



WOMEN INFLUENCING
HEALTH, EDUCATION AND RULE OF LAW

Part 1: GBV case finding

A. Observation

GBV screening tool displayed for facility and community health workers

You may suspect that a woman or man has been subjected to violence if they have any of the following:

1. Ongoing emotional health issues, such as stress, anxiety or depression
2. Harmful behaviors such as misuse of alcohol or drugs
3. Thoughts, plans or acts of self-harm or (attempted) suicide
4. Injuries that are repeated or not well explained
5. Repeated sexually transmitted infections
6. Unwanted pregnancies
7. Unexplained chronic pain or conditions (pelvic pain or sexual problems, gastrointestinal problems, kidney or bladder infections, headaches)
8. Repeated health consultations with no clear diagnosis
9. Partner is intrusive during consultations
10. Often misses their own or their children's health-care appointments
11. His/her children have emotional and behavioral problems

If you suspect GBV, move to parts B, C and D. If you are not trained to provide GBV care, refer the client to the health provider in your facility who is trained to provide GBV care. They will continue care using the checklist parts B, C and D.



B. Screening

This tool is to be administered by a health provider trained in providing care to clients subjected to GBV. Find a private and safe space for confidential information to be shared. Assure the client that the conversation is confidential. If the client is not comfortable with any question, move on to the next. A client should not be forced to respond to any of the questions. These questions are designed for an adult GBV survivor. If you suspect a child is being abused, use the GBV checklist designed for children.

Say: “I always ask the following questions because personal safety is an important part of someone’s health.”

If the client says yes, probe for frequency. Say

‘OK, [client’s name], I’d like to hear a little bit more about that. How often does this happen?’ (Rarely, sometimes, fairly often, frequently)

‘Was this a recent or past experience?’

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

QUESTIONS:	YES	NO	Frequency (rarely, fairly often, frequently)	Recent or past experience (indicate recent or past)
If you told your partner that you came here for health services today, would s/he react angrily or negatively?				
Has your partner (or another person close to you):				
<i>Pushed, grabbed, slapped, choked, hit, or kicked you?</i>				
<i>Threatened to hurt you, your children or someone close to you?</i>				
<i>Taken away money/resources that you/your children need to survive?</i>				
<i>Sent you back to your maternal home?</i>				
<i>Touched you inappropriately, made sexual comments that make you uncomfortable or humiliated, forced you to kiss them, touch them inappropriately or have sex when you did not want to?</i>				
Has your partner tried to get you pregnant when you didn’t want to be?				
If you wanted to use a condom or another family planning method, would you be afraid to discuss with your partner?				



Are you worried your partner (or another person close to you) will be angry and/or hurt you if s/he finds out you were tested for HIV?				
Do you feel <u>unsafe</u> returning to your home today?				
Physical violence: Has any person (other than your partner) hurt you physically such as hitting, slapping, pushing or any other way?				
Emotional violence: Has anyone harmed you emotionally e.g. by humiliating, threatening, insulting, pressuring, or expressing jealousy or possessiveness by controlling decisions and activities?				
Economic violence: Has anyone harmed you economically e.g. by withholding household financial resources/ support/ food, abandoning you, preventing you from earning an income or owning assets/ property, refusing you to participate in making decisions about financial issues?				

If answer to any is yes, (or if a facility or community health worker suspects violence), proceed with steps below. If no to all, it does not mean there is no violence. The client may not be ready to speak about it. Provide information about types of violence and who to contact if they experience violence.

Part 2: LIVES/ first line support

Communicate with the GBV survivor

A. Express empathy and concern:

"[Client's name], I'm so sorry to hear that this has happened to you."

"It's really important for you to understand that everyone has the right to be safe and treated respectfully, including you."

"The violence that you've described should not have happened and is not your fault, even if you think you may have triggered it in some way."

B. Examine for signs of GBV. Sexual assault is covered in part 3 of this checklist.

C. Provide appropriate clinical care. Care for people who have experienced sexual assault is covered in part 3 and psychosocial support is covered in part 4 of this checklist.

Assess for and provide the appropriate clinical care before proceeding to the next steps in this checklist. Escort client to receive all immediate clinical care they need. If client was referred to GBV counsellor from the clinical care team – check that all appropriate clinical care was provided.

D. Develop a personal safety plan using the template below

Assess readiness to make a change

Ask about past efforts *"Have you ever tried to, or even considered, doing something to change your situation?"*



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“Okay, so just to get a sense of where you are, on a scale of 1-10, where 1 means ‘not important’ and 10 means ‘very important,’ how important would you say it is to try to address this problem right now?”

“And on a scale of 1-10, if 1 is ‘not confident’ and 10 is ‘very confident,’ how confident are you that you could address the problem right now?”

Show the client you hear and understand their position by repeating back to them where they see themselves on the scale without judgment. For example, you might say, “It sounds like you’re not sure you can address this right now, but it also sounds like it’s important to you to try.” A personal safety plan should be developed in line with the client’s readiness to make a change.

A client who has developed a personal safety plan has received psychosocial support. Document by ticking yes below and recording in the GBV register as GBV care received.

GBV survivor has developed a personal safety plan _____ Yes _____ No (tick as appropriate)

Use the safety plan template provided to document the plan and referral contacts. The GBV survivor will leave with the personal safety plan and referral checklist.

F. Set up follow up visits to you and attending clinicians. Document in the GBV register



Safety Plan	
Goal:	
Barrier to achieving goal	How you will address the barrier
Where is the safe place for this plan be kept	

G. Make referrals and contact information for services that support their goal. Document in the GBV register. This contact list needs to be developed and handed to all clients.

Contact name	Contact information	Referred (Y/N)
Police		
Economic strengthening		
Community focal point		
Legal Aid		
Support group		
Advocacy network		
Space shelter		
Others		