

Pre-service training course for health providers responding to violence against women and children in Timor-Leste

16 module version

Student's guide

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HAHÚ RELASAUN DI'AK

Ha → Hatene sinál husi violénsia
Hu → Husu kona-ba problema
Re → Reasaun empátiku
La → Labele fó sala vítima
S → Segredu
Au → Aumenta seguru
N → Nafatin tau matan

Ferak no nia oan dezenu husi : Jacinto Batista



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Organization

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Purpose and Overview

Domestic violence, sexual assault and child abuse are significant public health issues globally. They have severe consequences for the health and wellbeing of individuals, families and communities. Victims of violence are often isolated and may not know where to turn for help. Health providers have a very special role in being able to identify the signs and symptoms of violence, respond with empathy, increase safety and connect victims with further support. Timor-Leste has made good progress on addressing violence against women, with the Law Against Domestic Violence enacted in 2010, National Action Plans on Gender-based Violence (2012, 2017) and awareness raising amongst many sectors. To support health system responses in countries, the World Health Organisation (WHO) has developed a clinical handbook to help health providers to respond to domestic and sexual violence against women (WHO 2014) and sexual abuse of children and adolescents (WHO 2017). The Ministry of Health (MoH) in Timor-Leste has developed their own National Guidelines on the health sector response to gender-based violence (MoH 2018). In order to translate WHO and Ministry of Health guidelines into practice, training for both pre-service and in-service health care providers is strongly recommended.

The course

This course is designed to provide a foundation for responding to domestic violence, sexual assault and child abuse for health providers in Timor-Leste, particularly for nurses, midwives and doctors. Its development was part of a multi-country pilot study of the WHO curriculum (2019, using draft 2018) and draws on other sources from Timor-Leste and internationally.¹ The adaptation and piloting of the curriculum for Timor-Leste, as well as development of Tetum learning resources was made possible through funding from the WHO Department of Reproductive Health and Research, and a Rotary Foundation Global Grant. In order to establish the training course within universities and to adapt the WHO material, a working group was established which consisted of nursing/midwifery leaders and researchers with experience in health responses to violence against women in Timor-Leste. They were from La Trobe University (Australia), Universidade Nacional Timor Lorosa'e (UNTL, Timor-Leste), Instituto Superior Cristal (Timor-Leste) and PRADET (Timor-Leste). The curriculum was developed collaboratively and iteratively over six months, then pilot tested and refined several times with students and lecturers at two different Universities in Timor-Leste. The evaluation showed a significant increase in knowledge, attitudes and confidence in responding to violence against women and children after participating in the course (Wild & Taft 2019).

Over the duration of the course you will learn about the context and impact of violence, how to provide support by implementing HaHu ReLaSAuN² (Ha-Know, Hu-Ask, Re-Respond with empathy, La-Don't blame the victim, S-Confidentiality, Au-Enhance safety, N-Ongoing support), and perform key aspects of clinical care, documentation and self-care. The course uses

¹ In adapting the WHO curriculum for Timor-Leste many other sources were drawn upon, including PRADET's Medical Forensic Examiner Training and 4R Training (Recognise, Respect, Respond, Refer), Ministry of Health's (2017) Draft Guidelines on Health Sector Response to Gender-based Violence, UNFPA's (2015) Solomon Islands Facilitator's Manual on Strengthening the Health Response to Violence Against Women and Children (particularly their group activities), the SASA! Activists Kit (Michau 2008), the PACTS Study Guide (Bruton et al. 2016), data from the 2010 and 2016 Demographic Health Surveys (NSD 2010, GSD 2018, Taft & Watson 2013), the Nabilan survey (TAF 2016) and the experiences and quotes from Timorese midwives from the Pateira Kontra Violensia study (Wild et al. 2016) and preliminary findings from survivors of violence in the Women's Health and Safety Study.

² Hahu Relasaun di'ak means *Begin a good Relationship* and is the Tetum adapted version of WHO's job aid LIVES (Listen, Inquire, Validate, Enhance safety, Support).

an active learning approach, where you will gain practical knowledge and skills through participating in discussion, role-play activities, case studies, videos, and readings. To get the most out of the course you are encouraged to participate in role plays, practise new skills, and bring your own experiences and knowledge to group discussions.

This Student guide to learning outlines the learning objectives and contains PowerPoint lecture slides and handouts for each module. The learning resources also include videos (in English and Tetum) and suggested reading. All these materials and the background research can be found on the website designed to support the health system response to violence against women and children in Timor-Leste, please go to www.latrobe.edu.au/reducing-violence. It would be useful for you to have an updated copy of Timor-Leste's National Guidelines on Responding to Gender-based Violence (MoH 2018) and WHO's (2014) Clinical Handbook on Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence, for reference throughout the training.

This training is one component of an overarching health systems response to violence against women and children. Health service managers and policy-makers should also consult the WHO (2017) Manual for Health Managers, which provides comprehensive guidance on systems readiness. All of the above materials will be useful to keep and refer back to when you are working as a health professional.

Overarching Competencies:

A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
B. Identify signs of abuse and know when and how to ask about violence in a sensitive way
C. Practise woman-centred care and be able to communicate with empathy
D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
E. Practise self-care and collaboration with colleagues

Course competencies and learning objectives

	Learning Objective	Related competency				
Module #	By the end of this module, students should be able to demonstrate an understanding of:	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way	C. Practise woman-centred care and be able to communicate with empathy	D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support	E. Practise self-care and collaboration with colleagues
1	1.1 Definitions of domestic violence, sexual assault and child abuse	X				
	1.2 Prevalence of different forms of violence globally and in Timor-Leste	X				
	1.3 The cycle of violence and who is more vulnerable to being abused	X				
2	2.1 Contributors to violence against women and children in Timor-Leste	X				
	2.2 How to challenge common beliefs and attitudes about domestic violence, sexual assault and child abuse	X	X			
	2.3 Obstacles for women getting help	X	X			
3	3.1 Role and responsibility of healthcare providers within a health system response to violence against women and children	X			X	
	3.2 Laws and policies for responding to violence against women and children in Timor-Leste	X			X	
4	4.1 Short and long-term physical and psychological consequences of domestic violence	X	X			
	4.2 Physical and behavioral signs of violence in adults		X			
	4.3 Physical and behavioral signs of violence in children		X			
5	5.1 Principles of woman-centred care			X		
	5.2 The importance of privacy for women's and children's safety		X		X	
	5.3 The impact of non-verbal communication		X	X		
6	6.1 Obstacles for healthcare providers asking about violence		X			

	6.2 The importance of rapport and trust in facilitating good communication		X	X		
	6.3 How to raise the subject and know how to ask about suspected abuse		X	X		
7	7.1 How to listen and communicate empathically with clients			X		
	7.2 How to do no harm and avoid re-traumatising victims of violence			X	X	
	7.3 How to protect a client's confidentiality and explain its limits			X	X	
8	Mid-semester assessment					
9	9.1 How to assess the level of danger for a woman and her children			X	X	
	9.2 How to make a safety plan			X	X	
	9.3 How to respond to perpetrators of violence				X	X
10	10.1 How to carefully and confidentially document information about domestic violence, sexual assault and child abuse				X	
	10.2 When and how to refer for a medical forensic examination				X	
11	11.1 The diverse needs of women and children experiencing violence			X	X	
	11.2 Social services and other sources of support in the community				X	
	11.3 How to build a relationship with referral services and strengthen the referral network				X	X
12	Study tour: Visit referral services					
13	13.1 How to support mental health and positive coping strategies			X	X	
	13.2 How to link clients to support and provide a warm referral				X	X
14	14.1 How to prevent HIV through post-exposure prophylaxis			X	X	
	14.2 When and how to provide emergency contraception			X	X	
	14.3 Prevention and treatment of sexually transmitted infections (STI)			X	X	
15	15.1 How to look after the physical and emotional health, and safety of themselves and colleagues					X
	15.2 Factors in the health system that contribute to good practice and safety for clients and staff				X	X
16	Final assessment					

Essential reminders for learning about violence against women and children






Prepare for disclosures

- Survivors of domestic violence, sexual assault and child abuse are all around us.
- Given the nature of the training you are likely to learn about people's personal experiences of abuse. Use the skills you are learning about to actively listen and support your fellow students.
- Remember to always keep people's information private and be respectful of different experiences and opinions.
- Information about referral services that can help people who have experienced violence are in your handouts section of Modules 1 and 8.

Look after yourself

- Learning about violence can be very draining both emotionally and physically for participants.
- Make sure to recognise this and do something nice for yourself – this may be exercise, a relaxing activity, or a talk with a close friend.
- If you have experienced violence or trauma yourself, the content in the course can trigger painful memories. It may be useful to get in contact with local services (see handout in Modules 1 and 8) or talk with your lecturer.
- Remember you can leave the room or take a break any time you need to.


















Tips for effective learning

	Prepare <ul style="list-style-type: none"> • Read and understand the Student's guide and do the readings allocated within each module. • Read and understand the National Guidelines on Health Sector Response (MoH 2018) and WHO Clinical Handbook (WHO 2014). • Watch the video role play in full as only sections will be shown in class.
	Participate <ul style="list-style-type: none"> • Many of the sessions include participatory activities such as role plays and group discussion. Active participation will help you hone skills and apply knowledge.
	Stay focused <ul style="list-style-type: none"> • This training may raise questions about a variety of topics related to violence against women and children. Try to keep your questions focused on the session.
	Get your questions answered <ul style="list-style-type: none"> • If you have questions that haven't been addressed, reach out to the lecturer after class.
	Keep the National Guidelines and WHO Clinical Handbook close <ul style="list-style-type: none"> • This training and Timor-Leste's National Guidelines (MoH 2018) are based on the WHO (2014) Clinical Handbook on health care for women subjected to intimate partner violence or sexual violence. Keep these documents close at hand for reference.

Module 1 - Introduction: Violence against women and children as public health issues

Learning Objectives	Relevant Competency
1.1 Definitions of domestic violence, sexual assault and child abuse	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
1.2 Prevalence of different forms of violence globally and in Timor-Leste	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
1.3 The cycle of violence and who is more vulnerable to being abused	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 1 PowerPoint slides
Activities 	 Brainstorm ground rules  Identifying child abuse  Vulnerable groups
Handouts 	 Pre-training questionnaire  Referral information  Types of violence against women  Identifying child abuse
Readings 	 Nabilan summary report (pg 19-38)  Chapter 1 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> - Violence against women and children: Important issues for public health
Videos 	

Course competencies

At the end of this subject students should be able to:

- Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
- Demonstrate the ability to identify signs of abuse and know when and how to ask about violence in a sensitive way
- Practise women-centred care and be able to communicate with empathy
- Demonstrate how to enhance a woman's safety and provide referral and ongoing support
- Practise self-care and collaboration with colleagues

Looking after each other

- A difficult topic
- Many of us may have experienced or witnessed violence
- Be caring and respectful of each other
- Support services are available to help www.hamahon.tl

Activity: Brainstorm ground rules

1. *Suggest ground rules for participation in the class*
2. *What are some ways we can look after ourselves and each other?*

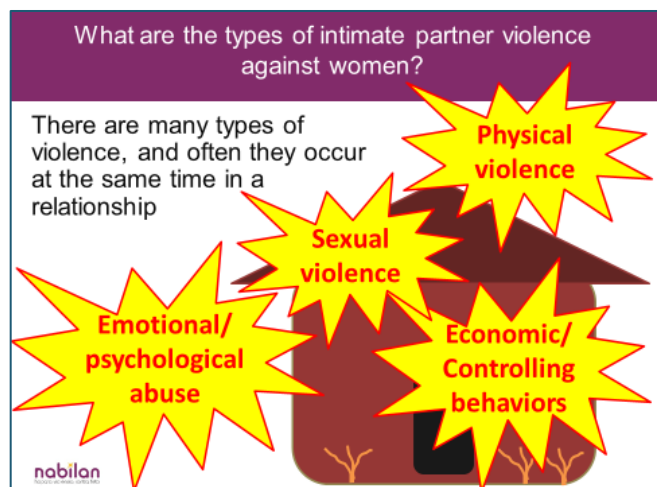
Module 1: Learning Objectives

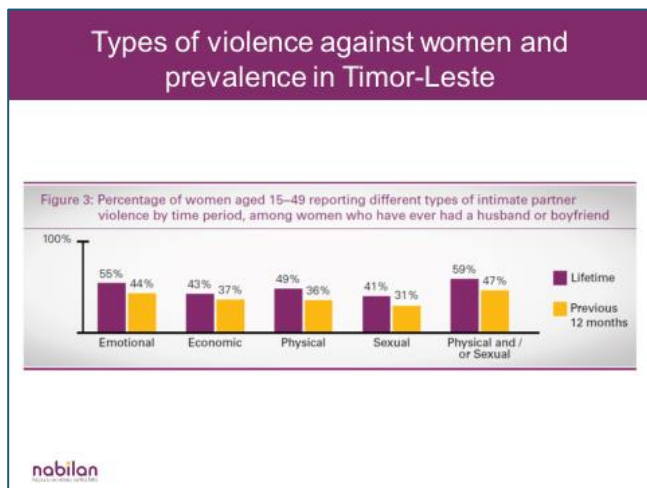
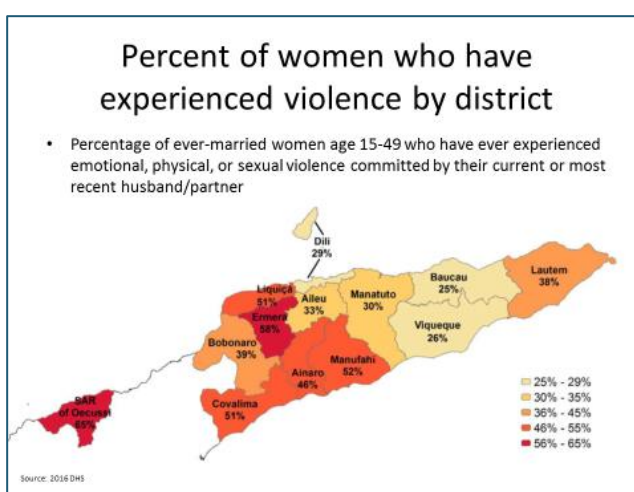
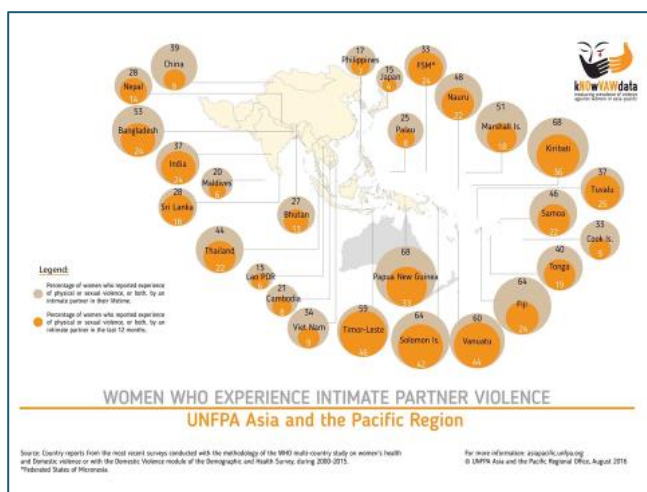
At the end of this session students should be able to demonstrate an understanding of the:

- Definitions of domestic violence, sexual assault and child abuse
- Prevalence of different forms of violence against women globally and in Timor-Leste
- The cycle of violence and who is more vulnerable to being abused

What is domestic violence?

- Physical, sexual, psychological, economic violence by family members
- When one person abuses their power or control over another family member

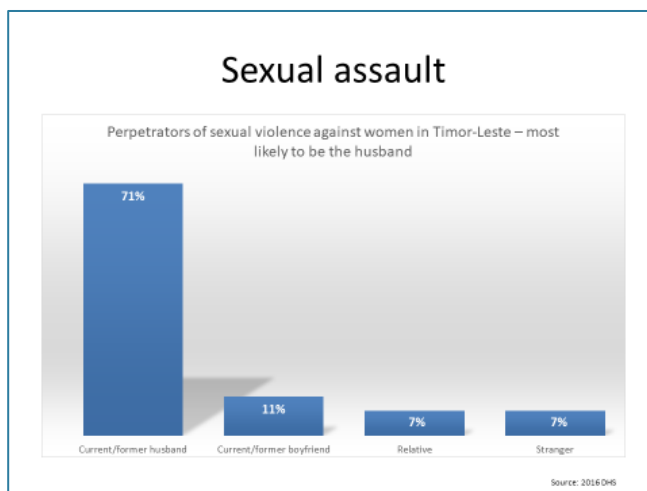




What is sexual assault?

- Forcing someone to have sex or participate in sexual acts when they don't want to
- Can include pressuring someone to:
 - have sex by threatening them
 - touch someone's genitals or be touched
 - show parts of their body
 - do sexual acts with other people watching
 - watch pornography

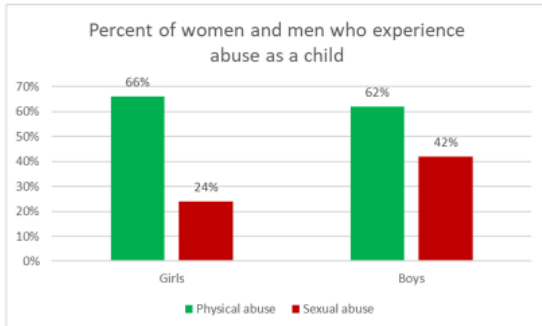
Source: 2010 DHS



What is child abuse?

- Physical, emotional, psychological or sexual mistreatment of children
- Neglect and abandonment
- Sexual abuse often occurs with manipulation by the adult
- Commonly by a member of the child's family (incest)

Child abuse in Timor-Leste

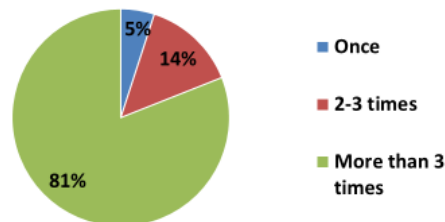


Activity: Identifying child abuse

1. Break into groups
2. Read the scenarios on the handout and decide whether each one is child abuse, child neglect or acceptable discipline
3. What are the possible effects on the child?
4. What should be done in each case?
5. Present back one of your answers to the class

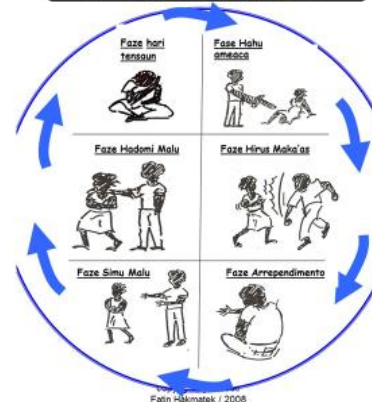
Frequency of violence from a husband/boyfriend

- Majority of women who have experienced violence said it occurred 3 or more times
- Most violence is severe and frequent



nabilan

CICLO VIOLENCIA



Activity: Vulnerable groups

1. Break into pairs
2. List who is most vulnerable to violence in our communities?
3. Share one group that you believe is more vulnerable and why

Who is most vulnerable to domestic and sexual violence in Timor-Leste?

- Women
- Children
- People with a disability
- Formerly married women (abandoned, separated, widowed)
- Pregnant women
- Gay, lesbian and transgender people
- Women with HIV/Aids

Source of statistics: 2016 Nabilan survey & 2010 DHS

Domestic violence during crises

- Domestic and sexual violence increase after emergencies
- This is because:
 - Families at home together
 - Reduced access to support
 - Increased alcohol use
 - Increased stress
- Vulnerable people become more isolated



Important messages





- Violence takes many forms
- Some people are more at risk of violence
- Violence gets more severe over time and during crises
- Need to stop the cycle of abuse
- Complete reading – Nabilan Summary Report (pg 19-38).

? **Ask** your lecturer if you have any questions or concerns.

📖 **Complete the readings** for this module:

- “Nabilan summary report” (pg 19-38) (found in the list of readings)
- Chapter 1 of textbook *Gender-based Violence and Healthcare in Timor-Leste* - Violence against women and children: Important issues for public health

Module 1 Handouts

Handouts 	 Referral information  Types of violence against women  Identifying child abuse
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Ministério da Solidariedade Social no Inklusaun (MSSI)

Hodi hetan ajuda sosiál

Nasionál	3310 501 • 3310 2019
CSMM Dili	7727 1715
CSMM Aileu	7867 6494
CSMM Ainaro	7805 9869
Bacau	7732 7456
Bobonaro	7743 1723
Covalima	7726 9604
Ermera	7823 2260
Lautem	7732 6469
Liquica	7818 6632
Manatuto	7731 9125
Manufahi	7761 4542
Oecusse	7732 0593 • 7610 9934
Viqueque	7804 7358



 **Hamahon**

Atu halais assistência ba vítima feto no labarik. Vizita
www.hamahon.tl ba #organizaun rede referál sira.



PRADET Fatin Hakmatek

Hodi hetan tratamentu médiku, akonsellamentu, fatin seguru temporáriu (loron 3)

Dili	7725 4505 • 7804 1671
Baucau	7735 7099 • 7736 4809
Suai	7800 0907
Maliana	7808 8591
Oecusse	7696 5105 • 7800 9861

Médiku



Uma Mahon

Hodi hetan akonsellamentu, fatin seguru

FOKUPERS Dili	332 1534 • 7847 2598
FFCJ Dili	7796 9826
Casa Vida	7735 2345
FOKUPERS Suai	7803 6085
FOKUPERS Maliana	7746 3907
Uma Mahon Salele	7798 1391 • 75372549
Uma Mahon Lospalos	7747 4055
Uma Pas Viqueque	7735 2424
Uma Pas Manufahi	77058045 • 77948711
Forum Peduli Wanita Oecusse	7600 7693

Uma Mahon



Asisténsia Legál ba Feto no Labarik ALFeLa

Hodi hetan asisténsia legál

Dili	3310 282 • 7743 2117 7743 2103 • 7743 2140
Baucau	7743 2132 • 7743 2134
Suai	7743 2154 • 7743 2156
Oecusse	7743 2128

Legál



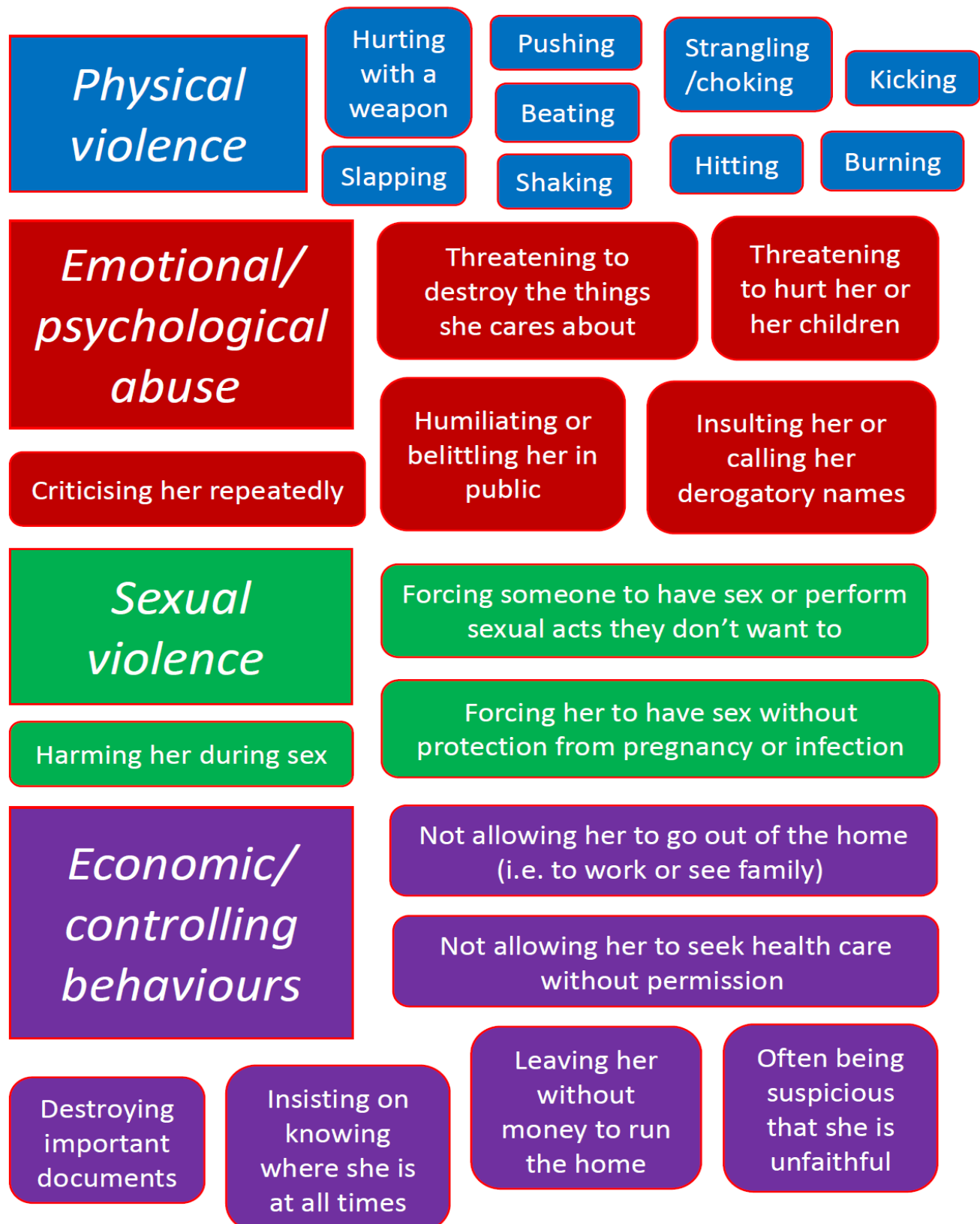
Polísia Nasionál Unidade VPU

Hodi hetan protesaun no hato'o keixa

Nasionál	7749 0497
Dili	7734 1607
Aileu	7595 2885
Ainaro	7595 3420
Bacau	7712 7186
Bobonaro	7749 0507
Covalima	7595 5663
Ermera	7669 9276
Lautem	7726 1849
Liquica	7595 9357
Manatuto	7749 0516
Manufahi	7566 7893
Oecusse	7596 0966
Viqueque	7736 7056

Polísia

Types of violence against women



Identifying child abuse

Instructions:

1. Identify what one is child abuse, child neglect or acceptable discipline?
 2. What is the effect on the child?
 3. What should they have done in the situation?
-
- a. There is never enough food for the children. There is little money but the father gambles and drinks tua sabu. All of the children are not doing well in school and cannot concentrate. Rico has developed anemia and also has a severe infection that is so bad he needs to go to the hospital. His parents do not take him.
Answers: _____

 - b. Nina is the second wife of Manuel and has three children to him. He lives with his first wife but visits Nina regularly. He often arrives at Nina's house drunk. He gets angry when the children are naughty and slaps them. He slapped Nunu and he fell over and hit his head, causing bruising and bleeding.
Answers: _____

 - c. Ano is fourteen. He stayed out late one night and came home drunk. His father was concerned about his welfare and wanted to teach him that his actions were wrong. So he beat him. Ano was bruised and had some cuts on his body.
Answers: _____

 - d. Fransisca has three children. Her oldest is five. He was playing with other children in the neighbourhood and liked the car another had so hit the other child and took it. Fransisca explained to him that hitting hurts people and that if he wanted to play with it he needs to ask to borrow it. She made him take the car back to the other child and apologize for hitting.
Answers: _____



















 - e. Joao and Maria are married. Maria has one child from a different father before she married Joao, she is fourteen. Maria sometimes has to travel to the districts for work. Joao has been having sex with he daughter when she is away.
Answers: _____

 - f. Sr Miguel is a nurse. He is caring for Martino who has an infected cut on his foot. Martino kicks Sr Miguel when he tries to change his dressing, and then refuses his antibiotics and spits the tablet out at Sr Miguel. Sr Miguel is upset and hits Martino to make him behave while medical treatment is given.
Answers: _____

Module 2 – Violence and society: Beliefs, attitudes and barriers to getting help

Learning Objectives	Relevant Competency
2.1 Contributors to violence against women and children in Timor-Leste	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
2.2 Common beliefs and myths about domestic violence, sexual assault and child abuse	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues B. Identify signs of abuse and know when and how to ask about violence in a sensitive way
2.3 Obstacles for women getting help	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues B. Identify signs of abuse and know when and how to ask about violence in a sensitive way

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 2 PowerPoint slides
Activities 	<ul style="list-style-type: none">  Sex and gender  Gender in our community  Meaning of power  Midwives discuss gender inequality  Beliefs and attitudes  Obstacles for women getting help
Handouts 	<ul style="list-style-type: none">  Common beliefs and attitudes Beliefs and attitudes answer sheet
Readings 	<ul style="list-style-type: none">  Gender relations in contemporary Timor-Leste  Chapter 2 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> - Violence and society: Beliefs, attitudes and barriers for people to get help
Videos 	 Women's stories

Module 2: Learning Objectives

- Contributors to violence against women and children in Timor-Leste
- Common beliefs and attitudes about domestic violence, sexual assault and child abuse
- Obstacles for women getting help

Activity: Sex and gender

	Sex - Biological		Gender - Cultural
Male		Masculine	
Female		Feminine	

Activity: Gender in our community

If the statement is true, please stand up

The History of Power

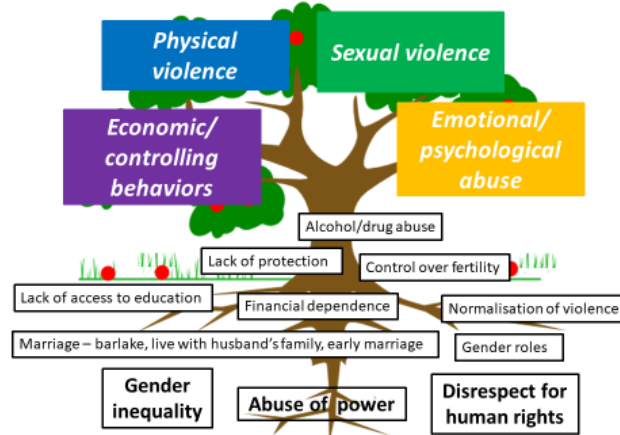
- In childhood we learned that men are more valuable and more worthy than women
- In childhood we learned that women should have less power than men
- In childhood we learned that men should use their power over women and control them with violence
- Therefore, many of us tolerate violence against women and remain silent when it happens
- *Is remaining silent about violence helping or hurting us?*

Source: The Sexual Activist Kit

Activity: Meaning of power

1. Stand in a circle
2. What do you think of when you hear the word 'power'
3. When you catch the ball say one word relating to power
4. Throw the ball on to another student.

Contributors to violence



Activity: Midwives discuss how gender inequality contributes to violence

"Many women suffer from sexual violence because men consider us women like something very small to them so they do as they wish."
– 12. Midwives FGD, Baucau

"Recently there was a case, the woman was five months pregnant and she suspect he was cheating. When she asked him he said 'you don't have the right to tell me. I married you because you look after our house and our children' and when she turned her back to him, he took a piece of wood and hit his wife on the back."
– 2. Midwife, Dili

When we did the promotion about domestic violence many men were not happy. They said 'it's culture, it's because my wife did something wrong I have to teach her.' And I say, 'no that's not culture. Culture is our identity and that's not our identity. It's our attitude and we can change it'.
– 7. Domestic Violence Social Worker, Dili

The Truth About Power

- Power is the ability to think, feel and do what we decide is right for ourselves
- Everyone has a right to their own power
- No one should use their power over another person
- Using power negatively to control others is an injustice
- Using power to harm others is a crime

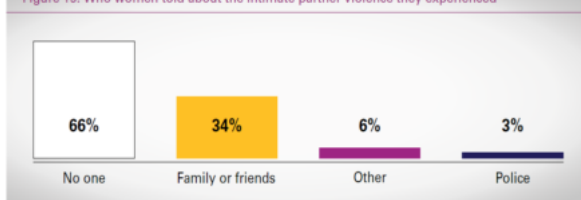
Source: The Sexual Activist Kit

Activity: Beliefs and attitudes

1. Read the statement on your piece of paper
2. Decide whether you agree or disagree
3. Stick your statement to the board under 'Yes/True' or 'No/False'

Where do women go for help?

Figure 15: Who women told about the intimate partner violence they experienced

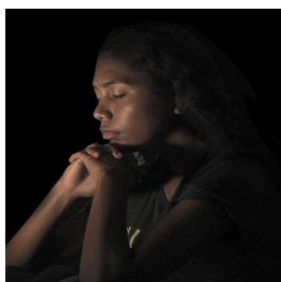


Source: 2016 Nabillan Survey

Video: Women's stories

Watch the video and think about the following questions:

- Why is it difficult for these women to get help?
- What are the additional challenges for women with a disability?
- What can health providers do to help women open up about problems?



<https://youtu.be/AALC9kqrho0>

Activity: Obstacles for women getting help

1. Watch the videos
2. Discuss the following questions:
 - a) Why is it difficult for these women to get help when they are being subjected to violence?
 - b) What are the additional challenges for women with a disability?
 - c) What can health providers do to help women open up about problems they are being subjected to?

Important messages



- Because of culture, men have more power than women
- Violence is an abuse of power
- We must examine our own attitudes to avoid blaming the victim
- Women face many barriers getting help
- We must speak out against violence
- Complete reading - Mane ho feto kompletu malu

? **Ask** your lecturer if you have any questions or concerns.

📖 **Complete the readings** for this module:

- “Gender relations in Timor-Leste” (found in the list of readings)
- Chapter 2 of textbook *Gender-based Violence and Healthcare in Timor-Leste* - Violence and society: Beliefs, attitudes and barriers for people to get help

Module 2 Handouts

Handouts 	 Common beliefs and attitudes
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Common beliefs and attitudes – answer sheet

Situation	Is it acceptable for a man to hit his wife?	Because?
1. A husband comes home from work very tired, and his wife hasn't cooked the dinner yet because she was chatting with the neighbors.	No	It's never ok for a man to hit his wife. The way gender roles are constructed in our society put many burdens on women to look after the children, the household and to work. Men and women need to share household responsibilities. Violence is always a violation of rights and is unjust.
2. A wife has a big mouth and swears at her husband, and swears at her in-laws	No	It's never ok for a man to hit his wife. If there is a problem in the family there are better ways to communicate. Women never deserve to be hit.
3. A wife is not looking after the children	No	It's never ok for a man to hit his wife. It is both a man and woman's responsibility to look after their children. Violence is always a violation of rights and is unjust.
4. A husband is drunk and isn't in his right mind	No	It's never ok for a man to hit his wife. Using violence when drunk is very dangerous and can result in serious injuries to women and children. Alcohol should never be used as an excuse for violence. Violence against women is always a crime.
5. A husband believes that his wife is sleeping with another man	No	It's never ok for a man to hit his wife. Men who use violence are often jealous and controlling and use this as an excuse to start a fight. There is NEVER an acceptable reason to use violence.
6. A husband pays barlake (bride price)	No	It's never ok for a man to hit his wife. It's a myth that if the husband's side has paid barlake then he can beat his wife. Women's human rights are protected under the law in Timor. Violence is NOT part of our culture and barlake should NEVER be used as an excuse for violence.

Situation	Is it ok for the parents to hit their child?	Because?
7. A child is naughty	No	It's never ok for parents to hit their children. Hitting children teaches them to be violent. There are better ways to communicate with children and teach them about good behaviour. All children have the right to be safe and protected.
8. A child hasn't learned what the parents have taught them	No	Violence is an abuse of power. It's never ok for parents to hit their children. There are other, more positive, ways to teach children. Violence is always a violation of rights and is unjust.

Do you think this statement is true or false?	True or false?	Because?
9. We cannot believe a child if they say that they have been sexually assaulted, because they are just a child.	False	Based on worldwide research, children do not lie when they disclose sexual abuse. As health providers, it is our responsibility to listen to children, believe them and make sure they get further help.
10. A child's behavior (if they like kissing, hugging, and people think they do this) is an invitation for a sexual relationship	False	It is normal for children to want love, attention and affection, especially from their parents. Doing any sexual act with a child is a crime. Children (under the age of 16) are not able to give consent. Adults need to be responsible and protect children.
11. People that are in positions of power / important people never sexually abuse children.	False	There have been lots of cases of powerful people sexually abusing children. Perpetrators often seek out vulnerable children and groom them (befriend them or make an emotional connection so they can hurt them). All people, especially those in power, should be held accountable for their actions and any crimes they commit.













Situation	Does a man have the right to force the woman to have sex?	Because?
12. A woman wears a short skirt and walks alone at night.	No	No one asks or deserves to be sexually assaulted. Women dress to feel comfortable and attractive. Perpetrators are responsible for their own actions. Forcing a woman to have sex or do sexual acts is a crime. Everybody has the right to be safe in their community regardless of what they wear.
13. A husband wants to have sex but his wife doesn't want to.	No	Everyone has the right to say no to sexual acts they do not want. Forcing anyone to have sex is sexual assault. Sexual assault is a crime, regardless of whether it is committed by a husband, boyfriend or a stranger. Two people must both want to have sex.
14. A woman has sex with men for money or gifts (transactional sex)	No	Raping a woman or forcing someone to do sexual acts is always a crime. Men who have transactional sex are more likely to commit physical and sexual assault. Violence is a violation of human rights and is unjust. All women have the right to choose if they want to have sex with other people and should never be blamed for men's violence.

Do you think this statement is true or false?	True or false?	Because?
15. A man cannot control himself	False	The majority of sexual assaults are planned and do not involve loss of control by the perpetrator. Men who are violent to their wives are often able to control their violence in certain settings, such as at work, while choosing to be violent at home. Men can control themselves and this should never be used as an excuse for violence.
16. Women with disabilities are rarely sexually assaulted	False	Women with a disability are at higher risk of sexual assault than other women. Women with an intellectual disability may be targeted because they are less likely to speak out. Health providers have a responsibility to ask about abuse when they suspect it and to support women to find further help.
17. If a woman doesn't yell or run away, then it's not sexual assault	False	Most people who are sexually assaulted do not scream or fight. This is because they freeze (cannot move). It is a common reaction for people to become paralyzed with fear. It means many women are not able to yell or run away. It is a myth that women can avoid sexual assault if they defend themselves. Women should never be blamed, it is the perpetrator who committed the crime.
18. If a woman is sexually assaulted, she will always have injuries to her genitals, especially if she hasn't had sexual intercourse before	False	Genital injuries are not normally found following sexual assault, even when a woman has not had sexual intercourse before. It is a health provider's duty to listen to a woman, believe her, and document her story and impact on her health. It is never a health provider's role to make a judgement on the accuracy or facts of the case.
19. Sexual abuse only happens to girl children	False	Sexual abuse happens a lot to both boy and girl children in Timor-Leste. In fact, a survey done by the Asia Foundation in 2016 found twice the amount of boys (40% of boys and 20% of girls) had experienced sexual abuse as a child. This means health providers need to be on the lookout for signs and symptoms of abuse in both boy and girl children, and know how to support them in getting help.
20. Men who sexually abuse children do this because their partner/wife does not sexually satisfy them	False	People who sexually abuse children do so in a planned way, often because they are sexually attracted to children or enjoy having sexual power over them. Men who abuse children in their family are likely to be abusing other children outside their family. Without intervention the sexual abuse will continue. It is a health provider's responsibility to ask about suspected abuse and report all cases of physical and sexual assault to the authorities.

Module 3 – The role of health providers: Laws and policies for responding to domestic and sexual violence in Timor-Leste

Learning Objectives	Relevant Competency
3.1 Role and responsibility of healthcare providers within a health system response to violence against women and children	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
3.2 Laws and policies for responding to violence against women and children in Timor-Leste	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 3 PowerPoint slides
Activities 	 Guest speaker
Handouts 	 The Law Against Domestic Violence
Readings 	 Chapter 3 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> - The health provider's role: Principles, laws and policies for responding to violence against women and children in Timor-Leste
Videos 	 Parteira Kontra Violensia (Midwives Against Violence) video

Module 3: Learning Objectives

- Role and responsibility of healthcare providers within a health system response to violence against women and children
- Laws and policies for responding to violence against women and children in Timor-Leste

What is the role of healthcare professionals?

- Responding to violence is part of the law, and important for health

Provider role:

- Provide first-line response, care, safety and referral for all survivors

Providers are NOT responsible for:

- 'Resolving' violence
- Determining legal aspects

Video: Midwives against violence

Watch the video, think about these questions:

- What do you think the Law Against Domestic Violence means?*
- Why did the midwives feel it was their responsibility to help women?*
- What are the important aspects of care midwives said they need to provide?*



Weblink: https://www.youtube.com/watch?time_continue=9&v=vw5nN0eePcY

Activity: Video discussion questions

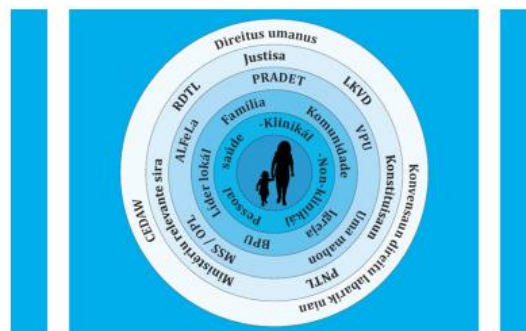
Discuss the following questions:

- Were you aware there is a Law Against Domestic Violence in Timor-Leste? What do you think this Law means?*
- Why did the midwives feel it was their responsibility to help the women?*
- What were the important aspects of care the midwives needed to provide?*

Healthcare professionals are important for first line support

- Attend to immediate emotional/psychological needs
- Provide treatment
- Support safety
- Information and referral
- Help women feel more in control and provide ongoing support

Who is responsible?



Policy context in Timor-Leste



The Law in Timor-Leste

The Penal Code

- Spouse abuse and child abuse are illegal

The Law Against Domestic Violence

- Domestic violence is a public crime
- Legal obligation to prosecute cases and provide assistance to victims

Age of consent is 14

- People under the age of 14 do not have the capacity to give consent
- It is illegal to participate in sexual activity with anyone younger than 14 years, or an inexperienced person under 16.

Age of marriage is 17

- It is illegal to marry someone younger than 17 years

Important messages

- The way health providers respond is important for survivor's wellbeing
- Be aware of the laws and policies for responding to violence against women and children
- Prepare questions for guest speaker



Activity: Guest speaker

- Laws and policies on responding to violence against women and children
- Responsibility of health providers

? Ask your lecturer if you have any questions or concerns.

📖 **Read** Chapter 3 of textbook *Gender-based Violence and Healthcare in Timor-Leste* - The health provider's role: Principles, laws and policies for responding to violence against women and children in Timor-Leste

Module 3 Handouts

Handouts 	 The Law Against Domestic Violence
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Law in Timor-Leste

Law 17/2009 – Penal code

- Article 154^o Spouse abuse is a crime
- Article 155^o Child abuse is a crime

Law 17/2010 – Law Against Domestic Violence

Article 2^o Definition of Domestic Violence

Domestic violence is any act or a result of an act or acts committed in a family context, with or without cohabitation, by a family member against any other family member, where there exists influence, notably physical or economic, of one over another in the family relationship, or by a person against another with whom he or she has an intimate relationship, which results in or may result in harm or physical, sexual or psychological suffering, economic abuse, including threats such as acts of intimidation, insults, bodily assault, coercion, harassment, or deprivation of liberty.

Physical violence

Any conduct which offends bodily integrity or physical health.

Sexual violence

Any conduct that induces the person to witness, to maintain or participate in unwanted sexual relations, even within a marriage, through intimidation, threats, coercion or use of force, or which limits or nullifies the exercise of sexual and reproductive rights.

Psychological violence

Any conduct that causes emotional damage and reduced self-esteem in order to degrade or control the actions, behaviours, beliefs and decisions of others by threat, embarrassment, humiliation, manipulation, isolation, constant vigilance, systematic persecution, insult, blackmail, ridicule, exploitation, limiting the right to travel or otherwise adversely affecting psychological health and self-determination.

Economic violence

Any conduct that involves retention, partial subtraction, or total destruction of personal items, working instruments, impeding work inside or outside the home, personal documents, goods, values and rights or economic resources, including those designed to meet the personal needs and the needs of the household.



Article 22º Assistance at hospital services

Whenever a patient reveals her or himself to have been a victim or a clinical diagnosis concludes the patient is a victim of a domestic violence related crime, the specialized hospital services are requested to intervene to:

- a. Provide assistance and medical follow-up for victims of domestic violence while taking into account the needs of victims, particularly children;
- b. Proceed with the preservation of evidence relating to possible crimes committed, including the completion of examinations or forensic tests or taking other precautionary measures appropriate to the case;
- c. Inform the victim of his/her rights and possible remedies and the obligation of the hospital authorities to notify police of the facts of the case;
- d. Immediately report the facts of the case to the police or the Public Prosecutor;
- e. Prepare a report on the situation and the measures taken and send it to the competent authorities;
- f. Refer the victim to a shelter if the situation so warrants and the victim makes such a request.

Article 40º Professional confidentiality

1. The technical and non-technical staff working at reception centers, shelters and specialised assistance services shall be subject to professional confidentiality regarding any facts revealed to them solely by virtue of their professional interaction with the victims under their care.
2. Once the consent of the victim has been requested and the victim has given the consent of his or her free will, the professional confidentiality of the personnel referred to in the preceding paragraph ceases in the event they are called by judicial entities to testify or furnish other information.

The age of consent is 14

- Children under 14 do not have the capacity to give consent to sexual activity
- It is illegal to participate in sexual activity with anyone younger than 14 years
- Engaging in sexual activity with an adolescent between 14-16 can also be a crime, if the adult took advantage of his/her inexperience
- A person over the age of 16 is not allowed to participate in any sexual activity with a person under 14 years old, even if the person under 14 wants to
- Children under the age of 16 do not have criminal responsibility















The age of marriage is 17

- Only people aged 17 and over are legally able to marry
- People who are 16 are able to marry with their parent's permission
- Marrying someone under the age of 16 is against the law

Module 4 – Impact on health and wellbeing: Understanding the consequences of violence and identifying signs of abuse

Learning Objectives	Relevant Competency
4.1 Short and long-term physical and psychological consequences of domestic violence	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues B. Identify signs of abuse and know when and how to ask about violence in a sensitive way
4.2 Physical and behavioural signs of violence in adults	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way
4.2 Physical and behavioural signs of violence in children	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 4 PowerPoint slides
Activities 	 Impact on health and wellbeing  Identifying signs of violence
Handouts 	 Health effects of intimate partner violence  Identifying signs of violence
Readings 	 Chapter 4 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> – Identification (4.1-4.2, pg 69-78)
Videos 	 Women talk about trauma

Module 4: Learning Objectives

At the end of this session students should be able to demonstrate an understanding of the:

- Short and long-term physical and psychological consequences of domestic violence
- Physical and behaviour signs of violence in adults
- Physical and behaviour signs of violence in children

HaHu ReLaSAuN di'ak

HA	HATENE sinál ba violesia	KNOW the signs of violence
HU	HUSU kona-ba problema	ASK about problems
RE	REASAUN empátiku	REACT with empathy
LA	LABELE fó sala vitima	DON'T blame the victim
S	SEGREDU	CONFIDENTIALITY
AU	AUMENTA SEGURU	INCREASE SAFETY
N	NAEATIN tau matan	CONTINUING / ONGOING SUPPORT



Effects of domestic violence

Unplanned pregnancy

Alcohol and drug use

STRESS AND DEPRESSION

Murder

HIV

INJURY

Disability



Source: DumbArt Collection

Low birthweight

Attempted suicide

Miscarriage

Sexually transmitted infections

Health impacts of partner violence



Mental health

2 x more depression
5 x more thoughts of suicide
8 x more attempted suicide



Disability

2 x more risk of disability



Reproductive health

3 x more STIs
2 x more unplanned pregnancy
Less contraception
Less antenatal care



Child health

3 x more emotional and behavioural problems
1.5 x more likely to die
Less vaccination

Video: Women talk about trauma

Watch the video and think about the impacts of domestic violence:

- the physical, emotional and socio-economic impacts on women and children
- the short-term and long-term impacts



Activity: impact on health and wellbeing

Q. What do you think are the impacts of violence on women and their children?

- Think about the physical, emotional, and socio-economic impacts on women and children
- Think about the short-term and long term impacts

HATENE (Know the signs of violence)

Ha → Hatene sinál husi violencia

- Physical signs and symptoms of violence in women
- Behavioral signs and symptoms of violence in women
- Signs and symptoms of violence in children
- Signs and symptoms of sexual abuse in children

Physical signs and symptoms of violence

- Chronic headaches or pain
- Abdominal pain
- STIs
- Unwanted pregnancy, repeat abortion
- Injuries during pregnancy
- Attempted suicide
- Injuries - multiple injuries or pattern of repeated injury

Source: Signs of violence adapted from PACTS Study Guide

Typical injuries



Bruises

Source: Teaching collection, Forensic Pathology Unit, Royal Darwin Hospital, Australia



Bruises behind the ear. The result of a beating or kick. It is important to make a complete examination, or things like this are not seen.

Source: PRADET MFE training manual

Typical injuries



Missing teeth



Human bite mark



Fingernail scratches

Source: Teaching collection, Forensic Pathology Unit, Royal Darwin Hospital, Australia

Behavioural signs and symptoms of violence

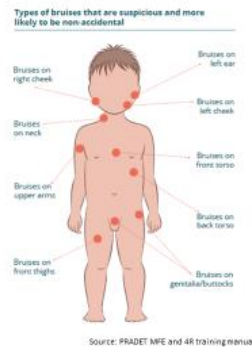
- Nervous, evasive
- Anxiety, very stressed
- Mental health problems
- Describes husband as angry
- Alcohol, smoking or drug problem
- Sleeping or eating problems

Behavioural signs and symptoms of violence

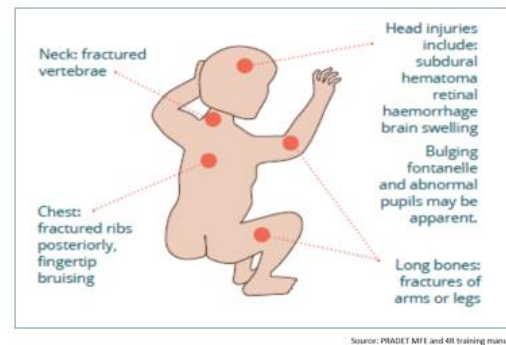
- Husband or family do most of the talking
- Anxious when her husband is there
- Story about injuries does not match physical exam
- Delay in seeking care

Physical signs and symptoms of violence in children

- Injuries
- Fractured bones
- Poisoning
- Shaken baby syndrome



Shaken baby syndrome



Behavioural signs and symptoms of violence in children

- Distrust of adults
- Fear of parents
- Fearful when other children cry or shout
- Excessively friendly to strangers
- Withdrawn, passive, tearful
- Low self-esteem
- Delayed speech
- Acting like a much younger child
- Wearing long-sleeved clothing to hide injuries

Signs and symptoms of sexual abuse in children

- Telling someone sexual abuse has happened
- Headaches or stomach pains
- STI
- Pregnancy
- Problems with schoolwork
- Sexual behaviour or knowledge unusual for the child's age
- Non-typical behaviour i.e. rocking, sucking, biting
- Difficulties sleeping
- Difficulties relating to adults and peers

Activity: Identifying sign of violence

1. Read the two stories that the midwives told in the *Midwives Against Violence study*
2. What signs did the women have that might mean they were being subjected to violence or abuse
3. Share your list with the larger group




Important messages

- Many short and long-term health impacts of violence
- Watch for physical and behavioural signs

? Ask your lecturer if you have any questions or concerns.

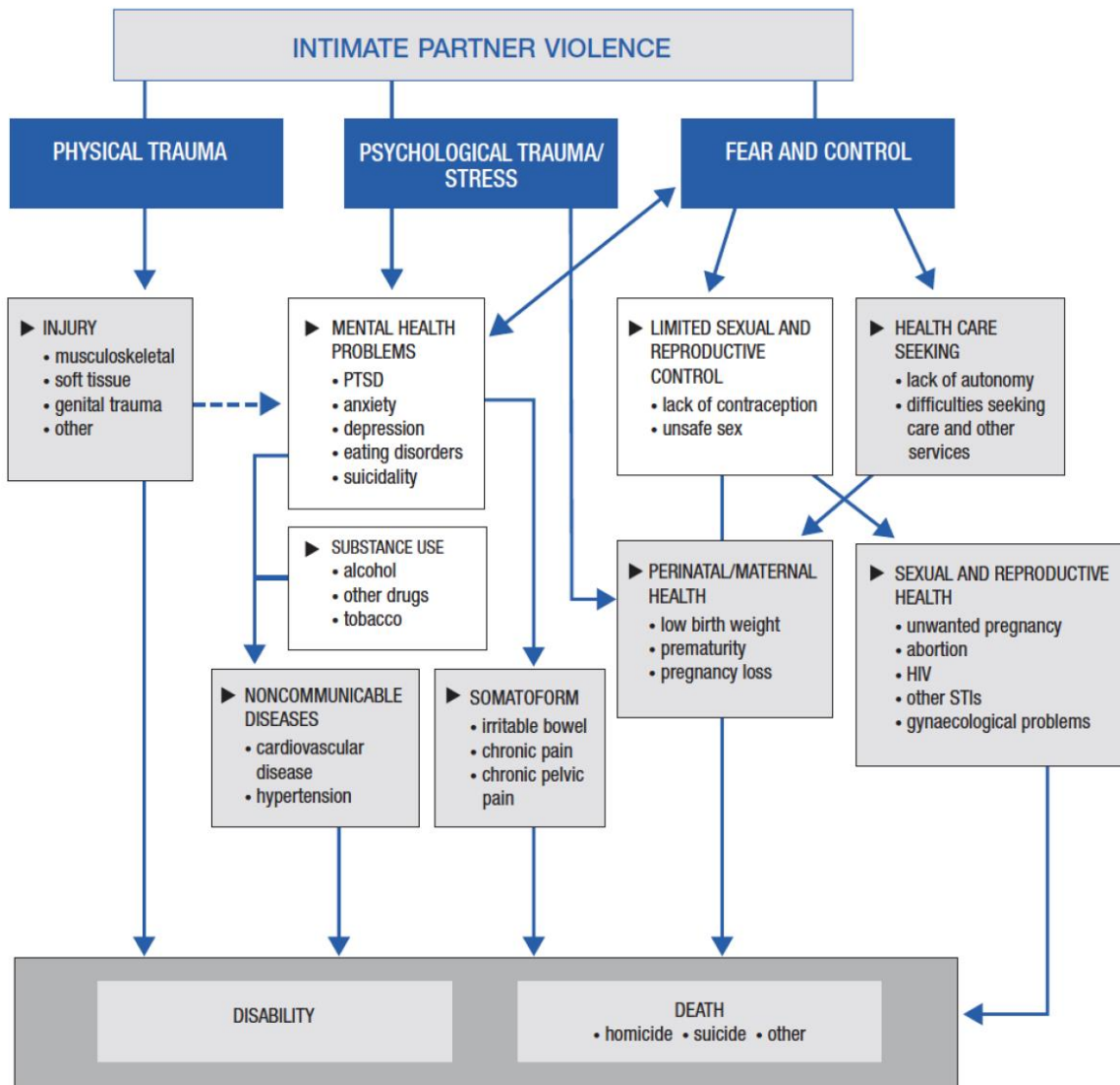
? Read Chapter 4 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – Identification (4.1-4.2, pg 69-78)

Module 4 Handouts

Handouts 	 Health effects of intimate partner violence  Identifying signs of violence
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Health effects of intimate partner violence

Figure 1. Pathways and health effects on intimate partner violence



There are multiple pathways through which intimate partner violence can lead to adverse health outcomes. This figure highlights three key mechanisms and pathways that can explain many of these outcomes. Mental health problems and substance use might result directly from any of the three mechanisms, which might, in turn, increase health risks. However, mental health problems and substance use are not necessarily a precondition for subsequent health effects, and will not always lie in the pathway to adverse health.

Source: WHO 2014 Clinical Handbook

Activity: Identifying signs of violence

Instructions:

1. Read the two stories that the midwives told in the Midwives Against Violence study
2. Think about and make notes on the signs the women had that might mean they were being subjected to violence or abuse
3. Share your list and reasons with the larger group

Midwife working in a hospital, Dili

“The mum came because of lower abdominal pain. She came twice - at night and after a few days she came again. That’s why it’s interesting for us and we were asking ‘why did you come one or two times?’. And at the time also she wanted to go home early. She wanted to see her son and daughter because nobody was home, only her husband. At the time she was waiting for the doctor and I had time so we just shared there, I just took one chair ‘ok if you want to say something just say, maybe I can help you’. So I just give moral support, I didn’t think about violence or something. I just asked ‘why you want to go home early, you just came here, and twice, and doctor wants to do the complete examination for you. So at that time she shared, she like confessed that ‘yesterday my husband hit me’.”

Answers:

Midwife working in a health centre, Dili














“She came here with some trauma and physical injury, so we must provide treatment. The first time she came to me I saw her face was not the same as other women where their face looks happy. Her face always looks sad. I asked her, but she stayed quiet.”

Answers:

Module 5 – Guiding principles: Woman-centred care, privacy and non-verbal communication

Learning Objectives	Relevant Competency
5.1 Principles of woman-centred care	C. Practise woman-centred care and be able to communicate with empathy
5.2 The importance of privacy for women's and children's safety	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
5.3 The impact of non-verbal communication	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way C. Practise woman-centred care and be able to communicate with empathy

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 5 PowerPoint slides
Activities 	 Creating privacy  Non-verbal communication
Handouts 	 Case study: creating privacy  Role play scenarios - non-verbal communication (provided by lecturer)
Readings 	 Chapter 4 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> – Identification (4.3, pg 79-82)
Videos 	

Module 5: Learning Objectives

- Principles of woman-centred care
- The importance of privacy for women and children's safety
- The impact of non-verbal communication

Review HaHu ReLaSAuN



What is women-centered care?

- Follows the woman's wishes
- Avoids causing harm
- Guided by two fundamental principles:
 1. Human rights
 2. Gender equality

A human rights approach

- The right to be treated with dignity and respect
- The right to decide for herself
- The right of children to have a say in decisions
- All people are entitled to human rights
- Helps victims reclaim power that was lost as a result of abuse

Case example: a human rights approach

Read out the case example (in the facilitator guide and the student guide), then answer the questions

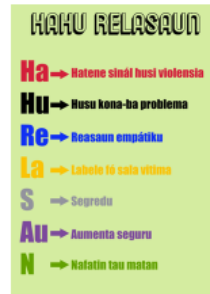
- What is the problem with the way this midwife responded to Maia's request?*
- What should the midwife have done that would be more respectful of her rights?*

Gender equality

- Women and girls face multiple forms of inequality that affect their health
 - Discrimination
 - Subordination
 - Violence

Promotion of gender equality in practice

- Be aware of gender and power dynamics
- Listen, believe her
- Reinforce her value as a person
- Respect her dignity
- Do not blame or judge her
- Provide information
- Support her to make her own decisions



Ensure privacy

- Important for safety
- A private place
- Ask only when she is on her own
- Ask children when they are on their own
- Minimise movement of victims between rooms
- Do not make her repeat her story unnecessarily

Activity: Creating privacy

1. Get into groups of 2 or 3 people
2. Read the case study about Laura in your handout
3. Discuss how you would be able to talk to Laura by herself, when her family isn't there

Non-verbal communication

- Body language
- Facial expression
- Tone of voice
- 90% of communication is non-verbal

Activity: Non-verbal communication




1. Break into groups of 3
2. Decide who is the patient, health provider A and health provider B
3. Read the scenario for your role
4. The patient visits two different examination rooms, first health provider A then health provider B

Important messages

- Our response is grounded in respect for human rights
- Conduct all consultation in private, never ask in front of another person
- Pay attention to your non-verbal communication
- Watch the whole Hahu Relasaun video role play in preparation for the next modules.
www.latrobe.edu.au/reducing-violence or
<https://youtu.be/D5PgnsW-xXs>

Watch the whole video role play, in preparation for next modules <https://youtu.be/D5PgnsW-xXs>
Read Chapter 4 of textbook Gender-based Violence and Healthcare in Timor-Leste – Identification (4.3, pg 79-82)














Module 5 Handouts

Handouts 	 Case study: creating privacy  Role play scenarios - non-verbal communication (provided by lecturer)
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Module 6 – Ask about problems: Building trust and types of questions to ask

Learning Objectives	Relevant Competency
6.1 Obstacles for healthcare providers asking about violence	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way
6.2 The importance of rapport and trust in facilitating good communication	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way C. Practise woman-centred care and be able to communicate with empathy
6.3 How to raise the subject and know how to ask about suspected abuse	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way C. Practise woman-centred care and be able to communicate with empathy

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 6 PowerPoint slides
Activities 	 Asking about violence
Handouts 	 Asking about problems  Role play scenarios – asking about domestic violence (provided by lecturer)
Readings 	 Chapter 4 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> – Identification (4.4, pg 83-86)
Videos 	 Video role play (watch scenes 1-3)

Module 6: Learning Objectives

- Obstacles for healthcare providers asking about violence
- The importance of rapport and trust in facilitating good communication
- How to raise the subject and know how to ask about suspected abuse

Review HaHu ReLaSAuN



Activity: Obstacles for healthcare professionals

- *Do you have any concerns about being able to ask women or children about violence?*

HUSU (ASK about problems)

Hu → **Husu kona-ba problema**

- Remember non-verbal communication and privacy
- Build rapport
- Raise the subject
- Ask the right types of questions

Build Rapport

- Build rapport
 - Introduce yourself, make 'small talk', avoid direct questions initially
 - Listen to what she is saying and help her feel connected
- Build trust
- Especially important with children

Raise the subject

- Raise the subject
 - “Many women experience problems with their husband or someone else they live with”
 - “When I see injuries like this I wonder if someone could have hurt you.”
- Ask open questions
 - “How is your relationship with your husband/boyfriend?”
 - “What happens when he gets angry?”
 - “Do you have any worries you want to talk about?”

Specific questions

- Ask specific questions
 - “Are you afraid of your husband (or partner)?”
 - “Does your husband try to control you, for example not letting you have money or go out of the house?”
 - “Did someone force you to have sex?”
 - “Have you spoken to anyone about this?”
- Avoid very general or leading questions

What if a woman does not disclose violence?

- Do not pressure her
- Believe her
- Give her more time
- Tell her about services
- Offer information on the health effects of violence/stress
- Offer referral options and a follow-up visit
- If it's a child consult with relevant services

Watch video role play

Watch the video and to notice how the nurse:

- a. ensures privacy
- b. her non-verbal communication
- c. what questions she asks



Activity: Discuss video role play

- Discussion questions:
 - a. Why did the nurse suspect Maria's injury was not an accident?
 - b. What strategies did the nurse use to ensure privacy?
 - c. What open-ended questions did the nurse use to ask about violence?
 - d. How did the nurse demonstrate good non-verbal communication?
 - e. What good practices did the nurse demonstrate when Maria did not disclose violence?

Activity: Role play asking about violence

1. Break into groups of 3
2. Decide who will be the patient, the health provider, the observer
3. The patient reads the scenario to themselves, the others read the handout on 'asking about violence'
4. The patient tells the symptoms and the health provider gives the appropriate care and asks the relevant questions
5. The observer looks at the handout and provides feedback on the health provider's approach




Important messages

- Build trust
- Start by raising the subject and asking open questions
- Ask specific questions to find out more
- If she does not disclose – provide information, build trust, follow up
- Keep practising the skills you learned

? Ask your lecturer if you have any questions or concerns.

? Read Chapter 4 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – Identification (4.4, pg 83-86)

Module 6 Handouts

Handouts 	 Asking about problems  Role play scenarios – asking about domestic violence (provided by lecturer)
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Hu → Husu kona-ba problema

ASK about problems

Build rapport

Establish a good relationship, listen, build trust.

“What brings you here today?”

“What would you like to talk about?”

“What are your main concerns?”

Ensure privacy

Always ask in a private place where others cannot overhear, and when the woman is on her own.

“We would like to (check your weight, collect a urine sample, get a blood specimen, etc). Are you able to come to the examination room so I can explain about it?”

“We normally do the first part of the consultation alone with the client and then the husband/family can be invited in”

Non-verbal communication

- Body language – sit at the same level, face the client, arms uncrossed, reassuring touch
- Facial expression – smile, make frequent and soft eye contact, pay attention to the client, nod to show you understand
- Tone of voice – don’t be rushed; speak calmly, softly, slowly

Types of questions to ASK:

Raise the subject

Simple statements can let women know they are not alone and may help them open up about their own experiences.

“Many women experience problems with their husband or someone else they live with”

“When I see injuries like this I wonder if someone could have hurt you.”

“There seems to be something on your mind”

Open questions

Start with open-ended questions. This allows the woman to answer in her own way and generally elicits more information.

“How is your relationship with your husband/boyfriend?”

“You mentioned that your husband gets (angry/stressed). What happens when he gets angry?”

“Do you have any worries you want to talk about?”

Specific questions

They have a direct yes/no answer. Used to gain more specific information required for medical treatment, taking a history, and safety planning.

“Have you been afraid of your husband (or boyfriend/someone in your family) at any time in the past year?”

“Does your husband try to control you, for example not letting you have money or go out of the house?”

“Did someone force you to have sex?”

“Have you spoken to anyone about this?”

Types of questions to AVOID:

Do not ask leading questions

Do not direct her into a giving certain answer.

“You agree that getting some professional help is the only way you’re going to start feeling better, don’t you?”

“What happened to your eye, did you walk into the door?”

Do not ask compound questions

Do not ask two or more questions joined together without giving time for her to respond to the previous question.

“Tell me, have you decided on what type of help or referral you would like and whether you want me to contact them for you?”


















If she does not disclose about violence:

- Do not pressure her, give her time to decide what she wants to tell you
- Remember to believe her. She may not actually be a victim
- Tell her about services available if her situation changes or someone she knows needs them
- Offer information on the effects of violence on women’s health and children’s health
- Offer her a follow-up visit
- If it’s a child consult with relevant services such as MSSSI OPL, Police VPU, Casa Vida, Fatin Hakmatek

Module 7 – First-line support (Part 1): Respond with empathy, do not blame the victim, protect confidentiality

Learning Objectives	Relevant Competency
7.1 How to listen and communicate empathically with clients	C. Practise woman-centred care and be able to communicate with empathy
7.2 How to do no harm and avoid re-traumatising victims of violence	C. Practise woman-centred care and be able to communicate with empathy D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
7.3 How to protect a patient's confidentiality and explain its limits	C. Practise woman-centred care and be able to communicate with empathy D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 7 PowerPoint slides
Activities 	 Active listening  Good responses  Responding with empathy
Handouts 	 Midwives' responses to women experiencing violence  Hahu Relasaun diak communication  Role play scenarios – responding with empathy (provided by lecturer)
Readings 	 Chapter 5 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> – (Section 5.1-5.3, pg. 87-100)
Videos 	 Brené Brown on empathy  Video role play (watch the first part of scene 4)

Module 7: Learning Objectives

At the end of this session students should be able to demonstrate knowledge of:

- How to listen and communicate empathically with clients
- How to do no harm and avoid re-traumatizing victims of violence
- How to protect a client's confidentiality and explain its limits

Review of HaHu ReLaSAuN diak



Respond with empathy

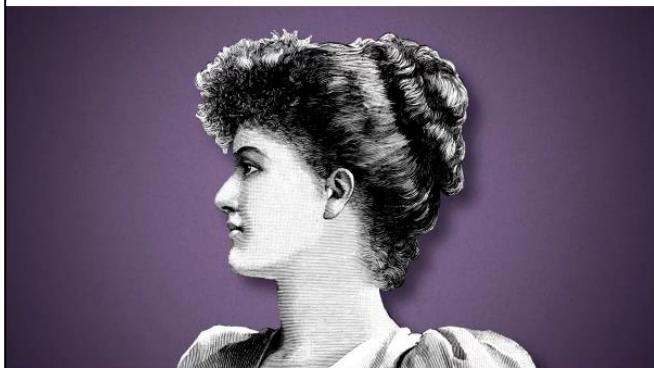
Re -> Reasaun empátiku

- Empathy shapes people's experience of care
- Showing empathy is one of the most important things you can do for survivors of violence
- Empathy means:
 - Understand the situation from her perspective
 - Check your understanding and reinforce her value
 - Act of the information in a way that is helpful

Empathy

Empathy (GOOD)	Sympathy (BAD)
"I am sorry this has happened to you. Nobody deserves this"	"You poor thing, that's really sad. What a pity"
"From what you are saying I can understand how you are feeling"	"I understand how you feel, this is what happened to me..."
"I can see you are feeling afraid. What do you think would help you to feel safer"	"Don't be afraid. You are a strong person and I am sure everything will be OK"
Sit with the person while they cry or show sadness	"Don't cry. Everything will be OK"

Video on meaning of empathy



Active listening



- Listen with your eyes, ears, and heart
- Give her time
- Learn what is most important to her
- Understand her point of view
- Pay attention to her verbal and non-verbal communication

Active listening

- Acknowledge her feelings - *"that must have been very frightening"*
- Encourage her to keep talking - *"and then what happened?"*
- Allow for silence - *"it's ok, take your time"*
- Let her cry and express her feelings - *"are you ok to continue?"*
- Help her express her needs - *"how can we help?"*
- Summarise and respect her wishes - *"What I am hearing you say is..."*

Activity: Active Listening

1. Break into groups of 2
2. Think about a challenging situation you have been in recently, or it might be a situation and tell their partner about it
3. One person is the listener who will demonstrate active listening and empathy first, then they swap

DON'T BLAME THE VICTIM

La → **Labele fó sala vitima**

- DO NO HARM
- Victim blaming is holding the person responsible for the harm that happened to them
- Examples of victim-blaming questions
- Remember the offender has committed the crime

Other things to avoid

- Do not tell her what she should do
- Do not try to solve her problems
- Minimise distraction and interruptions
- Do not force her to describe frightening details
- Do not persuade her to leave or stay
- Do not bring your own attitudes or judgements
- Do not react with shock or pity
- Never insist that children answer questions

Reinforce her value

- *"Your life and your health are important"*
- *"No one deserves to be hit or feel scared at home"*
- *"Everyone deserves to be safe"*
- *"I am concerned about the effect on your health"*
- *"It's not your fault"*
- Especially important when responding to children

Further considerations when responding to children

- Evolving capacity of the child
- Provide information that is age-appropriate
- Seek informed consent
- Respect the ability of children to make decisions
- Offer choices

Activity: Good responses

1. Break into pairs
2. Read the quotes from midwives in the handout
3. After you read each quote, discuss these questions:
 - a. Is this considered good practice or not? Why?
 - b. How could the midwives have responded better?



- Legal requirement to maintain confidentiality
- Especially important for children's safety
- Keep health information private
- Only ask or talk about violence when she is alone, in a private room
- Don't share her story or information with others
- Never try and verify the accuracy of the information
- Keep records in a secure place
- Gain her permission to provide information or give a referral
- Explain to her what confidentiality means and its limit

Limits to confidentiality

- Always explain the limits to confidentiality
- Responsibility to document and report crimes
- If called to testify in court
- Need to give information to staff directly involved in her care
- The victim's wishes and safety should always be prioritised when sharing information
- Before sharing information, always discuss with the victim how and when this will happen

Watch video role play

Watch the video and think about these questions:

- a. How did the nurse deal with confidentiality?
- b. How did the nurse demonstrate active listening and empathy?



Activity: Video role play

Q. Discussion questions:

- a. How did the nurse deal with confidentiality?
- b. How did the nurse demonstrate active listening and empathy?
- c. How else could you respond?

Activity: Responding with empathy

1. Break into groups of 2
2. Read your scenario to yourself first
3. Take turns being the health provider and patient
4. Give each other feedback about how the health providers' response made you feel





Important messages

- Responding with empathy is one of the most important things you can do
- Never blame the victim
- You are required to maintain confidentiality
- Obligation to help children
- Practise conveying empathy, confidentiality and reinforcing her value in your own words

? Ask your lecturer if you have any questions or concerns.

📖 Read Chapter 5 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 5.1-5.3, pg. 87-100)

Module 7 Handouts

Handouts 	 Midwives' responses to women experiencing violence  Hahu Relasaun communication  Role play scenarios – responding with empathy (provided by lecturer)
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Midwives' responses to women experiencing violence

Instructions:

1. Read the following quotes which were said by midwives interviewed in the 2016 Parteira Kontra Violencia study
2. After each quote is read, discuss the following questions:
 - Is this considered good practice or not? Why?
 - How could the midwives have responded better?

a. *"Give counselling to the mother to change her behaviour...many times we don't blame only the husband. Sometime we ask the wife why did your husband hit you? If she said something that made her husband feel not good we remind her not to repeat again"* – 25. Midwife, Liquica

b. *"I also help them through advising them how to be a mother. We say to them 'you must be patient because this is our way to be a mother'...If you don't want to get domestic violence, when your husband comes back from work leave him to relax, breath fresh air then tell your problem to him. Some women, their husband just arrives home, they don't even take off their shoes or change their clothes and straight away she tells the problems to him"* – 16. Midwife, Baucau

c. *"The counsellors don't force women to go back to their husbands, but to strengthen what they feel so they can take decisions for their lives. To build their capacity to have confidence, this is really important"* – 23. Domestic Violence Social Worker

d. *"So before they go to the court to sign, our help is we tell them to forgive each other because children need a father. So our help is to encourage with words, how a family that wants to separate can accept each other to live together."* – 12. Midwives FGD, Baucau

e. *"We help with the counselling, give information that as husband and wife we sit together, talk to each other to solve the problem. We don't need other people to know, moreover if the case is known by the police it will make shame for the husband and wife. If there is a problem between husband and wife sit together and solve it."* – 25. Midwives FGD, Liquica

f. *"The important one is we have to make them relax, because actually before they come they faced high stress, sad and crying. Therefore when she goes back she will feel that support which we gave, it will add to her thinking and minimize stress, worry and sadness."* – 5. Midwife, Dili

g. *"The patient who comes with a case of violence, we consider them a normal patient...we don't give other support except treatment for her wounds."* – 2. Midwife, Dili

h. *"Generally, victims who come to us, we always care for them. First of all, we have to secure them; second, treat them if there are any injury or any pain in their body; third, give them counselling; fourth, if she wants to process her case we provide medical forensic examination; fifth, we will refer her to a place if she doesn't want to stay in her house, we have to give her a place through our partners like Fokupers, Casa Vida. After the treatment, if there is any disease or any more injury as a result of the violence, we must ask her to come again to continue her treatment within one week. If after one week she doesn't come, we must call her by phone and go to her place."* – 5. Midwife, Dili

HAHÚ RELASAUN DI'AK

Ha→ Hatene sinál husi violensia	Hu→ Husu kona-ba problema	Re→ Reasaun empátiku	La→ Labele fó sala vítima	S→ Segredu	Au→ Aumenta seguru	N→ Nafatin tau matan
Physical Headaches Abdominal pain STIs Unwanted pregnancy Attempted suicide Injuries – fractures, bruising, cuts, burns Injuries - to the head, face, neck, chest, breast, genitals Behavioural Nervous, stressed Mental health issues Sleeping/eating problems Alcohol/drug problem Husband/family do the talking Anxious with husband Story not consistent Delay in seeking care Signs in children Distrust of adults Fear of parents Fearful when other children cry Very friendly to strangers Withdrawn, passive Delayed speech Acting like a much younger child	Build rapport “What would you like to talk about?” “What are your main concerns?” Ensure privacy Non-verbal communication Body language Make eye contact Speak softly Raise the subject “Many women experience problems with their husband” “When I see injuries like this I wonder if someone could have hurt you” Open questions “How is your relationship with your husband?” “What happens when you argue?” Specific questions “Are you afraid of your husband?” “Has your husband ever forced you to have sex?”	Acknowledge and reflect her feelings “That must have been very frightening” “It sounds like you are feeling very angry” “I am sorry this has happened to you” Help her identify her needs “What do you think is the best thing to do?” “How can we help?” Summarise what she said “What I am hearing you say is...” Reinforce her worth “It’s not your fault” “No one deserves to be hurt by their husband” “Your life and your health are important” “Everybody deserves to feel safe at home” “I am worried about the effect on your health” “it takes courage to tell your story, thank you for sharing it with me”	Do no harm Avoid re-traumatising DO NOT ask victim-blaming questions “why did he hit you?” “why don’t you just leave him?” “did you have an argument before the violence happened?” “what were you doing there alone?” DO NOT give advice “When your husband comes home don’t provoke him” “You should forgive him because children need a father” AVOID sympathy and being dismissive “You poor thing, how sad” “Don’t cry, every thing will be ok” “You shouldn’t feel that way” “You should feel lucky you survived” “You are a strong person, I’m sure you will be ok”	Only talk about violence when she is alone Don’t share her information with others Keep her records in a secure place Gain her permission to provide info or referral Tell her what confidential means “What you tell me I will not share with other people, not even your family” “The only staff I will share this information with is the doctor looking after you” Explain the limits to confidentiality “I have a responsibility to report crimes to the police” “Before I share your information, I will discuss how and when this will happen”	Immediate risk of violence “Has physical violence increased over the past 6 months?” “Has he ever threatened you with a weapon?” “Has he ever tried to strangle you?” “Do you believe he could kill you?” “Has he ever beaten you when you were pregnant?” “Is he violently and constantly jealous of you?” “Is he violent toward your children?” Safety planning “If you need to leave quickly, where will you go?” “Will you take your children with you?” “What transport will you use?” “What things will you take?” “Can you access money in an emergency?” “Are there neighbours who can help?”	Help her identify her options “What would be the most help to you right now?” Discuss her social support “Who do you feel most comfortable sharing your problems with?” “Who has authority in your village or family that might be able to help?” Support her to connect with resources Police Fatin Hakmatek Uma Mahon ALFeLa MSS PRADET Marie Stopes FOKUPERS Alola Foundation Empreza Diak RHTO Xefe Suco/Aldeia
















Module 8 – Assessment

- Assessment should be developed by the lecturer, based on the course content.

Module 9 – Enhance safety: Danger assessment and safety planning

Learning Objectives	Relevant Competency
9.1 How to assess the level of danger for a woman and her children	C. Practise women-centered care and be able to communicate with empathy D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
9.2 How to make a safety plan	D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
9.3 How to respond to perpetrators of violence	D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support E. Practise self-care and collaboration with colleagues

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 9 PowerPoint slides
Activities 	 Assessing danger  Role play safety planning
Handouts 	 Danger assessment and safety planning  Case study assessing danger  Role play safety planning
Readings 	 Chapter 5 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> – (Section 5.4, pg. 101-104)
Videos 	 Video role play (watch scene 4)

Module 9: Learning Objectives

At the end of this session students should be able to demonstrate knowledge of:

- How to assess the level of danger a woman and her children are in
- How to make a safety plan
- How to respond to perpetrators of violence

Review Hahu Relasaun di'ak



Enhancing Safety

- Understand and believe her
- Help her assess the situation
- Many women have fears about their safety
- Others may not think it will happen again
- An ongoing process of support

Assessing danger

- If she is afraid to go home – take her seriously
- Some women may need help thinking about their safety
- Specific questions to assess risk of serious injury

WHO Clinical Handbook

- Danger Assessment tool



Questions for assessing danger

Women who answer 'yes' to at least 3 of the following questions may be in immediate danger from the perpetrator:

1. Has the physical violence happened more often or gotten worse over the past 6 months?
2. Has he ever used a weapon or threatened you with a weapon?
3. Has he ever tried to strangle you?
4. Do you believe he could kill you?
5. Has he ever beaten you when you were pregnant?
6. Is he violently and constantly jealous of you?
7. Is he violent toward your children?
8. Are the children present when he is violent toward you?

Activity: Assessing danger

1. Break into groups
2. Read the case study about Natalia and Gerson
3. Discuss the following questions:
 - a) Do you think Natalia's life is in danger?
 - b) What criteria did you use to decide whether her life is in danger or not?
 - c) What risk factors can you identify in the case study?

If there is immediate danger

- If there is immediate danger – let her know your concern
- Provide information on options
- Identify a safe place she can go
- Help make a safety plan

Safety plans

- If there is not immediate danger – still do a safety plan
- A safety plan can help women to:
 - Recognize violence and its effects
 - Clarify priorities for safety
 - Identify how to get support

Safety Plan

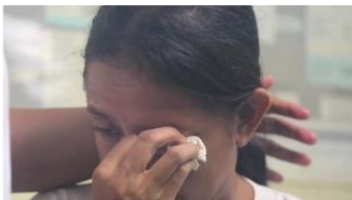
A safe place	If you need to leave home quickly, where will you go?
A plan for the children	Will you go alone, or will you take your children with you?
Transport	What transport will you use when you leave?
Things you will take	<ul style="list-style-type: none">- Do you need to take anything such as documents, keys, money, clothes, or anything else when you leave? What do you need?- Can you place the things that you need in a safe place? Can you leave these things with someone?
Money	Can you access money if you need to? Where do you keep the money? Can you access it in an emergency?
Support from people that are close	Are there any neighbors that you can tell about the violence, that can help you if they hear violence occurring in your home?

Source: WHO Clinical Handbook 2014

Watch video role play

Watch the video role play and think about the following questions:

- a. How did the nurse raise the topic of enhancing safety?
- b. How did the nurse convey respect for Maria's decisions?
- c. How did the nurse help Maria to make a safety plan?



Activity: Video Role Play

- Discussion questions
 - a. How did the nurse introduce the topic of enhancing safety?
 - b. How did the nurse convey respect for Maria's decisions?
 - c. How did the nurse help Maria to make a safety plan?

Activity: Role play safety planning

1. Break into groups of two
2. One is Merita, one is the health provider
3. Help Merita identify the level of danger she is in and develop a safety plan
4. Discuss the following questions:
 - a) *As Merita, what questions did you find useful or not useful?*
 - b) *How realistic did you think the safety plan was?*
 - c) *As the health provider, what was most difficult about this exercise?*
 - d) *As the health provider, how did you feel at the end of the discussion with Merita?*

Engaging with men who use violence

- Do not counsel both the woman and man about domestic violence
- Refer him to see a different health provider
- This is to avoid accidentally revealing information she has told you
- Men often justify the violence or blame the woman, so she needs a separate health provider that is not influenced by him

Source: Hegarty et al. 2016

Case example: confidentiality

- Read the case example (in the facilitator guide and the student guide)
- Never break confidentiality
- Always discuss what you might do and ask permission from the woman
- She knows best about her safety

Providing health care to men who use violence

- Health assessment and take a history
- Convey that abuse and violence are not okay
- Enhance safety of women and children
- Encourage him to take responsibility
- Refer to behaviour change program if available
- Report known incidences of abuse to the police





Source: Hegarty et al. 2016

Important messages

- Danger assessment identifies immediate safety needs
- Trust your client if she feels in danger and find help
- Do a safety plan so women and children know how to get help
- Remember to listen and show empathy when asking questions
- Never counsel a couple together about domestic violence
- Refer him to a different provider

? Read Chapter 5 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 5.4, pg. 101-104)

Module 9 Handouts

Handouts 	 Danger assessment and safety planning  Case study assessing danger  Role play safety planning
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Assessing danger

- Some women will know when they are in immediate danger and are afraid to go home. If she is worried about her safety, take her seriously.
- Other women may need help thinking about their immediate risk.
- It is important to find out if there is an immediate and likely risk of serious injury.

The danger assessment questions listed below are to assess immediate risk of violence. If women answer 'yes' to at least 3 of the following questions their life may be in immediate danger:

1. Has the physical violence happened more often or gotten worse over the past 6 months?
 2. Has he ever used a weapon or threatened you with a weapon?
 3. Has he ever tried to strangle you?
 4. Do you believe he could kill you?
 5. Has he ever beaten you when you were pregnant?
 6. Is he violently and constantly jealous of you?
 7. Is he violent toward your children?
 8. Are the children present when he is violent toward you?
- If she is in immediate danger you can say "I'm concerned about your safety. Let's discuss what to do so you won't be harmed".
 - It may not be safe for her to return home.
 - Provide information on options such as contacting the police or make arrangements to stay at a safe house.
 - If that is not possible, work with her to identify a safe place she can go such as a friend's home, her family, church, or stay overnight at the hospital
 - Help to make a safety plan

Safety planning

- Questions you can ask her to help her make a plan:

Safe place to go	If you need to leave your home in a hurry, where could you go?
A plan for the children	Would you go alone or take your children with you?
Transport	How will you get there?
Things you will take with you	What would you need if you left? What is essential? Items to suggest: documents, keys, money, clothes Do you have a safe place for those items?
Money	Do you have access to money if you need to leave? Where is it kept? Can you get it in an emergency?
Support of someone close by	Is there anyone nearby you feel could be helpful? Can they come with assistance/call police if they hear sounds of violence? Can you leave important items with them?

Other safety suggestions

- If an argument seems unavoidable, try to have it in a room or an area that you can leave easily and try to keep your exit from the room free.
- Stay away from any room where weapons may be available (e.g. the kitchen). If possible, get the weapons outside your home.
- Practice how to get out of your home safely. Identify which doors, windows would be best.
- Devise a code word or sentence to use with your children, family, friends and neighbours when you need emergency help or want them to call the police.
- Talk to children about what to do and where to go for help in the case of a violent incident and rehearse an escape plan with them.
- Know/memorise phone numbers for the police and organisations that provide help in the area.
- Remember, you do not deserve to be hit or threatened.

Ongoing assessment

➤ Women's circumstances and safety needs change. Assessing and planning for safety is an ongoing process not just a one-time conversation. These are suggested questions for the ongoing conversation assessing a woman's safety:

- How is your relationship?
- What happens when you argue?
- What happens when he gets angry?
- How safe do you feel?
- Have you been afraid of your partner in the past year?
- Sometimes husbands use physical force. Is this happening to you?
- Has your partner ever physically threatened to hurt you?
- How do you feel about going home today?
- Have you ever been threatened with a weapon?
- Has the violence been escalating?
- Have your children been afraid of your partner in the past year?

Case study: Assessing Danger

1. Read the case study: Natalia and Gerson

Natalia has been married to her husband, Gerson, for one and a half years. For both of them this is their second marriage. They both have children from their previous marriage but only the five year old daughter of Natalia's lives with them. Natalia's other children are grown up and live on their own and Gerson's children live with his ex-wife.

Before they got married, Gerson was charming and polite to his wife. But soon after the wedding he became very controlling and tried to prevent her from visiting her family or going out with friends. He wanted her to account for every minute she is out of the house and if she comes back from work later than usual, he explodes and accuses her of being a bad wife and of sleeping around with her colleagues. Natalia, who is an educated woman and works full-time, does not put up with his behaviour and does not submit to his orders. As his controlling behaviour and possessiveness gets worse, she tells him she wants a divorce.

From that moment on he starts to threaten that he will kill her and threatens that he will kill her children. Despite the threats, Natalia files for a divorce. When he finds out he beats her and threatens to kill her if she does not withdraw the petition for divorce. Natalia reports the physical violence and threats to the police. The police become involved and remove Gerson from the house so they can talk to him. However Natalia decides to move out of the family home with her daughter as by now she is very afraid of her husband. Gerson continues to be violent. He follows her to her work place and threatens her there as well. He says he will kill her and then he will flee out of the country and that her case will be in the newspaper. Natalia reports the threats to the police again who consult with prosecution office and decide not to arrest Gerson.

2. Discuss the following questions

- a. Do you think Natalia's life is in danger?
- b. What criteria did you use to decide whether her life is in danger or not?
- c. What risk factors can you identify in the case study?

Role play safety planning

Instructions:

1. Break into groups of two, one will be the patient, Merita, and one will be the health provider
2. Read the case study and take turns being Merita and the health provider
3. As the health provider, use the handout on 'danger assessment and safety planning' to identify with Merita the level of danger she is in and assist her in developing a safety plan















Case study:

Merita has arrived at the health centre with her two young children. She has soft tissue injuries to her upper arms where she has been held down by her husband and she also has abrasions around her neck where he has tried to strangle her with the handles of her basket. She tells the health provider that she has been beaten by her husband.

Module 10 – Documenting domestic violence, sexual assault and child abuse

Learning Objectives	Relevant Competency
10.1 How to carefully and confidentially document information about domestic violence, sexual assault and child abuse	D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
10.2 When and how to refer for a medical forensic examination	D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support E. Practise self-care and collaboration with colleagues

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 10 PowerPoint slides
Activities 	 Documenting domestic and sexual violence
Handouts 	 Role play scenario – documenting domestic and sexual violence (provided by lecturer)  Sample history and examination form
Readings 	 Medical forensic protocol  Chapter 8 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> – (Section 8.1-8.2, pg. 165-178)
Videos 	 Video role play (watch scenes 4-6)

Module 10: Learning Objectives

At the end of this session students should be able to demonstrate knowledge of:

- How to carefully and confidentially document information about domestic violence, sexual assault and child abuse
- When and how to refer for a medical forensic examination

Documenting domestic violence, sexual assault and child abuse

- Part of a health provider's role
- Always document basic information
 - history
 - health problems and injuries
 - safety assessment
 - follow-up plans

Why is documentation important?

- Reminder to reassess for violence or trauma
- Evidence for the prosecution of crimes
- Evidence of repeated abuse means harsher penalties
- Not documenting properly can jeopardise the woman's safety, health and justice
- Helps in monitoring programs and improving service delivery

Before you document

- Ensure safety, privacy and confidentiality
- Tell her what you would like to write down and why
- Ask for consent
- Do not write things she doesn't want documented

What to document

- Details of the assault, using her words
- Health problems and injuries
- Physical examination and emotional condition
- Safety assessment
- Follow-up plans

Injury documentation

- Type of injury
- Description
- Location on body
- Cause
- Consequences
- Treatment provided

Preserving confidentiality

- Do not write anything where it can be seen by others
- Be cautious about what you write and where
- Keep a copy of her documentation safe

Medical Forensic Protocol

- Recent assault should be documented by a medical forensic examiner
- Medical Forensic Protocol
 - Records information about the assault + physical examination
 - Used for domestic violence and sexual assault
 - For men, women, boys, girls

Watch video role play

Watch the video and think about the questions:

- a. What information about Maria did the nurse document?*
- b. Why did the nurse refer Maria to a medical forensic examiner?*
- c. How did the nurse deal with confidentiality of the written records?*



Activity: Video role play

Discussion questions:

- a. What information about Maria did the nurse document?*
- b. Why did the nurse refer Maria to a medical forensic examiner?*
- c. How did the nurse deal with confidentiality of the written records?*

Activity: Documenting domestic and sexual violence

1. Break into groups of 2, one is the health provider and one is the patient
2. Patient reads the scenario and explains symptoms to health provider
3. Health provider asks questions and documents their story and injuries in the relevant spaces
4. Swap roles and give each other feedback




Important messages

- Taking a history is important for treatment and care
- Need her consent before examination or taking a history
- Explain what will happen and answer questions
- All documentation must be kept private
- Good documentation is important for evidence
- Consult with colleagues if you are unsure or feeling overwhelmed
- Read MSS referral guidelines for next module – pg.17-19

Complete the reading in preparation for next module

- Chapter 8 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 8.1-8.2, pg. 165-178)
- MSS Standard operating procedures for case management and coordination to assist victims of domestic violence, sexual violence and other forms of violence against women and children (pg. 17-19, found in the list of readings)

Module 10 Handouts

Handouts 	 Role play scenarios – documenting domestic and sexual violence (provided by lecturer)  Sample history and examination form
--	--



Medical History and Examination Form for Domestic Violence, Sexual Assault and Child Abuse

Consent form

Read this entire section to the client:

- Recording your history and doing an examination is important to determine what medical care is needed, and can be used when completing any legal documentation.
- This form will be kept in a secure place at the health centre. The information is confidential, but it might be shared with other health staff and other services involved in providing your care.
- Health professionals have a legal obligation to provide this form to the police, or if requested by the court.
- You can be examined and treated only if you want. You can refuse any aspects of the examination.
- Please indicate which examinations you consent to and provide your signature (or thumb print) below.

I, _____ (print name of client) authorise this health facility to perform the following (tick the appropriate boxes):

Conduct a physical examination ☐ Yes ☐ No

Conduct a pelvic examination ☐ Yes ☐ No

Collect evidence (such as body fluid, clothing, hair, blood sample, photographs) ☐ Yes ☐ No

I understand that I can refuse any aspect of the examination that I do not want to undergo.

Signature: _____ Date: _____

Witness/Guardian: _____ Date: _____
(if required)

Tips for talking with clients

- Ask the client if they have any question and answer them fully.
- Show you are listening and that you care: Make eye contact, acknowledge her feelings (for example, you can nod, and you can say "I understand" or "I see how you feel").
- Sit at the same level as the client.
- Respect their dignity. Do not express negative judgements about them or others.
- Be gentle. Encourage them to answer but do not insist.
- Ask one question at a time. Speak simply and clearly. Ask for clarification or detail if needed.
- Give them time to answer and allow silences. Do not rush.
- Let them know they can stop the exam at any time and can refuse any part of the exam.
- At each part of the exam, tell them what you are going to do and ask their permission first.

May I ask you some questions so that we can decide how to help you? I know that some things may be difficult to talk about. Please try to answer. But you do not have to answer if its is too difficult.

1. GENERAL INFORMATION

Family name		Given name	
Address			
Sex	Date of birth	DD	MM YY
			Age
Date and time of examination		In the presence of	
DD	MM	YY	Time
Referred from where? <input type="checkbox"/> Not referred <input type="checkbox"/> VPU/Police <input type="checkbox"/> MSSJ <input type="checkbox"/> PRADET <input type="checkbox"/> FOKUPERS <input type="checkbox"/> Uma Paz <input type="checkbox"/> Casa Vida <input type="checkbox"/> Uma Mahon: <input type="checkbox"/> ALFeLa <input type="checkbox"/> JSMP <input type="checkbox"/> Other:			



2. GENERAL MEDICAL INFORMATION

Existing health problems	
Do you have any ongoing health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", what health problems?	
Do you have any allergies? If so, to what?	
Are you taking any medicines, herbs or potions?	
Vaccine status	
Have you been vaccinated for...	
...tetanus?	<input type="checkbox"/> Yes When? DD MM YY <input type="checkbox"/> No <input type="checkbox"/> Does not know
...hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not know
HIV/AIDS status	
Have you had an HIV test?	<input type="checkbox"/> Yes When? DD MM YY <input type="checkbox"/> No <input type="checkbox"/> Does not know
If "yes", may I ask the result?	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not disclosed

3. DESCRIPTION OF INCIDENT

Date of incident: DD MM YY	Time of incident:
----------------------------	-------------------

Could you tell me what happened please?	
Name of the person who did this?	
Relationship to client?	
Has something like this happened before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes", when was that? DD MM YY	
Was the same person responsible this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical violence	Describe type and location on body
Type (beating, biting, pulling hair, strangling, etc.)	
Use of restraints	
Use of weapon(s)	
Drugs/alcohol involved	
Other	



4. HEAD-TO-TOE PHYSICAL EXAMINATION

Weight _____ kg	Height _____ m	Pubertal stage (pre-pubertal, pubertal, mature)	
Pulse rate _____ bpm	Blood pressure _____ mmHg	Respiratory rate _____ BPM	Temperature _____ °C
Physical examination Describe systematically, and draw on the attached body pictograms, the exact location of all wounds, bruises, petechiae (signs of bleeding under the skin), marks, etc. Document type, size, colour, form and other particulars. Describe as completely and accurately as possible. Do not interpret the findings.			
Head and face	Mouth and nose		
Eyes and ears	Neck		
Chest	Back		
Abdomen	Buttocks		
Arms and hands	Legs and feet		

5. IN CASES OF SEXUAL ASSAULT

Contraception Are you using a contraceptive method? <input type="checkbox"/> IUD <input type="checkbox"/> Sterilization <input type="checkbox"/> Pill <input type="checkbox"/> Injectable <input type="checkbox"/> Condom <input type="checkbox"/> Other _____			
Were you using this method when the incident happened? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Menstruation and pregnancy When did your last menstrual bleeding start? DD / MM / YY <input type="checkbox"/> Does not know			
Were you menstruating at the time of the event? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Do you think you might be pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", number of weeks pregnant: _____ weeks			
Have you ever been pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how many times? _____ times			
History of consenting intercourse (only for samples taken for DNA analysis in assault case)			
When was the last time you had sex willingly? DD / MM / YY			
Who was it? (for example, husband, boyfriend, stranger)			
Details of sexual assault			
Penetration	Yes	No	Not sure
Describe (oral, vaginal, anal)			
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ejaculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Actions after assault After the assault, did you... <i>(only for samples taken for DNA analysis in assault case)</i>			
Vomit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rinse your mouth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Urinate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Change your clothes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defecate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wash or bathe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brush your teeth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use a tampon or pad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pelvic Examination <i>Should only be conducted by a specialist trained in pelvic examination. Describe systematically, and draw on the attached body pictograms, the exact location of all wounds, bruises, petechiae (signs of bleeding under the skin), marks, etc. Document type, size, colour, form and other particulars. Describe as completely and accurately as possible. Do not interpret the findings. Examination of the hymen is to evaluate and treat injuries, NOT to determine penetration or virginity, as appearance of the hymen varies widely and injuries to the hymen often heal rapidly.</i>			
Vulva/scrotum	Introitus and hymen	Anus	
Vagina/penis	Cervix	Bimanual/rectovaginal examination	Evidence of female genital mutilation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position of patient (supine, prone, knee-chest, lateral)			
For genital examination		For anal examination	

6. MENTAL STATE

Appearance (Clothing, hair cared for or in disarray? Distracted or agitated? Restless? Signs of intoxication or misuse of drugs?)
Mood Ask: <i>How have you been feeling?</i> Also observe. For example, is she calm, crying, angry, anxious, very sad, without expression?
Speech (Silent? Speaking clearly or with difficulty? Confused? Talking very fast or very slow?)
Thoughts Ask: <i>Have you had thoughts about hurting yourself?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Are there bad thoughts or memories that keep coming back?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Are you seeing the event over and over in your mind?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Are there any other thoughts you are having? Describe:</i>



7. INVESTIGATIONS DONE

Type and location	Examined /sent to laboratory	Result

8. EVIDENCE TAKEN

Type and location	Sent to / stored	Collected by / date

9. TREATMENTS PRESCRIBED

Treatment	Yes	No	Type and comments
STI prevention/treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency contraception	<input type="checkbox"/>	<input type="checkbox"/>	
Wound treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B vaccination	<input type="checkbox"/>	<input type="checkbox"/>	
HIV Prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

10. SAFETY ASSESSMENT

Q. Does the client know the perpetrator?

- Yes → do danger assessment and safety plan below
- No → continue to section 11

10.1 Danger Assessment		Yes	No
Has the physical violence happened more often or gotten worse over the past 6 months?		<input type="checkbox"/>	<input type="checkbox"/>
Has he ever used a weapon or threatened you with a weapon?		<input type="checkbox"/>	<input type="checkbox"/>
Has he ever tried to strangle you?		<input type="checkbox"/>	<input type="checkbox"/>
Do you believe he could kill you?		<input type="checkbox"/>	<input type="checkbox"/>
Has he ever beaten you when you were pregnant?		<input type="checkbox"/>	<input type="checkbox"/>
Is he violently and constantly jealous of you?		<input type="checkbox"/>	<input type="checkbox"/>
Is he violent toward your children?		<input type="checkbox"/>	<input type="checkbox"/>
Are the children present when he is violent toward you?		<input type="checkbox"/>	<input type="checkbox"/>
<i>If she answers 'yes' to 3 or more of the questions, her life may be in immediate danger, plan for safe shelter</i>			
10.2 Safety Plan (for all women who know the perpetrator, ask these questions and help her make a plan to keep safe in case of future violence)		Plan in place?	
		Yes	No
Safe place to go	- If you need to leave your home in a hurry, where could you go?	<input type="checkbox"/>	<input type="checkbox"/>
	- Would you take the children with you?	<input type="checkbox"/>	<input type="checkbox"/>
Plan for the children	- If not, how would they stay safe?	<input type="checkbox"/>	<input type="checkbox"/>
	- How will you get there?	<input type="checkbox"/>	<input type="checkbox"/>
Transport Things you will take	- What essential things would you need if you left? (for example, documents, keys, money, phone, credit, clothes, medicines)	<input type="checkbox"/>	<input type="checkbox"/>
	- Do you have a safe place you can keep those items?	<input type="checkbox"/>	<input type="checkbox"/>
Money	- Do you have access to money if you need to leave?	<input type="checkbox"/>	<input type="checkbox"/>
	- Can you get it in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
Support of someone close by	- Is there anyone nearby you feel could be helpful?	<input type="checkbox"/>	<input type="checkbox"/>
	- Can they come with assistance/call police if they hear sounds of violence?	<input type="checkbox"/>	<input type="checkbox"/>
	- Can you leave important items with them?	<input type="checkbox"/>	<input type="checkbox"/>



11. COUNSELLING, REFERRAL AND FOLLOW-UP

Reporting plan	
Client has reported to police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client plans to report to police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of plan:	
Referral information (discuss her needs and give information about all services available)	
Explained services available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided brochures/telephone numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phoned the service with her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brought her to the service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client has a safe place to go now?	Has someone to accompany her?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counselling provided?	
Referrals made (for example, safe house, police, legal aid, etc):	
To:	Purpose:
	Consent to share information?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up agreed with client?	Date of next visit:
<input type="checkbox"/> Yes <input type="checkbox"/> No	DD MM YY

Signed

Name of facility and health-care provider conducting the examination/interview:

Name of facility: _____

Title: _____ Name: _____ Position: _____

Signature: _____ Date: _____ DD MM YY

Name of other provider present/witness:

Title: _____ Name: _____ Position: _____

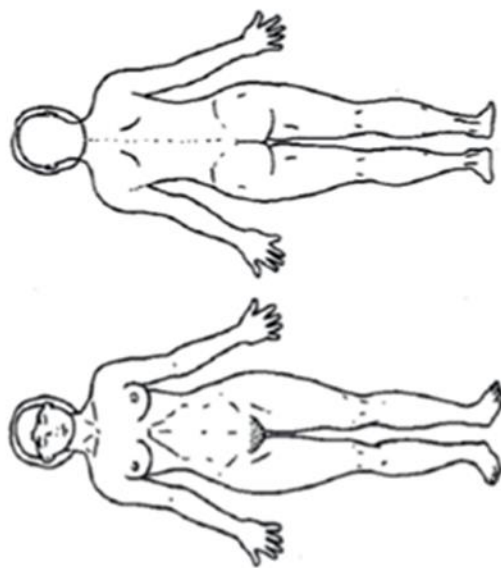
Signature: _____ Date: _____ DD MM YY



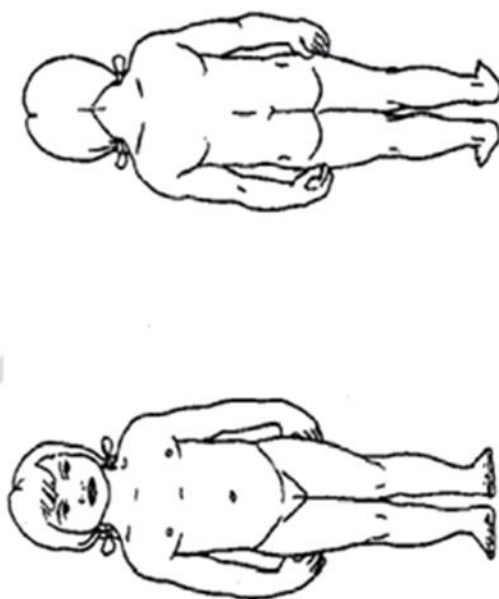
12. PHYSICAL AND PELVIC EXAMINATION

Use the appropriate body pictogram of the woman, girl, man or boy to draw the exact location of all wounds

Female Adult

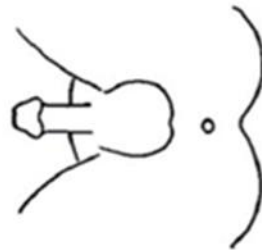
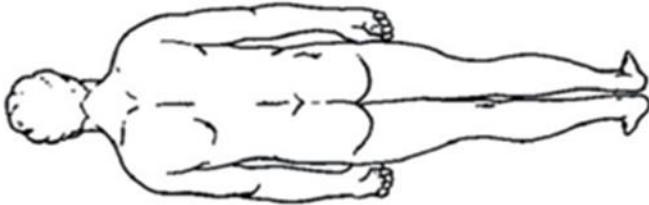
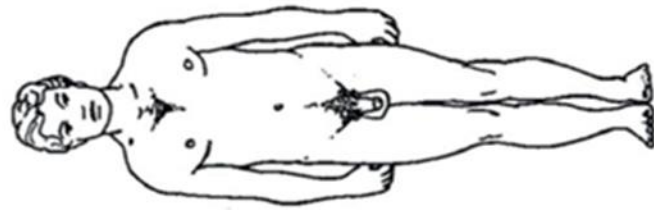


Female Child

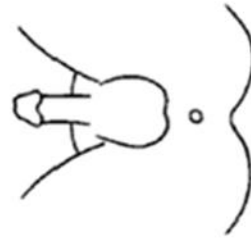
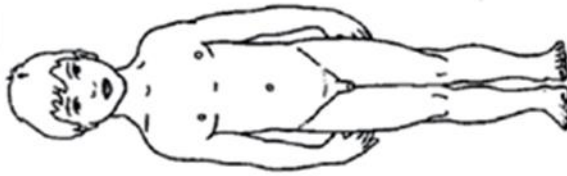




Male Adult















Male Child



Module 11 – Referral services: Formal and informal support for survivors of violence

Learning Objectives	Relevant Competency
11.1 The diverse needs of women and children experiencing violence	C. Practise woman-centred care and be able to communicate with empathy D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
11.2 Social services and other sources of support in the community	D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
11.3 How to build a relationship with referral services and strengthen the referral network	D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 11 PowerPoint slides
Activities 	 Discussion: disability services
Handouts 	 Disability referral poster
Readings 	 MSS Standard Operating Procedures (pg 17-19 in English and pg. 18-20 in Tetum)  Chapter 5 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> – (Section 5.5, pg. 110-114)
Videos 	

Module 11: Learning Objectives

At the end of this session students should be able to demonstrate knowledge of:

- The diverse needs of women and children experiencing violence
- Social services and other sources of help in the community
- How to build a relationship with referral services and strengthen the referral network

Review Hahu Relasaun di'ak

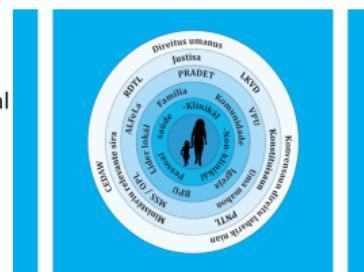


What kind of help might women need?

- Women may have many needs in addition to health care
- Need to know about resources and how to refer
- May be useful for other vulnerable women (disability, abandoned, mental health problems)
- Support services are available to help www.hamahon.tl

National system to help victims of violence

- Government, laws
- Police, justice
- Safe houses, referral services
- Health services, medical forensic
- Community, local leaders, church



Government

- *What is the governments' role in addressing violence against women and children?*
- *What is the role of each department?*
 - MSSI (Ministry of Social Solidarity and Inclusion)
 - MSSI OPL (Child Protection Officers)
 - SEII (Secretary of State for Equality and Inclusion)
 - Ministry of Health
 - Ministry of Justice
 - Ministry of Education

Police

- Must intervene in cases
- Must prepare and submit evidence
- Vulnerable Persons Unit – municipal level
- Community Police – village level

Justice

- ALFeLa
- Public prosecutor
- Public defender
- Tribunal
- JSMP

Fatin Hakmatek

- For victims of domestic violence, sexual assault, child abuse, abandonment and human trafficking
- Provides safety, care and treatment
- Referral network across all districts



Photo: FatinHakmatek.Olii

Refuges (Uma Mahon)

- A secure place for women and children
- Receives referrals
- Provides accommodation and essential items
- Examples of refuges for women and children in Timor-Leste

Disability services

- People with a disability are more at risk of violence
- May need help from other services
- Many organisations are available to support people with different disabilities
- See handout



Activity: Disability services

Group discussion:

1. Do you know anyone with a disability?
2. What challenges do they face in their daily lives?
3. Are they getting assistance from any services?
 - If yes, is the service listed on the handout?
 - If no, what services are on the handout that could help them?

Other Organisations

- PRADET
- Marie Stopes
- Empreza diak
- RHTO
- Alola
- FOKUPERS

Non-formal Groups

- Every place has different resources
- Communities and extended family can help keep people safe
- Additional help from good people:
 - Xefe suco
 - Xefe aldeia
 - Family
 - Lia na'in
 - Church (madre, padre)
- Be aware of gender inequality and justice for victims

What does it mean to “know” a resource?

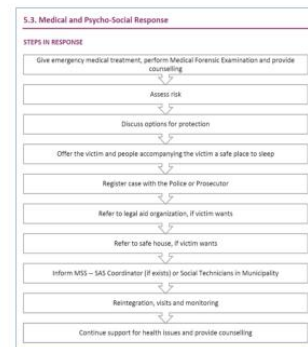
- Know someone at the service
- What services are provided
- Written information to give

Strengthen the network

- Maintain relationships with other services through:
 - Attending events
 - Cross-training together
 - Information-sharing

“One day the police car was out of fuel so we gave them money for fuel. If we have activities we pay attention to their food, so this makes our relationship go well. We feel safe anywhere, if we need them we just contact them and they arrive quickly.” – 23. Domestic Violence Social Worker, Baucau

Steps in a response



Assignment: Referral services

- Visit referral services and develop a presentation
- Form into 3 or 4 groups
- Decide which service you would like to visit
- Arrange a time to visit and ask them questions
- Develop a presentation to delivery in module 13



Important messages

- There are many services available for victims of violence
- You need to know these services
- A strong referral network helps survivors access the care they need
- Next module you will visit some of these services

? Ask your lecturer if you have any questions or concerns.

? Read Chapter 5 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 5.5, pg. 110-114).

Module 11 Handouts

Handouts 	 Disability referral poster
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Organizasaun Ne'ebé Servisu Iha Área Defisiénsia Kria Mundu Ne'ebé Laiha Obstákulu

DIFIENSIÁ FÍSÍKU

Centro Nasionál de Reabilitação (CNR)

Fizioterapeuta, terapeuta okupasionál, terapeuta koalia, tékniku ba ortoprotezia no tékniku/espesialista iha manutensaun kadeira roda ninian.
📍 Becora - Dili
☎ 3310373 | 77131205

Centro Reabilitação Liman Hamutuk

Terápia fíziku, edukasaun, saúde no asisténsia ba ema ho defisiénsia.
📍 Hera - Dili
☎ 77234230 | 77006305 | 77234230

Klibur Domin

Terápia fíziku, saúde TBC, no defisiénsia.
📍 Tibar - Liquiçá & Ermera
☎ 77233488

DIFIENSIÁ PSIKOSOSIÁL

Centro João de Deus

Kounseling, rehabilitasaun ba defisiénsia psikososial.
📍 Laclubar - Manatuto

PRADET

Akompañamentu no kounseling, rehabilitasaun ba defisiénsia psikososial.
📍 Bidau (HNGV) Dili
☎ 77240331 | 78043103 | 3321562

DIFIENSIÁ MATAN

Asosiasaun Halibur Defisiénsia Matan Timor-Leste (AHDMTL)

Edukasaun espesial no promove direitu ba ema ho defisiénsia matan.
📍 Manleu - Dili & Maliana - Bobonaro
☎ 77947869 | 7733817

East Timor Blind Union (ETBU)

Edukasaun espesial ba ema ho defisiénsia matan.
📍 Becora - Dili
☎ 77820909 | 77996950

Fundasaun Fuan Nabilan

Formasaun no edukasaun inkluzivu ba ema ho defisiénsia matan ho tipu oi-oin iha Munisípiu Manufahi.
📍 Manufahi
☎ 77403856 | 77280035

Optical Fo Naroman Timor-Leste

Konsulta Matan gratuita, prepara oklu ho folin baratu, hadia oklu, asesóriu seluk.
📍 Bidau - Dili
☎ 77275177

DIFIENSIÁ TILUN (RONA), INTELEKTUÁL, KOALIA

AGAPE

Eskola espesial ba labarik no foin-sa'e ho defisiénsia tilun ho koalía.
📍 Delta1 - Dili & Liquiça
☎ 77242039

Alma Sisters

Terapia ba labarik ho defisiénsia intelektual no edukasaun.
📍 Bebonuk - Dili
☎ 78000772 | 3313024

Klinika Uma Itan Nian Santu Francisco de Assis

Edukasaun, terapia ba labarik defisiénsia intelektual no saúde.
📍 Aileu
☎ 78369475

Putri Maria dan Yosef (PMY)

Edukasaun no terapia mimiku ba labarik ho defisiénsia tilun.
📍 Baucau
☎ 73336478 | 78240551

ADVOGADO BA EMA HO DIFIENSIÁ

Halibur Difisiénsia Rai-Husar Aileu (HDRHA)

Defende direitu sidadaun feto no labarik.
📍 Aileu
☎ 77122385 | 76693999

MORAS LEPROA

Timor-Leste Leprosy Mission

Edukasaun ba ema ho lepra, no prevensaun lepra, promove oportunidade ekonomia ba ema ho lepra.
📍 Balide - Dili & 13 Munisípiu
☎ 77005358 | 3310456

ADVOKASIA, EDUKASAUN, PROMOVE OPORTUNIDADE EKONOMIA BA EMA HO DIFIENSIÁ

AHISAUN

Edukasaun ho artezenato.
📍 Dili, Metinaro, Ermera & Manufahi
☎ 77427544 | 3310517

Asisténsia Legal ba Feto no Labarik (ALFeLa)

Asisténsia legal, edukasaun no advokasia kona-ba feto no labarik asesu ba sistema justisa.
📍 Vila Verde - Dili
☎ 77348424 | 77391979

Asosiasaun Defisiénsia Timor-Leste (ADTL)

ADTL organizaun salurik ida ba organizaun sira ne'ebé hari'i rasik hosi ema ho defisiénsia ho organizaun naun-lukruativu sira ne'ebé servisu ba ema ho defisiénsia iha Timor-Leste.
📍 Dili
☎ 77392101 | 76628663

KATILOSA

Edukasaun no promove oportunidade ekonomia ba ema ho defisiénsia liu hosi prodúz matéria artezenato ba fa'an.
📍 Baucau

Ra'es Hadomi Timor Oan (RHTO)

Edukasaun, advokasia no promove oportunidade ekonomia ba ema ho defisiénsia no sira nia família.
📍 Dili & 13 Munisípiu
☎ 3310540

Sentru Defisiénsia Enclave Oecusse

Edukasaun, advokasia no promove oportunidade ekonomia.
📍 Oecusse
☎ 77429216 | 76222343

Sentru Deficiente Uatucarbau (SEDU)



Sentru informasaun no sentru asisténsia sosial ba ema ho defisiénsia.
📍 Uatucarbau - Viqueque
☎ 77897908 | 75425796



Module 12 – Study tour: Visit to referral services

📌 Assignment: Students visit referral services (see handout for instructions)

Module 12 Handouts

Handouts 	 Assignment on referral services
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Study tour: Visit to referral services

Objective:

It is important to know what services are available, to see them first-hand, and get to know the staff and procedures for referral. For this activity you will visit a referral service for women and children subjected to violence, ask them some questions and develop a presentation to share with the larger group


















Instructions:

1. Form into 3 or 4 groups (groups will have 2-7 students depending on numbers in the class)
2. Decide which service each group will visit so there is no double-up (i.e. ALFeLa, Policia VPU, PRADET, Fatin Hakmatek, Fokupers, Casa Vida, MSSl, Child protection, Alola Foundation, disability organisations and others)
3. The group should arrange a time to visit the organisation and find out information about:
 - a) The services they provide to women and children who have been subjected to violence, or other vulnerable people
 - b) Districts in which they work
 - c) Contact details and written information (i.e. a brochure) to share with the class
 - d) How a health provider makes a referral to the service (do they phone, or do they have to write a referral letter, what transport is available?)
 - e) Biggest challenges in their work
 - f) Opportunities for working together with health and other services to help victims in the future
4. Develop a 5 minute presentation about this service (brochure, poster, PowerPoint, video) and present back to the larger group in the next module

Module 13 – Ongoing support: Mental health and warm referral

Learning Objectives	Relevant Competency
13.1 How to support mental health and positive coping strategies	C. Practise woman-centred care and be able to communicate with empathy D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
13.2 How to link clients to support and provide a warm referral	D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support E. Practise self-care and collaboration with colleagues

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 13 PowerPoint slides
Activities 	 Student presentations on referral services  Positive coping strategies  Role play warm referral
Handouts 	 Mental health support  Role play scenarios – warm referral (provided by lecturer)  Referral information
Readings 	 Chapter 5 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> – (Section 5.5-5.6, pg. 105-124)  Chapter 6 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> – (Section 6.1-6.3, pg. 125-150)
Videos 	 Video role play (watch scene 4)

Module 13: Learning Objectives

At the end of this session students should be able to demonstrate knowledge of:

- How to support mental health and positive coping strategies
- How to link clients to support and provide a warm referral

Review Hahu Relasaun di'ak



Activity: Presentations

- Student presentations or guest speaker

Psychological first aid

- Victims need emotional support
- There are many negative reactions
- Do not blame her
- Help her identify her support networks
- Give her information on how to cope with stress

Social support

- Support from friends and family is very important
- Ask her:
 - “When you are not feeling well, who do you like to be with?”
 - “Who do you turn to for advice?”
 - “Who do you feel most comfortable sharing your problems with?”

Coping Strategies

- Build on her strengths and abilities
- Continue normal activities
- Regular physical activity
- Regular sleep schedule
- Avoid using alcohol or drugs

Assess for self-harm

- Some women may have severe mental health conditions
- These women need special mental health services
- Ask how she is feeling
- Ask whether she has had thoughts of self-harm
- Note if she is agitated, violent, distressed or uncommunicative
- If so, she should not be left alone, refer immediately

Activity: Positive coping strategies

Discussion questions:

1. *What do you do to reduce stress?*
2. *Are these activities available to all women in Timor (i.e. in rural areas, young women and older women, women with children or without, women with a disability)?*
3. *What examples could you suggest to clients?*

Identify her needs and provide information

- Don't give her advice
- Ask what help she needs
- Provide information about services
- Support women to connect with other resources

Connect her with support

- It can be difficult for women to contact services themselves
- Can you tell me why?
- It is best to help her contact the service

Warm Referral

- Actively help a woman access the service
- Explain what the service provides
- Explain what will happen when you call
- Offer to call for/with her

Follow-up

- Make another appointment
- See the same health provider
- If she does not attend the next appointment make confidential enquiries
- Connect with the agency you referred her to
- Good documentation is important

What if she refuses a referral?

- Do not pressure her
- Inform her of her rights and your responsibility
- Do a safety plan
- Tell her about services
- Offer information on the effects of violence
- Make another appointment

Watch video role play

Watch the role play and think about these questions

- a. What types of problem might Maria need help with?*
- b. What organisations does the nurse mention can provide support?*
- c. What does the nurse do when Maria is not ready for a referral?*



Activity: Video role play

- a. What types of problems might Maria need help with?*
- b. What organisations does the nurse mention can provide support?*
- c. What does the nurse do when Maria is not ready for a referral?*

Activity: Warm referral

1. *Break into groups of 3*
2. *Decide who is the patient, health provider and observer*
3. *The patient reads the case study and explains their situation to the health provider*
4. *The health provider listens, offers support, treatment and information about appropriate services*
5. *The health provider should offer to make a warm referral based on what the patient wants to do*
6. *The observer provides feedback based on Hahu Relasaun, and the list of referral services in the handout*





Important messages

- Psychological first aid is very important for mental health
- Help women identify their support network and give information about coping strategies
- Referral starts with identifying a woman's needs and wishes
- Help women contact services they want

📖 **Read remaining part** of Chapter 5 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 5.5-5.6, pg. 105-124)

📖 **Read** Chapter 6 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 6.1-6.3, pg. 125-150)

Module 13 Handouts

Handouts 	 Mental health support  Role play scenarios – warm referral (provided by lecturer)  Referral information
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Mental Health Support and Coping Strategies

There are key protective factors that help people who have experienced violence and trauma. Evidence shows that people generally do better over the long term if they:

1. Feel safe, connected to others, calm and hopeful
2. Have access to social, physical and emotional support
3. Regain a sense of control by being able to help themselves

Additional care for mental health

Many women who are subjected to domestic or sexual violence will have emotional or mental health problems. Once the violent assault or situation passes, these emotional problems will likely get better. Most people recover. There are specific ways you can offer help and techniques you can teach to reduce women's stress and help them heal.

Some women, however, will suffer more severely than others. It is important to be able to recognise these women and to help them obtain care. If such help is not available, there are things that first-line health providers can do to reduce their suffering.

Basic psychosocial support

After a sexual assault basic psychosocial support may be sufficient for the first 1-3 months, at the same time monitoring the woman for more severe mental health needs.

- Offer first-line support at each meeting (ReLaSAuN)
- Never blame her, remind her and others that the assault is not her fault
- Explain that she is likely to feel better with time
- Help strengthen her positive coping methods (see below)
- Explore the availability of social support (see below)
- Teach and demonstrate stress reduction exercises (see handout in module 9 on Relaxation Techniques, these can be copied and given to the woman to take home, if that is safe).
- Make regular follow-up appointments for further support.

Source: 2014 WHO Clinical Handbook

Strengthen her positive coping methods

After a violent event a woman may find it difficult to return to her normal routine. Encourage her to take small and simple steps. Talk to her about her life and activities. Discuss and plan together. Let her know that things will likely get better over time.

Encourage her to:

- Build on her strengths and abilities. Ask what is going well currently and how she has coped with difficult situations in the past.
- Continue normal activities, especially ones that used to be interesting or pleasurable.
- Engage in relaxing activities to reduce anxiety and tension.
- Keep a regular sleep schedule and avoid sleeping too much.
- Engage in regular physical activity.
- Avoid using self-prescribed medications, alcohol or illegal drugs to try to feel better.
- Recognise thoughts of self-harm or suicide and come back as soon as possible for help if they occur.

Encourage her to return if these suggestions are not helping.

Explore the availability of social support

Good social support is one of the most important protections for any woman suffering from stress-related problems. When women experience abuse or violence, they can be wrongly blamed for the abuse and often feel cut off from normal social circles. This may be because they are stigmatised by their family/community or feel ashamed.

You can ask:

- “When you are not feeling well, who do you like to be with?”
- “Who do you turn to for advice?”
- “Who do you feel most comfortable sharing your problems with?”

Note: Explain to the woman that, even if there is no one with whom she wishes to share what has happened to her, she still can connect with family and friends. Spending time with people she enjoys can distract her from her distress.

Help her to identify past social activities or resources that may provide direct or indirect psychosocial support (for example, family gatherings, visits with neighbours, sports, community and religious activities). Encourage her to participate.

Collaborate with other organisations, advocates or other trusted people in the community to connect her with resources for social support such as:

- Community centres
- Self-help and support groups
- Income-generating activities and other vocational activities
- Formal/informal education.



Ministério da Solidariedade Social no Inkluzoan (MSSI)

Hodi hetan ajuda sosial

Nasionál	3310 501 • 3310 2019
CSMM Dili	7727 1715
CSMM Aileu	7867 6494
CSMM Ainaro	7805 9869
Bacau	7732 7456
Bobonaro	7743 1723
Covalima	7726 9604
Ermera	7823 2260
Lautem	7732 6469
Liquica	7818 6632
Manatuto	7731 9125
Manufahi	7761 4542
Oecusse	7732 0593 • 7610 9934
Viqueque	7804 7358



Hamahon

Atu halais assistência ba vítima feto no labarik. Vizita
www.hamahon.tl ba #organizasaun rede referál sira.



PRADET Fatin Hakmatek

Hodi hetan tratamentu médiku, akonsellamentu, fatin seguru temporáriu (loron 3)

Dili	7725 4505 • 7804 1671
Baucau	7735 7099 • 7736 4809
Suai	7800 0907
Maliana	7808 8591
Oecusse	7696 5105 • 7800 9861

Médiku



Asisténsia Legál ba Feto no Labarik ALFeLa

Hodi hetan asisténsia legál

Dili	3310 282 • 7743 2117 7743 2103 • 7743 2140
Baucau	7743 2132 • 7743 2134
Suai	7743 2154 • 7743 2156
Oecusse	7743 2128

Legál



Uma Mahon

Hodi hetan akonsellamentu, fatin seguru

FOKUPERS Dili	332 1534 • 7847 2598
FFCJ Dili	7796 9826
Casa Vida	7735 2345
FOKUPERS Suai	7803 6085
FOKUPERS Maliana	7746 3907
Uma Mahon Salele	7798 1391 • 75372549
Uma Mahon Lospalos	7747 4055
Uma Pas Viqueque	7735 2424
Uma Pas Manufahi	77058045 • 77948711
Forum Peduli Wanita Oecusse	7600 7693

Uma Mahon



Polísia Nasionál Unidade VPU

Hodi hetan protesaun no hato'o keixa















Nasionál	7749 0497
Dili	7734 1607
Aileu	7595 2885
Ainaro	7595 3420
Bacau	7712 7186
Bobonaro	7749 0507
Covalima	7595 5663
Ermera	7669 9276
Lautem	7726 1849
Liquica	7595 9357
Manatuto	7749 0516
Manufahi	7566 7893
Oecusse	7596 0966
Viqueque	7736 7056

Polísia

Module 14 – Clinical care for sexual assault: Preventing STIs, HIV and unwanted pregnancy

Learning Objectives	Relevant Competency
14.1 How to prevent HIV through post-exposure prophylaxis	C. Practise women-centered care and be able to communicate with empathy D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
14.2 When and how to provide emergency contraception	C. Practise women-centered care and be able to communicate with empathy D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
14.3 Prevention and treatment for sexually transmitted infections (STI)	C. Practise women-centered care and be able to communicate with empathy D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 14 PowerPoint slides
Activities 	 Treatment for sexual assault  Support for children
Handouts 	 Clinical care for sexual assault  Case study treatment for sexual assault  Case study support for children
Readings 	 Chapter 7 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> – (Section 7.1-7.4, pg. 151-164)
Videos 	

Module 14: Learning Objectives

- How to prevent HIV through post-exposure prophylaxis
- When and how to provide emergency contraception
- Prevention and treatment for sexually transmitted infections (STIs)

Recommended Clinical Care for Survivors of Sexual Assault

- Supportive response (ReLaSAuN)
- Treat injuries or refer
- Assess HIV PEP needs
- Assess emergency contraceptive needs
- STI prophylaxis/treatment
- Mental health support; assess for self-harm
- Written information on coping strategies
- Referrals to services
- Appointment for ongoing care

Treat physical injuries or refer

- Refer for severe conditions
- Complications requiring urgent hospital care:
 - Extensive injury
 - Cannot speak or walk
 - Trouble breathing
 - Sepsis, swelling joints on one side of the body
- Recent assault should be documented by a medical forensic examiner

Prevent HIV: Post-Exposure Prophylaxis (PEP)

- Increased risk of HIV if:
 - Forced sex in the anus
 - Vaginal or anal trauma
 - Ejaculation inside the body
 - Many perpetrators
 - The perpetrator visits sex workers
 - The perpetrator is from a country with high HIV prevalence
- Prevention medication within 72 hours
- Refer HIV doctor or HIV focal point

Prevent Unwanted Pregnancy: Emergency Contraception

- Prevents pregnancy
- Does not harm an existing pregnancy
- Taken within 5 days
- Assessment should consider:
 - current contraception
 - condom use
 - ejaculation
- Refer to PRADET Fatin Hakmatek or Marie Stopes

Prevention and Treatment of STIs

- Common Sexually Transmitted Infections (STIs) – Chlamydia, Gonorrhea and Trichomoniasis
- Spread by vaginal, anal or oral sex
- Symptoms – discharge, pain urinating, itching, redness, smell
- Usually mild and appear 1-3 weeks after becoming infected
- Antibiotics for prevention and treatment
- Blood test for Hepatitis B, Syphilis and HIV
- Refer to STI nurse

Providing these services is important for women's lives

- HIV, STI, unwanted pregnancy are life-changing for women
- Prevention is very important for women's lives
- Know what medicines are available or where they can be accessed
- Be aware of mental health services and how to refer

Support her mental health and recovery

- Believe her, do not judge her
- Explain it is common to feel strong emotions
- Ask how she is coping
- Ask her to identify people who can support her
- Encourage her to resume normal activities
- Tell her to come back if she is not coping

Safety and referral

- Ask if she feels safe to go home
- Sexual assault is a crime, help report it to police
- Give information about services that can help
- Contact organisations she needs
- Organise a follow-up appointment

Activity: Treatment for sexual assault

1. Read the case study (see handouts)
2. Discuss what treatment should be offered and write down why
3. Feedback one or two responses to the class

Care for children who have been sexually assaulted

- Children face even more barriers to getting help and are often scared
- Build rapport, answer questions, reassure them you are here to help
- Provide age-appropriate information
- Minimise the need to see many different providers, ensure they have a care-giver to go with them
- Child sexual abuse must be reported to the police, explain this carefully and prioritise their safety

Activity: Support for children

- Read the case history of Julia
- Answer the questions as a group:
 - a. Is the health worker right to say a crime of child sexual abuse has been committed?
 - b. What should the health worker do next?
 - c. Should the health worker report the situation to the police if the parents refuse to file charges?
 - d. If Julia had not told the health worker about her uncle, what should the health worker have done?
 - e. How can Julia be supported?
 - f. How can Julia's mother be supported?
 - g. What are the 2 most important messages that you found in this case history?

Important messages





- Victims of sexual assault need immediate care
- You should know how to prevent HIV, STIs and pregnancy
- Link her with people who can provide ongoing emotional support
- Children need extra support
- If a family refuses to report child sexual abuse, contact authorities
- Complete the reading for next week – Executive summary Midwives Against Violence report

? **Ask** your lecturer if you have any questions or concerns.

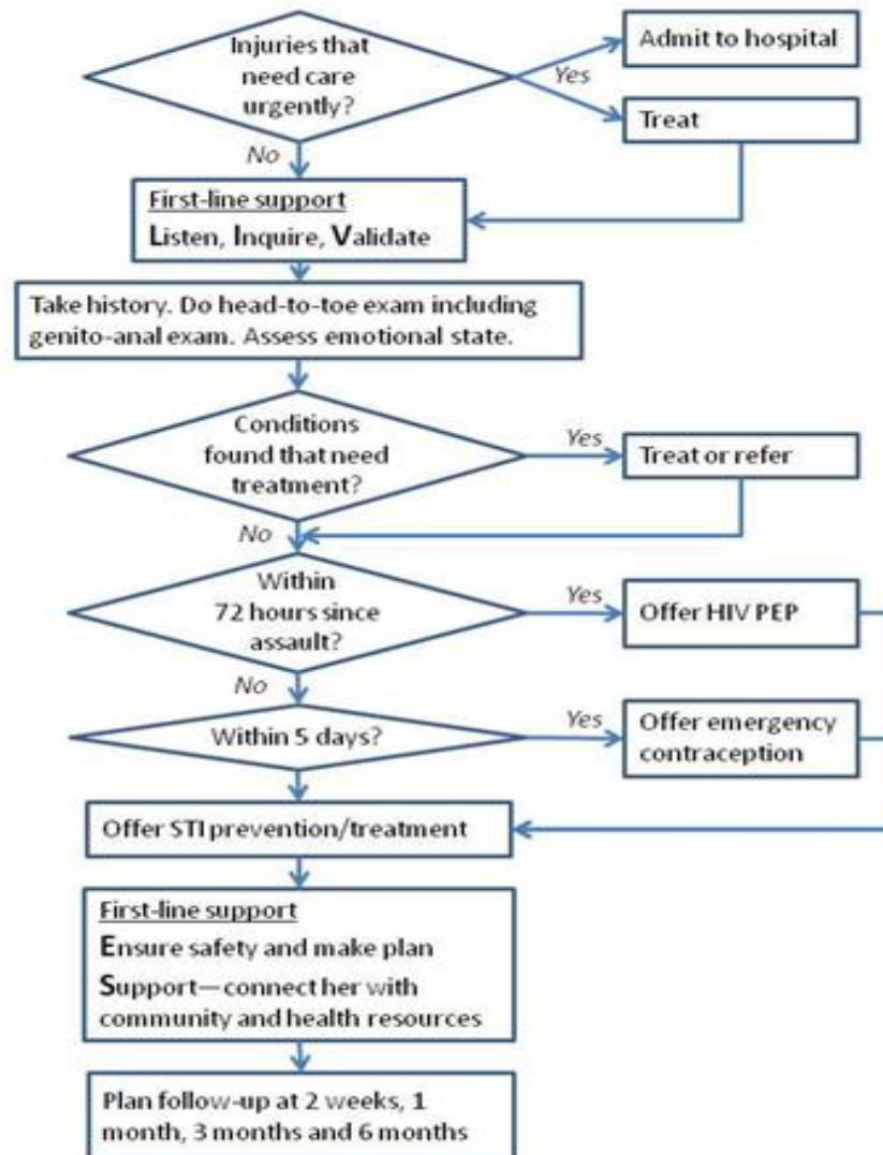
📖 **Complete the reading** in preparation for next module “Executive summary Midwives Against Violence report” (found in the list of readings)

📖 **Read** Chapter 7 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 7.1-7.4, pg. 151-164)

Module 14 Handouts

Handouts 	 Clinical care for sexual assault  Case study treatment for sexual assault  Case study support for children
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Recommended Clinical Care for Survivors of Sexual Assault



Source: WHO Clinical Handbook

Case study

A girl of 18 years was raped by her neighbour four days ago. Her mother has brought her into the municipal health centre and is very worried that the girl will get pregnant. On examination you find multiple bruises on her breasts and healing lacerations around her genitals. She seems very fearful and when she takes off her skirt you see that she has wet herself.

Treatment offered to the girl should include:

Do you provide	Yes	No	Why?
HIV post-exposure prophylaxis (PEP)?			
Emergency contraception?			
STI presumptive treatment?			
Other? Specify			

Which tests are required before you can prescribe the above treatment?	
What other care and treatment would you provide to her?	
What other services would you refer her to?	

Case study: support for children

Case study: Julia

Julia, a nine-year-old girl, was brought to the clinic by her mother because of some genital "sores" noticed by the mother the previous day. No history could be obtained from either the mother or the child on how the "sores" could have come about. There was no history of trauma. A health worker examined Julia. Examination showed Julia to have vulval warty looking lesions highly suggestive of condylomata lata of secondary syphilis. A rapid blood test confirmed syphilis.

A senior health worker asked if she could speak to Julia by herself, without the mother. She took Julia to a quiet place. After about 20 minutes she found out that an uncle (the father's brother) had often looked after Julia when her parents went away. He gave her sweets and sometimes money, played games with her and "teased" Julia by touching her genital area and making her sit on his lap, even when he was naked. He had told her that this was just a "secret game" between him and her and Julia should not tell anyone else.

The mother was informed of this "game" and that a serious crime of sexual abuse had been committed. The mother cried and said she did not believe Julia. Julia was a difficult child, naughty and often told lies. The uncle was a kind man, offering to look after Julia, and even buying her pretty clothes. She said she did not want to contact the police or OPL because the uncle might go to prison. Her husband's family would be very angry with her.

Answer the following questions:

- a. Is the health worker right to say a crime of child sexual abuse has been committed?

Answer: _____

- b. What should the health worker do next? Answer: _____

- c. Should the health worker report the situation to the police if the parents refuse to file charges?

Answer: _____

- d. If Julia had not told the health worker about her uncle, what should the health worker have done?

Answer: _____

- e. How can Julia be supported? Answer: _____

- f. How can Julia's mother be supported? Answer: _____






















- g. What are the 2 most important messages that you found in this case history?

Answer: _____

Module 15 – Self-care and creating a supportive health system

Learning Objectives	Relevant Competency
15.1 How to look after the physical and emotional health, and safety of themselves and colleagues	E. Practise self-care and collaboration with colleagues
15.2 Factors in the health system that contribute to good practice and safety for clients and staff	D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support E. Practise self-care and collaboration with colleagues

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 15 PowerPoint slides
Activities 	 Relaxation techniques  Patient and staff safety  Discussion about personal safety  Looking after colleagues  Review key learning
Handouts 	 Relaxation techniques  Case study – patient and staff safety  Poster – Health providers are here to help  Poster – Hahu Relasaun steps  Case study – looking after colleagues
Readings 	 Executive summary <i>Midwives Against Violence</i> report  Chapter 9 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> – (Section 9.1-9.2, pg. 179-190)
Videos 	 WHO video Violence against women: Strengthening the health system response

Module 15: Learning Objectives

- How to look after their physical and emotional health, and safety of themselves and colleagues
- Factors in the health system that contribute to good practice and safety for clients and staff

Why self-care is important

- Asking leads to more disclosures
- Vicarious trauma
- Negative feelings
- May trigger memories or emotions
- Need to be well to be able to help
- Being a good example

Looking after ourselves

- Work, rest, play balance
- Regular exercise and sleep
- Eat well
- Spend time with friends
- Distraction, escape
- Meditation/relaxation/breathing exercises
- Prayer
- Talk with trusted colleagues and managers

Activity: Relaxation techniques

1. *Slow breathing technique*
2. *Progressive muscle relaxation technique*

Staff safety

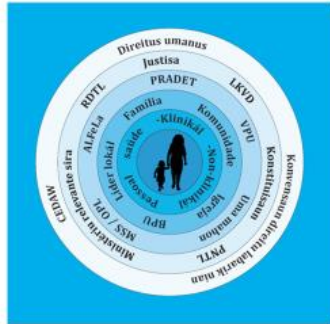
- Your human right not to be assaulted
- Risk management procedures in place
- Have support mechanisms and resources available
- Support colleagues
- Routine debriefing for challenging cases

Activity: Patient and staff safety

Read the case study and discuss the following questions

- a. What steps do you need to take to ensure both the safety of your patient and of you and other staff?*
- b. What tasks need to be done by yourself or the other staff?*
- c. Is there anything you could do differently next time a patient who has suffered injuries from violence presents at your clinic?*
- d. What could be done to support you and the other staff members?*

Who is responsible for your safety?



Discussion: Personal safety

Q. If you are posted in a rural area, or you are working alone, what things can you do to keep yourself safe?

Working together to stop violence against women and children



Lately what's happening around the clinic is I'm volunteering to do this work. I bring in other services and talk about responding to violence. They see other people doing good things and it's changing the social atmosphere in this clinic - 7, Domestic Violence Social Worker, Dili

Source: 2018 Perempuan Kontra Violence report

Resources

- Posters that can be put up in health centres



For toilets or waiting rooms



For consultation rooms

Activity: Looking after colleagues

1. Form pairs
2. Read the case study in the handouts
3. Discuss what Domingas should do
4. Make some notes to feedback to the larger group

Video: Violence against women: Strengthening the health system response



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

Important messages

- This is difficult work, we need to look after ourselves
- Health staff need to look after each other and keep themselves and their clients safe
- Together we can build a strong health system and prevent violence in our communities







Activity: Review key learning

Q. What are the main things you learned throughout this course?

? **Ask** your lecturer if you have any questions or concerns.

📖 **Read** Chapter 9 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 9.1-9.2, pg. 179-190)

Module 15 Handouts

Handouts 	 Relaxation techniques  Case study – patient and staff safety  Poster – health providers are here to help  Poster – Hahu Relasaun steps  Case study – looking after colleagues
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Relaxation Techniques

Slow breathing technique

1. Sit with your feet flat on the floor. Put your hands in your lap. After you learn how to do the exercises, do them with your eyes closed. These exercises will help you to feel calm and relaxed. You can do them whenever you are stressed or anxious or cannot sleep.
2. First, relax your body. Shake your arms and legs and let them go loose. Roll your shoulders back and move your head from side to side.
3. Put your hands on your belly. Think about your breath.
4. Slowly breathe out all the air through your mouth, and feel your belly flatten. Now breathe in slowly and deeply through your nose, and feel your belly fill up like a balloon.
5. Breathe deeply and slowly. You can count 1-2-3 on each breathe in and 1-2-3 on each breath out.
6. Keep breathing like this for about two minutes. As you breathe, feel the tension leave your body.

Progressive muscle relaxation

1. In this exercise you tighten and then relax your body. Begin with your toes.
2. Curl your toes and hold the muscles tightly. This may hurt a little. Breathe deeply and count to 3 while holding your toe muscles tight. Then, relax your toes and let out your breath. Breathe normally and feel the relaxation in your toes.
3. Do the same for each of these parts of your body in turn. Each time, breathe deeply in as you tighten the muscles, count to 3, and then relax and breathe out slowly.
 - Hold your leg and thigh muscles tight...
 - Hold your belly tight...
 - Make fists with your hands...
 - Bend your arms at the elbows and hold your arms tight...
 - Squeeze your shoulder blades together...
 - Shrug your shoulders as high as you can...
 - Tighten all the muscles in your face...
4. Now, drop your chin slowly toward your chest. As you breathe in, slowly and carefully move your head in a circle to the right, and then breathe out as you bring your head around to the left and back toward your chest. Do this 3 times. Now, go the other way...inhale to the left and back, exhale to the right and down. Do this 3 times.
5. Now bring your head up to the centre. Notice how calm you feel.

Case study: Patient and staff safety

Case study:

You are working in a community health centre and a woman is brought in by the police for examination and treatment. The police were unable to take her directly to the hospital as they did not have enough fuel in their truck. The patient is 26 years old and has been sexually and physically assaulted and she is semi-conscious. You quickly assess that she needs to be triaged and transferred to the local hospital to best manage her head injury. You do what you need to do to stabilise her, document carefully and make arrangements for the transfer (by ambulance, taxi or truck depending on what is available). Once this arrangement has been confirmed the police leave and you stay with your patient to continue to monitor her and reassure her as she drifts in and out of consciousness, as you wait for transport. All of a sudden a man enters the clinic, he is drunk and angry and is the husband of your patient. He demands that his wife must leave with him now. There are two other female staff present and you have noted that the man has a knife. Your immediate thoughts are for the safety of your patient and staff.

Discuss the following questions amongst the group:

1. What steps do you need to take to ensure both the safety of your patient and of you and other staff?

Answer: _____

2. What tasks need to be done by yourself or the other staff?

Answer: _____

3. Is there anything you could do differently next time a patient who has suffered injuries from violence presents at your clinic?

Answer: _____

4. What could be done to support you and the other staff members?

Answer: _____

5. What resources should there be for staff to get that support?

Answer: _____

Everyone deserves to be safe

Ema hotu-hotu merese atu hetan seguru

Health providers are here to help - Fornesedór saúde sira iha ne'e atu ajuda

Domestic violence is a crime in Timor-Leste

People who commit physical, sexual, economic or psychological violence toward their family members can be prosecuted under the law. **VIOLENCE HARMS YOUR HEALTH AND YOUR CHILDREN'S DEVELOPMENT** - it causes stress, depression, injury, miscarriage, premature birth and many other long-term health problems.

Violência doméstica nu'udar krime ida iha Timor-Leste

Ema sira ne'ebé mak halo violência fíziku, seksuál, ekonómika ka psikolójiku hasoru sira nia família bele hetan julgamentu tuir lei ne'ebe iha. **VIOLÊNCIA ESTRAGA ITA-NIA SAÚDE NO ITA NIA OAN SIRA NIA DEZENVOLVIMENTU** - Violência halo ita hetan presaun, depresaun, kanek, abortus, bebe moris ho prematur no problema saúde seluk ne'ebe sei mosu iha longu prazu.



We provide treatment and support for victims

Ami fornese tratamentu no apoiu ba vítima sira



We will keep your information confidential

Ami sei rai didiak ita boot sira nia informasaun ho konfidensiál



We can help to increase safety

Ami bele tulun atu aumenta ita boot sira nia seguransa



If you like, we can assist in contacting other services you need

Se ita boot sira hakarak, ami bele ajuda atu kontaktu ba assistensia servisu seluk ne'ebé ita presiza

We can help people who
are at risk of violence
by following these steps:

Hahu Relasaun diak

Ha Know the signs of violence
"you look sad"

Hu Ask about problems
"how are things at home?"

Re Respond with empathy
"that sounds very frightening"

La Don't blame the victim
"it's not your fault"

S Confidentiality
*"If you don't want me to tell
certain people, I won't"*

Au Enhance safety
*"if you need to leave quickly
where would you go?"*

N Continue support
*"what would be the most help
to you right now?"*

APOIU SOSIÁL

Familia, kolega,
viziñu no lider
komunitariu ne'ebe
mak fó apoiu

Tlp:

POLÍSIA

Fo protesaun ba
vitima sira no
prosesamentu
kazu

Tlp:

MSSI

Asistensia sosial ba
vitima sira husi
violénsia doméstika
no seksual

Tlp:

UMA MAHON
Akonsellamentuno
no fatin seguru
atu hela

Tlp:

PRADET FATIN HAKMATEK

Examinaun médiiku
forensik, akonsellamentu
no akomodasaun
temporáriu

Tlp:

ALFELA

Asisténsia legál
ba feto no labarik

Tlp:



For updated phone numbers see www.hamahon.tl

Case study: Looking after colleagues

Instructions:

1. Form pairs
2. Read the case study and discuss what Domingas should do
3. Make some notes to feedback to the larger group

Case study:

- Domingas is a nurse who works in Outpatients at the National Hospital. She has become increasingly concerned about one of her colleagues, Dra. Ana, who she suspects is being beaten by her husband. The reasons for her concern is that Dra. Ana is often away on 'sick leave' from work without any clear explanation and she has noticed bruising on her upper arm when her uniform sleeve has not quite covered it. Domingas has also noticed Dra. Ana wincing at times when she goes to get up from a chair when she is not aware that anyone is watching her.

Discussion question

- What should Domingas do?

Module 16 – Final assessment

- Assessment should be developed by the lecturer, based on the course content.

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