



**WHAT EVERY CLINIC
WORKER NEEDS
TO KNOW ABOUT
GENDER-BASED
VIOLENCE**

1. WHAT EVERY CLINIC WORKER NEEDS TO KNOW ABOUT GENDER-BASED VIOLENCE

OBJECTIVES

PREPARATION AND MATERIALS

- Understand definitions of various forms of GBV
- Understand core concepts related to GBV - gender, power, use of force, and consent.
- Understand the health consequences of GBV
- Understand the barriers survivors face to accessing care, and why GBV is underreported
- Understanding the survivor's experience, reflect on values and beliefs
- Demonstrate self-awareness of one's beliefs and values, and demonstrate behaviors and understand values contributing to a safe & supportive service culture.
- Recognize the importance of compassion and empathy of supporting survivors to heal
- Understand the role of clinic staff
- Know the guiding principles and understand how to apply them in practice

AVAILABLE TRAINING RESOURCES



Presentation

1. What every clinic worker needs to know about GBV



Facilitator guide

1. What every clinic worker needs to know about GBV



Activities

- 1.1 Introduction
- 1.2 Ground rules
- 1.3 Fears and motivations
- 1.4 Match the definitions
- 1.5 Sex and gender
- 1.6 Understanding power Option 1
- 1.7 Understanding power Option 2
- 1.8 Understanding Sexual Violence
- 1.9 Consequences of sexual violence – Option 1
- 1.10 Consequences of sexual violence: Option 2
- 1.11 Vote with your feet
- 1.12 Blaming vs Empowering
- 1.13 Privacy
- 1.14 Guiding principles



Videos

- 1.1 Consent
- 1.2 Strengthening the health system response to gender-based violence



Participant handouts

- 1.1 Violence Against Women Global Picture
- 1.2 Guiding principles

**REQUIRED SUPPLIES
& MATERIALS**

- Projector
- Laptop
- Pen and blank paper workbook for each participant
- Space for small group discussion
- Space for groups to move around
- Wall to post flip charts
- Paper
- Sticky tack, tape or post-it notes
- Pens, markers
- Flip chart or white board
- Print outs of activities – depending on which activities you choose

KEY MESSAGES

- Gender-based violence is a harmful act, related to power, coercion, force, gender inequality and without consent
- Gender-based violence causes suffering and health consequences
- Harmful beliefs and attitudes can worsen the suffering of survivors
- Our role as health care workers is to provide supportive, compassionate health care
- Health care providers should provide care based on the guiding principles

**FURTHER RESOURCES
FOR FACILITATORS
(OPTIONAL)**

- Sex and gender:
IOM LGBTI Terminology Guidance
- Guiding principles:
WHO 2020 Clinical management of rape and intimate partner violence survivors Developing protocols for use in humanitarian settings, pg 4
UNFPA 2019 The inter-agency Minimum Standards for Gender-Based Violence in Emergencies Programming, pg xi

WHAT EVERY CLINIC WORKER NEEDS TO KNOW ABOUT GBV FACILITATOR GUIDE

INTRODUCTION



Slide 1 Introduction

- Introduce all presenters and facilitators, their education and work experience.
- Ask the participants to introduce themselves or use Activity 1.1 Introduction.



Activity 1.1 Introduction or Ask the participants to introduce themselves



Slide 2 Agenda

- Add the agenda of the training, adapt with the dates and times that you will use.



Activity 1.2 Discuss ground rules Activity 1.3 Fears and motivations



Slide 4 Introduce the objectives for this training

DEFINING GENDER-BASED VIOLENCE



Activity 1.4 Match the definitions



SLIDE 6-8 DEFINING GENDER-BASED VIOLENCE

Slide 7 notes

- GBV is an umbrella term for any **harmful act** that is perpetrated **against a person's will** and that is based on **socially ascribed differences** between males and females (i.e. gender) or on the unequal power relations between women and men.
- GBV includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty.

Slide 8 notes

There are many forms of gender-based violence, including:

- **Sexual violence** by a husband or partner, or by friends, family members, acquaintances and strangers.
- **Intimate partner violence** – a husband, ex-husband, boyfriend, ex-boyfriend or dating partner – including physical, sexual and psychological violence.
- Intimate partner violence can also include economic abuse, psychological abuse, reproductive control.
- In some settings this is known as domestic violence. However, domestic violence also includes violence by other family members.
- **Harmful practices** may include femicide/honour killing, forced and early marriage, human trafficking, female genital mutilation, acid throwing, sex-selective abortion, female infanticide, female genital cutting, dowry abuse, denial of opportunities (education) or widow ceremonies.



DISCUSS

Ask participants what harmful practices occur in their particular context.



SLIDES 9-11 DEFINING SEXUAL VIOLENCE, RAPE AND SEXUAL EXPLOITATION AND ABUSE

Slide 9 notes

- **Sexual violence** is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including home and work
- Sexual violence includes **sexual assault**. Sexual assault is defined as any type of unwanted physical violence or contact that is of a sexual nature. Sexual assault also includes rape
- Sexual violence occurs against women and girls, men and boys, all ages, and in all situations including armed conflict, natural disasters, displacement, but also in stable settings.

Slide 10 notes

- **Rape and attempted rape** involve the use of force, threat of force, and/or coercion.

Slide 11 notes

- **Sexual exploitation and abuse** may include a person in a position of power profiting monetarily, socially, or politically from the sexual exploitation of another. The exploitation may include giving humanitarian assistance in exchange for sexual acts.
- The survivor may believe that they have no other choice than to agree (to protect their family, to receive food, etc.) so that even if verbal agreement is given it is forced or coerced due to the fear of harmful consequences.
- Common perpetrators include bosses, teachers, humanitarian workers, peacekeepers, soldiers, and police.



DISCUSS

Ask participants what examples of sexual exploitation or abuse they can think of in their particular context (without sharing specific private or confidential information).

UNDERSTANDING KEY CONCEPTS



SLIDE 12-13 DISCUSS TERMS VICTIM AND SURVIVOR

Slide 13 notes

- **Victim** is a term often used in the legal sectors. Victim recognizes the violation of a human rights and harm that has been caused.
- The word **survivor** is used by mental health and social support sectors. It can focus on strength, resiliency, and the ability and capacity of an individual to cope, heal and recover. It is also used by psychological and social support sectors.
- **Respect** the language they use to describe themselves and their experience.



Activity 1.5 Sex and gender



SLIDES 15-17 EXPLAIN SEX, GENDER AND GENDER INEQUALITY

Slide 15 notes

- **Sex** is determined by biological or physiological characteristics that define males and females including type of predominant hormones circulating in body, anatomy and bodily characteristics, type of external and internal genitals and internal reproductive organs, ability to produce sperm or ova, ability to give birth and breastfeed children.
- **Gender**: describes the widely shared ideas and expectations about the roles, responsibilities, opportunities, privileges, power, limitations, ideas, norms, behaviours, activities and attributes given to males and females. These differences are socially constructed (not biologically constructed), learned, changeable over time, and have wide variations both within and between cultures.
NOTE: Depending on the context, consider describing intersex and gender identity.
- **Intersex** - At birth, people may be classified as female, male or intersex. An intersex person is person with bodily variations in relation to culturally established standards of maleness and femaleness, including variations at the level of chromosomes, genitalia, hormones or secondary sex characteristics.
- **Gender Identity**: refers to each person's deeply felt internal and individual experience of gender of themselves as a man, woman, transgender or something else. This may or may not correspond with the sex they were assigned at birth or the



gender attributed to them by society. It includes the personal sense of self and of their body (which may involve, if freely chosen, modification of appearance or function by medical, surgical or other means) and expressions of gender, including dress, speech and mannerisms. Someone who is trans has a gender identity and expression that differs from what is typically associated with the sex they were assigned at birth. Individuals use a range of cues, such as names, pronouns, behaviour, clothing, voice, mannerisms and/or bodily characteristics, to interpret other individuals' genders. Gender expression is not necessarily an accurate reflection of gender identity. People with diverse sexual orientation, gender identity or sex characteristics do not necessarily have a diverse gender expression. Likewise, people who do not have a diverse sexual orientation, gender identity or sex characteristics may have a diverse gender expression.

Slide 16 notes

- **Gender inequality** exists in every society around the world.

Slide 17 notes

- In addition, gender inequality can lead to increased risk of GBV against transgender men and women and others who do not fit within typical gender roles of men and women and are excluded.



Activity 1.6 Understanding power option 1 or Activity 1.7 Understanding power option 2



SLIDE 19-20 DISCUSS POWER, COERCION, FORCE

Slide 19 notes

- Power is the capacity or ability to make **choices** and **decisions**, have **control** over your life, and to lead and influence others.
- Power is distributed **unequally** in every community or society, there are some people with more and less power in every community or society.
People with **authority, status** and **money** often have more power. The more power a person has, the more choice and control they have.
- The less power a person has, they less control and fewer choices.
- Power can be used in **positive** ways. People can use power for good, to share their power, join with others, help and support others.
- Power can be used in **negative** and **harmful** ways. People can use their power over others with less power, to assert their power. Power can be used to force, threats, coerce, manipulate and abuse others with less power.
- GBV is an **abuse of unequal power relationships**. People with less power are more vulnerable to abuse.
- Women, men with less power and transgender men and women and others with an excluded gender identities are at increased risk of GBV due to their limited power, choice and control.

Slide 20 notes

- Coercion, pressure, intimidation, threats can be used to persuade, compel or force someone to do something they would not want to do, against your own will or choice
- Threats may make a person feels a fear of real and harmful consequences - either of being hurt physically, mentally, emotionally or socially, or of having a benefit or material need withheld (such as food or school fees).
- Force can be physical, social or economic.



DISCUSS

Ask what are examples that you can think or know of when someone may be forced or coerced to have sex when they do not want to (without sharing private, confidential information)?

Explain and provide examples:

- A manager of a company tells a woman that he will only recruit and hire her for a job if she has sex with him. She does not want to have sex with him, but she has young children at home that she needs to feed and her husband has died.
- A teacher tells a young girl that she did very badly on the test and has failed. The teachers tells the girl that he can help her pass if she does some extra work. He asks her to stay after school. When she comes after school, he tells her that he wants her to take her clothes off, he wants to see her naked and touch her breasts. She does not want to, but feels afraid and does it because she is afraid of what might happen if she fails.
- An employer threatening that an employee will lose her job if she does meet his demand for sexual favours.
- A humanitarian worker promising to provide a displaced woman extra food vouchers or access to resettlement if she has sex with him.
- A teacher offering to help a young boy pay school fees if he accepts his demand for sexual favours.



Slide 21 Consent

- Consent is an **informed choice** to **freely** and **voluntarily** do something.
- They must understand the consequences of the choice.
- Consent is **not implied** or assumed.
- Consent can be **withdrawn, reversed, or changed**. Consent must be **specific** for the specific act.
- They must have the understanding, capacity, ability and right to say no.
- For example, children may not understand that they can refuse sexual activity, and people with disabilities may not be able to verbally express no, or communicate a refusal of sexual activity.
- If there is threat or coercion, there is no consent.
- Sexual assault is sexual contact without consent. Rape is any penetration without consent.



Video 1.1 Consent

NOTE: review if this is appropriate and understood within the context.



Activity 1.8 Understanding sexual violence

PREVALENCE AND UNDERREPORTING OF GBV



SLIDE 24-28 PREVALENCE OF GENDER-BASED VIOLENCE

Slide 26 notes

- The prevalence varies in different regions.

Slide 27 notes

- If available, provide national or sub-national prevalence data for your country. These may be available through Demographic and Health Surveys or other national surveys.

Slide 28 notes

- It is important to remember that GBV is happening everywhere. It is under-reported worldwide. All humanitarians must assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take action.. regardless of the presence or absence of concrete 'evidence'.



DISCUSS

Ask Why do survivors of gender-based violence not seek help?



Slide 29 Barriers to care

Common reasons for not seeking help

- ✗ The violence was perceived as normal or not serious.
- ✗ Survivors feels guilt and blames themselves.
- ✗ She was afraid of consequences/threats/more violence.
- ✗ She was embarrassed or afraid of being blamed or not believed.
- ✗ She was afraid of bringing shame on her family.
- ✗ She may fear economic hardship or manipulation.

Common reasons for seeking help

- ✓ She could not endure any more.
- ✓ She was badly injured.
- ✓ Her partner had threatened or hit her children.
- ✓ She had been encouraged by friends or family.

CONSEQUENCES OF GENDER-BASED VIOLENCE



SLIDE 30-31 INTRODUCE SECTION



Activity 1.9 Consequences of sexual violence Option 1 or Activity 1.10 Consequences of sexual violence Option 2



SLIDE 33-37 CONSEQUENCES OF GENDER-BASED VIOLENCE

Slide 36 Notes

- There are inter-generational consequences of GBV. Children exposed to violence or subjected to violence themselves are more likely to perpetrate or experience violence.
- It is important for health-care providers to see if the children who accompany women subjected to violence show signs or symptoms and offer support.

UNDERSTANDING SURVIVORS' EXPERIENCES AND HOW VALUES AND BELIEFS IMPACT CARE



SLIDES 38-39 INTRODUCE SECTION



Choose two or three of the activities:
Activity 1.11 Vote with your feet
Activity 1.12 Blaming vs empowering



Slide 41 Self-awareness of attitudes and beliefs

- Our **values, beliefs and attitudes** often reflect the norms and values of the societies we live in. We should **be aware of and reflect** on how our personal beliefs, attitudes and values, and how they might affect the care that we as health-care providers offer to survivors. It is important to reflect on these and whether they might harm survivors. We must challenge them in our interactions with survivors and as role models to our patients and communities.
- Women subjected to violence are often acutely aware and can sense when people have negative beliefs and opinions about them. If we are aware of our negative beliefs, we can better avoid communicating them to survivors of violence.

ROLE OF THE HEALTH SYSTEM AND HEALTH CARE PROVIDERS



SLIDE 41-44 THE ROLE OF HEALTH CARE PROVIDERS

Slide 43 notes

- Women in many settings identify health-care providers as the professionals they trust to disclose abuse and other personal matters.
- Violence against women and girls is linked with poor health outcomes.
- Health-care settings can be a confidential place to provide support and information.
- Addressing violence against women in the health sector reminds patients that violence against women and healthy relationships matter for their health and well-being.
- When health-care providers present assessment of violence against women as necessary for good health and relationships, it can relieve worries about stigma and judgement.
- Health-care providers' expressions of concern and support can validate women's experiences, help them recognize abuse and inspire them to strive for safety.



Video 1.2 Strengthening the health system response to gender-based violence

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



Slide 46 What Health Care Providers can offer GBV survivors

- Health care providers need to offer empathic support and enable and help women to feel more in control in order to make their own choices and decisions, including whether they want to use referral services outside the health system.



DISCUSS

Ask for or provide an example of safety concerns and practical needs that require resources from other sectors.

GUIDING PRINCIPLES



SLIDES 47-51 GUIDING PRINCIPLES

Slide 50 notes

- **Dignity and respect** - The right to be treated with dignity and respect, and not be blamed or judged for violence
- **Self-determination and autonomy** - The right to make their own decisions; to decline or refuse examination, medical care or to take legal action. We empower them to be in control and make choices, respect their decisions, we trust the survivor to know what is best for herself and her situation.
- **Non-discrimination** - Offer health care without discrimination, survivors should receive equal and fair access, care, treatment and support. Treatment should not be refused based on race, ethnicity, caste, class, socio-economic status, sexual orientation, gender identity, religion, disability, health status (HIV), substance use, marital status, occupation, or political beliefs. Be aware that some survivors may face discrimination, this might impact their ability to seek health care, create obstacles or barriers, and their experience of health care. We may hold beliefs, values and attitudes about specific survivors or groups, and we should be aware of and recognize our own beliefs and how they may impact our ability to provide health care
- **Privacy and confidentiality** - Provide private and confidential care and treatment.
- Ensure visual and auditory privacy during consultation. Provide care in a place where no one else can see or hear, only those who need to be there should be. Only those who need to be present are allowed. Survivors should not have to move between rooms to provide care, minimize the number of places to receive care. Survivors should not be made to repeat their story to multiple providers.
- **Confidentiality** is the duty of those who receive private information not to disclose it without the patient's consent and must protect information shared by a survivor. Survivors have the right to control the information about themselves and choose who they will - or will not - share their information with. Information should not be shared with anyone without the survivors consent. Only disclose or share information with the consent or permission of the patient – including family, friends, police. Keep documents, records and information safely, securely stored. Limit who has access to documents. There are exceptions in cases of risk to safety for survivors and legal requirements of mandatory reporting. Breaches of privacy and confidentiality can put survivors at further at risk, especially in cases of partner violence.
- **Safety** – The safety and security of survivors and their children are the primary considerations.
- **Information** – Survivors should have the right to have access to information and to know what information is being collected about. Give information to support a survivor to make an informed, voluntary decision about which examinations and treatments are best for them
- **Life** – the right to a life free from fear and violence.
- **Health** – the right to health-care services of good quality, that are available, accessible and acceptable.



Activity 1.13 Privacy and Activity 1.14 Guiding principles



SLIDES 53-54 GENDER EQUALITY AND SUMMARIZE

Slide 53 notes

- Understand that:
 - 1 Violence against women is related to **unequal power** between women and men, violence disempowers or takes power away from the survivor
 - 2 Women may have **less access to and control** over resources than men, such as money or information
 - 3 Women may not have the **freedom to make decisions** for themselves, may not be able to leave violent situations or seek care
 - 4 Women may be **blamed and stigmatized** for violence and may feel shame and low self-esteem
 - 5 Women may blame themselves, feel they did something is wrong and not seek help
- In your practice recognize these power differences, do not re-enforce gender inequality, and act to promote gender equality in your care.
- Provide care fairly to both women and men.
- Reinforce women's value as a person, respect her dignity, promote women's autonomy.
- Listen to her story, believe her, and take what she says seriously.
- Do not blame or judge her, validate her.
- Respect her autonomy by providing information that helps her to make her own choices and decisions.
- Help them reclaim the choice, control and power that the violence took away.