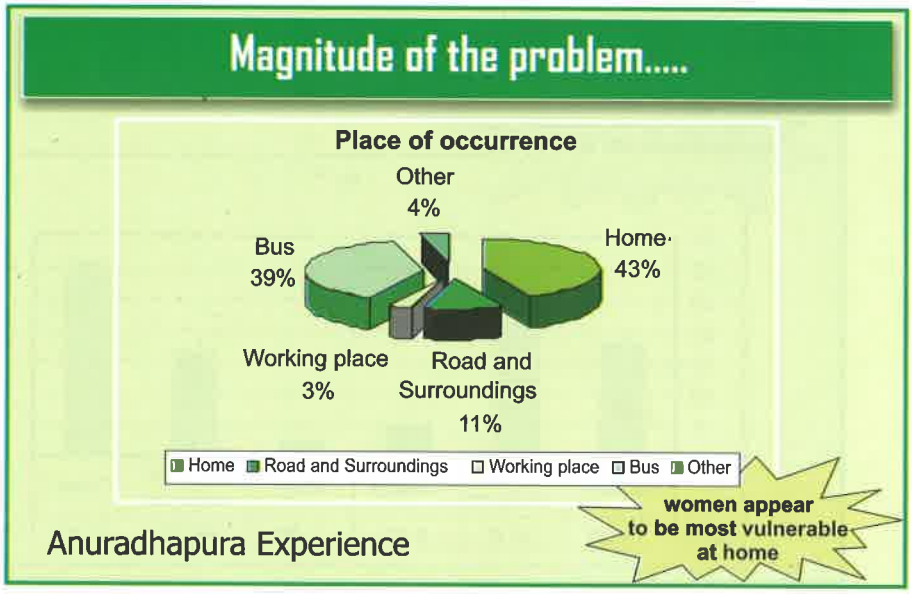
It indicated that women were willing to talk on GBV when asked in a sensitive manner.(9)



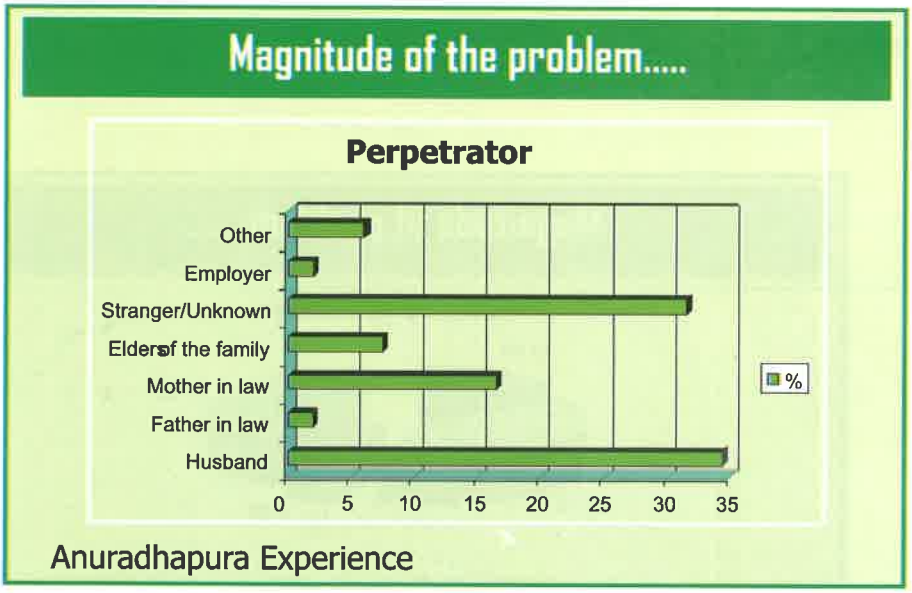
These are the findings of the same screening conducted showing the incidence of nearly 40% of women experiencing GBV sometime during their life. In this exercise every woman was asked four questions and those who answered positive a detailed information collection was done.(9) The data included violence experienced in public transport and at work as well. This compares with many countries in the world indicating that Sri Lankan situation is neither better nor worse compared to a global average.



Same study showing that most survivors suffer violence on a regular basis. The perpetrators who are inclined towards settling issues with violence tend to do so. Therefore the common misconception that battering is related to one simple event or an error is unlikely.



Same study indicating that violence takes place mostly at home.



Findings of the same study identifying the Mother in law as an important perpetrator whether directly or by instigating violence through the husband. Comparing the findings with other countries, it seems to be commoner in Asian countries. (9)

Magnitude of the problem...

- **Study of ever-married women 18-49 years in Western province found that lifetime prevalence**
  - physical violence was 34.4%
  - severe physical violence 19.8 %
  - sexual violence was 4.2%
  - emotional abuse 19%

Vathsala Jayasooriya

One of the important researches among ever-married women 18-49 years age group in the Western province found that lifetime prevalence of physical violence was 34.4%, that of severe physical violence (acts of aggression with the potential to cause injury) was 19.8 % and that of sexual violence was 4.2% with 19% of women reporting emotional abuse (10)

The facilitator tries to focus on the Sri Lankan statistics particularly those from initial pilot project done by UNFPA, MoH and Sarvodaya at Anuradhapura.
The facilitator should emphasize the fact that:

- Prevalence of GBV in Sri Lanka is not exceptionally high nor is it exceptionally low. It is on par with the average global situation. The types of violence seen may be different from some other countries
- Emphasize that it is the suffering and the consequences on the survivors that matter rather than the numbers
- Also recognize that large number of families do not have violence in their families and explore possible reasons why it is so
- Emphasize that the denial by the society particularly by those who are not perpetrators or survivors, indirectly perpetuates GBV.

Key messages

- GBV usually occurs within a relationship
- GBV is a learned behaviour and is perpetuated /propagated due to societal attitudes and beliefs
- Root causes of GBV are abuse of power, gender discrimination and lack of respect for human rights
- Contrary to the common belief the prevalence of GBV in Sri Lanka is not low

10. Technical Session 3

Session 3 Impact of GBV (Health and non health)	
Length	120 Minutes
Overview	Health and non health impact of GBV, effect of GBV throughout the life cycle
Learning outcomes	At the end of this session the participants would: • Understand how GBV can affect a person throughout the life cycle. • Describe the non health outcomes of GBV • Describe the health outcomes of GBV • Understand effects of GBV on pregnancy
Preparation	
Material	Power point presentation, colored cards, flipchart and paper, whiteboards, marker pens
Methodology	

Activity: 5

Objective of the activity is for participants to recognize the effects of GBV in relation to different stages of the life cycle.

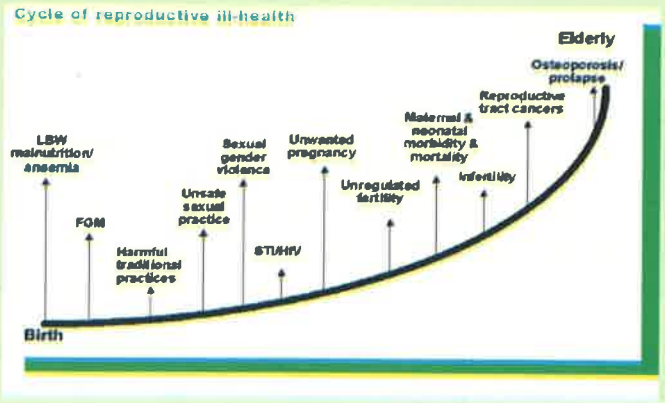
Step 1: Divide the participants into small groups and request them to list the effects of GBV in relation to different stages of the life cycle. *(Before birth, Infancy and childhood, adolescents and youth and adults and elderly.*

Step 2: Request each group to make a brief presentation on flip charts.

Step 3: Lead the discussion how GBV can affect individuals throughout the life cycle.

Effect of GBV on life cycle

Adopted from WHO



Using the slide explain how health is affected by violence at different stages of the life cycle. This needs to be done briefly, as detailed discussion will be conducted with a group work that is to follow.

Prenatal	Infancy	Childhood
Sex Selection Violence during Pregnancy	Female Infanticide Differential Access to Care and Nutrition	Child Marriages Child Sexual Abuse Child Prostitution Child Soldiers and Labor Differential Access to Care FMG

Adolescence	Youth & Adults	Elderly
Molestations **Rape** **Incest** Sexual Harassment at work Forced Prostitution Trafficking Kidnapping & Abduction Premarital Pregnancy	**Domestic Violence** Abuse of "Domestics" Abroad Dowry related Violence Homicide **Sexual Harassment at work** **Rape** Molestation Desertion Prevention of use of contraception	Abuse of the Elderly **Abuse of widows**

These slides will list out some of the types of GBV in relation to the age of the survivor.

Using these, brief description of types of violence may be done while defining some of them. For example, discussion on FGM may be done here as it is not dealt elsewhere, where as domestic violence is dealt with in detail later on.

Link between Violence and Health

Violence Increases

- The risk of Sexually Transmitted Infections
- Younger age at first intercourse
- Greater likelihood of teenage pregnancy
- Increased risk behavior
- Reduced physical functioning
- Higher health care utilization

Using this slide discuss the potential hazards of violence in relation to health. Facilitator should enlarge on these aspects with his/her experience and knowledge

Facilitator should recognize and establish the link between violence and health using the examples given in the slides. He should use a life cycle approach to show how violence affects different stages of life.

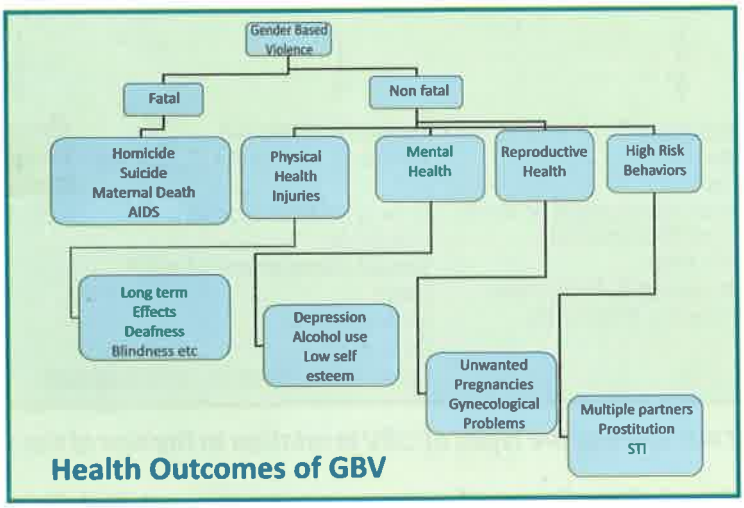
Discussion on the identification, management and the importance of these should be discussed, from the point of screening as well as from the point of service provision.

Activity 6 Recognizing Health Consequences of GBV

Step 1: Request them to group themselves into four groups and discuss the possible health consequences of GBV.

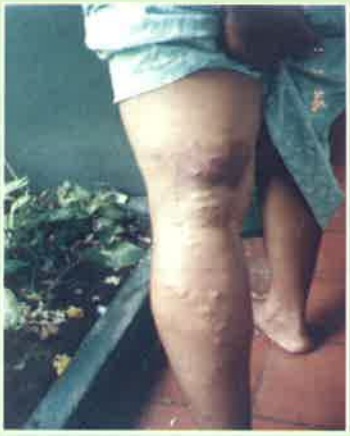
Step 2: Each group will present the lists made.
Thereafter the facilitator will consolidate with a Power Point presentation.

The facilitator should recognize that the participants are already providing a considerable service to the GBV survivors in their routine health care activities and are aware of some of these consequences and should try to relate to them by conducting an interactive discussion interrupting the presentation as and when an opportunity arises.



This slide is self-explanatory and could be used as a summary to start the discussion on health consequences of GBV.

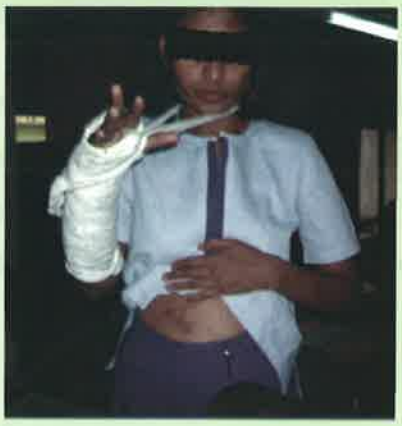
Health Outcomes of GBV



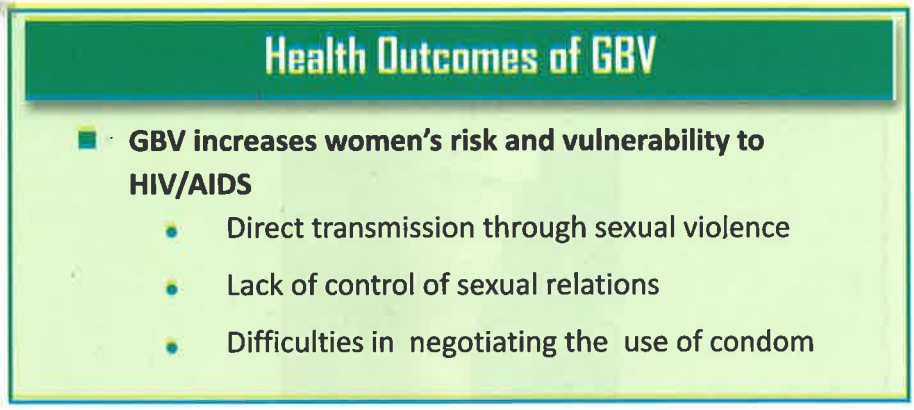
This simple example of bruising is a common complaint in hospitals and is used to illustrate that though it is a relatively simple injury ,often not given much attention in the clinical departments , as emotional and possibly sexual violence may be present as accompanying issues. Also that unlike injuries due to accidents, the care provider should always think that there is a perpetrator behind, often living in the same house who may repeat it or worse, violence may be aggravated.

Health Outcomes of GBV

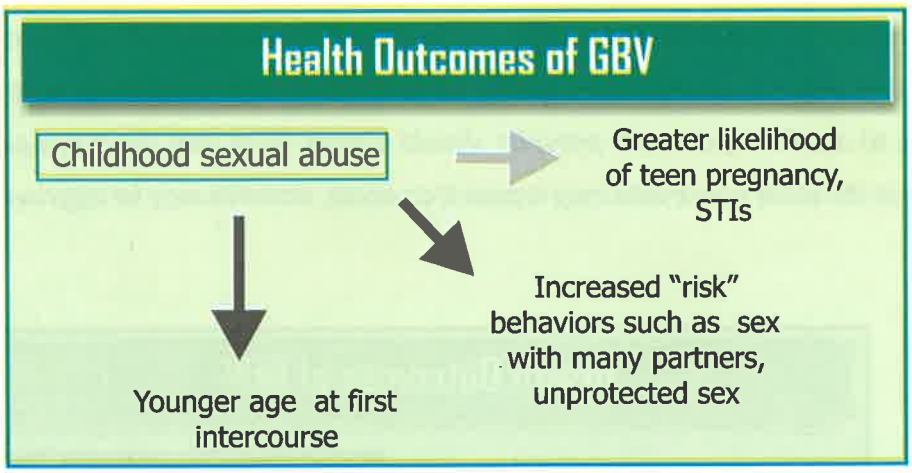
- The study in Anuradhapura found that 22% of the women had been beaten but 18 % had no external injuries and an additional 4 % had been beaten resulting in injuries **including fractures**



Emphasize on the severity and dangers of severe injuries and explain that though the percentage is low, the impact on the woman and her future is high. Additional examples such as eardrum rupture, eye injury, and head injury may be discussed.



The slide is self explanatory. The facilitator could add additional linkages as in gang rape forced prostitution etc.



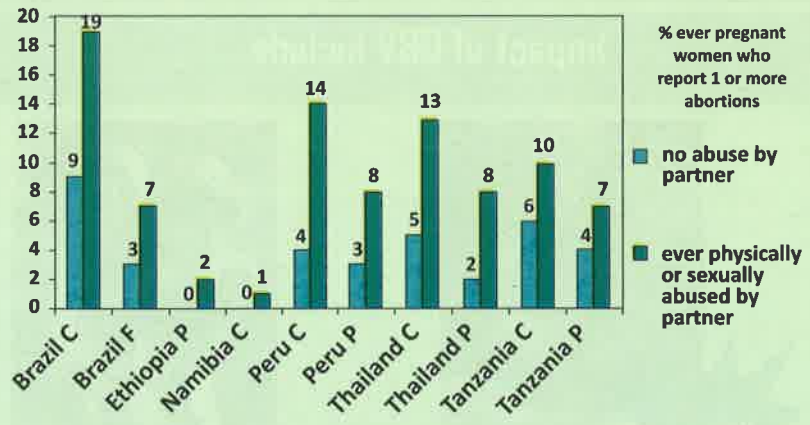
Facilitator should emphasize the fact that there are many serious health consequences (add some more examples) other than physical injuries which is commonly considered as the consequence of GBV. In addition, it is important to recognize that secondary consequences such as risky behaviors, adolescent pregnancies, STI may be a result of GBV.

Violence leads to negative pregnancy outcomes

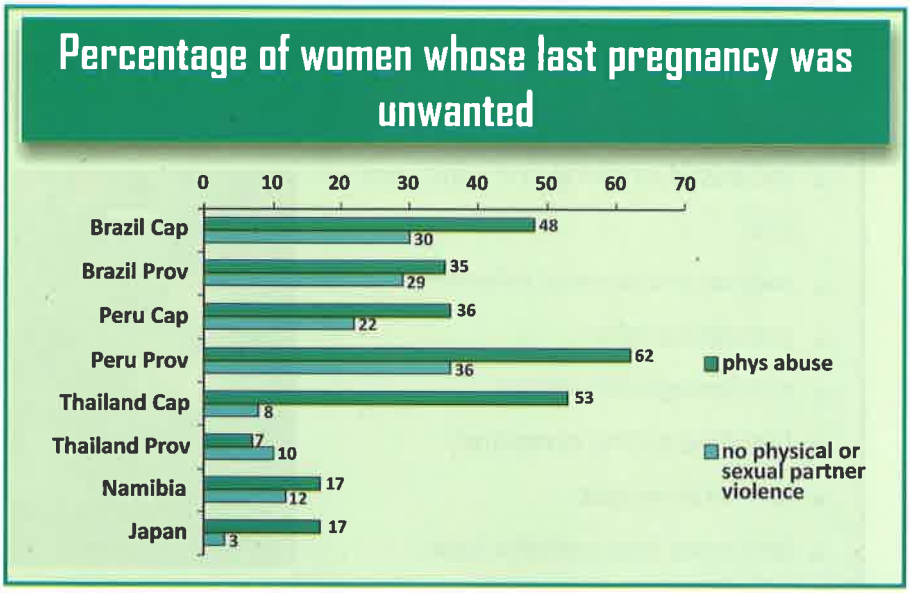
- increased smoking and substance use
- vaginal and cervical infections
- premature labor
- miscarriages/abortions
- bleeding during pregnancy
- low birth weight
- late entry into prenatal care

Facilitator should explain these consequences in detail using his skills and experiences. It is important to emphasize on areas such as "late entry in to antenatal care " as a way of picking up the survivors ,understanding their predicament and providing kind and compassionate care accepting the woman's inability to comply with our instructions.

Health Outcomes of GBV



This slide from the WHO multicountry study 2004 (11) is self explanatory. Emphasize the linkage which is often recognized in clinical circles.



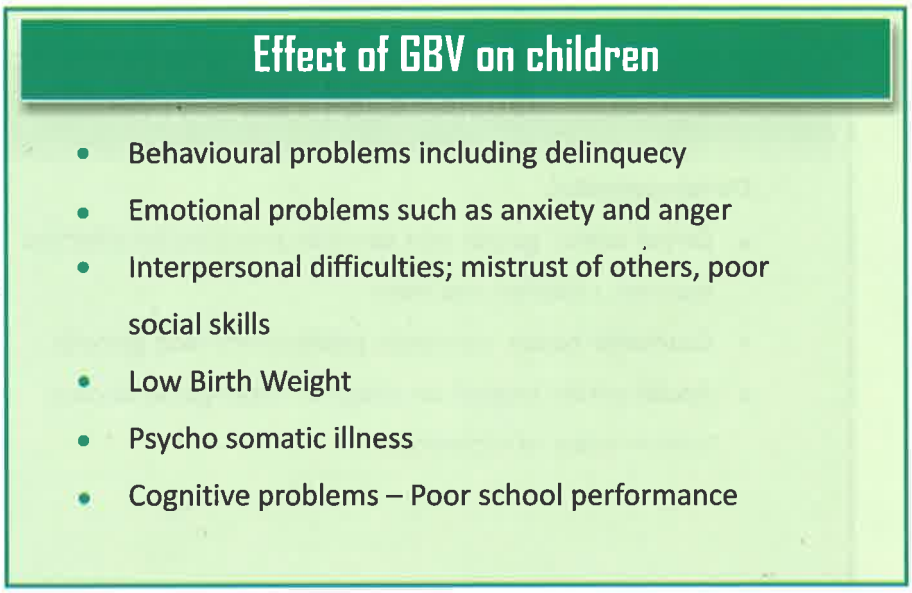
This slide from the WHO multicountry study 2004 (11) is self-explanatory. Emphasize the linkage, which is often recognized in clinical circles.

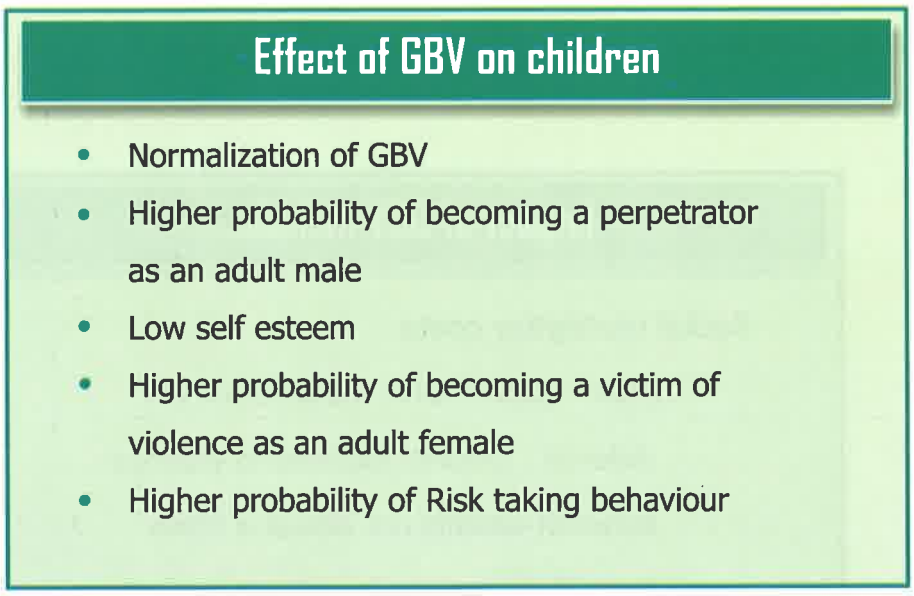
Explain that in some countries such as in Bangladesh GBV in pregnancy contributes to considerable proportion of maternal deaths.

Even in Sri Lanka, considerable number of violent deaths in pregnancy is seen and some of them are due to domestic violence and some suicide precipitated by domestic violence.

Using the following slides conduct an interactive discussion on the negative effects on children due to GBV. It will be advantageous to encourage the participants to share what they have come across in their work.

Emphasize that three generations suffer due to GBV the grandparents having to take the burden of looking after the family and the children not getting their due portion of attention care and love. Facilitator should use his skill in communication and experiences to give examples and press the point





The facilitator should use the slide to describe the effect on the children the "silent victims". He should add some more information.

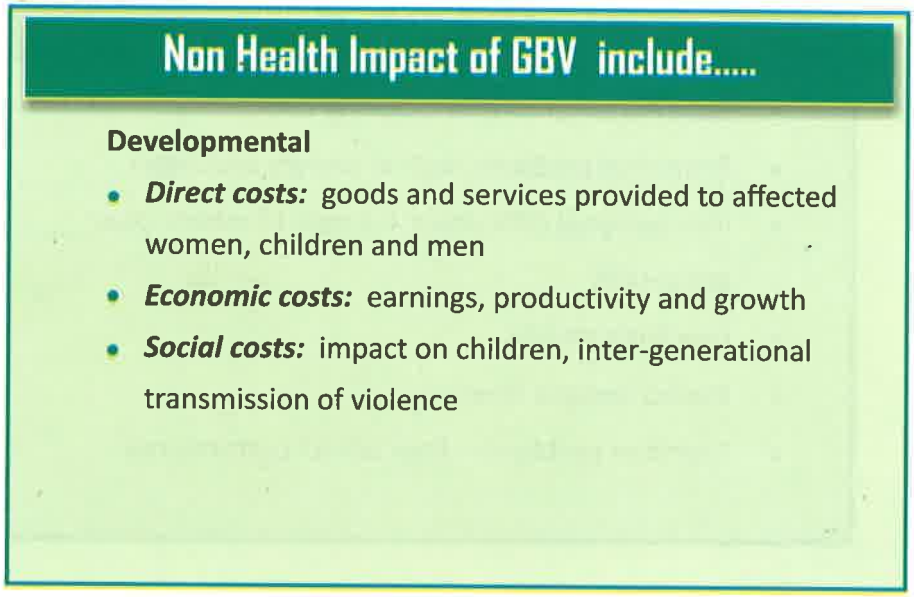
Non-health consequences of GBV

Activity 7 *Objective of this activity is to encourage the participants to recognize Non Health Consequences of GBV*

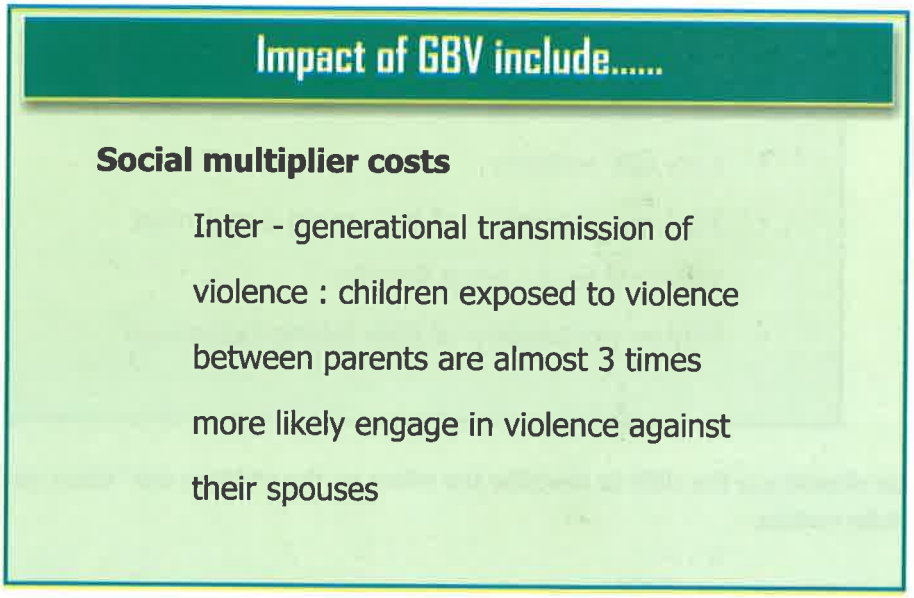
Step 1: Request the participants to group themselves in to pairs and discuss the possible non-health consequences of GBV

Step 2: The facilitator conducts a brainstorming session by way of exploring the knowledge and information the participants have.

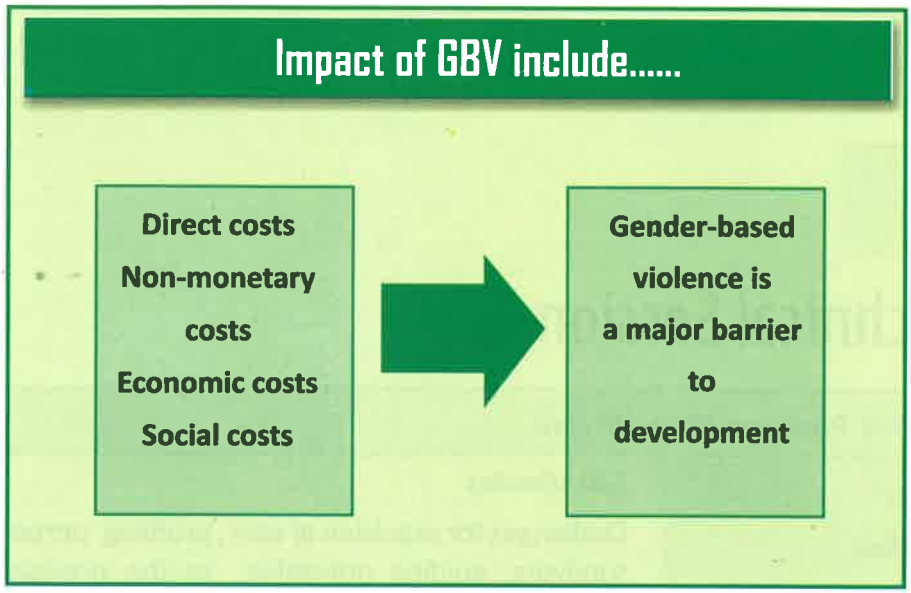
Power Point Presentation to consolidate on non-health consequences of GBV.



The slide is self explanatory but the facilitator should enlarge on these points particularly on the cost to the health system from financial, time and skilled services point of view.



It is important to clarify that GBV is not transmitted hereditarily but is a learned behaviour and occurs due to the emotional impact of witnessing violence in childhood. The likelihood of boys becoming perpetrators and girls becoming survivors needs to be discussed here. This may be an opportunity to introduce "wife battering syndrome" "Post Traumatic Stress Syndrome and discuss the instances of homicide of the perpetrator by the survivor



Slide briefly describes what has been discussed

Key messages

- GBV could affect an individual thought out the life cycle (womb to tomb)
- GBV has many far reaching negative health & non-health outcomes affecting the individual/ family / society
- Effects of GBV can be seen trans-generationally
- GBV in pregnancy leads to many negative pregnancy outcomes as well as ill health of the mother even leading to death

11. Technical Session 4

Session 4 Provision of health care	
Length	120 Minutes
Overview	Challenges for provision of care , profiling perpetrators and survivors, guiding principles in the provision of care
Learning outcomes	At the end of this session the participants should be able to: • Profile the perpetrator and the survivor • Understand the barriers and limitations in providing care within the hospital settings. • Recognize the possible revictimization that may occur within the care provision system • Understand and apply the guiding principles when providing care
Preparation	
Material	Colored cards, flipchart and paper, whiteboards, marker pens.
Methodology	See below.

Activity: 8 *Objective of this activity is to focus on the experience, individual participants already have and build up their sensitivity to the issue of GBV and attempt to internalize the issue.*

Step 1: Ask the participants to indicate by raising the hands when the answer is yes:
"How many of you, in your role as health care providers, have come across and talked to a survivor about the abuse?"
"How many of you, as health care providers, have come across and talked to a perpetrator about the abuse?"

Step 2: Ask the participants to indicate by raising the hands if positive:
"How many of you, in your non work interactions such as with family, friends, acquaintances, have talked with a survivor of GBV about the abuse?"

Step 3: Ask the participants NOT to indicate by raising hands but contemplate in their mind:

Based on your perceptions on GBV how many of you could consider yourself as survivors of gender based violence?

Based on your perceptions on GBV how many of you could consider yourself as perpetrators of Gender Based Violence?

The exercise is intentionally designed to avoid participants' self-disclosure about personal experiences as survivors or perpetrators, (5) but to internalize the issue of GBV.

Note to facilitator.

- Most of the people have professional or personal experience with GBV.
- Having such experience could be our strength or limitation.
- The strength is that it helps us to put a real face behind the statistics and to be sensitive to the real person.
- The limitation of such experience is that understanding will be biased by his or her experience and deny other issues or may even develop a tendency to be judgmental.

Profile of the survivor and the perpetrator

Activit : 9 *Objective of this activity is to explore the common beliefs of the characteristics of the survivors and the perpetrators and conclude that both survivors and perpetrators could come from any strata of the society*

Step 1 : Ask the participants to group themselves in to four to five groups (If space does not permit may be into pairs)

Step 2: Request them to discuss the characteristics, as they perceive of both survivors and perpetrators on flip charts

Step 3: The facilitator asks them to present the characteristics, initiates a discussion, and helps participants understand that any individual irrespective of social strata to which they belong into may be a survivor or a perpetrator.

While recognizing that there are features often seen in perpetrators and survivors there are no characteristics that identifies or excludes them as either perpetrators or survivors

Power Point Presentation to consolidate on the Profiles of survivors and the perpetrators.

Session 04 :Provision of Healthcare to GBV Survivors

Learning Objectives

At the end of the session you will be able to:

- Profile the perpetrator and the survivor
- Understand the barriers and limitations in providing care within the hospital settings.
- Recognize the possible revictimisation that may occur within the care provision system
- Understand and apply the Guiding Principles when providing care

Participant's experience

- Activity 8
- How many of you as a health care provider has come across and talked to a survivor about abuse ?
- How many of you as a health care provider has come across and talked to a perpetrator about abuse ?

Participant's experience

- How many of you in the non work environment has come across and talked about ,to a survivor about abuse ?
- How many of you in the non work environment has come across and talked about ,to a perpetrator about abuse ?

Participant's experience

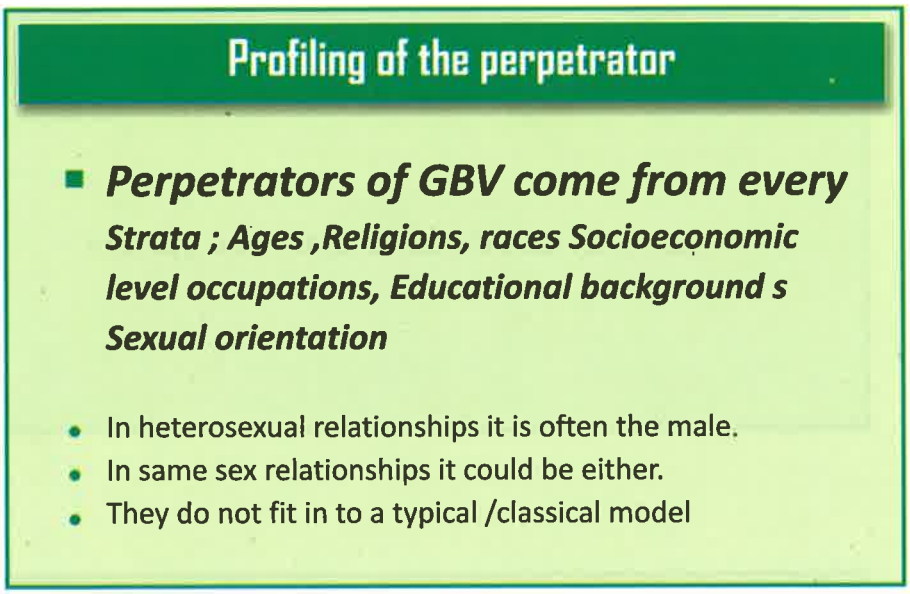
- Please do not raise the hands for the next question

Participant's experience

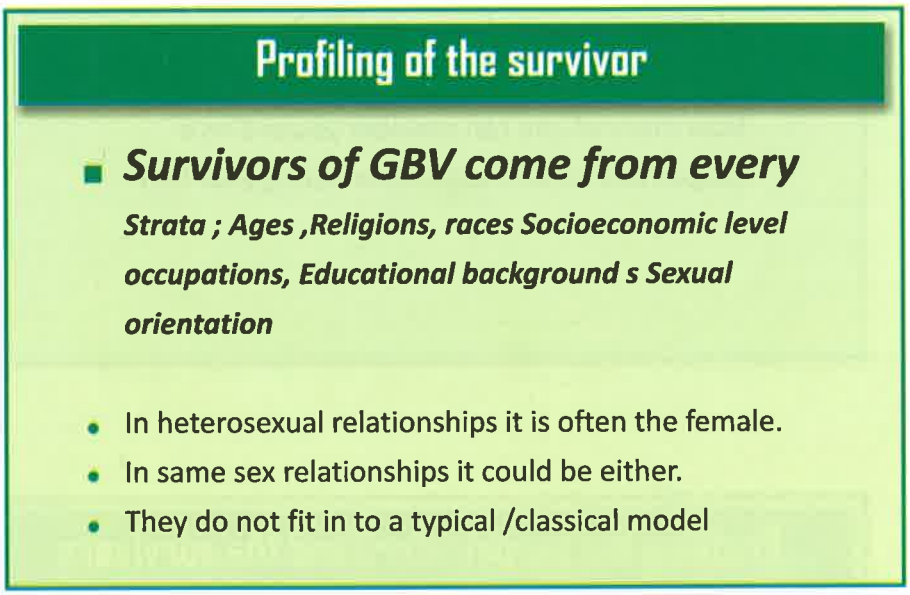
- How many of you can consider yourself as a survivor of GBV some time during your life?
- How many of you can consider yourself as a perpetrator of GBV some time during your life?

Profiling the perpetrators and the survivors

- Activity
- Please break in to three or four groups
- Discuss among the group and list out the characteristics of both perpetrators and survivors



Using the slide conclude that it is impossible to recognize or exclude that a person is or is not a perpetrator. They are spread cross cutting all strata of the society.



Using the slide conclude that it is impossible to recognize or exclude that a person is or is not a survivor. They are spread cross cutting all strata of the society

Facilitator should highlight that:

- *Both survivors and perpetrators come from all strata of the society. All ages, races, religions, occupations, sexual orientations.*
  - *Sometimes health care providers can get misled because the batterer does not look like a "typical "(For example, the batterer may be elderly, upper class, charming or a professional.)*
  - *The only common characteristic is the use of controlling tactics.*

- *Both men and women may become perpetrators.*
  - *In heterosexual relationships, perpetrators are usually male and victims are female but not always so.*
  - *In same-sex relationships, both victims and perpetrators will be of the same sex.*
  - *Regardless of who is doing it to whom, health care professionals need to take GBV seriously.*

- *If a perpetrator accompanies a victim (or is in the health system as the patient), clinicians may hear the minimizing, denying, or lying about the domestic violence as well as blaming the victim.*
  - *Examples of minimizing or denying: "It is no big deal my partner bruises easily"*
    Examples of blaming or justifying violence:
  - *Sometimes the perpetrator acknowledges the incident, but blames the victim under a lot of stress to avoid taking responsibility for GBV.*

- *Sometimes perpetrators will use the health care provider to control the victim by a variety of coercive tactics. to prevent the health care provider from having confidential access to the survivor of GBV, such as:*
  - *accompanying the victim to appointments,*
  - *canceling the survivor's appointments,*
  - *Intimidating or cajoling, so that the provider will withdraw from the patient.*

Providing Care to Survivors....

- Activity
- Group the participants in to three or four groups and discuss among the group why GBV is not visible / taken seriously /addressed specifically in the health sector
- Initiate the discussion based on the issues brought out by them

Challenges to provision of care

Activity: 10 This activity is intended to discuss among the group and identify why gender based violence is not visible/not. taken seriously/ not addressed holistically in the health sector at present.

Step 1 : Request the participants to group themselves into four groups

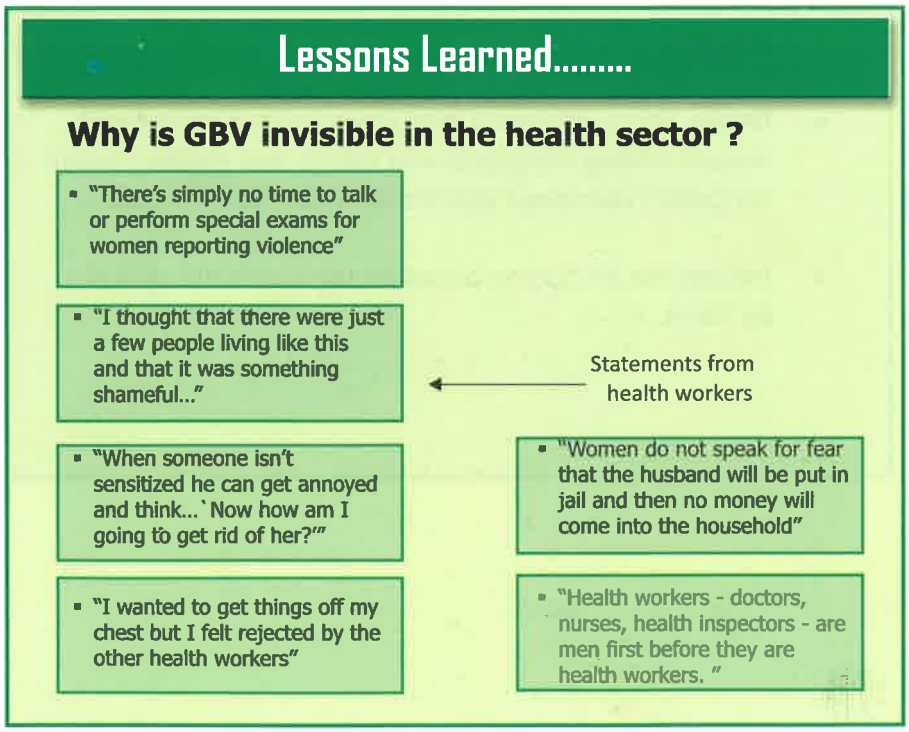
Step 2: Ask them to discuss and list on a flip chart why gender based violence is not visible/ not taken seriously/not addressed holistically in the health sector.

Step 3: The groups are asked to present the lists in brief.

Step 4: The facilitator compiles a list of challenges faced in the health sector in the provision of care to GBV survivors while the presentations are made.
He proceeds to discuss them guiding the participants towards identifying ways of overcoming them.

Facilitator should encourage free voicing of their opinion and encourage coming out with difficulties, which they perceive as the reasons. These, should not be challenged or underscored by finding simple solutions at this point of time, but try to focus on the fact that these difficulties should not prevent care providers in provision of services, and some solutions are feasible under existing circumstances.

Power Point Presentation Consolidate on the challenges faced by the care providers



Using the slide consolidate on some of the issues already identified by the participants

Barriers to service provision

- **Provider barriers**
  - Service providers' misinformation and misconceptions
  - Service providers' lack of clinical skills in knowing how to respond effectively
  - Structural issues of the health care setting such as limited time or lack of staff training, documentation forms, etc
  - Service providers' confusion about standards of care requirements, confidentiality, and reporting requirements
  - Service providers' lack of information about legal issues and community resource network

The slide is self explanatory and the facilitator should enlarge on these using examples from his experience

Barriers to service provision

- **Patient barriers :**
  - Fear of the perpetrators escalating violence
  - Possibility of losing custody of children
  - Lack of realistic options for financial resources, housing, etc.
  - History of having received inappropriate and victim-blaming responses from other helpers. such as law enforcement, health care providers,

The slide is self explanatory and the facilitator should enlarge on these using examples from his experience

Barriers to service provision

- **Patient barriers :**
  - Fear of possible reports to third parties.
    For example: parents , boss
  - Provider reporting requirements (ex: Police)
    Language issues
  - Cultural or religious issues. For example fear of revealing sexual identity, identifying an experience as marital rape,

The slide is self explanatory and the facilitator should enlarge on these using examples from his experience

The health care setting is an opportunity for intervention...

...and presently it is a lost opportunity

(Heise, Ellsberg and Gottemuller, 1999)

The slide is self-explanatory and the facilitator should enlarge on these using examples from his experience Conclude that what was mentioned in 1993 still holds true and that we all must make a change

Activity: 11 *The objective of this activity is to give an opportunity to look at different aspects of care provision through their own experience and guide them to rethink/review ways of improving their response in future*

Step 1: Request the participants to divide in to three or four groups and request each group to discuss and present one incident of GBV they have come across.

Step 2: Direct them to analyze the incident, type, associated factors and response from different factors, challenges faced by them, and lessons learned.

Providing Care to Survivors....

WIN Castle Street Hospital Colombo Clients by Category, during the period - January 2003 to May 2006.

Other forms of violence	Violence outside homes	Family Breakdown	Rape reported	Child Abuse [Physical & Sexual]	Elder abuse	Depression/Psychiatric	Unmarried/pregnancies	Accommodation	Perpetrators, drug & alcohol abuse	Attempted suicides	Stress/ Tension/other	Total Number of clients
70	03	15	02	04	01	12	38	07	25	06	397	595

This slide summarizes the experience of providing counseling service for survivors in a busy maternity unit in Colombo over a period of 3 years. Emphasize the fact that nearly 600 women came fo services and that if services are made available they will use them.

Revictimization within the health care system

Activity 13: Objective of this activity is to recognize the importance of different actors and their sensitivities in providing care and the potential for re-victimization.

Step 1: Identify a volunteer who would act as the survivor and another as her mother. Ask them to stand in the middle holding the end of the thread while other participants stand around in a circle.

Step 2: Ask the participants to visualize the steps / points of contact she would go through from the time she enters the health care system.
Suggested point of entry at PHM level /GP or MO OPD and the point of exit could be the legal redress from courts.

The scenario created would be: A young beautiful girl gets raped on her way back from work by an unknown person. She comes back home crying and tells her mother, who goes to her mother or the neighbor for advise and help. They decide to go to the hospital. The receptionist asks what the matter was. Then they see the MO OPD who admits her. An attendant accompanies her to the wards. The Nursing Officer entering details on the admissions asks her for the details. Thereafter she is seen by the intern House Officer, Senior House Officer, Registrar, Consultant Obstetrician and last health care provider to see the Judicial Medical Officer. The facilitator may use his / her skill to build up the story but the care providers should not be dropped out.

Step 3: As each contact point is identified one participant volunteers and takes the ball of wool. As the next contact person is identified the ball of wool goes back to the survivor and then to the new contact.

Step 4: Ask the participant to reflect on the tangled string and how it relates to a negative impact on the survivor and elaborate on the process of revictimization. Also on the importance of multiple sector response to make care effective.

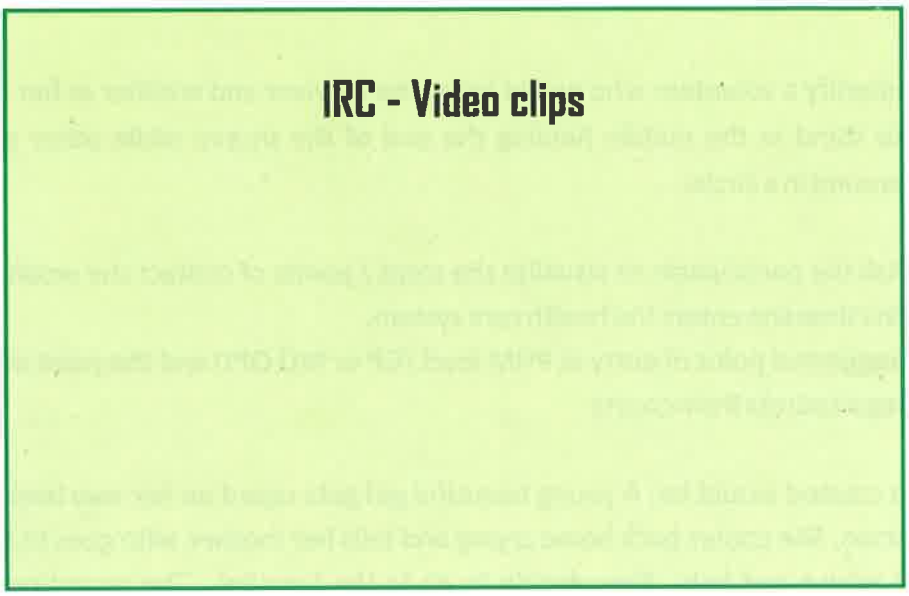
Questions to be posed:

- *How helpful was this process for the survivor?*
- *Might a situation like this happen in your setting?*
- *What could have been done to avoid making this web of string?*
- *How many times did the girl have to repeat her story?*
- *How many times did you talk with this survivor—or with others about her?*

Conclude that it is the weakness of the system and not the fault of individual care providers. While accepting that it is not easy to correct the system overnight by ourselves, show that there is much, that we the care providers could do to minimize the revictimisation process.

Guiding Principles in providing care to GBV survivors

Video Clip from Clinical Care for Sexual Assault Survivors (IRC)



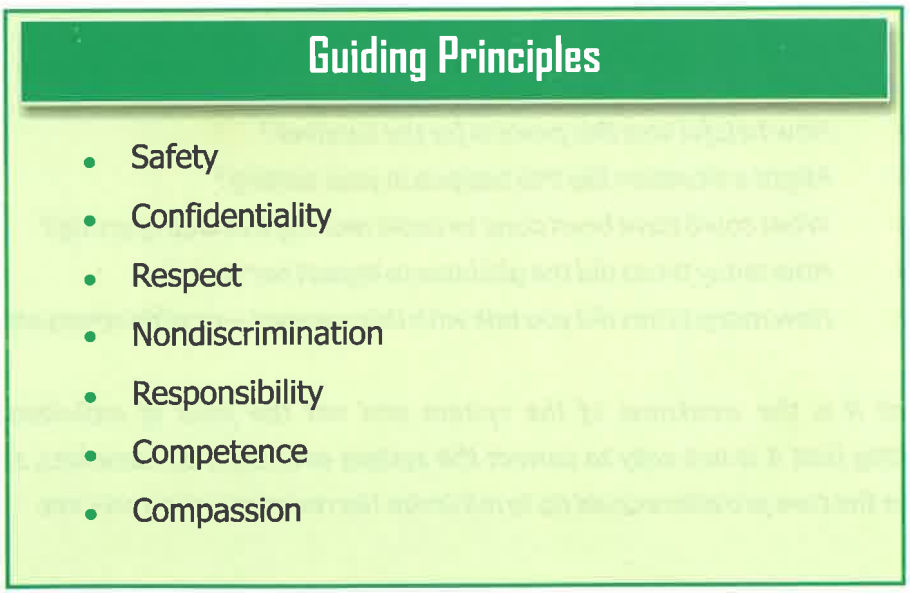
Section 1 What every clinic worker needs to know respecting the survivor's universal rights.

Facilitator initiates discussion on the issues raised in the film clip.
Video Clip from Clinical Care for Sexual Assault Survivors (IRC)

Section 2. What every clinic worker needs to know
Responsibilities of a non-health worker what you can do

Facilitator initiates discussion on the case studies presented in the film clip
Video Clip from Clinical Care for Sexual Assault Survivors (IRC)

Section 3 Direct Patient Care chapters A and B



Using the slide the facilitator needs to describe the importance of each of the guiding principles

He should also describe the linkages between the different principles for example confidentiality ensures safety.

It is also important to emphasize that while these are important in any field of health care it is crucial when providing care to GBV survivors.

The information given below and that is given in the information booklet may be used. In addition, facilitator may refer to ethical guidelines of the Sri Lanka Medical Council and that of the Sri Lanka Medical association

Points to emphasize:

- Effective assistance to survivors is based on basic rules and as a good service provider one has to be familiar with them and must be responsible for adhering to them
  - **Respect:** Treating the survivor with dignity and respect .This helps to build up confidence and self esteem which many GBV survivors lack.
  - **Confidentiality: Information** provided by a survivor should be confidential unless the survivor requests otherwise or unless there are circumstances that mandate you to report to authorities. The survivor must be informed that the care provider would keep the information confidential. On the other hand if it is to be divulged for legal reasons that too must be informed
  - **Competence :**The care provider should be aware of his or her knowledge, skill and competence to provide care and if there is any doubt on these the survivor should be referred to an appropriate level of care
  - **Responsibility:** It is the service provider's responsibility to provide care while respecting survivor's values, personal resources and the capacity to self-determination.
  - **Safety:** The safety of the survivor and her/his children would be the prime concern of the care provider and all interventions should consider this.
  - **Non-Discrimination:** There should be no discrimination based on race, economic state or any other grounds, particularly from the biases the care provider has towards the societal values.
  - **Compassion;** It is important to recognize that the survivor needs to be treated with understanding, in an empathetic manner seeing things from her/his point of view. Sympathy usually generates a negative impact on the survivor but compassionate attitude is very important.

Interactive discussion with all facilitators and the participants.

These could be grouped into internal (within the clinic) and external (outside the clinic) breaches of privacy and confidentiality.

Internal violations:

- Speaking to a client about a health condition, test results, or sexual behavior in the presence of others.
- Allowing unnecessary personnel or visitors into an examination or surgical room
- Gossiping among staff about the client within the clinic.
- Having unauthorized staff look at client records.

External violations,:

- Gossiping about a client in the community.
- Sending confidential client information to others without the client's consent/authorization.
- Notifying a client's partner or parents of his/her condition without her consent.
  Seeking consent of the partner or parents for contraception or other RH care.

Impact on the individual when his/her privacy is violated.

- Potential clients are unwilling to seek health treatment, including voluntary testing for HIV/AIDS, because they fear that the services are not confidential.
- Clients drop out of service or treatment programs because of the lack of privacy during their previous visit.
- Clients are more likely to provide inaccurate or incomplete information if they do not have confidence in or if they mistrust the health staff. And, in the absence of accurate information, providers cannot provide proper treatment or advice.
- Adolescents are less likely to seek services they need if they do not feel that confidentiality will be maintained. Fear that services will not be confidential is the number one reason why adolescents do not use RH programs.

Power Point Presentation Consolidate on the guiding principles (Slide No. 99 -102)

Violation of Guiding Principles

- **Internal violations (within the center)**
- Speaking to a client about a health condition, test results, or sexual behavior in the presence of others.
- Allowing unnecessary personnel or visitors into an examination or surgical room
- Gossiping among staff about the client within the clinic.
- Having unauthorized staff look at client records.

Use the slide to consolidate on what has been discussed

Violation of Guiding Principles

- **External violations,: (outside the center)**
- Gossiping about a client in the community.
- Sending confidential client information to others without the client's consent/authorization.
- Notifying a client's partner or parents of his/her condition without her consent.
- Seeking consent of the partner or parents for contraception or other RH care.

Use the slide to consolidate on what has been discussed

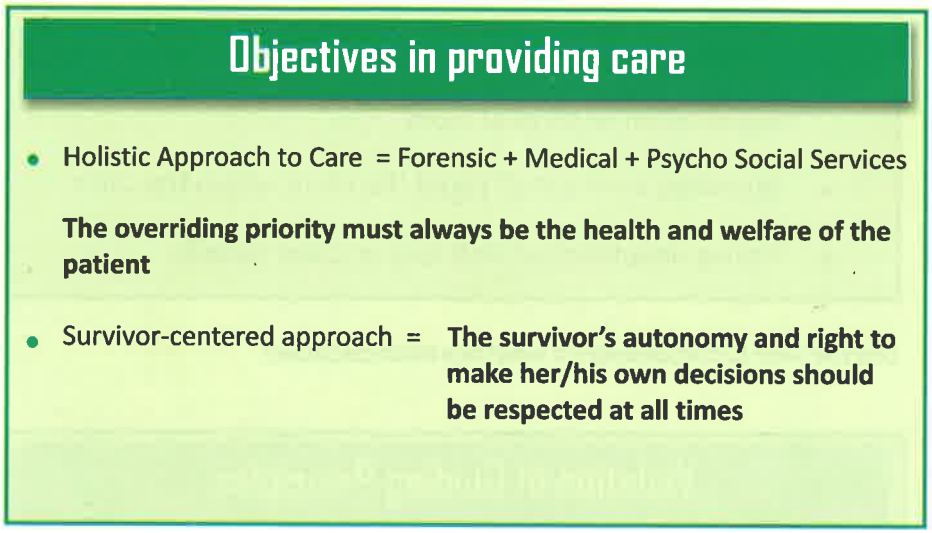
Outcome of Violating these Principles

- Potential clients are unwilling to seek health treatment, including voluntary testing for HIV/AIDS, because they fear that the services are not confidential.
- Clients dropout.....
- Clients are more likely to provide.....
- Adolescents are less likely.....

Use the slide

Objectives of providing care

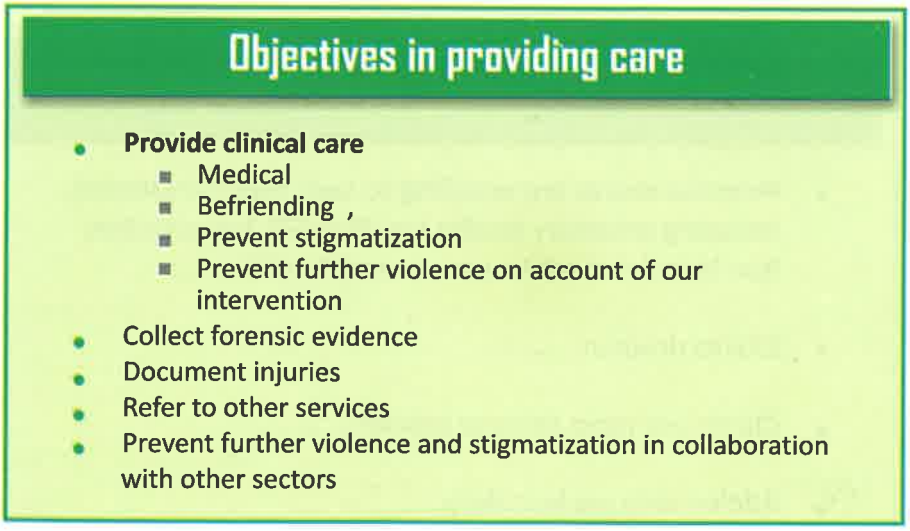
The facilitator uses the following slides and attempts to convey the general principles involved in providing care to GBV survivors. He should emphasize the need of multidisciplinary/multi departmental approach within the health system as well as the need to collaborate with other sectors such as legal services and social services when providing care.



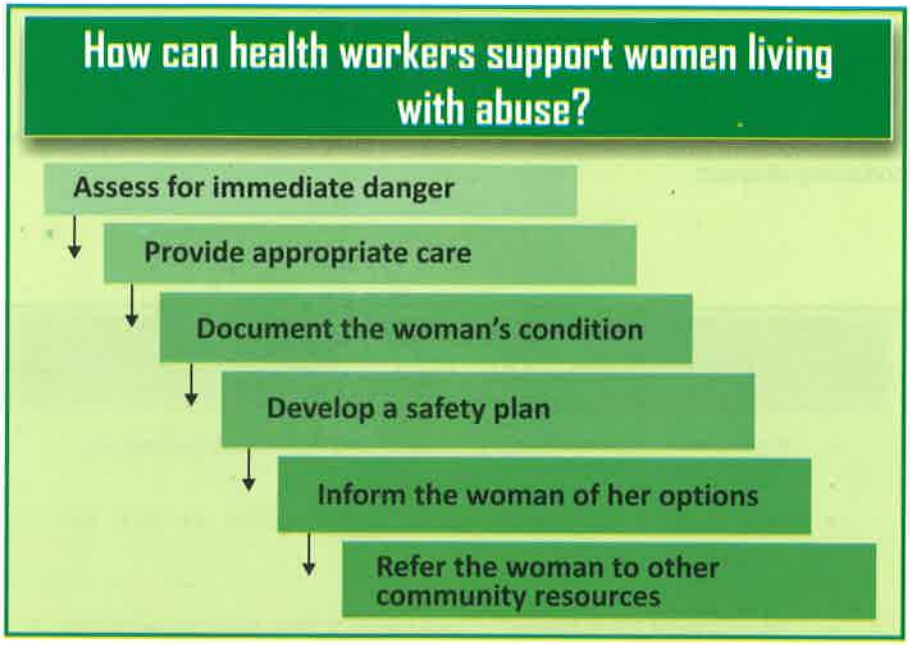
Using the slide the facilitator needs to briefly summarize the objectives of care provision to survivors.

Emphasize that it is important to provide all aspects of care within one roof as far as possible. Exception in our setting may be legal services. Strong referral mechanism established with the Legal Aid commission is the feasible alternative. However, indicate that in the Sri Lankan context it may be only a small percentage that will seek legal option.

It is also important that the care is "survivor centered" which means that the survivor is the decision maker and the health care providers do respect his/her decision.



This side is self-explanatory and the facilitator describes each aspect briefly



This side is self-explanatory and the facilitator describes each aspect briefly

This slide could be used to conclude the session.

This lady was a survivor of domestic violence. Owing to severe battering , which started one year after marriage she was living separated from the husband who planned the assault and cut both her legs with a sword which he procured for this purpose.

She was managed at National Hospital and one leg was saved.

Facilitator could draw attention to the following points.

It was a well-planned violence. In contrast to the common belief domestic violence is not a planned activity specially the severe forms.

It is difficult to comprehend the mind of an individual who inflict an injury such as this on another who was his lover. Especially so, when it is planned and deliberate.

Severe forms of violence such as this seems to be on the increase

By underscoring Domestic violence as a private or family affair, the society and we as members of the society are condoning violence.

Key messages

- Survivors and perpetrators come from all strata of the society
- Health systems provide many opportunities to care for survivors of GBV
- Much could be achieved in provision of care services with the existing facilities
- Pathway of service provision needs to be streamlined to avoid revictimization
- Failure to Adhere to guiding principles can have negative impact on the survivor as well as on the health institutions.

12. Technical Session 5

Session (Outline)	
Length	**45 Minutes**
Overview	
Learning outcomes	At the end of this session the participants would: • be able to understand the Sri Lankan legal situation regarding GBV with emphasis on Prevention of Domestic Violence Act 2005
Preparation Material	Colored cards, flipchart and paper, whiteboards, marker pens
Methodology	

Befriending:

Giving emotional support to the victims of GBV

Introduction

`This is intended to address the area of giving psychosocial support to the victims of gender based violence and relevant parties by adopting befriending as the technique. This is to consolidate what has been discussed in earlier models under this series on 'Gender Based Violence'. The person who intends to undergo training are considered as a psychosocial facilitator and will be in a position to train others who are attached to GBV centers in hospitals and in the community.

Since this section gives you a framework to train others, you need to read the relevant resources on befriending/counseling and improve skills by practicing the techniques mentioned in this manual. The facilitators will be trained for two days at the outset on how to use this section and train participants in the centers.

Duration of the training – 1 - 2 days

Objectives of the training

The facilitators,

1. Should be able to plan and conduct training programmes for relevant groups on giving emotional support / Befriending victims of GBV.
2. Should be able to identify, practice and transfer essential Befriending skills to participants (Volunteers).
3. Should be able to analyze both self and others attitudes and values on GBV.
4. Should be able to assess the level of improvement of each participant and plan for further improvement.

13. Technical Session 6

Principles of giving emotional support (Befriending)

Introduction to 'Befriending'/ Emotional support	
Length	30 to 45 minutes
Overview	Basic outline of counseling /Befriending will be discussed
Learning outcomes	The participants should be able to understand the basics of counseling / befriending.
Preparation	Be ready with your presentation. Better if you could identify two participants and getting their consent before to do a role play.
Materials	Multi media projector, screen and the computer if you are using a power point presentation. Flip charts.
Methodology	Plenary /Brainstorming/Role play

Process

- **Activity 11 - Ask participants: 'How would you understand befriending and what is the need?**
- Put their answers on the board/ Flip charts.
- Try to refine their views on emotional support by identifying the differences between giving advice, trying to give them solutions and mere talking.
- Use your theory presentation to concretize ideas.
- Ask their feedback and clarify their views in order to better understanding.

Befriending is more or less basic counseling. It helps people who are emotionally distressed to overcome or cope with the emotions that make them uncomfortable in a positive manner. Some individuals handle negative emotions poorly. They are benefited from such method. Listening is an important technique in befriending. By listening, you help the caller to unburden all the pent up emotions, which prevent him/her from thinking in a rational manner. After unburdening, he/she is ready to take some rational decision. We should not advise but help the person to take a decision.

What we expect from emotional support	
Length	30 minutes
Overview	In this session it is expected to discuss advantages of befriending and its uses.
Learning outcomes	• The participants should be able understand the expected outcome of befriending.
Preparation	Be ready to do a brainstorming session. You may use a presentation to concretize the views.
Materials	Multi media projector, screen and the computer if you are using a power point presentation. Flip charts.
Methodology	Brainstorming/A circle.

Process

- Use few problem situations as examples and ask them to discuss it in small groups. Then tell them to identify the role of befriending in each situation.
- You better keep these examples ready before the session or you may get it from the participants as well.
- Then list what they identify as expectations of counseling.
- Then go one by one to diffuse the myths and to highlight the acceptable answers.

Notes

The following points can be highlighted as expected outcome of befriending/ emotional support.

1. It helps individuals to reduce their psychological pressures.
2. They become more aware of the negative emotions and how to cope with those feelings.
3. They are more empowered and face problem situations effectively and a positive manner.
4. They are guided to go for the best possible options available for that moment.

Most people are with idea that counseling or giving emotional support is giving advice on what to do and what not to do. They some times even believe in providing 'solutions' to their problems. Many are good at giving advice but are not capable of giving emotional support. So try to diffuse the myths around emotional support.

Basic principles of befriending / Emotional support	
Length	1 ½ to 2 minutes
Overview	Befriending consists of basic techniques of counseling. These basic principles will be discussed using different learning activities. Here the main focus is to identify main principles.
Learning outcomes	• The participants should be aware of the main principles of befriending. • They should identify the important aspects of each principle.
Preparation	Be ready with your topics for role plays. Be ready with different learning exercises. Check equipments.
Materials	Flip charts or White board / Multi media projector or OHP/ Pens
Methodology	Small group discussions/ Rounds/ Role plays/ Demonstrations

Process

- Use the PowerPoint presentation or OHP sheet on main principles of Befriending, to help them to understand the real meaning as well as proper practice of each of them.
- Try to explore each principle by discussing one principle at a time.

Principles of 'Befriending'

- Getting know each other
- Bonding and building a relationship
- Empathy
- Active listening / facilitating strong telling
- Being non judgmental
- Confidentiality
- Maintaining correct body language / tone
- Questioning harmful belief's

Principles of 'Befriending'

- Showing available options
- Supporting the client to take positive decisions
- Strengthening the client (Empowering)
- Assessing the client
- Referral when necessary

- The following activities designed for some important principles will guide you to make them understand each principle effectively.

Activity 16 – Rest of the principles – Interactive discussions and plenary

- Empathizing
  - Explain what you mean by empathizing
  - Group discussion (Dealing with emotions)

    Mutually list different emotions that could make a person uncomfortable.

    Categorize according to its difficulty in coping

    Discuss the principles of dealing with negative emotions

    (Read the theory notes before)

- Verbal Skills
  - Plan one or two role plays with participants
  - Then try to identify both 'Do's and 'Don'ts with regard to verbal skills by getting their opinion first.
  - Then share those comments by adding your observations based on the theory.

- Proper referral

  Activity – Use an example situation
  - (A person with suicidal feelings and mentally not sound)
  - A round (Get the comments from the participants)

    (SGD)
  - Then ask each group to prepare a list of situations that you need to refer.
  - Put emphasis on following issues when referring clients.
  - When to refer
  - Whom to refer
  - The way of referring (With a note)
  - Follow up after referral (Not breaking the chain)

  Try to go through the other important principles in the list as a plenary.

Skills required as a counselor

Identifying basic skills required	
Length	1 to 1½ hours
Overview	Basic counseling skills needed as a counselor/ a person who is giving emotional support will be discussed using practical examples and activities.
Learning outcomes	• The participants should identify the basic befriending skills. • They should be able to understand the proper way of executing such skills.
Preparation	Read the materials provided to you before the session. Plan the role plays. Check the equipments. Plan your activities to demonstrate each skill.
Materials	Power point or OHP presentations. Flip charts
Methodology	Rounds/Role plays/Plenary

Process

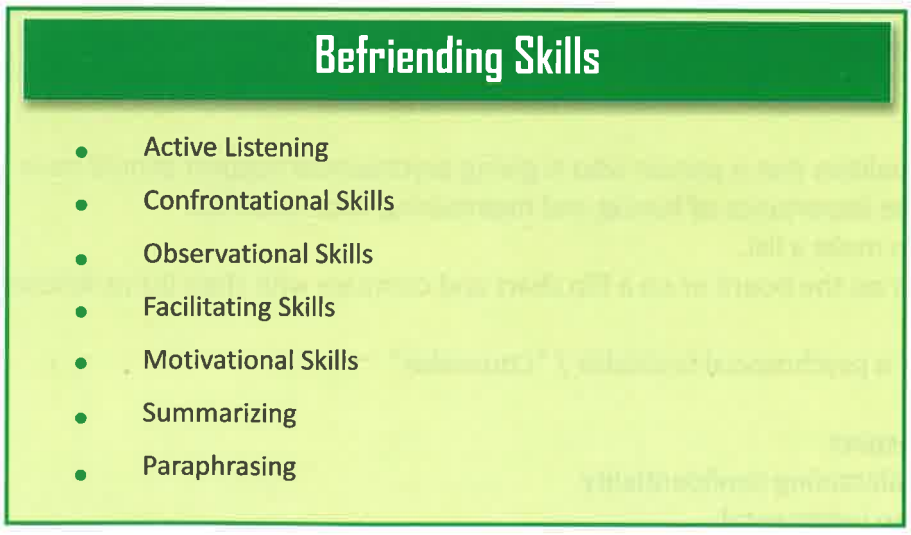
- Ask them to list the skills needed for befriending.
- Write down the list.
- Try to identify different groups of skills they mentioned and use a different colour for each category.

  Eg: skills relevant to active listening could be grouped in to a separate category.

- Discuss one by one of the items listed in the presentation.
- Then use examples and role plays to educate them on each skill as listed below,

Notes

Use a PP presentation as follows to highlight befriending skills and qualities.



Try to find more information on above skills and read before the training.

Information Box

- **Active listening** – Not mere hearing. Actively participating as a listener is very important in befriending. Focus them on paralinguistic cues and body language when listening.
- **Confrontational skills** – Confrontation is needed in certain instances. The person who does it needs to do it in a empathic manner. It gives you lot of information to put the client to think and take decisions.
- **Observational skills** – Observing the client for emotional state, suicidal risk and whether he/she is telling the truth is too important listening to feelings.
- **Facilitating skills** – The counselor should have the skill of facilitating the dialogue favourably to move forward.
- **Motivational skills** – Most clients are demotivated when they come to you. You need to motivate them to talk to you as well to live positively.
- **Summarizing** – Making a summary after each intervention is important to develop the story as well as to understand the situation better.
- **Paraphrasing** – If you don't understand a particular part of the dialogue or if you want to reconfirm a particular part, its better to rephrase and get the confirmation from the client.

Qualities and ethics of giving emotional support	
Length	1to 1 1/2 minutes
Overview	Outcome of both befriending and counseling is also decided by the person who does it. Different qualities and ethical standards that a counselor should maintain will be discussed in this section.
Learning outcomes	• At the end participants should be aware of the main qualities and ethical standards that they should maintain. • They should be able to assess their own competencies on giving emotional support.
Preparation	Get ready with your presentation. Be ready with your role plays and small group topics.
Materials	Power point or OHD presentations. Flip charts.
Methodology	Rounds / Role plays / Plenary

Process

- Focus on qualities that a person who is giving psychosocial support should have.
- Highlight the importance of having and maintaining such qualities.
- Ask them to make a list.
- Put your list on the board or on a flip chart and compare with their list as follows.

Qualities of a psychosocial facilitator / "Counselor"

- Respect
- Maintaining confidentiality
- Non judgmental
- Empathy
- Genuineness

- Then discuss each quality with examples and using role plays.
- Tell them to assess themselves regularly on above skills and qualities to identify where they stand.
- Highlight the importance of developing these skills and qualities among them even in day to day lifestyle.

- **Respect** – You need to respect every client regardless of sex, age and other qualities. Then you should be able to have a productive dialogue.
- **Maintaining confidentiality** – If you don't maintain confidentiality you breach ethics of befriending and you lose credibility as a psychosocial facilitator/ "Counselor". This is a golden rule in befriending.
- **Non judgmental** – Better not to judge people according to their cast, gender, language and other factors. It prevents bonding and ultimately developing a proper intervention too.
  Empathy – A person who is doing befriending should maintain empathy as a quality too.
- **Genuineness** – You need to support your clients genuinely and always try to share what you genuinely see and feel. That will help you to develop a strong relationship with your client.

Information Box

Qualities of a Befriender

- Respect
- Maintaining confidentiality
- Nonjudgmental
- Empathy
- Genuineness

- Try to make them aware of what they should not do as a counselor. The following slides will help you to make your list. You could do a plenary on this.

- Let them come out with their thoughts after your presentation and confront conflicting ideas.

BEFRIENDERS SHOULD AVOID ....

- Moralizing, preaching, giving 'should' and 'oughts'
- Reassuring, sympathising consoling
- Advising, offering solutions or suggestions
- Being sarcastic, humoring

BEFRIENDERS SHOULD AVOID ....

- Ordering, commanding, directing
- Teaching, lecturing giving logical arguments
- Warning threatening
- Judging, criticizing, disagreeing, blaming

Managing victims and families	
Length	2 ½ to 3 hours
Overview	Using practical situations as examples to reemphasize skills and techniques of befriending.
Learning outcomes	• The participants should be able to practice the skills and techniques they learned at the training. • They should be able to identify their mistakes. • They should be able to understand what they should do as a psychosocial facilitator and what they should not do.
Preparation	Be ready with your presentation. Go through your examples/Practical situations. Plan role plays. Organize a way to give your comments.
Materials	Multi media projector, screen and the computer if you are using a power point presentation. Flip charts. "Problem Cards" – The
Methodology	Plenary/Brainstorming / Role play

Process

- Make pairs from the participants.
- Distribute the "Problem Cards" which contains formerly prepared problem situations among pairs. You could use the problem situations given in this section or develop according to your or participant experiences.
- Some pairs may get similar situations to discuss.
- Let them discuss about the situation within 10 mts.
- Tell them to assign roles among pairs. One person will be the psychosocial facilitator and the other will play the role of the client.
- Set the ground rules for role plays.
    - Equal time will be allocated for each pair. (10 minutes.)
    - Maintaining silence during role plays.
    - Putting down own notes/observations to discuss after the role play.
    - Making them aware of how to give constructive feedback.
    - Prepare them to accept others feedback.
- After each group has done their role play, request comments from others.
- Write each valid comment on a flip chart or on a white board.
- Then complete the discussion on each role play with your comments.
- Make list of what everyone learned from this exercise.
- They can keep this list to update themselves when befriending in the future.

Notes

- The following problem situations or similar stories can be used as examples for role plays.

Situation 1

A 45 yr old Mrs. H comes with a child. Her main problem was her husband's abusive behavior. According to her she has 3 children. They are at the ages of 18, 14 and 7. Husband is a daily alcohol user who works as a clerk. He brings very little money home. She does manual work on and off to earn. The husband its the wife after alcohol. This behavior was going on for the last 10 years. Since the children are big and very much disturbed by his behavior, she has come to you.

Discuss the possible options or your intervention.

Following options are considered by both clients and the psychosocial facilitator themselves as common possible options.

- Giving advice to wife on how to treat husband properly
- Trying hard to get him out from alcohol
- Complaining to Police
- Leaving the husband
- Considering a divorce

But those options should be critically analyzed with the group. When analyzing such options you need to consider practical situations, Individual capabilities and other social conditions too. Eg: Giving advice to wife to treat her husband properly may disempower the victim.
Any option has to be decided by clients themselves.

Situation 2

A 28 yr old woman comes to you with bruises. Her husband has beaten her up last night. This has been happening very often during last 2/3 years. According to her he is not consuming alcohol. They live in a separate house after marriage, which was 4 years back. They have no children. Husband is not interested in getting further medical support for the problem. According to her most of the time he is violent after his mother (her mother in law) phoned him.

Discuss this situation and possible options.

In this situation following options are considered by both clients and the counselors themselves as common possible options.

- Take him to a Psychiatrist
- Separate him from his mother
- How to keep him calm
- Educating her about the things that she shouldn't do
- Complain to the Police

Situation 3

A woman who is 19 yrs old has come after a broken love affair. She has suicidal feelings. She still loves the person who has left her. She doesn't want her parents to be informed about the situation. She has come alone.

Discuss this situation and possible options.

In this situation following options are considered by both clients and the psychosocial facilitator themselves as common possible options.

- Directly refer her to a Psychiatrist because she is having suicidal feelings.
- Tell her to inform parents and come with them.
- Tell her not to love that person any more.
- Advising her about the negative aspects of suicide.
- Tell her to go for another affair

Situation 4

A 52 yr old lady is referred to you by a hospital. She was beaten by her husband. There are many skin bruises and scar marks. According to her, she was regularly beaten by the husband in the recent past. Sometimes the husband chases her out. Most of the time she is alone at home. They have 2 children. One is 20 and other is 16 yrs.

Discuss this situation and possible options.

In this situation following options are considered by both clients and the facilitators themselves as common possible options.

- Go to the Police
- Go for a divorce
- Live alone with the children.
- Bring husband to meet you.

- When you discuss these situations always get the participants to put their thoughts out first.
- Then try to show both sides of each option available.
- Make them aware about the importance of the client taking the decision.
- Address their own myths and beliefs on each situation.
- Always use evidence rather than depend on mere guess work.
- Make them aware of the importance of a referral whenever it's needed to a relevant person or place. Eg: Psychiatric help, Medical help.
- At the end of the day 2 make a plan to practice what they learned during the training and to measure progress of each psychosocial facilitator regularly.

Prevention of Domestic Violence Act 2005 and other legal issues related to GBV

Facilitator conducts an interactive discussion using the PowerPoint

Power Point Presentation Introduction to Prevention of Domestic Violence Act Sri Lanka and other legal options and issues related to GBV Care (20 Mts.)

The facilitator initiates the discussion by asking the participants whether they are aware of the Prevention of Domestic Violence Act 2005. Thereafter extend the discussion to counteract the myths regarding the Act.

Discussions would focus on

- Legal options available to the survivors
- Legal responsibilities of the care providers
- Legal responsibility in reporting cases of GBV and the wish of the survivor
- Special situations such as child abuse where mandatory reporting is required
- The place of legal services in the context of services at *MithuruPiyasa*: It is possibly the last option, Emphasis is on providing counseling in order to build the skills of the couple to settle their conflicts without resorting to violence

The slides are self explanatory

Legal Options

- All laws that are applicable against violent act against individuals are applicable in DV
- In addition Domestic Violence victims are afforded protection by the Prevention of Domestic Violence Act 2005

Countries with DV Bills or developing Bills

- Afghanistan Domestic Violence Prevention and Protection Act, 20009
- Bangladesh Women and Children Repression Prevention Act, 2000
- China Law on the Protection of Rights and Interests of Women (2005)
- India Protection of Women and Domestic Violence Act, 2005
- Indonesia Law of Republic of Indonesia No 23/2004 regarding Elimination of Violence in Household
- Malaysia Domestic Violence Act, 1994 Act 521
- Nepal Domestic Violence (Crime and Punishment) Act, 2008
- Pakistan Domestic Violence (Prevention and Protection) Act, 2009
- Sri Lanka Prevention of Domestic Violence Act, 2005
- The Nepal Civil Code for Gender Balance was amended in 2006 to criminalise marital rape.

Bhutan
Maldives

Responding to Gender Based Violence has been recognised as an essential responsibility of the government sector in the National /Visions.

"Mahinda Chinthana" the document describing the vision of the President of Sri Lanka proposes the necessity of a mechanism to be developed to respond to GBV.

Ministry of Health in cooperated responding to GBV as one major goal in some of their policies and plans.

Family Health Bureau is the nodal agency at National Level responsible for Women's Health inclusive of GBV.

Family Health Bureau has developed some programmes to respond to GBV.

Some of these programmes focus on prevention of GBV and some concentrate on responding to GBV.

There are 3 programmes under the prevention of GBV

1. **Package for newly married couples.**
   The newly married couples are encouraged to attend 2 sessions at the Medical Officer of Health (MOH) office, where they would be sensitised on some important topics which enable them to have a good marital life. This sensitisation would empower the couple to improve their marital relationship without violence which would improve the health and wellbeing of the couple.

Some vital aspects covered in these 2 sessions are -

- Good marital reationship
- Benefits of non violence
- Male participation and parenthood
- Planning of the family etc.

2. **Package for migrant workers and their family members**
   This package has been developed to create awareness among the migrant workers and their family members on the negative consequences of migration.

   This programme would create awareness among migrant workers and their family members to address (prevent and manage) their reproductive health issues and problems including the sexual/mental and physical abuse faced by the migraant worker in her destination and the children at home.

3. **Empowerment of preventive health worker on prevention and management GBV.**
   A module was developed to create awareness among the preventive health care workers on gender, GBV and their roles and responsibilities as primary health care workers in management of GBV.

   This module has been in-cooperated into the basic curricula of the primary health care workers.

   This primary health care workers who are already in service are also trained on their roles and responsibilities using the same module.

Empowerment of the curative health sector to respond to GBV-

Under this component, GBV care centres have been established in some hospitals. Curative health staff in these hospitals are trained to identify such cases and refer to the centre.

The centre is called "Mithuru Piyasa" in Sinhala and "Nutpu Nilayam" in Tamil.

It si a friendly shelter in the hospital, which is operated by the hospital staff-mainly MOO and nurses working in the out patients department. This centre provides befriending and counselling services.

Also, the centre staff is supposed to establish a partnership with the network of other stake holders providing services to the survivors and perpetrators. So, that the staff can refer clients for other services such as legal aid services rehabilitation.....etc as required.

14. Technical Session 7

HEALTH SECTOR RESPONSE TO GENDER BASED VIOLENCE IN SRI LANKA

INCLUSION IN NATIONAL POLICIES / PLANS

MAHINDA CHINTHANA - DESCRIBES ABOUT

- **GUIDANCE AND ASSISTANCE TO BE PROVIDED FOR WOMEN SUBJECTED TO VIOLENCE**
- **ESTABLISHMENT OF AN EFFECTIVE INSTITUTIONAL FRAME WORK FOR PREVENTION**

Responding to Gender-based Violence has been recognised as an essential responsibility of the government sector in the National Policies / Visions.

"Mahinda Chinthana " the document describing the vision of the President of Sri Lanka proposes the necessity of mechanism to be developed to respond to GBV.

INCLUSION IN MINISTRY POLICIES / PLANS

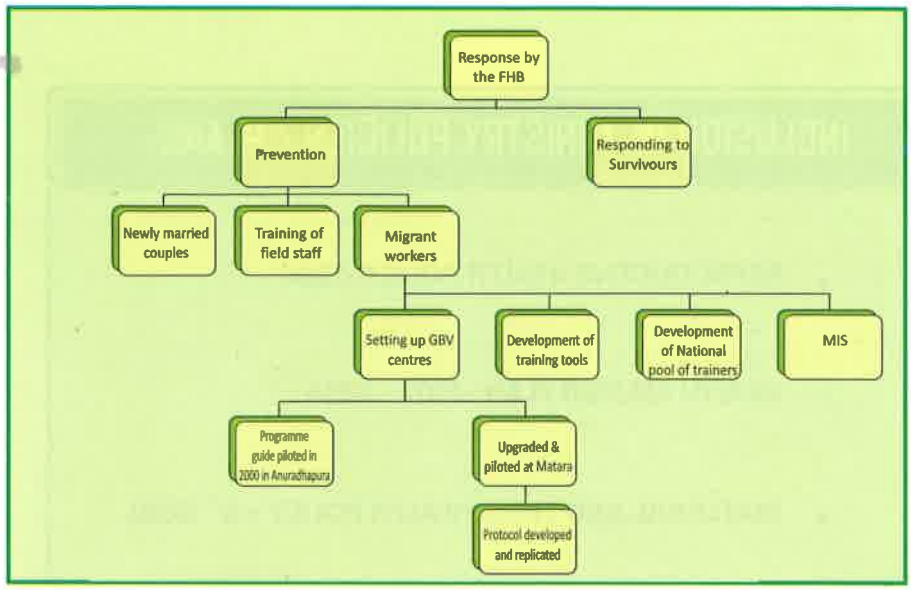
- **REPRODUCTIVE HEALTH POLICY -1998**
- **HEALTH MASTER PLAN -2007 – 2016**
- **MATERNAL AND CHILD HEALTH POLICY – 8TH GOAL**

Ministry of Health in cooperated responding to GBV as one major goal in some of their policies and plans.

Ministry of Health response to GBV

- **Family Health Bureau is the directorate responsible for Women's Health inclusive of GBV issues in the Ministry of Health**

Family Health Bureau is the nodal agency at National Level responsible for Women's Health inclusive of GBV



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There are three programmes under the prevention of GBV.

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The newly married couples are encouraged to attend two sessions at the Medical Officer of Health (MOH) office, where they would be sensitizes on some important topics which would enable them to have a good marital life. This sensitization would empower the couple to improve their marital relationship without violence which would improve the health and wellbeing of the couple.

Some vital aspects covered in these two sessions are :

- Good marital relationship
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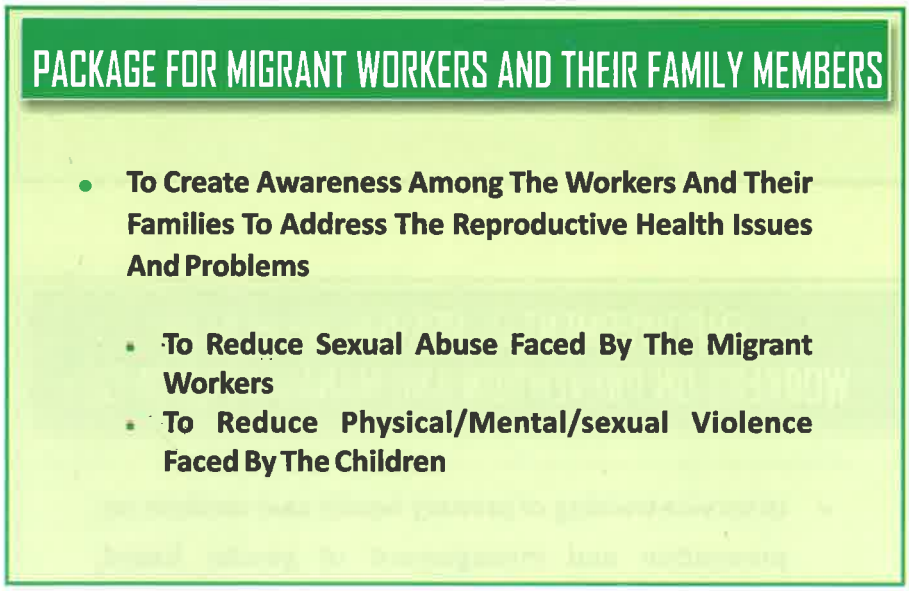
- Male participation and parenthood
- Planning of the family etc.



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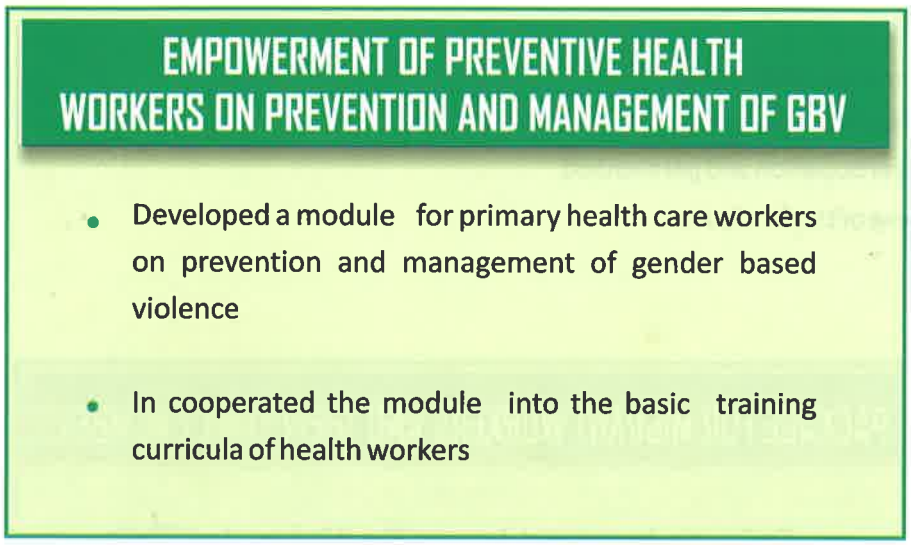

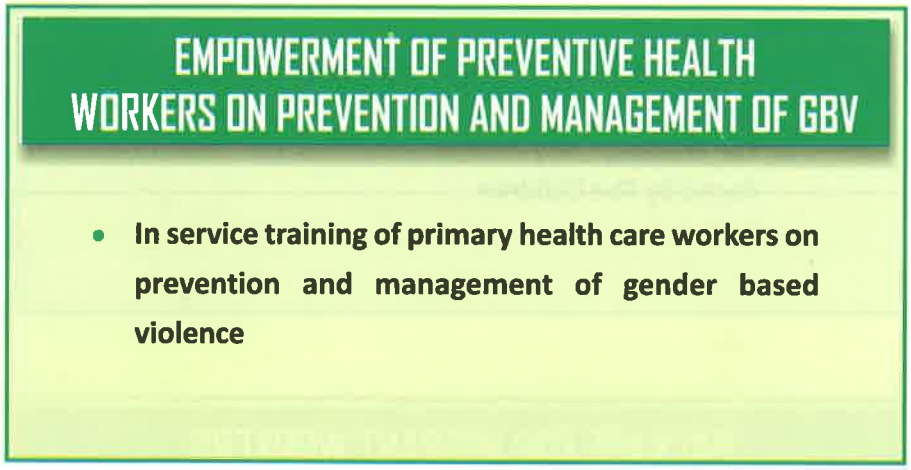

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A module was developed to create awareness among the preventive health care workers on gender, GBV and their roles and responsibilities as primary health care workers in management of GBV.

This module has been in cooperated into the basic curriculum of the primary health care workers.

The primary health care workers who are already in service are also trained on their roles and responsibilities using the same module.

EMPOWERMENT OF CURATIVE HEALTH WORKERS

- Empower Curative Health Staff To Identify, Refer And Manage Gbv Cases
- Establish Gbv Care Centres At Hospital Level
- To Establish A Link With The Peripheral System And Also With The Network Of Stake Holders

Empowerment of the curative health sector to respond to GBV

Under this component, GBV care centres have been established in some hospitals. Curative health staff in these hospitals are trained to identify such cases and refer to the centre.

The centre is called " Mithuru Piyasa" in Sinhala and " Nutpu Nilayam" in Tamil.

It is a friendly shelter in the hospital, which is operated by the hospital staff - mainly MOO and nurses working in the out patients department. This centre provides befriending and counseling services.

Also, the centre staff is supposed to establish a partnership with the network of other stake holders providing services to the survivors and perpetrators. So, that the staff can refer clients for other services such as legal aid services, rehabilitation.....etc as required.

MITHURU PIYASA

- A Friendly Shelter In The Hospital
- Operated By The Hospital Staff- Mainly MO and Nurses Working In The O.P.D
- Offer Befriending /counselling Services
- Referrals For Required Services

DEVELOPMENT OF TRAINING TOOLS

- Training module/Facilitator's Manual
- Handbook /Information booklet for trainees
- Protocol/ guidelines for 'Mithuru Piyasa' staff

BUILDING PARTNERSHIPS

- To Have Partnership With Other Government And Non Governmental Agencies Working On The Same Subject
- To Support The Women To Have Self Help Groups / Support Groups Etc.
- To Assist Women To Increase The Financial Resources. (empowerment)
- To Refer Women / Men For Services When Necessary (Rehabilitation Etc..)

Thank You

PREVENTION OF DOMESTIC VIOLENCE ACT NO 34 OF 2005

- Is A Law To Provide For The **Prevention Of Any Act** Of Domestic Violence..
- Focus On Ensuring **The Safety Of Survivor**
- It Is A **Civil Remedy.**
- **Neutral.**
- The Act Includes **Emotional Violence**
- Includes Abuse Of The **Elderly**

WHO CAN MAKE THE APPLICATION?

- **AN AGGRIEVED PERSON (SURVIVOR)**
  A person against whom an act of violence has been **committed or likely to be subject to violence**
- **In case of a child**
  Parent or guardian
  Person with whom child resides
  By the National Child Protection Authority.
  By a police officer

APPLICATION CAN BE MADE AGAINST

- spouse
- ex-spouse
- cohabiting partners
- persons in close relationships....parents, grandparents,siblings, child of sibling etc. referred to as **relevant person**

WHEN AND WHERE TO MAKE AN APPLICATION

- When an act of domestic violence **has been, is being, or likely to be committed**
- Magistrates Court within whose jurisdiction
  - the aggrieved party resides
  - relevant party resides
  - the act of violence has been or likely to be committed.

WHAT IS THE PROCEDURE?

- Court shall **forthwith** consider the application and when the **court is satisfied** that it is necessary to issue an **interim protection order**
- IPO could be issued if in the absence of the perpetrator
- Court may examine any person under oath prior to issue

WHAT IS THE PROCEDURE?

- An interim order will remain in force till a protection order is issued
- Could be issued in the absence of the respondent
- court shall proceed to inquire into the application and consider evidence.
- After inquiry court will issue protection order

WHAT IS THE PROCEDURE?

- Will be served on the parties.
- Shall prohibit the commission of acts of domestic violence.
- May contain other prohibitions to ensure the safety and well being of the aggrieved person or his/her children
- Shall remain in force for a period not exceeding 12 months..

PROHIBITIONS AN IPO OR PO MAY CONTAIN

- entering the residence, place of employment , school of aggrieved party
- entering any shelter.
- entering a shared residence.
- having contact with a child of the aggrieved party.
- preventing access to shared resources.

PROHIBITIONS AN IPO OR PO MAY CONTAIN

- Committing acts of violence against any other person, friend, relative, socail worker who would be assisting the aggrieved person.
- Following an aggrieved person (stalking)
- selling ,transferring, alienating encumbering matrimonial home.

What are implications to the perpetrator ?

- Right of appeal to high court.
- **Violation of the Protection Order** is liable for fine of Rs.10,000/= or imprisonment not exceeding one year or both.
- Court may punish a person who prints or **publishes the names of parties and any matter other than judgment.**

Out line	
Length	120 minutes
Overview	
Learning outcomes	At the end of this session the participants would: • understand the policies and strategies of the Ministry of Health to address GBV within health sector • be able to understand the basic principles involved in setting up a service provision center such as location, availability of personnel, their responsibilities and duties , documentation, maintaining confidentiality, maintain linkages and monitoring progress • be sensitized to challenges faced when setting up such an unit • be familiar with the data collection instruments and data management
Preparation	
Materials	Colored cards, flipchart and paper, whiteboards, marker pens
Methodology	See below.

15. Technical Session 8

Operational aspects of running a Service Point for GBV

At this point Consultant Community Physician in Charge of women's Health, Family Health Bureau will make a presentation on health sector policies and strategies on prevention and management of GBV within health sector and initiate a discussion on the responsibilities of health care providers.

Setting up a Service Provision Center for GBV

Discuss in detail the different sections of the protocol for *Mithuru Piyasa* Emphasis will be given to the data collection formats, which will be discussed in detail. Data management and reporting methodology would be presented.

The discussion needs participation of the hospital administrative authorities such as the Director, Matron MOIC OPD as well as the provincial administration such as RDHS, MOMCH

It starts with comments on the previous successful establishment of a center at Matara and describing the challenges faced at the beginning and how they were overcome.

The following issues are discussed and the participants and the administration make their suggestions and with the help of the expertise of the resource persons plans are developed and consensus is reached thereby giving ownership of the center totally to the health institution and its staff.

- Identifying the vision, mission and objectives of the center
- Identification of the location if not done already
- Selection of the staff and the logistic arrangements such as rostering.
- Identification of basic equipment required
- Documentation and storage of documents.
- Maintenance of confidentiality of the documents
- Referral linkages
- Advocacy and image building
- Fiduciary arrangements
- Monitoring mechanism scheduling progress review meeting

The session completes by developing a basic Action Plan for the establishment of the Center with the responsibilities identified.

Annexures

I. **Participants' hand book**
II. **Training Tools**
    i. Power point presentation

III. **Evaluation Methodology**
    i. Pre training questionnaire
    ii. Post training questionnaire

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6. L. Anne L.Ganley Improving the Health care response :
   A Trainer's manual for health care providers
   Published by Family Violence Prevention Fund U.S. Department of Health and Human Services and the William Randolf Hearst Foundation

7. Gamela S .Report on some observations on the incidence of domestic violence in four locations in Sri lanka and the attitudes of towards violence. Women in Need 1991

8. Ananda perera, Presentation made at a seminar on GBV as quoted in the Sri lanka Report on Domestic Violence CENOR Colombo 2001

9. UNFPA AIDOS, Addressing Violence against Women piloting and programming. Sharing Experiences Meeting Rome Italy 15/19 September 2003

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Pre / Post Test

Training Programme for the Core Staff of the GBV Center

Answer all Questions. Time allocation: **20 minutes**

Please do not write your name

You are a ☐ Doctor ☐ Nursing Officer ☐ Other

☐ Male ☐ Female

1. **Regarding Gender Based Violence (GBV) do you agree with the following statements**
   a. The term Gender Based Violence includes violence on male persons as well. **(Agree / Not)**
   b. Gender based Violence can happen in the same sex relationships (Gay and Lesbian) **(Agree / Not)**
   c. Gender based violence may include Physical, emotional, sexual or economical violence. **(Agree / Not)**
   d. Very often more than one type is **not seen** within a single relationship. **(Agree / Not)**
   e. Domestic violence law include violence on elderly mothers by their daughters. **(Agree / Not)**

2. **Regarding Gender based violence do you consider the following statements as true or untrue?**
   a. Gender-based violence is a major cause of disability and death among women. **(True / Untrue)**
   b. Health professionals are in a very good position to identify women suffering from GBV. **(True / Untrue)**
   c. If the wife does not complain of the issue on her own, health care workers should not ask about domestic violence, as it may lead to disruption of the family unity. **(True / Untrue)**
   d. Health professionals may endanger the survivor / victim by breaching confidentiality to another family member without her consent. **(True / Untrue)**
   e. By asking about GBV, Health professionals are invading the privacy of the family life of the survivor. **(True / Untrue)**

3. **Factors that support and aggravate Gender Based Violence include :**
   a. Hereditary or genetic traits of the perpetrator. **(True / Untrue)**
   b. Belief of the inherent superiority of the male. **(True / Untrue)**
   c. Notion that domestic violence is a private matter and outsiders should not intervene. **(True / Untrue)**
   d. Situations where there is increase in the violence in the society such as war and conflict. **(True / Untrue)**
   e. Where there is lack of respect for human rights. **(True / Untrue)**

4. **Health Consequences of GBV in Pregnancy include:**
   a. Premature Labor. **(True / Untrue)**
   b. Small for dates (Growth Restricted) babies. **(True / Untrue)**
   c. Ante partum Hemorrhage. **(True / Untrue)**
   d. Increased tendency for Transverse Lie. **(True / Untrue)**
   e. Increased tendency for miscarriages. **(True / Untrue)**

5. **Effects on the children of a family where there is wife battering include:**
   a. Bed wetting. **(True / Untrue)**
   b. Stuttering. **(True / Untrue)**
   c. Bad grades in school. **(True / Untrue)**
   d. Temper tantrums. **(True / Untrue)**
   e. Hyperthyroidism. **(True / Untrue)**

6. **Consider that you have been requested to establish a GBV Service Center in the hospital, where you are working. Of the under mentioned what are the activities you would consider as priorities**
   a. Getting lockable cupboards to store documents. (**Priority /Not)**
   b. Inventorying all the furniture. (**Priority /Not)**
   c. Installing curtains to the windows. (**Priority /Not)**
   d. Make arrangements to give a cup of tea for patients. (**Priority /Not)**
   e. Select the officers according to seniority. (**Priority /Not)**

7. **What would you consider as services that should be available at a GBV Service Center in a hospital**
   a. Psycho social Counseling Services. (**Should be available / need not be available**)
   b. Legal Counseling. **(Should be available / need not be available)**
   c. Follow up arrangement for survivors who receive care. **(Should be available / need not be available)**
   d. Emergency Contraceptive services. **(Should be available / need not be available)**
   e. STI Prophylaxis services. **(Should be available/ need not be available)**

8. **Regarding the legal provisions available under the Prevention of Domestic Violence Act of Sri Lanka 2005 :**
   a. Survivor can obtain a protection order from the magistrate to prevent further violence. **(Correct / Incorrect**)
   b. The magistrate can imprison the perpetrator for a maximum period of two years. **(Correct / Incorrect)**
   c. The magistrate may prevent the perpetrator from disposing common property. **(Correct / Incorrect)**
   d. The application to the magistrate should be always made through the Police. **(Correct / Incorrect)**
   e. The magistrate can order the perpetrator to go through counseling sessions. **(Correct / Incorrect)**

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