



Ministry of Health

Pocketbook Guide



DEFINITIONS

SEX is a medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male or intersex.

GENDER refers to the economic, social, political, and cultural attributes and opportunities associated with being male or female. The social definitions of what it means to be a woman or a man vary among cultures and time.

GENDER BASED VIOLENCE (GBV) any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to men, women, boys and girls, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.

PHYSICAL - Using physical force such as hitting, slapping, or pushing

EMOTIONAL - It may include humiliating, threatening, insulting, pressuring, and expressing jealousy or possessiveness (often the most difficult to identify)

FINANCIAL - Examples include withholding

of household financial resources/ support/ food, abandonment, preventing a partner from earning an income or owning assets/ property, refusing a partner participation in making decisions about financial issues

SEXUAL VIOLENCE – Pressuring or forcing someone to perform sexual acts (from kissing to sexual intercourse) against their will; or making sexual comments that make someone feel uncomfortable. It does matter if there has been prior consenting sexual behavior.

RAPE is physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis or other body parts or an object. It does not matter if there has been prior consenting sexual behavior

SEXUAL ASSAULT is any form of unwanted sexual contact, advances, and/or harassment. Rape is a form of sexual assault, but not all sexual assault is rape.

SURVIVOR any person who has been subjected to any form of violence.

PROVIDING QUALITY CARE AND RESPONSE FOR GBV SURVIVORS

GBV CHECKLIST

- ✓ Part I: GBV Case Finding
 - Observation
 - Screening
- ✓ Part II: Listen, Inquires, Validate, Enhance, Support (LIVES)
 - Express empathy and concern
 - Examine for signs of GBV
 - Provide appropriate clinical care
 - Develop a safety plan
 - Make Referrals
 - Set up a follow-up visit

PRIVACY, CONFIDENTIAL & DO NO HARM

Privacy, safety and confidentiality must drive when and where violence is discussed and documented, as well as throughout the referral process.

Activities do not create/increase risk for the survivor. Recommendations and response by the health care provider always ensure that they do *no harm*.

OBSERVATION

SIGNS OF GBV

- Very strong feelings of powerlessness and vulnerability
- Anger and aggression, as a reaction to the feelings of powerlessness
- Fear that you are not safe and that it could happen again
- Withdrawal
- Loss of trust in others
- Inability to see a future where things look different from what you are experiencing right now
- Feelings of being dirtied and loss of self-esteem in sexual assault situations
- Wish to avoid other people due to shame, low self-esteem or a sense of being different or apart from others
- Fear of any physical contact and sex, even with your intimate partner (boyfriend/girlfriend/husband) and those close to you
- Anxiety, panic attacks, and flashbacks

OBSERVATION

SCREEN

EXAMINE



SCREENING

REMEMBER! Not all survivors are seeking care for violence, all health providers must screen for signs of violence for patients seeking care and treatment at the facility.



Make sure that violence is only discussed in a private and confidential space. No one over the age of 2 should be able to hear your conversation. If children over the age of 2 are with the survivor, ask a colleague to look after the child while you speak to the survivor alone.

SCREENING

Everyone has a responsibility for observation and screening.

You are interested in recent experiences because of the immediate safety of the client. You are concerned with past experiences because of persisting psychological or behavioral consequences



A client should not be forced to respond to any of the questions.

REFERRALS

SAFETY PLAN

SET A FOLLOW UP



L ISTEN

Listen with your eyes, ears and heart.

Use verbal and nonverbal means to show support and communicate understanding. Ask questions that are focused but not leading.



Sometimes what is not said with words is very important - body language can show a lot of meaning. *"Read in-between, the lines"*

I NQUIRE

The survivor may let you know about physical, emotional, economic, and social support needs, as well as safety concerns. As you listen to the survivor's story, pay particular attention to needs and concerns.

V ALIDATE

What to say

- It's not your fault, you are not to blame.
- It is okay to talk.
- Help is available [only say if true]
- What happened has no justification or cause.
- No one deserves to be hit.
- You are not alone. Unfortunately, many others have faced this problem as well.
- Your life, your health, you are of value.
- Everyone deserves to feel safe.
- I am worried this may be affecting your health.

OBSERVATION

SCREEN

EXAMINE



E NHANCE

- Assess safety after violence
- Discuss whether it is safe to go home
- Assess immediate risk of violence
- Find out whether there is immediate risk of serious injury or it is safe to go home (see next slide)
- However, assessing and planning for safety is an ongoing process- not a one-time conversation. You can help by:
- Exploring survivor's options and resources every time you meet

S UPPORT

Survivor's needs are generally beyond what you can provide at the health facility. You can help by:

- Discussing the survivor's needs with him/ her
- Telling survivor about other sources/ options of help
- Assisting survivor to get help if s/he would like it

REFERRALS

SAFETY PLAN

SET A FOLLOW UP



SAFETY PLAN

As a health provider, it is critical to support survivors establishing a safety plan. Even individuals who are not facing “immediate serious risk” can benefit from a safety plan. With a safety plan, a survivor is better able to handle a situation if violence suddenly evolves.



If a survivor has determined that leaving the home is best, advise them to make a safety plan before they tell anyone or leave.

Developing a Safety Plan with a Survivor

Safe place to go: If survivor needs to leave in a hurry, where could they go?

Planning for children (if applicable): Would the survivor go alone or with their children?

Transport: How will the survivor get to the safe place?

Items to bring along: What is important to bring (documents, keys, money, clothes, etc)? Can these items be prepared in advance and set someplace safe (perhaps left with someone trusted or hidden)?

Financial: Does the survivor have access to money (to bring when they leave, to access after they leave)?

Support of someone close by: Is there a neighbor that the survivor can confide in about the violence and can call the police and/ or come for assistance if they hear violence coming from your home?

OBSERVATION

SCREEN

EXAMINE



How to Stay Safer at Home

If the survivor cannot avoid discussions that may escalate with their partner or someone at home, advise them to:

- Have discussions in a room or area where the survivor has a quick and easy exit
- Avoid rooms / areas where there might be weapons

REFERRAL

Make referral agreements with known community resources, these agreements can be formal or informal. Specify with the referee, how you will learn whether a survivor reaches the referral resource and set a monitoring system for referrals.



Fill out the form below and map the location of the referrals to be kept with this pocketbook. Please, keep it up to date.

REFERRALS

SAFETY PLAN

SET A FOLLOW UP



REFERRAL FORM

Contact Name	Contact Information
Police	
Economic Strengthening	
Community Focal Point	
Legal Aid	
Support Group	
Advocacy Network	
Space/Shelter	
Others	



Encourage the survivor to keep their referral directory in a safe and hidden place. Keep a copy at the facility in the survivor's confidential file.

MAINTAINING YOUR HEALTH AND RESOURCES FOR SURVIVORS

Practice Mindfulness

- GBV is a sensitive topic for many people, as anyone could have been subjected to violence in the past or present
- Health workers bear a large burden in providing care and treatment for GBV survivors
- Mindful checkpoints can support health workers to decrease or eliminate the feeling of being overburdened, distressed, or re-experiencing trauma
- Take a moment to yourself to take a few breaths and check in with yourself with no judgement or agenda

Telephone Resources for Survivors

1195	National GBV Hotline
1190	Counselling Hotline
720600-0800	Tele-Health Amani Counselling Center
0790781359	Center for Victims of Torture
873342-0704	National Council of Churches of Kenya Health Coordinator
1196	Childline
0711400506	Médecins Sans Frontières Hotline
112 / 999	Kenya Police Emergency Hotline

CHECKLIST

- ✓ Part I: identification
 - Observation
 - Screening

- ✓ Part II: Listen, Inquires, Validate, Enhance, Support (LIVES)
 - Express empathy and concern
 - Examine for signs
 - Provide appropriate clinical care
 - Develop a safety plan
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