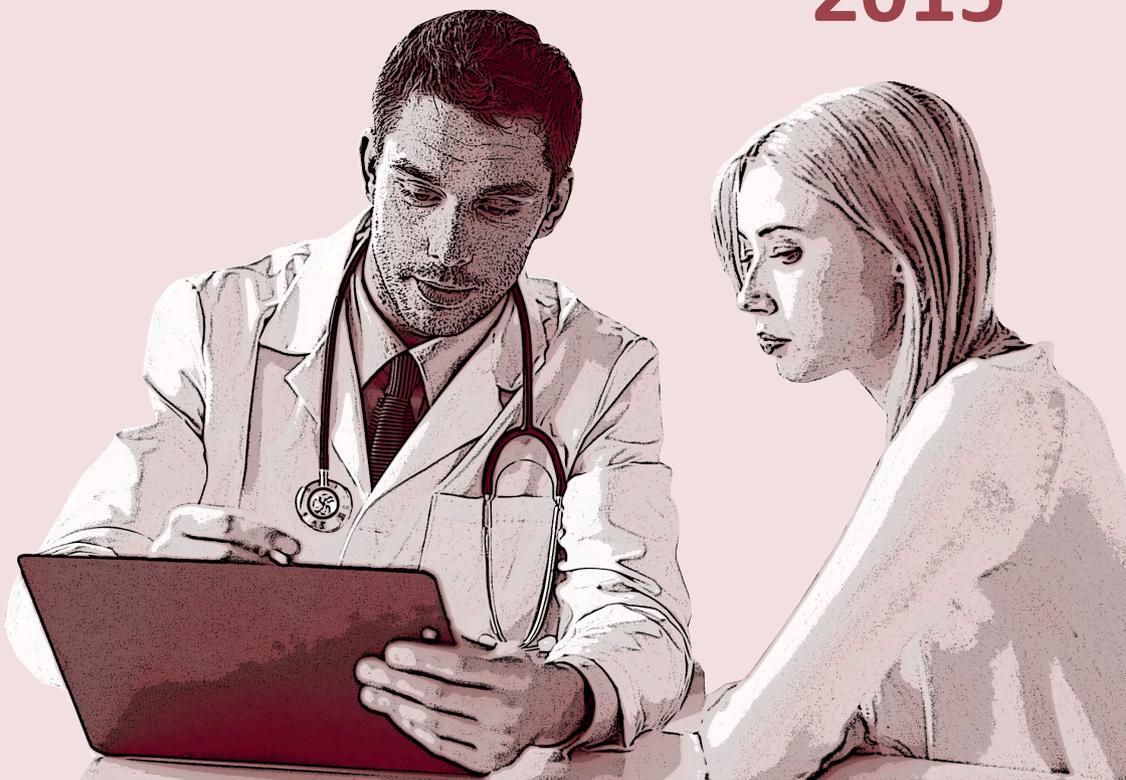


Health care services provision, part of multi-sectoral response to GBV

Standard Operating Procedures

2015



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Purpose and objectives

Health system and health-care providers play a critical role in terms of identification, assessment, treatment, crisis intervention, documentation, referral, and follow-up of GBV cases.

The agreed conclusions: Elimination and prevention of all forms of violence against women and girls of the 57th Commission on the Status of Women call for action to:

“Address all health consequences, including the physical, mental and sexual and reproductive health consequences, of violence against women and girls by providing accessible health-care services that are responsive to trauma and include affordable, safe, effective and good-quality medicines, first line support, treatment of injuries and psychosocial and mental health support, emergency contraception, safe abortion where such services are permitted by national law, post-exposure prophylaxis for HIV infection, diagnosis and treatment for sexually transmitted infections, training for medical professionals to effectively identify and treat women subjected to violence, as well as forensic examinations by appropriately trained professionals.”

The Standard Operating Procedures (SOPs) were developed to provide clear and detailed description of routine actions of health care providers who may provide assistance/services for GBV victims/survivors.

The objectives of SOPs for intervention on GBV cases of health care providers are the following:

- assist for effective identification of GBV victims/survivors,
- ensure and/or increase the victim/survivor’s safety at all stages of the intervention;
- ensure quality and consistency of service provision;
- facilitate improved and coordinated GBV documentation and data collection;
- guaranty the confidentiality of the services provided to GBV victims/survivors;
- facilitate effective referral of GBV victims/survivors within health sector and to other service providers; and
- link the health care facilities with the other services provided to GBV victims/survivors.

While both men and boys can also suffer from the direct and indirect impacts of gender-based violence, this SOP’s primary focus is on women and girls as they are overwhelmingly targeted for violence and abuse; and the forms of violence they experience, the severity, frequency and consequences are very different from violence experienced by men.

Applicability

An essential range of health care services are required for supporting women and girls who have experienced GBV. Five core elements were identified as necessary for a comprehensive and effective clinical health service response:

- First line support (includes referrals)
- Care of injuries and urgent medical issues
- Sexual assault exam and treatment
- Mental health assessment
- Stress management

The SOPs describe clear procedures that regulate the step-by-step routine activity, the roles, and responsibilities to be followed by the staff of any facility, which provides health care services. This may be primary, secondary or tertiary level health care facility.

For a better implementation of the SOPs, a minimal training of health care providers in using the present SOPs is indicated. Preferably, the training should be part of a comprehensive training programme/curriculum which includes sections on multi-sectoral response to GBV, specific response to GBV of health care providers and prevention and awareness.

The SOPs does not include any description of the specific duties of the health care providers regarding care of health conditions. Any other specific procedures, regulated by country legislation, regulations and statutes, may be added when the present SOPs are adapted to the country.

When organizing care for GBV victims/survivors, special attention needs to be given to the development of an adequate woman-centred care, guaranteeing confidentiality and privacy. To avoid stigmatisation of patient, the complete care package should be offered in one consultation room and this room should not be identifiable as such. Moreover, priority access for rape victims/survivors should be ensured.

All personal of the health facility needs to be informed about the patient-flow for GBV victims/survivors and the ethical obligation to respect confidentiality.

Guiding principles

Principles of multi-sectoral response to GBV

Victim-centred approach. All service providers engaged in multi-sectoral response to GBV prioritize the rights, needs and wishes of victim/survivor.

Partnership. The multi-sectoral response to GBV implies good cooperation and coordination of involved institutions/organizations.

Participative management. The rules regarding the multi-sectoral intervention and referral, the strategies and action plans, including planning, implementing, monitoring and evaluating programmes should be done in a participatory manner, including the input of beneficiaries (if applicable).

Strategic planning. The policies that address GBV phenomenon should be translated in inter-institutional common strategies, with specific objectives and activities.

Integrated services. The procedures for intervention and referral as well as the protection measures require a multi-disciplinary approach based on unified work methodology.

Prevention. An effective integrated approach sets as a priority also the prevention of GBV.

Accountability. All interventions/organizations have to ensure the accountability (and measures of it) for staff to implement and respect the agreed programs/rules and to follow these guiding principles in their work.

Sustainability. Despite the political changes or staff turnover/demotivation, once the multi-sectoral response to GBV is assumed, the institutions/organizations should ensure all conditions to implement and sustain this approach.

Principles and standards for service provision to GBV victims/survivors

Gender-sensitive approach. Services provided need to demonstrate an approach which recognizes the gender dynamics, impacts and consequences of violence against women. Health services should take into account the needs of specific groups of women and girls, including those belonging to marginalized groups. Health service providers need to respect the diversity of service users and apply a non-discriminatory approach. This implies that all women survivors have equal and full access to health care and receive care at the same level of quality.

Victim/survivor’s centred. During the intervention on GBV incidents/cases, respecting the victim/survivor’s wishes, rights, and dignity is the best approach aimed to create an environment full of respect, which may facilitate the victim/survivor’s ability to identify her needs and to make decisions about possible ways of action. Health care providers should support victims/survivors in their decision-making.

Safety and security. The safety of both the victim and the health-care provider should be a priority when organizing and offering care to GBV victims/survivors. Evaluating the safety of the victim/survivor needs to be done at the moment of identification and when the patient reveals she/he has been victim/survivor of GBV. Also assessing one’s own safety should be part of each consultation. When starting the consultation with a victim/survivor it is important to consider the possible threats (violent husbands, family members) to ensure that the consultation can be done without likely harm to one-self, the patient or other colleagues.

Confidentiality and privacy. Respecting confidentiality is an important measure to ensure the safety of both the victim/survivor and the health care provider. All the time, the confidentiality of the victim/survivor shall be respected. This includes sharing only the necessary information, only in the situation that is necessary or requested, and only with the victim/survivor’s agreement. Privacy during the consultation (identification and clinical management) and confidentiality of data collection, record keeping, reporting and information sharing will decrease the exposure of both patient and health care providers. Maintaining confidentiality ensures that a victim/survivor does not experience further threats and/or violence as a result of seeking assistance and also protects health care providers from threats of violent perpetrators or family members. Shared confidentiality in the health profession means that some patient information may be shared with other medical colleagues on a “need to know basis” only. Information may be shared with colleagues if there is a medical reason for it and the health care provider is referring the victim/survivor to another health care provider. This must be explained to the victim/survivor beforehand and the victim must understand what information and to whom this will be shared, and consent must be obtained. If the confidentiality is limited by a regulation regarding mandatory reporting, the victim/survivor should be informed immediately.

Informed choice. Any action should be made only with the victim/survivor’s permission and after obtaining of an informed consent.

Non-discrimination. Regardless of age, race, national origin, religion, sexual orientation, gender identity, disability, marital status, educational and socio-economic status, all victims/survivors are equal and shall be treated the same and have equal access to services.

Conditions and behaviours that might indicate GBV

The following are short lists of clinical or psychological conditions and behaviours that may raise attention to the health care provider and request for exploring the GBV existence. If more of them are present might indicate that the patient is a subject of GBV.

Conditions that might indicate GBV

- Multiple injuries, at different stages of healing, in multiple body zones that may not be fall result
- Unexplained injuries or with unclear/confusing explanations
- Symmetrical injuries
- Bruises, wounds, lacerations, bites, burns on different stages of recovery, especially on arms and face
- Injuries hidden by clothes
- Injuries inconsistent with explanation of cause
- Unexplained chronic gastrointestinal symptoms
- Unexplained reproductive symptoms, including pelvic pain, sexual dysfunction
- Adverse reproductive outcomes, including multiple unintended pregnancies and/or terminations, delayed pregnancy care, adverse birth outcomes
- Unexplained genitourinary symptoms, including frequent bladder or kidney infections or other
- Repeated vaginal bleeding and sexually transmitted infections
- Chronic pain (unexplained)
- Problems with the central nervous system – headaches, cognitive problems, hearing loss
- Repeated health consultations with no clear diagnosis
- Intrusive partner or husband in consultations
- Frequently missed appointments

- Non-compliance with treatment
- Early self-discharge from hospital
- Symptoms of depression, anxiety, PTSD, sleep disorders
- Alcohol and other substance use

Behaviours associated with GBV

- Frequent appointments for vague symptoms
- Woman tries to hide injuries or minimize their extent
- Woman is reluctant to speak in front of partner or accompanying adult, or appears submissive or afraid in front of partner or accompanying adult
- Non-compliance with treatment
- Frequently missed appointments
- Woman appears frightened, overly anxious, or depressed
- Suicidality or self-harm
- Partner is aggressive or dominant, talks for the woman or refuses to leave the room
- Poor or non-attendance at antenatal clinics
- Early self-discharge from hospital

How to interact with a GBV victim/survivor

Asking about GBV might be challenging for any service provider. The following recommendations help the provider to increase confidence in asking about GBV and also to avoid re-victimisation.

- Take the initiative to ask about violence – do not wait for the woman to bring it up. This shows that you take a professional responsibility for her situation, and it helps to build trust.
- Avoid asking a woman about GBV in the presence of a family member, friend, or children.
- Be patient with GBV victims/survivors, keeping in mind that in crisis they may have contradictory feelings. Don't pressure the victim/survivor to disclose. If she/he does not disclose, tell her/him what made you think about violence.
- Avoid unnecessary interruptions and ask questions for clarification only after she has completed her account.
- Avoid passive listening and non-commenting. This may make her think that you do not believe her and that she is wrong, and the perpetrator is right. Carefully listen to her experience and assure her that her feelings are justified.
- Use the same language as the victim/survivor; if the victim/survivor speaks other language that the provider, ask for a provider who speaks the same language or for an interpreter to assist her/him.
- Adapt language and words at the understanding level of the victim/survivor. Do not use professional jargon and expression that might confuse the victim/survivor.
- Formulate questions and phrases in a supportive and non-judgmental manner, using a sympathetic voice. Use open-ended questions and avoid questions starting with "why", which tends to imply blame of GBV victim/survivor.
- Don't blame the woman. Avoid questions such as "Why do you stay with him?", "Did you have an argument before violence happened?", "What were you doing out alone?", "What were you wearing?" Instead, reinforce that GBV cannot be tolerated.
- Use supportive statements, such as "I am sorry that this happened to you" or "You really have been through a lot", which may encourage the woman to disclose more information.

- Emphasize that violence is not victim/survivor's fault and only the perpetrator is responsible for.
- Explain that the information will remain confidential and inform her about any limitations to confidentiality.
- Use eye contact as culturally appropriate, and focus all attention on the victim/survivor. Avoid doing paper work at the same time.
- Be aware of your body language. How you stand and hold your arms and head, the nature of your facial expression and tone of voice all convey a clear message to the woman about how you perceive the situation. Show a non-judgemental and supportive attitude and validate what she is saying. Avoid body language conveying the message of irritation, disbelief, dislike or anger toward the victim/survivor.
- Do not judge a victim/survivor's behaviour based on culture or religion.

Procedures

The step-by-step procedures are grouped by the type of intervention that can be implemented. While specific guidelines, protocols, or legal mandates may vary, the management and provision of health care to GBV victims/survivors should include the following procedures: identification, evaluation, health care service delivery (with the five core elements), collection of evidence, documenting GBV, and referral.

The order of sections and/or steps might be changed when interfering with a GBV victim/survivor; however, any assistance of a GBV victim/survivor will begin with the identification. Each health care facility may implement the sections that are according to the statute and mandate.

If there is any evidence or suspicion that a patient suffers a form of GBV, the health care provider must make all the efforts to ensure that the patient obtains all the support that may receive. In all stages of the assistance, the victim/survivor's autonomy and confidentiality are subsequent to victim/survivor's security.

Identification

First step in any GBV intervention is to identify the victim/survivor; this may be done in different ways: provider's identification, reporting by other provider/person, and self-disclosure of the victim/survivor. In case of identification in health settings, two approaches are used to facilitate the disclosure of GBV: universal screening and case finding. Universal screening, also known as routine enquiry, requires asking all women presenting in health settings about their exposure to GBV. Universal screening can be burdensome in health care settings, particularly when there are limited referral options, limited capacities for effective response, and overstretched resources/providers. Case-finding, or clinical enquiry, refers to asking women about GBV, in case they present certain clinical symptoms/history and (if appropriate) to examine the women. The second approach based on selective and careful clinical considerations, is found to be the most effective, particularly when the health staff is specially trained in how to best respond and refer.

In any situation, addressing health needs which may threaten the life or integrity of the victim/survivor must be a priority. Refer patients with severe, life-threatening conditions for emergency treatment immediately.

The following actions should be done to facilitate the disclosure of GBV and to ensure a safe and effective identification of GBV victim/survivor:

- Greet the person in a welcoming manner.
- Introduce yourself and briefly explain the institution's mandate/services.
- Kindly ask the person to introduce herself/himself (if there is no health condition that limits this).
- Ask the patient about the preference to be examined by a doctor who is of the same sex (especially in cases of sexual violence).
- Give the patient the chance to ask questions about everything may consider important.
- Remember the needs of different population groups (e.g. persons with physical or mental disabilities, religious persons, and ethnic minorities) and make efforts to address them.
- Create a confidential and compassionate environment, actively listen to the patient and give validating messages (please refer to section *How to interact with a GBV victim/survivor*).
- Pay attention to asking questions about GBV behind curtains (especially in hospital-based health care); a third person may hear the conversation.
- Prior any examination or manoeuvre, inform and explain to the patient what it includes, why it is done and how, to avoid transforming the examination into another traumatic experience.
- Decide if it is appropriate to ask about GBV exposure. Remember that accompanying person might be the perpetrator itself and asking about GBV may put the victims/survivors in an unsafe situation.
- If decided so, ask about exposure to GBV in order to improve diagnosis/identification and subsequent care and referral (please refer to the section *How to interact with a GBV victim/survivor*).
- If any suspicion of GBV, check the victim/survivor's medical history (if possible) or ask if certain conditions repeat from time to time.
- Do not leave the victim/survivor alone, especially when self-injuries are suspected or the risk for it is present.

Evaluation

After identification of a GBV victim/survivor, the health care provider should make a decision on the next steps (care/support, collection of evidence, documenting GBV, and referral) to be followed, according to the resources, skills and mandate to effectively address GBV. An assessment of victim/survivor's needs and resources should be undertaken that would serve as basis for development of further steps of medical care and follow-up.

- Obtain consent for services that will be provided. In case of children or persons with limited discernment, obtain consent from the parents or caregivers. If the victim/survivor cannot read and write, the informed consent statement will be read up to the victim/survivor and a verbal consent will be obtained (this will be mentioned in the informed consent form or health records).
- Explain the right to provide limited consent and to choose which information is released and which is kept confidential.
- Give adequate information for informed consent. Inform the victims/survivors about possible implications of sharing information about the case with other institutions/services.
- Specify if there is any legal mandatory reporting to other institution of a GBV incident/case and the content of the reported information, if possible.
- Provide the victim/survivor with information on GBV and its consequences on health.
- Ensure that the victim/survivor is assisted in a non-judgemental, compassionate and understanding way, and all efforts will be made to help her/him.
- Ask the victim/survivor to tell in her own words what happened, to talk about the perpetrator, types of violence and severity. In case of reporting by other provider/referral some information might be already available.
- Evaluate the needs and resources, to understand the social, familial and individual context that affects the victim/survivor's situation.
- Think to the care/support that should be provided, tailored on the needs and expectations in order to protect the GBV victim/survivor.

Service provision/Intervention

Following identification and evaluation of GBV case, health care providers should undertake a medical examination and provide medical care.

Throughout the entire process of medical examination and care, health care providers should always keep in mind that GBV victims/survivors might be very emotional.

First-line support

- Be non-judgemental and supportive and validate what the GBV victim/survivor is saying.
- Provide practical care and support that responds to GBV victim/survivor's concerns, but do not intrude.
- Ask about history of violence, listening carefully, but not pressuring GBV victim/survivor to talk (care should be taken when discussing sensitive topics when interpreters are involved).
- Help GBV victim/survivor access information about resources, including legal and other services that the victim/survivor might think are helpful.
- Assist GBV victim/survivor to increase safety for herself and victim/survivor's children, where needed.
- Provide or mobilize social support.
- Conduct the consultation in private.
- Keep confidentiality, while informing GBV victim/survivor of the limits of confidentiality (e.g. when there is mandatory reporting).

Medical history and examination

- Ask GBV victim/survivor to tell in their own words what happened.
- A detailed description of the violence should be obtained, its duration, whether any weapons were used, as well as the date and time of the incident/s.
- Keep in mind that some victims/survivors may intentionally avoid particularly embarrassing details of the incident.
- Check for any other symptoms that may indicate a GBV form (e.g. dehydration, malnutrition).

- After taking the history, health care professionals should conduct a complete physical examination (head-to-toe; for sexual violence also including the patient's genitalia) (WHO 2013 Recommendation 11), observing the following general principles:
 - Explain the medical examination, what it includes, why it is done and how, to avoid the exam itself becoming another traumatic experience. Also, give the patient a chance to ask questions.
 - Ask the patient if she wishes a female doctor (especially in cases of sexual violence).
 - Do not leave the patient alone (e.g. when she is waiting for the examination).
 - Ask her to disrobe completely and to put on a hospital gown, so that hidden injuries can be seen.
 - When examine parts of the body for physical signs of GBV, first examine uncovered parts and then, kindly ask the victim/survivor to uncover the rest of the body for examination. Do not ask to uncover all parts at a time; the nudity can be humiliating for the victim/survivor.
 - Examine especially areas covered by clothes and hair.
 - If she has experienced sexual violence, examine her whole body – not just the genitals or the abdominal area.
 - Examine both serious and minor injuries.
 - Note emotional and psychological symptoms as well.
 - Throughout the physical examination inform the patient what you plan do next and ask for permission. Always let her know when and where touching will occur. Show and explain instruments and collection materials.
 - Patients may refuse all or part of the physical examination. Allowing her a degree of control over the examination is important to her recovery.

Clinical care of injuries and urgent medical issues

- Treat in situ less severe injuries, for example, cuts, bruises and superficial wounds. Any wounds should be cleaned and treated as necessary.
- The following medications may be indicated:
 - antibiotics to prevent wounds from becoming infected;

- a tetanus booster or vaccination (according to local protocols);
- medications for the relief of pain, anxiety or insomnia.
- In case of sexual violence, the health care provider should provide or refer to other health provider that may provide:
 - investigation for ongoing pregnancy;
 - prevention of unwanted pregnancy by offering or prescribing emergency contraception within 5 days of sexual assault, ideally as soon as possible after the assault, to maximize effectiveness; a single dose of 1.5 mg levonorgestrel is recommended, since it is as effective as two doses of 0.75 mg given 12-24 hours apart. If levonorgestrel is not available, the combined oestrogen-progesterone regimen may be offered, along with anti-emetics if available. If oral contraception is not available and it is feasible, copper-bearing intrauterine devices (IUDs) may be inserted up to 5 days after sexual assault for those GBV victims/survivors who are medically eligible. If sexual assault happened in more than 5 days, or emergency contraception fails, GBV victims/survivors should be offered safe abortion, in accordance with national law.
 - Reduction of the risk of contracting HIV by administering post-exposure prophylaxis for GBV victims/survivors presenting within 72 hours of a sexual assault;
 - prophylactic treatment for sexually-transmitted infections (chlamydia, gonorrhoea, trichomonas, syphilis). The choice of drugs and regimens should follow national guidance;
 - Hepatitis B vaccination without hepatitis B immune globuline should be offered as per national guidelines. Hepatitis B status should be evaluated from a blood sample, prior administering the first vaccine dose; if immune, no further course of vaccination is required.
- Provide or mobilize social support, if needed, or at the victim/survivor's request.
- Assist the victim/survivor in safety planning, to increase the safety for herself and her children, where needed (please refer to section Safety plan).
- Plan and provide follow-up health care, if and as required.

Psychological/mental health assessment and management

In case of partner violence and sexual violence, the recommended psychological interventions are divided by the moment of intervention:

- immediate after the GBV incident psychological support should be offered to respond to the immediate psychological needs of GBV victim/survivor: psychological first aid involves the following elements: providing practical care and support, which does not intrude; assessing needs and concerns; helping people to address basic needs (for example, food and water, information); listening to people, but not pressuring them to talk; comforting people and helping them to feel calm; helping people connect to information, services and social supports; protecting people from further harm; and provide written information on coping strategies for dealing with severe stress.
- up to 3 months post-trauma: continue providing practical care and support after assessing needs and expectations. Apply “watchful waiting” for 1-3 months after the event, unless the person is depressed, has alcohol or drug use problems, psychotic symptoms, has suicidal or self-harming thoughts or has difficulties in day-by-day functions. If the victim/survivor presents post-rape symptoms or any other mental health problems, refer her/him to specialist health care providers for psychological/mental interventions.
- from 3 months post-trauma: assess mental health and address any problem revealed or refer the victim/survivor to a specialist.

Collecting evidence

The evidence of GBV should be collected only by the health care providers that, according to legislation and regulations, are mandated to do such/ these procedures AND specially trained in evidence collection techniques. The specific steps of collecting evidence should be added according to the protocols of each country. Both medical and forensic specimens should be collected during the course of the examination. Providing medical and legal (forensic) services at the same time, in the same place and by the same person reduces the number of examinations that the patient has to undergo and can ensure that the needs of the patient are addressed more comprehensively.

- Explain for what purpose the collected evidence might be important/useful.
- Ask the victim/survivor if she/he desires the evidence of violence to be collected.
- Make sure that information about evidence collection is included and checked on the informed consent or health care forms.

- If the conditions for collecting evidence, named at the beginning of the section, are not fulfilled and the victim/survivor expresses the desire to have evidence collected, refer her/him to the nearest facility that can provide this service. Provide victim/survivor with the exact information on the service that should assist in this matter.
- Recall the importance to collect evidence as soon as possible in particular GBV situations (e.g. sexual violence).
- Explain what should be done and what should be avoided in order to preserve/not to destroy the evidence (e.g. not to wash, change clothes).
- Reinsure the victim/survivor about the confidentiality of the information/evidence.
- Decrease the risk of trauma and time loss by integrating medical and forensic procedures, if possible.

Risk assessment and management

Risk assessment and management can reduce the level of risk. The safety plan is part of the case intervention that can prevent future violent incidents or avoid escalation or exposure to extreme situations. The safety plan is developed taking in consideration risk factors and resources available.

To develop an effective safety plan, understanding the risk factors for repeat and escalating violence is needed. The more risk factors are identified and associated with a GBV case, the higher the risk to which the GBV victims/survivors is exposed.

Risk factors that might be identified:

- Previous acts/incidents of GBV against the victim/survivor, the children or other family members. History of abuse, forms and patterns of violence used, former convictions or reports to police, weapons used are indicators to evaluate the danger.
- Violent behaviour outside the family.
- Separation and divorce are times of high risk.
- The coalition of other family members with the perpetrator.
- Legal or illegal possession and/or use of weapons or threaten to use weapons.
- Alcohol or drugs consumption may disinhibit behaviours and lead to escalation of violence.

- Threats, in particular, threats of murder must be taken seriously.
- Extreme jealousy and possessiveness.
- Extremely patriarchal concepts and attitudes.
- Persecution and psychological terror (stalking).
- Non-compliance with restraining orders by courts or police.
- Possible triggers that may lead to a sudden escalation of violence (changes in the relationship).

A first safety plan needs to be developed and if necessary referral needs to be proposed and organized in a safe non-stigmatizing way.

- List the persons (friends, neighbours) that might be called in an emergency situation or who could give shelter for few days.
- Identify one or more neighbours you can tell about the violence, and ask them to help if they hear a disturbance in your house.
- Practice how to get out of your home safely.
- Pack a safety bag and put it in a place from where can be taken easily in an emergency situation.
- Use your instincts and judgment. If the situation is dangerous, consider giving the abuser what he wants to calm him down. You have the right to protect yourself and your children.
- Think about the possibility to address for future help to other service providers.
- Remember, you do not deserve to be hit or threatened.

Documenting GBV

- Collect and register information about the GBV victim/survivor, including: demographic information (i.e. name, age, sex), consent obtained, history (ex. general medical and gynaecological history), account of the incident, results of the physical examination, tests and their results, treatment plan, medications given or prescribed, victim/survivor education and information offered, referrals.
- Collect and register full details of the GBV including:
 - evidence to support the alleged offence;
 - history of any other incidents, including those with previous partners;
 - relation between the victim/survivor and the perpetrator;
 - type of violence;
 - witnesses present during the incident, including children;
 - whether weapons were used (how and what type);
- Describe in detail any injury revealed. For this purpose, use specific forms and body maps for more accurate representation.
- Note emotional and psychological symptoms as well.
- Note what victim/survivor discloses using own words.
- Document your doubts and the evidence they are based on.
- Inform the victims/survivors about the possible usage of the records and obtain the consent on that.
- Keep all record in a safe and confidential place. The guidelines embedded in each country will dictate how comprehensive the information should be.
- Allocate adequate time to enter data in data collection system.

Referral

Health care providers are often the first professionals that are in contact with the GBV victim/survivor. Therefore, health care providers may refer GBV victims/survivors to other health professionals within the same or another health care facility and/or to other services (police, specialized services, social protection, etc). Likewise, health care professionals may also have to assist GBV victims/survivors referred by other service providers. GBV victims/survivors have complex needs, therefore, an effective response to GBV requires a comprehensive set of services available through a multi-sectoral coordinated response that can be ensured by an effective referral.

Effective referrals require that health care providers:

- ! Are able to recognize and facilitate the disclosure of GBV, and provide first-line support.
- ! Are able to assess the individual situation and needs of the patient. If the assessed risk is high, the victim/survivor requires immediate crisis intervention, such as immediate medical or psychological support and/or access to a shelter. If the assessed risk is not high, referrals to other social, psychological or legal support might be appropriate.
- ! Are knowledgeable about national laws on GBV, including definitions of relevant criminal offences, about available protection measures and any reporting obligations on their part. This knowledge is required only to the extent of relevant professional obligations.
- ! Obtain the consent of the victim/survivor before sharing information about her case with other agencies or service providers and follow the procedure that protects the woman's confidentiality. There are situations in which sharing information must be made even if a victim/survivor does not give consent.

The steps below should be followed to ensure an effective referral:

- Keep up to date a directory of institutions/organisations, which provide services for GBV victims/survivors. The directory must include institution's name, contact person, address, other contact details, list of services provided.
- Evaluate what referral may be useful for the GBV victim/survivor, according to the assessed needs and wishes.
- Inform the victim/survivor about the possibility to be referred to other service providers, as requested and/or needed.

- Obtain the consent of the victim/survivor to make the referral, prior any further step.
- Clarify with the victim/survivor what information will be shared to other service providers and what information will be kept confidential (specify if there are any legal regulation/limitation).
- Give to the victim/survivor complete and correct information about service providers, following the 3W scheme described below:
 - WHO** – which institution/organization provides services to GBV victims/survivors, adding contact information of a person (name, telephone number) that can be reached as an entry point to that service
 - WHAT** – what sort of assistance they can expect to receive from a specific service provider, adding cost information related to that service
 - WHERE** – where exactly is the place (the exact address) of the indicated services
- Make the referral according to the victim/survivor's choice.
- Accompany the referral by a short written report and a telephone discussion with the other service provider, as a method for avoiding the situation when the victim/survivor has to repeat the story and answering the same questions during multiple interviews, passing again through the psychological trauma caused by the GBV incident.
- Encourage the victim/survivor's autonomy by empowering her/him to do the referral by itself.
- Accompany the victim/survivor to the referred service provider, if needed and possible.
- Explain to the victim/survivor that she/he can come back for further assistance. Bring up the issue at the next appointment.
- Explain to the victim/survivor about medical condition follow-up plan.
- Share contact detail for follow-up.
- Close the assistance either when the best possible outcome has been attained (the victim/survivor is referred to other service provider), or the needs/wishes of the victims/survivors change.

- Have agreements and protocols about the referral process with relevant services/institutions, including clear responsibilities of each service.
- Ensure that procedures between services/institutions for information sharing and referral are consistent and known by staff.

Individual safety plan for women who experienced violence by intimate partners or other family members - model

Client _____ Health care provider _____

Date _____ Re- evaluation (dates) _____

1. If my own or my children's safety is in danger at home, I can go to _____ or _____ (decide this although you would not expect another violent act).
2. In a violent or threatening situation a safe way out is _____ (e.g. which doors, windows, elevator, stairs or emergency exit I could use).
3. If an argument seems unavoidable, I will try to have it in a room or an area that I can leave easily. I will try to avoid any room where weapons may be available.
3. I can talk about violence with the following persons and ask them to call the police if they hear suspicious noises in my house: _____.
4. I can use (e.g. a sign, a word) _____ as a code with my children or friends so that they can call for help.
5. If my partner does not live with me anymore, I can ensure my safety at home (locks, keys, alarm system etc.) _____.
6. I can keep my handbag/safety bag (a place at home/at a friend's home): _____.
7. I need the following things in case of a quick departure from home (content of the safety bag):
 - money/cash
 - extra pair of home and car keys
 - extra clothes
 - personal hygiene items
 - mobile phone, important phone numbers, phone card
 - medical prescriptions
 - important documents/cards (passport/identity card, health insurance card etc.)
 - children's favourite toys
 - other, _____
8. The health care provider has told me that:
 - I am not responsible for the violent behaviour of my partner but I can decide how to improve my and my children's safety.
 - I deserve better than this: me and my children have the right to lead a safe life.
 - Violence is a crime and I can report it to the police.
 - There are restriction/barring orders and I know how I can apply for them.
 - There are places where to get support from: _____
9. The health professional has suggested/we have agreed that I can continue dealing with the problem at the following help providers: _____.
10. I can keep this safety plan without endangering my own or my children's safety at: _____.

Glossary of terms

Different terms can define a person who have had experienced the violence at least once in the life time. The proper term should be used according to the moment when the professionals meet with the person. A person harmed, injured, or killed as a result of a violent action or a person who has come to feel helpless and passive in the face of misfortune or ill-treatment can be called victim. The term is technically accurate but in the same time it contributes to a feeling of powerlessness for those who have suffered some form of GBV. The term survivor defines the person who seeks help, which has or works to develop an ability to cope with trauma, which learns how to protect self, a person which struggles to take back their life. But, ultimate, the survivor is both a victim of GBV and a survivor of GBV. Sometimes, but rarely, the term client is used to identify a person by the services they receive instead of by the violence they have survived. Considering the objectives of this document, the term victim/survivor will be used to cover both situations, before and after they disclose/report the GBV to a professional.

Domestic violence/Intimate partner violence

All acts of physical, sexual, psychological or economic violence that may be committed at home or in a public place by a person who is a family member or a person that has been an intimate partner or spouse or ex-partner, irrespective of whether they lived together (Council of Europe, Convention on preventing and combating violence against women and domestic violence, CETS No. 210).

Child marriage

Formal marriage or informal union under the age of legal consent is a reality for both boys and girls, although girls are disproportionately the most affected (UNICEF, Child marriage, 2012).

Essential services

A core set of services required, at an absolute minimum, to secure the rights, safety and well-being of any woman, girl, or child who experience violence against women. Whilst the essential services may not be provided in the same way in every country or setting, they include a combination of universal services such as health, care and social welfare and well-being, statutory services such as policing and justice responses, and specialist social services.

Gender-based violence

A form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men (UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), General Recommendation No. 19 on VAW, Art. 1).

Justice service providers

Include state/government officials, judges, prosecutors, police, legal aid, court administration, lawyers, paralegals, and victim/survivor support/social services staff.

Mandatory reporting

Refers to legislation passed by some countries or states that requires professionals and/or individuals to report (usually to the police or legal system) any incident of actual or suspected domestic violence or intimate partner violence. In many countries, mandatory reporting applies primarily to child abuse and maltreatment of minors, but in others it has been extended to the reporting of intimate partner violence.

Perpetrator

Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will (IASC, 2005, Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of and response to sexual violence in emergencies).

Rape/rape attempt

Physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object. The attempt to do so is known as attempted rape (WHO, World report on violence and health).

Referral

The process of how a woman gets in touch with an individual professional or institution about her case and how professionals and institutions communicate and work together to provide her with comprehensive support. Partners in a referral network usually include different government departments, women's organizations, community organizations, medical institutions and others (UNFPA 2010).

Referral system

A comprehensive institutional framework that connects various entities with well-defined and delineated (albeit in some cases overlapping) mandates, responsibilities and powers into a network of cooperation, with the overall aim of ensuring the protection and assistance of victims/survivors, to aid in their full recovery and empowerment, the prevention of GBV and the prosecution of perpetrators (the so-called 3 p's). Referral mechanisms work on the basis of efficient lines of communication and establish clearly outlined referral pathways and procedures, with clear and simple sequential steps (UNFPA 2010).

Reporting GBV case

Disclosure of a GBV incident/case by a service provider to another service provider; sharing information about a GBV case to other institution/organization during the process of referral. The reporting could be made only with and within the limits of victim/survivor's consent, with few exceptions.

Sexual abuse/violence

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 and survivor, in any setting, including but not limited to home and work (WHO, World report on violence and health).

Sexual exploitation

Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another (UN Secretary-General's Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13).

Traffic of human beings

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs (Protocol to Prevent, Suppress and Punish Trafficking in Persons contributing to United Nations Convention against Transnational Organized Crime).

Violence against women

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN Declaration on the elimination of violence against women. New York, United Nations, 1993). It includes many different forms of violence against women and girls, such as intimate partner violence, non-partner sexual violence, trafficking, and harmful practices such as female genital mutilation.

References/related documents

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