

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

16 module version

Facilitator'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 vitima
- S** → Segredu Profisionál
- Au** → Aumenta seguru
- N** → Nafatin tau matan

Ferik no nia oan dezeti husi - Jacinto Batista



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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 the 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 training 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 that 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), Institutu 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).

This training is designed specifically for nursing, midwifery and medical students, as well as public health and allied health workers. The content is suited to all health professions and can be adapted to different groups by changing the types of health providers in the role plays and activities. This course is intended to be delivered as a whole or partial subject over a Semester of university teaching, with a 9 module version (18 hours) or a 16 module version (32 hours including assessment). The content is same in the 9 and 16 module versions, but in the longer version more time has been given to guest speakers, visiting referral services, practising essential skills and doing assessments. If you have less

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), 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

than 18 hours, some discussion activities could be omitted, but try to keep as many practice-based activities as possible to reinforce students' new knowledge and skills. The training could also be condensed and delivered intensively over 3-5 days (for example, for in-service training, as the content was adapted mostly from the WHO in-service curriculum). Or it could be administered as a low-dose, high-frequency in-service training by scheduling sessions at regular intervals over 6 months or a year.

The training is designed to be implemented within a group setting to harness the group experience for critical reflection and encourage discussion of learning content in relation to local realities and health system context in Timor-Leste. Throughout the course students 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 training course uses an active learning approach detailed in this Facilitator's guide, where students will gain practical knowledge and skills through participating in discussion, role-play activities, case studies, videos, and readings.

The course material consists of a set of PowerPoint teaching slides with notes, this Facilitator's guide, a Student learning guide (with handouts), five videos (in English and Tetum) and suggested readings. 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 students and facilitators 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. Health services managers who have responsibility for facility-level planning, coordination and management of care, and policy-makers who have responsibility for setting policies, protocols, and designing and monitoring services are recommended to consult the WHO (2017) Manual for Health Managers, which provides comprehensive guidance on systems readiness.

Student-centered and competency-based learning

Student-centered learning, also known as learner-centered education, places the focus on the learner as an active participant in the training process. Rather than giving facilitators/trainers the most active role in the transmission of information, student-centered learning actively engages the trainee in the learning process. This process maximizes critical reflection, skill development, and the translation of knowledge into practice. In addition to didactic methods, this training emphasizes student-centered approaches including guided discussion, participatory reflection, and women's anecdotes to emotionally engage learners.

This competency-based course provides learners with the opportunity to gain knowledge and skills to be able to provide care to people subjected to domestic violence, sexual assault and child abuse. Training sessions intentionally build on and refer to one another. The course emphasizes compassionate, empathic, woman-centred communication and care.

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).

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

Module #	Learning Objective	Related competency				
		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					

Facilitator's Guide: Getting started

Who should facilitate?

The best individuals to facilitate this training will have a combination of the following:

- Experience in training or lecturing using adult learning principles, including leading interactive discussions.
- Experience and/or training on the provision of health care to gender-based violence survivors.
- Gender-sensitivity and personal values that align with the principles of human rights and gender equality.
- Familiarity with local laws and policies that govern the health system response to violence.

A lead and support facilitator are recommended.

- The lead facilitator guides the teaching content and discussion and circulates through the room during group work to monitor and provide feedback.
- The support facilitator monitors time, distributes case studies or written materials, identifies questions in the group, circulates the microphone (if used), provides additional perspective on questions raised by the group, and circulates through the room during group work to monitor and provide feedback.
- If the course is delivered intensively over 3-5 days, two facilitators are recommended. They should alternate the lead and support roles to minimize fatigue and provide students with variety in presentation styles.

Essential reminders for training on the topic of violence against women and children

Prepare for disclosures

- Survivors of domestic violence, sexual assault and child abuse are all around us.
- In the orientation section, facilitators are directed to acknowledge the presence of survivors, and prominently display information about resources for support.
- **Given the nature of the training, facilitators are likely to receive disclosures.**
- Use the same active listening, support and referral processes that you are training on (Hahu Relasaun)

Look after yourself

- Teaching about violence can be very draining both emotionally and physically for facilitators.
- Make sure to recognise this and do something nice for yourself – this may be exercise, a relaxing activity, a talk with a close friend or practicing one of the relaxation techniques from the module on self-care.
- Get in contact with local domestic violence advocates and others who do training on violence against women. They will be helpful with the course and also moral support.
- Encourage students to do the same.

What about men?

- The issue of violence against men often comes up in discussion.
- Clarify that the training is specific to women and children given the prevalence and severity of violence against them, and its roots in gender-based power imbalances.
- The skills learned may be valuable in responding to violence against men as well.

Invited guests

This training can be enhanced with the inclusion of additional invited guests, as presenters, as support facilitators or even as additional audience members. This section outlines considerations for each role.

Invited guest presenters and co-facilitators

- Invited guests can enhance clarity on areas that may be beyond the expertise of the lead facilitator. They can also provide variety in teaching for the students. Time has been allocated in Module 3 for a guest presenter to talk about Laws and Policies for responding to domestic and sexual violence in Timor-Leste. You will need to identify and invite a suitable guest presenter before the training commences. We have included an example letter at the end of this manual, which you could send to relevant organisations. When a guest is invited, be sure to review with them the goals and learning objectives for the module they will contribute to. Before the guest arrives, tell the students about the visit and have them prepare a set of questions to ask.
- Module 3: Policy and context
 - Invite a Ministry official (i.e. SEII, MSSII, Ministry of Health, Ministry of Justice) or other individuals knowledgeable about national laws and policies (i.e. ALFeLa, JSMP, PRADET, TAF's Nabilan Program)). They could present on the current laws and guidelines for responding to domestic violence, sexual assault and child abuse, including any challenging areas or areas of conflicting policy.
 - Ensure the focus remains on health care and what the policy environment means for health care providers.
 - They could address topics such as:
 - Under what circumstances is reporting mandatory under the law? How can they ensure the safety of women and children through the process?
 - The legal age of marriage and consent, and the obligation of health providers to help child victims.

Student visit to referral services

- In Module 12 students will be asked to visit a referral service and gather information to present back to the group in module 13 (this can also be part of the student assessment).
- Make sure you contact possible services the students could visit ahead of time and ask whether it is possible and what arrangements need to be in place. We have included an example letter at the end of this manual, which you could send to relevant organisations in advance.
- If it is not possible for students to visit any services you should arrange for guest speakers to fill the time allocated to Module 12. Topics to present on include:

1. Referral pathways

- Invite a domestic violence service provider or advocate to discuss the services available for survivors of domestic and sexual violence (i.e. FOKUPERS, PRADET, Police Vulnerable Person's Unit, a Safe House in your area). They should discuss local referral pathways and ways to strengthen the referral network.
- Ensure the focus remains on health care and what the service environment means for health care providers, including referral processes.
- They could address topics such as:
 - Confidentiality in accessing services and sharing information
 - The nature of services provided, for example, economic support, housing, legal advocacy, safety.

- What referral network is in place, are there regular meetings, how can the health system be involved?
- What is a medical forensic examination, how is it documented, why is it important (what is the information used for)?

2. Risks of violence for vulnerable groups

- Invite a guest speaker from an advocacy service that represents groups who are especially vulnerable to violence and abuse, such as CODIVA Foundation who advocate for the rights of LGBTI people (lesbian, gay bisexual, transgender, intersex), RHTO and ADTL who advocate for the rights of people with disabilities, or UNICEF who have a particular focus on children.
- Be sure to ask your guest speaker about any special requirements they may have in accessing the building (for example, if they are in a wheelchair), or presenting to students and make arrangements to accommodate them as required.
- They could address topics such as:
 - What are some of the experiences of violence your clients have had (being careful to keep them anonymous)?
 - Why are people with a disability/LGBTI/children more vulnerable to being abused and what can we do to help prevent it?
 - How can health providers work together with your organisation to help your clients?

Additional audience members

If running the course as a shared subject across disciplines, or as in-service training, cross-training with people from violence-related sectors such as health managers, police or support services can strengthen linkages across sectors, and provide an opportunity for networking and collaboration to strengthen the response to violence against women and children within communities.

If additional sectors are included in the training, it is important that the training remain focused on the health response to violence. Facilitators are encouraged to consider space and time availability carefully when planning for audience members beyond the health sector. Courses should have around 20 people, and no more than 30.

Options:

- include a cross-sector day or half-day before or after this training to enhance linkages
- invite additional audience members for a specific set of sessions that focus on general knowledge and understanding the context of violence against women and children. For example:
 - Module 1 – Introduction: Violence against women and children as a public health issue
 - Module 2 – Violence and society: Beliefs, attitudes and barriers to getting help
 - Module 3 – The role of health providers: Laws and policies for responding to domestic and sexual violence in Timor-Leste
 - Modules 11-13 – Referral services and ongoing support
 - Module 15 – Self-care and review: Looking after each other and system supports

Opening and/or closing ceremony (this is particularly important if running the course as in-service training)

- Ministry officials and other leaders in the health and education sector can play an important role in affirming commitment to the health sector response to violence against women and children, and inspiring students as they become health care providers.

- Ministry officials should provide local context on the prevalence and nature of violence and its impact on health, particularly for women and children.
- They may want to note the important role of health care providers in identifying and responding to violence, and the value of a coordinated, interdisciplinary response (e.g. including psychology, mental health, nursing, emergency care, midwifery, medicine, health educators, as well as police and justice systems).
- Presence of ministry officials at opening or closing ceremonies further affirms the importance of the issue and the role of health providers. If they are invited be sure to take into account scheduling constraints.

Certificates of completion

Individual recognition through a certificate ceremony can recognize new expertise, inspire students to become champions and affirm their important role in providing health care to survivors of violence. If signed completion certificates will be provided to students, allow sufficient time to prepare and sign the certificates. Distributing certificates to students can take many formats.

- Distribute the certificates individually, in person, by calling each student to the front for presentation by facilitator, and photo (allow 20-30 minutes)
- A Ministry of Health or other official can be invited to the certificate ceremony
- If time is limited, consider distributing certificates as students leave

Tips for effective training

	<p>Prepare</p> <ul style="list-style-type: none"> • Read and understand the Facilitator’s guide in full • Read and understand the National Guidelines on Health Sector Response, WHO Clinical Handbook and Readings allocated within each module.
	<p>Plan for the size of your group</p> <p>If the group is large, facilitators may need additional help with logistics or arranging smaller groups for the role play activities.</p>
	<p>Stay on time</p> <ul style="list-style-type: none"> • Remember to stay within the allotted time for each session. • You will need to move the discussion and activities along.
	<p>Read your audience</p> <p>During introductions and over the first few sessions, study your audience.</p> <ul style="list-style-type: none"> • Read body language to see which students may be comfortable doing a role play in front of the group – and which ones might be shy and prefer input in a small group or one on one. • Look for students who may be more experienced in providing health care for women subjected to violence. <ul style="list-style-type: none"> ○ Experienced students may be helpful in leading role plays and providing examples. ○ You may be able to call on them to get discussion started if needed. ○ Be careful not to over-rely on experienced students and instead encourage participation from all
	<p>Engage your audience</p> <p>To engage as many different students as possible, avoid calling on the same person more than once to encourage participation.</p>

	<p>Manage your audience It is the facilitator’s role to keep the training on schedule and on topic.</p> <ul style="list-style-type: none"> • Set expectations early for keeping discussion on task and lengthy stories to a minimum. • Answer questions briefly and, where appropriate, refer students to written materials for references and/or further clarification. • If off-topic questions come up, let students know when they will be addressed in the training, or put them in a “parking lot” to return to before a break, after a break or at the end of the day. • If your participants are finding the material difficult, take time out and do some of the relaxation techniques outlined in the module on self-care.
	<p>Get moving!</p> <ul style="list-style-type: none"> • Moving around the room for group activities can help energize students and maintain momentum. • Suggestions for movement are embedded in sessions. Use your judgment and sense of the audience to determine when and how many to incorporate.
	<p>Create an option for anonymous questions Place a hat or bag somewhere in the room for students to leave written questions. Address the new questions at the end of each day or the following morning. This ensures all questions get asked even if students do not dare to ask them.</p>
	<p>Follow the Facilitators guide The WHO curriculum was developed with input from expert reviewers and underwent four pilots internationally. The Timor-Leste curriculum was pilot tested and refined three times. Please follow the curriculum to ensure the main points come across and the recommendations are followed. If you have had many years of experience in facilitating trainings, we ask that you follow this curriculum and use your experience to provide examples for the learners.</p>
	<p>Keep the National Guidelines and WHO Clinical Handbook close This training as well as Timor-Leste’s National Guidelines 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.</p>

Providing feedback to questions and role plays

Responding to questions:

- Where appropriate, and if the material has been covered, turn the question to the rest of the learners for input. This works particularly well for feedback on role plays or handling difficult situations.
- Answer questions briefly and, where appropriate, refer students to written materials for references and/or further clarification.
- If the question will be answered in a future session, let learners know when it will come up.
- After a question has been discussed, ask the student if their question was answered. If time is constrained, you may need to follow up with the student during a break if they need more information or discussion.
- Incorporate core principles in your answers where possible. Core principles most useful for responding to questions include trusting women’s safety decisions, self-determination, woman-centred care, listening to patients. For example: “The principle of self-determination guides us to always let the patient determine when or how she will disclose violence.”

- Some student questions and comments may reveal frustrations or weaknesses with systems, or injustice in society. Relate to and acknowledge the challenging systems that students are living and working within. Encourage them to take the actions they can take.
- Some student questions may be beyond the scope of the training. Remind learners that the focus remains on HaHu ReLaSAuN, referrals, and psychological first aid.
- Some student questions may reveal a desire to understand the details of the case or determine whether a situation meets a legal criteria for a specific form of abuse. Remind learners that the focus remains on the care provided, and on the client – and that case investigation is beyond the role of the health care provider.

Role plays

Role plays are an essential component of this training and represent the opportunity for trainees to practise their skills. These skills should be practised first in pairs. Depending on the skill of the students, and the facilitator’s assessment of how comfortable students may be, it is helpful to invite students to the front to demonstrate a role play and obtain feedback in front of the group. A role play in front of the group offers students an opportunity to hear and see HaHu ReLaSAuN demonstrated in language that may be slightly different than their own.

DO consider having students demonstrate in the group if:

- you have seen in the paired role plays that they are demonstrating HaHu ReLaSAuN effectively
- you have observed that they are comfortable in front of the group.

DO NOT have students demonstrate in the group if:

- they appear uncomfortable
- you have concerns about their ability to demonstrate HaHu ReLaSAuN effectively.

Providing feedback on role plays:

- Remember your students will be new to HaHu ReLaSAuN and may not be used to discussing violence against women and children. Your role is to encourage them and provide examples and feedback to help them improve.
- Be sure to emphasise positive feedback and point out what was done well.
- Areas that need adjustment can be referred to as “opportunities for improvement”.
- Directly correct anything that may be harmful to clients such as victim-blaming.

Structure for providing feedback on role plays in small groups or within the large group:

- Thank the presenters for their effort and courage in presenting in front of the group
- Comment on 1-2 areas that worked well (remember to include verbal and non-verbal communication; tie to guiding principles of woman-centred care if possible)
- Invite other students to raise additional areas that worked well
- Ask the role play provider what areas were difficult
- Invite the other learners to provide additional options as to how the difficult area could be handled
- Provide any last facilitator comment or recommendation
- Thank the presenters again

Preparation checklist

Planning Training	Checklist	
Space	<ul style="list-style-type: none"> • If possible, find a space where you can use equipment such as audiovisual aids. Equipment should include: 	
	<ul style="list-style-type: none"> ❖ Computer 	
	<ul style="list-style-type: none"> ❖ Speakers (for playing the videos) 	
	<ul style="list-style-type: none"> ❖ Projector 	
	<ul style="list-style-type: none"> ❖ White screen 	
	<ul style="list-style-type: none"> ❖ Microphone (optional) 	
	<ul style="list-style-type: none"> • Find a space where students will be able to leave easily if they feel uncomfortable. It is possible that there will be survivors of violence participating and they may need to excuse themselves during the training. • Set up the room so that group work is easy • Check equipment before each session 	
Schedule	<ul style="list-style-type: none"> • Decide on your training schedule. We have provided a proposed order for the contents, but the schedule can be modified if you have more or less time available, and depending on how many supplemental activities are planned 	
	<ul style="list-style-type: none"> • If you need to make changes to the suggested schedule, review that you have allowed sufficient time for discussions, activities, and breaks. 	
	<ul style="list-style-type: none"> • Modules are intended to be experienced in sequence, and in a group format for the greatest impact. 	
Invited Guests	<ul style="list-style-type: none"> • Consider where and how you would like to include invited guests as speakers or learners. See the “invited guests” section for further guidance. 	
	<ul style="list-style-type: none"> • For in-service training determine whether you will have an opening/closing ceremony and provide completion certificates, and who you will invite. 	
Facilitator preparation	<ul style="list-style-type: none"> • Review all materials including Facilitator’s guide, PowerPoint slides, videos, handouts, case studies and readings for each module. 	
	<ul style="list-style-type: none"> • Ensure you are familiar with the laws and policies regarding violence against women and children, including Ministry of Health guidelines, and include any updates or changes to the course content if necessary. 	
	<ul style="list-style-type: none"> • Make sure you are familiar with support services available for survivors and their up to date contact details (update the referral handout in module 1 and 8 if necessary). Visit their office and let them know about the course. 	
	<ul style="list-style-type: none"> • Explore your own beliefs about gender and violence against women and children. Familiarize yourself with common attitudes and beliefs that may come up in discussion. 	
	<ul style="list-style-type: none"> • Review the training tips in the facilitators guide. 	
Materials	<ul style="list-style-type: none"> • Equipment to present PowerPoint slides and show videos (you will need internet access if you want to show the videos via web link). 	
	<ul style="list-style-type: none"> • Most sessions require butchers paper (or a whiteboard), markers and post-it notes for the group activities. A ball can be used in module 2 activity. 	
	<ul style="list-style-type: none"> • Allow sufficient time to source, print and prepare materials. 	

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 answer sheet
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 	
Materials 	 Butchers paper  Marker pen  Post-it notes  Photocopies of the pre-training questionnaire

As people are entering the room on the first day, invite them to take the **pre-training questionnaire**.

Introduce the lead and support facilitators, and briefly describe your background.

Activity: Invite students to pair up, find out their partner's name and one good thing that has happened to them in the past month. They then introduce each other to the bigger group. *Note:* even if students already know one another well, this exercise is a good icebreaker as it allows each student an opportunity to speak once in the course. It also allows the facilitator an opportunity to understand the roles and personalities of individuals in the room.

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

Explain: Course competencies

This course is taught over 16 modules, including assessments. At the end of the course students should be able to:

- Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
- Identify signs of abuse and know when and how to ask about violence in a sensitive way
- Practise women-centered 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

Explain: Looking after each other

- Learning about violence can be difficult
- Many of us may have experienced or witnessed violence, or had it happen to someone close to us
- We need to be caring and respectful of our fellow students
- There are special support services for survivors of violence and help people who have experienced trauma - See handout on referral services if you or someone you know needs help.
- This information with up to date phone numbers is available on the website www.hamahon.tl so please check it regularly for changes.

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?

Activity: Brainstorm ground rules

Purpose: to brainstorm ground rules which will create a safe space for learning together and ensure everyone is treated with respect in the class

Time: 5 minutes

Instructions:

- Ask students to suggest some ground rules for participating in the class
 1. Respect confidentiality – if people share their personal stories they cannot be shared with others
 2. Do not interrupt when people are talking.
 3. Be respectful of different opinions
 4. Allow everyone a chance to participate
 5. Be present – keep use of electronics such as cell phones or laptops only for emergencies.
 6. Explain that these rules will govern the rest of the course and that the list can be added to as we move along.
- Ask what are some ways we can look after ourselves and each other?
 1. Some material may trigger trauma for people who have experienced violence or know survivors of violence
 2. You can step out of the room if at any time you feel uncomfortable
 3. Come and see the lecturer after class to discuss any questions or concerns, or just to talk
 4. Talk to each other, or to someone you trust
 5. Practise self-care – do something nice for yourself, go for a walk or do some exercise, we will be learning more about breathing exercises to help us relax
 6. There are special support services for survivors of violence and help people who have experienced trauma – point to handout with referral services on it.

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
- Rates of violence against women and children in Timor-Leste

Explain: 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 globally and in Timor-Leste
- The cycle of violence and who is more vulnerable to being abused

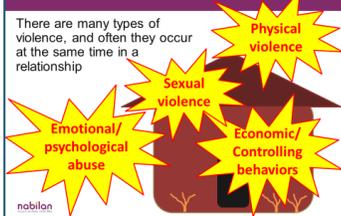
What is domestic violence?

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

🧠 Explain: What is domestic violence?

- Domestic violence involves threats, physical, sexual or emotional violence or abuse by family members or people who may live in the same house
- It occurs when one person, commonly an adult male, abuses their power or control over another family member, usually women and/or children
- Most victims of domestic violence are women and children, and most of the time it is men who commit these crimes
- Women are most likely to experience violence from their current or former husband or boyfriend, this is known as intimate partner violence

What are the types of intimate partner violence against women?

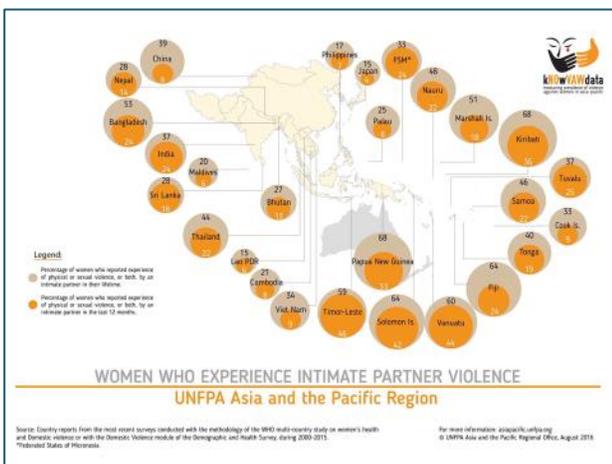


🧠 Explain: The types of intimate partner violence against women

- See handout on types of intimate partner violence against women
- Emotional/psychological abuse - Calling her names or telling her she is ugly or stupid, threatening to hurt her or her children, threatening to destroy things she cares about, criticizing her repeatedly, humiliating or belittling her in public
- Physical violence – hitting, kicking, strangling/choking, burning, slapping, beating, hurting with a weapon, pushing/shaking
- Economic/Controlling behaviour - Leaving a woman without money to run the home, insisting on knowing where she is at all times, not allowing her to go out of the home (i.e. to work or see family), not allowing her to seek health care, without permission, often being suspicious that she is unfaithful
- Sexual violence - Forcing someone to have sex or perform sexual acts they don't want to, harming her during sex, forcing or coercing her to have sex without protection from pregnancy or infection.
- These different types of violence often happen together in the same relationship

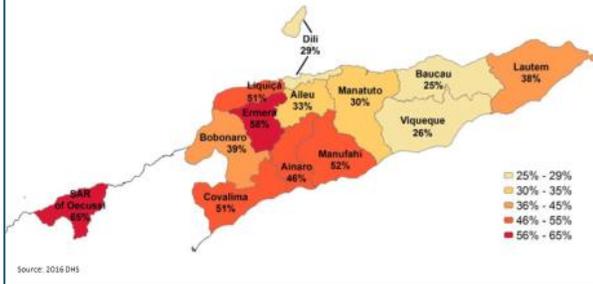
🧠 Explain: Women who experience intimate partner violence in the Asia Pacific region

- National surveys have been conducted in Timor-Leste using WHO methodology.
 - 2010 Demographic Health Survey (DHS)
 - 2016 Nabilan Survey
 - 2017 DHS
- Refer to the slide to show how Timor compares. It is quite a high figure compared with Vietnam or Cambodia, but of course, it is also dependent on how comfortable women feel to disclose what is happening to them.



Percent of women who have experienced violence by district

- Percentage of ever-married women age 15-49 who have ever experienced emotional, physical, or sexual violence committed by their current or most recent husband/partner

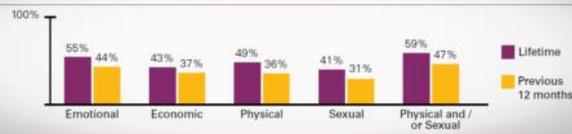


Explain: Percent of women who have experienced physical and/or sexual violence by district

- Women's reports of intimate partner violence varies greatly by district from a high of 65% in Oecusse to a low of 25% in Baucau.
- This may also be reporting differences. What do you think?

Types of violence against women and prevalence in Timor-Leste

Figure 3: Percentage of women aged 15-49 reporting different types of intimate partner violence by time period, among women who have ever had a husband or boyfriend



Explain: Types of violence against women and prevalence in Timor-Leste

- This slide illustrates what women in Timor have reported to researchers in a recent survey called Nabilan. The left line refers to what percentage of women have experienced it and the bottom line the types of violence they report.
- In Timor, just under half of all women aged from 15-49 years old report ever having experienced the many forms of violence, physical, sexual, economic and emotional. Many women have experienced a combination of forms of violence either in the last twelve months (the yellow columns) or ever in their lives (the purple column).

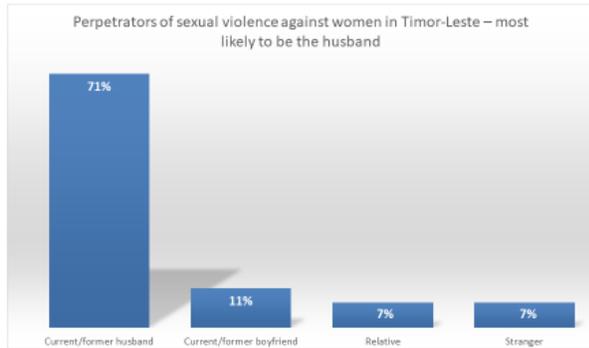
What is sexual assault?

- 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

Explain: What is sexual assault?

- Ask students 'what acts do you think are included as sexual assault?'
- Forcing someone to have sex or participate in sexual acts when they don't want to
- Sexual assault can include:
 - Putting pressure on someone to have sex by threatening or frightening them
 - Touching someone's genitals
 - Getting a person to touch their genitals
 - Pressuring someone to show parts of their body
 - Pressuring someone to do sexual acts with other people watching
 - Pressuring someone to watch pornography

Sexual assault



🧠 Explain: Sexual assault

- Ask students to look at the graph. Ask them what they think this information says?
- Sexual assault is a crime most often committed by a husband/boyfriend, a former partner or a relative, much more often than by a stranger
- Many people think that sexual assault against women is committed by strangers. This is a myth.

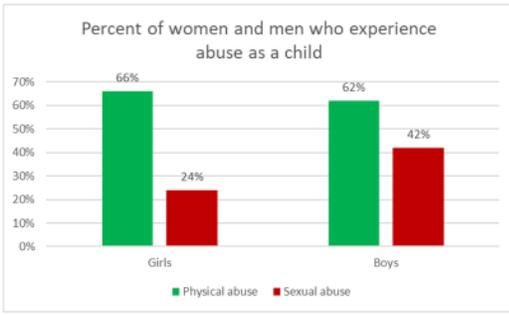
What is child abuse?

- 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)

🧠 Explain: What is child abuse?

- Child abuse is the physical, emotional, psychological or sexual mistreatment of children
- Neglect and abandonment are types of child abuse
- Physical abuse includes hitting, kicking, punching, scaring, burning, and pulling forcefully
- Child sexual abuse is often carried out without physical force, but rather with manipulation (e.g. psychological, emotional or material).
- Sexual abuse is often committed by a member of the child's family (incest)
- Adolescents may also experience sexual abuse at the hands of their peers, including in the context of dating or intimate relationships
- Different types of abuse can occur at the same time
- Witnessing violence in the home or in the community can have a negative impact on children, even if they are not beaten themselves. Witnessing violence can be very frightening for children, they may have constant worries about their safety and it can affect their ability to concentrate at school. Children can mimic these violent behaviours toward their siblings or peers, and grow up to repeat these patterns in their own relationships as adults.

Child abuse in Timor-Leste



🗣️ Explain: Different forms of child abuse in Timor-Leste

- This is data from the Nabilan survey, conducted in 2016 with women from all districts in Timor-Leste, and with men in Dili and in Manufahi, about their experiences of abuse as a child
- It shows that both boys and girls experience very high rates of physical and sexual violence. Child abuse is a big issue in Timor-Leste.
- Also note, the rates of sexual abuse in this survey are higher for boys than they are for girls.
- It is a myth that sexual abuse only happens to girl children.

Activity: Identifying child abuse

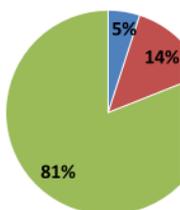
1. Break into groups
2. Read the scenarios on the handout and decide whether each one is child abuse, child neglect or acceptable discipline
3. What are the possible effects on the child?
4. What should be done in each case?
5. Present back one of your answers to the class

🗣️ Activity: Identifying child abuse

- Purpose: to discuss the difference between child abuse, child neglect or acceptable discipline
- Time: 15 minutes (10 minutes discussion in groups, 5 minutes to feedback answers)
- Instructions:
 1. Break into 6 groups (2-4 people in each group)
 2. Ask students to read the scenarios on the handout and decide whether each one is child abuse, discipline or child neglect
 3. Ask them to discuss the possible effects on the child
 4. Ask what they should have done in each situation
 5. Each group should present back their answers for one scenario
 6. There are points on the facilitator's handout to help you discuss the answers

Frequency of violence from

- Majority of women who have experie more times
- Most violence is severe and frequen



nabilan

🗣️ Explain: Frequency of violence from a husband/boyfriend

- In Timor-Leste 81% of women who experience violence say it happens frequently
- Violence is usually recurring, and is a progressive pattern of escalating abusive behaviour



🗣️ Explain: Cycle of violence

- For many people, violence and abuse occur in cycles.
- Children who grow up witnessing violence in their home are more likely to perpetrate violence or to be victims of violence as adults
- There also tends to be a pattern or cycle of violence within relationship where tension slowly builds and the threats increase until the man uses violence again.
- After this, he can commonly feel guilt and promise that it will not occur again – until the next time happens.
- Often the severity of violence increases over time.
- If the man abuses alcohol, often the injuries are more severe
- The woman's or the children's life can be at risk.
- It can be useful to talk about this cycle of violence with a woman, to help her to see the patterns are increasing and to help her understand the risks to her and her children's safety and give her information to help.

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

🗣️ Activity: Vulnerable groups

- Purpose: to understand who is most vulnerable to being subjected to violence in our community
- Time: 15 minutes (10 minutes discussion, 5 minutes feedback)
- Instructions:
 1. Ask the group to break off into pairs
 2. They need to list on their paper what groups they believe are most vulnerable to violence in our communities and why
 3. When everyone has had a chance to write their list, go around the group and ask each pair to name one group that they believe is more vulnerable and their reasons why this group is more at risk of violence
 4. Record each vulnerable group up on a central piece of butcher paper – no pair is able to give information on a group that has already been recorded on the central butcher paper
 5. Below are some examples of vulnerable groups, however the students may have others to add to this list:
 - Young women, children
 - Women with a disability
 - Girls who marry at a young age
 - Women who are abandoned or separated
 - Pregnant woman or with an unwanted pregnancy
 - Adopted children/step children
 - Children living away from their home (ie. In Dili for education)
 - Gay, lesbian and transgender people (the stigma and violence they are subjected to in their families and communities, as well as possible violence within same-sex relationships)

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: UN Women (2019) <https://www.unwomen.org/en/digital-library/publications/2019/05/statement-at-the-16th-session-of-the-timor-leste-national-parliament>

🧠 **Explain: Who is most vulnerable to domestic and sexual violence in Timor-Leste?**

- **Women** - Around **50% of women** have experienced physical and/or sexual violence from their intimate partner
- **Children** - More than **70% of boys and girls** have experienced physical and/or sexual abuse as a child
- **Women with a disability** are twice as likely to experience violence
- **Formerly married women** (abandoned, separated, widowed) are much more likely to experience **physical violence often**
- **Pregnant women** - 14% of women have experienced violence during pregnancy
- **Gay, lesbian and transgender people** – 87% have experienced harassment and violence at some point in their lives (from a 2017 report by Rede Feto)
- Ask the students ‘can anyone explain why these people are more vulnerable to violence?’

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



🧠 **Explain: Domestic violence during crises**

- Domestic violence, sexual assault and child abuse are likely to increase after emergencies like natural disasters, health epidemics such as COVID-19 and political conflict
- This is because:
 - Families are together at home for longer periods (i.e. during the state of emergency)
 - Reduced ability to move around, or access services and community support such as school. This means it is more difficult for women and children to escape from violent situations.
 - Increased alcohol consumption by men who use violence, can make the violence worse.
 - Increased stress such as no job, not enough food or money. But it is important to remember that these are not reasons to justify domestic violence.
- As health providers we need to be aware of the increased risks of domestic and sexual violence during emergencies, especially for vulnerable people who will be even more isolated than before.

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).

Explain: Important messages

- There are many forms of violence against women and children, including emotional, economic, physical and sexual violence.
- Violence from a husband/boyfriend and sexual violence are very common in Timor-Leste.
- Some people such as women with a disability, those separated or abandoned, or children living away from home are more vulnerable to being abused. Health providers should be aware of the additional risks and be ready to help.
- Violence increases during emergencies, and if people are being abused, the violence is likely to escalate over time, unless something is done to stop the cycle of abuse.
- Please complete the reading for module 1 at home –
 - the Nabilan summary report (pg 19-38) found in your 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

<p>Handouts</p> 	<ul style="list-style-type: none"> Pre-training questionnaire (see evaluation tools at the end of this document) Referral information Types of violence against women Identifying child abuse answer sheet
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Ministério da Solidariedade Sociál no Inkluzsaun (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 fetu no labarik. Vizita
www.hamahon.tl ba #organizaosaun rede referál sira.



PRADET Fatin Hakmatek

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

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



Asisténsia Legál ba Feto no Labarik ALFeLa

Hodi hetan asisténsia legál

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



Uma Mahon

Hodi hetan akonsellamentu, fatin seguru

Uma Mahon		
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	



Polísia Nasionál Unidade VPU

Hodi hetan protesaun no hato'o keixa

Polísia		
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	

Types of violence against women



Identifying child abuse

Answer sheet

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. 1. This is Neglect. 2. Rico could die. 3. Rico needs urgent medical care and the parents should take him to the hospital. The family needs help with their problems. MSSSI family support officers should be called.
- 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: 1. This is child abuse 2. The children are being injured. Ongoing trauma and fear, risk of severe injury and death. 3. They should take Nunu to the hospital. Manuel should never visit the house when he has been drinking.
- 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: 1. This is child abuse. 2. Ano could be severely injured if he is beaten, especially if he is drunk. 3. His father should talk to Ano about the consequences of his drinking, such as motorbike accidents, effects on health, risk of violence. Acceptable discipline is that Ano is not allowed to go out with his friends for a period of time.
- 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: 1. This is a good example of acceptable discipline.
- 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 her daughter when she is away.
Answers: 1. This is sexual abuse. 2. The daughter would be suffering physical and emotional trauma and could get pregnant. 3. Maria should never leave her daughter alone with Joao, she should report Joao to the police and get support for her daughter.
- 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: 1. This is child abuse. 2. This could lead Martino to be afraid of and not trust health providers. 3. Miguel should explain what is going to do and why before giving medication. He should spend time building rapport with the child.

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 How to challenge common beliefs and attitudes 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 	 Sex and gender  Gender in our community  Meaning of power  Midwives discuss gender inequality  Beliefs and attitudes  Obstacles for women getting help
Handouts 	 Common beliefs and attitudes  Beliefs and attitudes answer sheet
Readings 	 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
Materials 	 Printout of Beliefs and attitudes scenarios  Whiteboard and Butchers paper  Marker pen  Sticky tape or Blu Tack  Ball

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

🧠 Explain: Module 2 Learning Objectives

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

- 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: Sex and gender

Purpose: To understand the difference between sex and gender, and that gender roles and stereotypes disempower women

Time: Allow 10 minutes for this activity

Instructions:

1. Explain that sex - being male or female, is different from gender – being masculine or feminine.
2. Sex is biological, it's the physical differences between women's and men's bodies
3. Ask the students 'can you give me some examples of sex differences between males and females?'
4. Write their answers in the boxes on the PowerPoint, or on the whiteboard (i.e. men: penis, taller, facial hair, deep voice, muscle strength. Women: vagina, breasts, menstruation, pregnancy and giving birth)
5. Explain gender is the social construction of men's and women's roles and our culture and families teach us that we should behave in 'feminine' or 'masculine' ways.
6. Ask the students 'now can you give me some words that you think of when you think of 'feminine' and 'masculine' qualities?'
7. Write their answers in the boxes on the PowerPoint, or on the whiteboard (i.e. masculine qualities: powerful, aggressive, active, strong, assertive, leader. Feminine qualities: patient, obedient, attractive, caring, maternal).
8. Ask the students 'what couldn't you do when you were little because of your gender?' (i.e. girls can't climb trees, play ball games, drive a car, boys can't cook, play with dolls, wear pink)
9. Ask the students 'what is the result of this gender stereotyping for women?' (i.e. women have less freedom, less money, fewer opportunities, less power).
10. Because gender roles are created by society, they can and do change over time. As health providers we need to be careful not to reinforce the gender roles that disempower women.

Activity: Gender in our community

If the statement is true, please stand up

Activity: Gender in our community

Purpose: This activity helps students to understand how gender inequality exists in our community

Time: Allow 15 minutes for this activity

Instructions:

1. Ask all students to sit down. Tell the group that you are going to read a series of statements, If the statement is true, they should stand up.
2. Ask the students to complete the activity in silence, and to notice how they feel during the activity.
3. After a statement has been read and people have stood for a few moments, ask everyone to sit down and read the next statement

Statements

Please stand up if:

- Your grandfather can read but your grandmother cannot
- Your father has access to more land than your mother
- Your father went to school for longer than your mother
- Boys in your family have more access to school than girls
- Boys and men in your family are encouraged to work more than girls and women
- You have had more bosses who were men than were women
- You have seen or heard of violence against women in your community
- You have seen or heard of sexual violence (rape) in your community
- You feel unsafe walking around at night time
- You have heard men talk badly about women
- In your family, women do more of the house cleaning, cooking, childcare and washing than the men do

Reflection:

- After the activity, as a large group or ask students to form groups of three and talk about the feelings and thoughts they had during the exercise
- Summarise by pointing out that women often have less power in the family, and also in society which makes it less safe for women

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?*

Explain: The history of power

- In childhood we learned that men are more powerful than women
- In childhood we learned that women should obey men
- In childhood we learned that men can use their authority over women to teach them using violence
- Therefore, many of us tolerate violence against women and remain silent when it happens
- *Is remaining silent about violence helping or hurting us?*

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.

Activity: Meaning of power

Purpose: To explore what power means in our society and how it is perpetuated over generations. Note this activity can be done with or without the ball. If the students are looking tired it is best to do this activity with the ball to energise the group. Or you can just point to each student and ask them to call out a word relating to power.

Time: 15 minutes

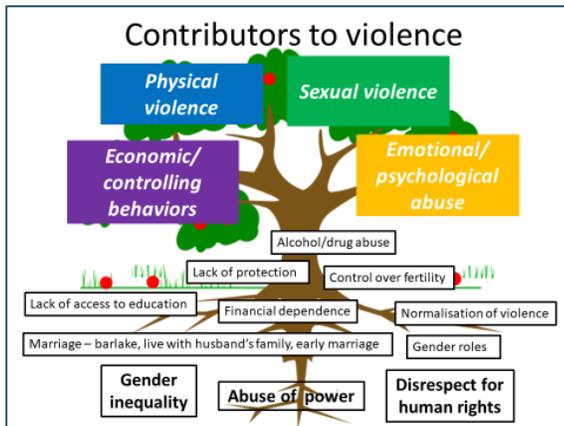
Instructions:

1. Ask students to stand in a circle
2. Ask them what they think of when they hear the word 'power'
3. Throw a ball to someone and ask them to say one word relating to power, and then have them pass the ball on to another student. Keep throwing the ball until everyone has had a turn.
4. As the students pass the ball around, write down on butcher's paper or whiteboard, the words that are being said
5. After everyone has shared their ideas, remind everyone of the words that have been written on the butcher's paper. Point out the words that were similar and talk about the most common ideas that came up

Reflection:

Lead a discussion with the group by asking these questions:

- What do you notice about the people with power? Are they men or women? Educated or uneducated? Older or younger?
- Who has the power in your community? Are they men or women? Why is it like this?
- Who has the power inside the home? Men or women? Who gave them this power?
- Who makes culture? Who continues culture? So who can change culture?



🗣️ Explain: Contributors to violence

- Violence happens because there is an **abuse of power** over others
- Women and children often have less power because of the way culture and society is structured, which results in gender inequality and disrespect for the human rights of certain people (e.g. women, children, those with a disability)
- The underlying contributors to violence should not be confused with individual triggers or excuses for violence
- Common excuses for violence include economic problems, lack of communication and trust in a relationship, cheating, using alcohol and/or drugs, speaking up about a man's bad behaviour
- These triggers of violence must never be used as excuses for violence or to clear the perpetrator of responsibility for his actions
- When we understand the causes and contributors to violence we can avoid blaming the victim
- We can speak out against violence and the abuse of power

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

🗣️ Activity: Midwives discuss how gender inequality contributes to violence

Purpose: to see how midwives observe gender inequality and how it contributes to violence

Time: 10 minutes

Instructions:

1. Tell the students to take 1 or 2 minutes to read the quotes from midwives who participated in the Midwives Against Violence study.
2. Ask them 'What are some of the causes of violence that the midwives have identified?'
3. Some themes to discuss: Sexual exploitation of women, the power of men over women, the normalisation of violence within families, barlakai as an excuse for violence, the gender role of women and their lack of voice, the changes in the Law, how we can change our attitudes to make the world better.

Close the discussion with the following points:

- These midwives are all describing how gender inequality, the abuse of power and disrespect for human rights contribute to violence against women in Timor-Leste
- Culture and customs should never be used as excuses for violence
- Violence is never acceptable, it's against the law
- As health professionals we can challenge these attitudes in our work and in our families

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

Explain: 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

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'

Activity: Beliefs and attitudes

Purpose: This activity allows us to consider and question common beliefs about domestic violence, sexual assault and child abuse in our community

Time: Allow 15 minutes for this activity

Instructions:

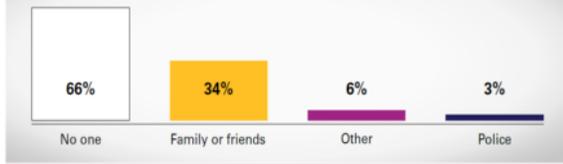
1. Cut up the handout on beliefs and attitudes and give one or two statements to each student, give them some bluetack or tape so they can stick their note on the board.
2. Draw two columns on the whiteboard, one labelled 'Yes/True' the other labelled 'No/False'
3. Ask the students to think about the statement written on their paper and decide whether they agree 'Yes/True' or disagree 'No/False'
4. When they have decided they can go up and stick their paper under the column
5. When all the students have placed their papers on the board, see which ones are under the 'Yes/True' column.
6. Discuss why the statements under the 'Yes/True' column are not correct. There are some explanations on the Beliefs and attitudes answer sheet to help you do this.
7. As you finish the explanation move the piece of paper over to the 'No/False' column so that students can see they are all false.
8. Tell students to read through all the answers in their handout to further understand the reasons why all the answers are false, that violence against women and children is never acceptable.

Conclude the activity by reminding students that:

- Violence is never the victim's fault.
- It is important to understand our own attitudes and biases about gender roles.
- As health providers we must provide empathy and information in a non-judgmental way.
- We must never let our own attitudes get in the way of providing respectful care.
- We must remind ourselves and others that women and children do not ever deserve to be physically, emotionally or sexually abused in any circumstance.

Where do women go for help?

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



Source: 2016 Nabilan Survey

🗣️ Explain: Where do women go for help?

- This data is from the Nabilan survey with women in Timor-Leste
- It shows that when women experience violence, Most (66%) women do not tell anyone about their husbands' or boyfriends' violent behaviour
- When they do tell someone, it is mostly friends and family (34%)
- Very few women seek help from formal services
- Why do you think this is the case?

📺 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>

📺 Video: Women's stories

- Explain that these videos are based on the real stories from interviews with 28 women who have experienced domestic and sexual violence in Timor-Leste
- Get them to think about the following questions:
 - Why is it difficult for these women to get help when they are being subjected to violence?
 - What are the additional challenges for women with a disability?
 - What can health providers do to help women open up about problems they are being subjected to?
- Warn students that the stories can be quite emotional for some people and that it's ok to leave the room if they don't want to watch it or it becomes too overwhelming
- The full video is available at: <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?

🗣️ Activity: Obstacles for women getting help

Purpose: to understand more about the effects of violence and trauma, what stops women from getting help, and what encourages them to open up their problems and find support.

Time: 20 minutes (10 minutes video, 10 minutes discussion)

Instructions:

1. After the video ask the students the following questions and write their answers on the board:
 - a) Why is it difficult for these women to get help when they are being subjected to violence?
 - *Shy/embarrassed*
 - *Lack of confidentiality if family work at the health centre or other people see them there*
 - *Shameful and uncomfortable when other people look at them and know they are a victim of violence*
 - *Live in the mountains, or have no money or transport to get to a health facility*
 - *Threatened or forbidden by the abuser to go out, worried it will make him angrier*
 - *He is violent at night and there is no transport or services open*
 - *Have a small baby or sick child so cannot leave the house*
 - b) What are the additional challenges for women with a disability?
 - *Dependent on others for their care*
 - *Can't physically get there without assistance*
 - *May not know what abuse is or be able to speak about it*
 - *More isolated with less social support*
 - c) What can health providers do to help women open up about problems they are being subjected to?
 - *Don't be angry*
 - *Smile, speak kindly and 'from your heart'*
 - *Attend to them quickly*
 - *Provide a private, secure and calm place to do the consultation*
 - *Ask about violence, more than once (if you do not ask, women feel they cannot tell you)*
 - *Tell her it's not her fault*

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

Explain: Important messages

- Because of the way men and women's gender roles are constructed in our culture, men have more power than women. This is called gender inequality.
- Violence happens when there is an abuse of power, and those with the least power are most affected.
- As health providers we have a responsibility to examine our own beliefs and attitudes so that we don't blame victims for the violence they are subjected to.
- The women's stories in the videos showed the trauma they experience and the challenges they face in finding safety.
- Because of the many barriers to getting help, we must speak out against violence and help women to feel safe discussing their problems.
- The next part of the course will give you the tools and skills to be able to respond effectively to women and children subjected to violence.
- Please complete the reading for week 2 at home
 - "Mane ho feto kompletu malu" (found in your list of readings). As you are reading think more about how can make sure we do not reinforce gender inequality or disempower women when we are providing care.
 - 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

<p>Handouts</p> 	<p> Common beliefs and attitudes</p> <p> Beliefs and attitudes answer sheet</p>
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Common beliefs and attitudes

Scenarios to cut out and hand to students

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. Is it acceptable for a man to hit his wife?	11. People that are in positions of power/ important people never sexually abuse children. Is this true or false?
2. A wife has a big mouth and swears at her husband, and swears at her in-laws. Is it acceptable for a man to hit his wife?	12. A woman wears a short skirt and walks alone at night. Does a man have the right to force the woman to have sex?
3. A wife is not looking after the children. Is it acceptable for a man to hit his wife?	13. A husband wants to have sex but his wife doesn't want to. Does a man have the right to force the woman to have sex?
4. A husband is drunk and isn't in his right mind. Is it acceptable for a man to hit his wife?	14. A woman has sex with men for money or gifts (transactional sex). Does a man have the right to force the woman to have sex?
5. A husband believes that his wife is sleeping with another man. Is it acceptable for a man to hit his wife?	15. A man cannot control himself. True or false?
6. A husband pays barlake (bride price). Is it acceptable for a man to hit his wife?	16. Women with disabilities are rarely sexually assaulted. True or false?
7. A child is naughty. Is it ok for the parents to hit their child?	17. If a woman doesn't yell or run away, then it's not sexual assault. True or false?
8. A child hasn't learned what the parents have taught them. Is it ok for the parents to hit their child?	18. If a woman is sexually assaulted, she will always have injuries to her genitals, especially if she hasn't had sexual intercourse before. True or false?
9. We cannot believe a child if they say that they have been sexually assaulted, because they are just a child. Is this true or false?	19. Sexual abuse only happens to girl children. True or false?
10. A child's behavior (if they like kissing, hugging) is an invitation for a sexual relationship. Is this true or false?	20. Men who sexually abuse children do this because their partner/wife does not sexually satisfy them. True or false?

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 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
Materials 	

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

Explain: Module 3 Learning Objectives

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

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

Explain: What is the role of healthcare professionals?

- Responding to survivors of abuse and violence is part of the law, and it is important for health
- Asking about the cause of a patient’s injury is part of good medical care

Provider role:

- provide first-line response with empathy, medical care, safety and referral for all victims of violence

Providers are NOT responsible for:

- You are not responsible for ‘resolving’ their case, for example, you should not speak to the woman and the perpetrator together
- You are not responsible for determining the legal aspects of the violence or assault, for example, you should NEVER ask the family or the perpetrator if the story is true.

Video: Midwives against violence

- Watch the video, think about these questions:
- a. What do you think the Law Against Domestic Violence means?
 - b. Why did the midwives feel it was their responsibility to help women?
 - c. What are the important aspects of care midwives said they need to provide?



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

Video: Midwives against violence

1. Watch the video which interviews midwives as part of the Midwives Against Violence study. The research was done with midwives, but it is also applicable to doctors, nurses and other people working in the health sector in Timor-Leste
2. Get them to think about the following questions:
 - a. Were you aware that there is a Law Against Domestic Violence in Timor-Leste? What do you think this Law means?
 - b. Why did the midwives feel it was their responsibility to help women who were victims of violence?
 - c. What were the important aspects of care that the midwives said they needed to provide for victims?
- The video can be played directly from the internet via this Weblink: https://www.youtube.com/watch?time_continue=9&v=vw5nN0eePcY

Activity: Video discussion questions

Discuss the following questions:

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

Activity: Video discussion questions

Purpose: To listen to midwives talk about the Law Against Domestic Violence, why it's their responsibility to help victims of violence, and what aspects of care are important.

Time: 15 minutes (10 minutes video, 5 minutes discussion)

Instructions:

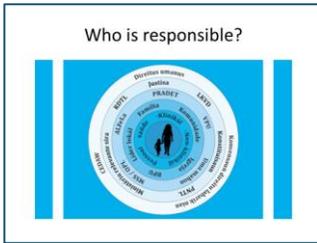
1. Discuss the questions below:
 - a. **Were you aware that there is a Law Against Domestic Violence in Timor-Leste? What do you think this Law means?** (*i.e. that domestic violence is a crime, it is not appropriate for families to use violence, all people in Timor-Leste have rights, health providers have a responsibility to help women and children who are subjected to violence*)
 - b. **Why did the midwives feel it was their responsibility to help women who were victims of violence?** (*i.e. the health effects of violence for the woman, the impact on the baby, to reduce maternal and infant mortality, to reduce trauma, it's difficult for women to speak about their problems, they don't know where to go and don't have transport so health providers must help them*)
 - c. **What were the important aspects of care that the midwives said they needed to provide for victims?** (*i.e. attend them quickly, provide medical treatment, have a private place, build trust to help them speak out, keep their information confidential, create a calm and safe place for them, encourage them and provide information to get further help*).

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

Explain: Healthcare professionals are important for first-line support

- They can attend to the immediate emotional/psychological needs of the woman
- Provide treatment and address physical health issues
- Support ongoing safety needs
- Provide information and refer to other organisations and resources
- Help women feel more in control and provide ongoing support, especially mental health needs



Explain: Who is responsible?

- Everyone in our society has responsibility to protect women and children from violence - from the health care professional, from the family and community from the non-government organisations like PRADET and the Fatin Hakmateks and Uma Mahon, the police and the church to the wider role played by traditional leaders, government departments and the health care system.
- They are supported by Timor-Leste’s constitution and international laws related to human and women and children’s rights that Timor-Leste has signed and committed to implement.
- So the health care professional is not alone in helping victims of violence, and have many other organisations in the community and government to help them in their duty of care.



Explain: Policy Context in Timor-Leste

- Timor Leste’s government have signed many policies committing to improving the lives of women and children. Some of them are:
 - Convention on the Elimination of Discrimination Against Women (CEDAW – ratified in 2002)
 - Convention on the Rights of the Child (2002)
 - Law Against Domestic Violence (2010)
 - National Action Plan on Gender-based Violence (2012 & 2017)
- They have also developed guidelines for Timor’s health professionals, many based on the WHO Clinical Handbook (2013)
 - The Medical Forensic Protocol (2004)
 - National Guidelines for Health Sector Response to Gender-based Violence in Timor-Leste (2018)
 - This curriculum (2018)
- These are to guide and help the work of health professionals responding to the needs of their clients experiencing violence and abuse

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

🗣️ Explain: The Law in Timor-Leste

- **Law no. 17/2009 - The Penal Code**
 - Criminalizes spouse abuse (Article 154) and child abuse (Article 155)
- **Law no. 7/2010 - The Law Against Domestic Violence (LADV)**
 - Recognises domestic violence as a public crime under the Timor-Leste constitution
 - Provides a legal framework to prosecute cases, prevent domestic violence and provide assistance to victims
 - Article 22 (assistance in hospital services) and Article 40 (professional secrecy) are directly relevant to health care providers (see handout)
- **Age of consent is 14**
 - People aged 14 and older are able to consent to medical procedures, including decisions to have contraception
 - Children under 14 do not have the capacity to give consent to sexual activity or to medical procedures
 - 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
- **Age of marriage is 17**
 - Only people aged 17 or 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.
- Point to the handout which outlines the Laws that criminalise domestic violence in Timor-Leste

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

🗣️ Explain: Important messages

- Health providers have an important role in providing care, treatment and referral to additional support services.
- Remember – responding effectively to violence can generate important healing for survivors.
- All health providers should be aware of the laws and policies in Timor-Leste that protect the rights of victims and outline the responsibility of health providers under the law
- Ask the students to think about and write down any questions they have for the guest speaker
- 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

Activity: Guest speaker

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

🗣️ Activity: Guest speaker

Purpose: To enhance students' understanding of the laws and policies around responding to violence against women and children in Timor-Leste

Time: 45 minutes (30 minutes to present, 15 minutes for questions)

Instructions:

1. Invite a Ministry official (i.e. SEM, MSS, Ministry of Health, Ministry of Justice) or other individual knowledgeable about national, subnational and institutional policy (i.e. ALFeLa, JSMP, TAF's Nabilan Program) to present on the local policy environment, including any challenging areas or areas of conflicting policy.
2. Ensure the focus remains on health care and what the policy environment means for health care providers.
3. They could address topics such as:
 - What is the Law Against Domestic Violence and what does it mean for health providers?
 - Under what circumstances is reporting mandatory under the law?
 - What is the legal age of marriage and consent, and the obligation of health providers to help child victims?
 - A specific example of a case, what worked well and what were the challenges in collaborating with health providers?

Module 3 Handouts

<p>Handouts</p> 	<p> The Law Against Domestic Violence</p>
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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
4.3 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
Materials 	 Butchers paper  Marker pen

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

🧠 Explain: 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-stahl ba violensia	KNOW the signs of violence
HU	HUSU kona-ba problema	ASK about problems
RE	REASAIN empatika	REACT with empathy
LA	LABELÉÉ sala vitima	DON'T blame the victim
S	SEGREDU	CONFIDENTIALITY
AD	AUMENTA SEGURU	INCREASE SAFETY
N	NAPATIN tau mutan	CONTINUING / ONGOING SUPPORT

🧠 Explain: Hahu Relasaun di'ak

- A job aid to help you remember good responses to women experiencing violence
- It is based on a similar job aid created by the World Health Organisation – LIVES in English, but has been adapted to make sense in Tetum
- Today we are going to learn about the Ha step – knowing the signs of violence by understanding more about the impact on women and children

Effects of domestic violence



🧠 Explain: Effects of domestic violence

- This picture includes some, but not all of the most common impacts of domestic violence. These outcomes have been reported from women in countries all around the world, not just in Timor.
- Women who are experiencing sexual assault or unwanted sexual experiences often cannot use contraception and therefore have more unwanted pregnancies. They also have more sexually transmitted infections, (including HIV), more miscarriages, low birthweight and premature babies and stillbirths.
- If they are experiencing this and other forms of violence, they experience a lot of stress, certainly depression, many forms of injury - and they may be murdered by their husbands or partners.
- All of this can be compounded by what we experienced and witnessed during the war, and the ongoing trauma many people have from that.
- Women can also take to self-medicating with alcohol and other forms of drugs, including tobacco. This can also affect the health of their babies. All the stress and depression can make it hard for women to care for their children effectively.



Explain: Health impacts of intimate partner violence

- Finding from the 2010 Demographic Health Survey and the 2016 Nabilan study found many health impacts of violence for women and children in Timor-Leste:
- Mental health – women who had experienced violence in their lifetime were 2 x more likely to have experienced depression, 5 x times more likely to have had thought about committing suicide and 8 x more likely to have attempted suicide, compared with women who had never experienced violence.
- Disability – women who had experienced violence in their lifetime were 2 x more likely to have a disability
- Reproductive health – women who had experienced violence in their lifetime were 3.5 x more likely to have an STI, 2 x more likely to have an unintended pregnancy and had fewer antenatal visits. They are also more likely to have had a partner stop them using contraception, and less likely to share decision-making about birth-spacing.
- Child health – children of women who had experienced violence, had fewer vaccinations, were 2 x more likely to have emotional and behavioral problems such as nightmares, wetting the bed, being timid, being aggressive or dropping out of school. They were 1.5 x more likely to have had a child who has died.

Video: Women talk about trauma

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

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

Video: Women talk about trauma

- Explain that these videos are based on the real stories from interviews with 28 women who have experienced domestic and sexual violence in Timor-Leste
- When they are watching the video ask students to think about the impacts of domestic violence, to pay attention to:
 - a. the physical, emotional and socio-economic impacts on women and children
 - b. the short-term and long-term impacts
- Warn students that the stories can be quite emotional for some people and that it's ok to leave the room if they don't want to watch it or it becomes too overwhelming

Activity: impact on health and wellbeing

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

a. Think about the physical, emotional, and socio-economic impacts on women and children

b. Think about the short-term and long term impacts

Activity: Impact on health and wellbeing

- Purpose: To understand the broader impact of violence and trauma on women's health and wellbeing
- Time: 15 minutes total - watch video (5 minutes), discussion in pairs (5 minutes), feedback to group (5 minutes)
- Instructions:
 1. Watch the video, which is based on interviews with women who have been subjected to violence.
 2. Get into groups of two
 3. Discuss and write down the impacts of domestic violence,
 - a. pay attention to the physical, emotional and socio-economic impacts on women and children
 - b. the short-term and long-term impacts
 4. Ask each group to share their list and reasons with the class
 5. Effects to discuss with the class
 - Atina: Injury/unconscious, not able to eat, resentment/sadness, death.
 - Maia: STI, abandonment, no food, mental health, children sick.
 - Joana: unintended pregnancy, fear, isolation, baby died.

HATENE (Know the signs of violence)

Ha → Hatene sinal 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

Explain: Hatene (know the signs of violence)

- 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
- Note also that many women and children who are experiencing violence at home will not have obvious signs or symptoms

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

Explain: Physical signs and symptoms of violence

- Chronic headaches or aches and pains
- Abdominal pain
- Sexually transmitted infection or sexual dysfunction
- Unwanted pregnancy, repeat miscarriages or abortion
- Injuries during pregnancy
- Injuries – like bruising, head injury, front teeth missing, hair pulled out, ears or fingers removed, fractures, cuts, stab wounds, burns, bites, ruptured eardrums, injuries to the face, neck, chest, breast, genitals
- Multiple injuries or pattern of repeated injury



Explain: Typical injuries

- These pictures show patterns of bruising on different parts of the body as a result of injuries from violence



Explain: Typical injuries

- These pictures show some of the other types of physical injuries you might see that are a result of violence, including missing teeth, bite marks and fingernail scratches.

- 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

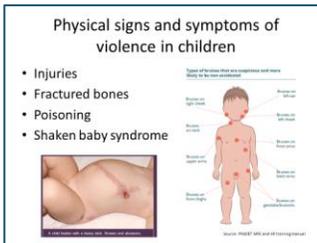
Explain: Behavioural signs and symptoms of violence

- A person subjected to violence may:
 - Appear nervous, ashamed, evasive
 - Suffer anxiety, panic attacks or very stressed
 - Mental health problems, depression
 - Attempted suicide
 - Describe their partner as controlling or prone to anger
 - She or her partner have an 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

Explain: Behavioural signs and symptoms of violence

- Come to the clinic with her partner or family and they do most of the talking
- Appear uncomfortable or anxious when her husband is there
- Her story about the injuries changes or does not match the physical examination
- Delay seeking medical attention or reluctant to follow advice



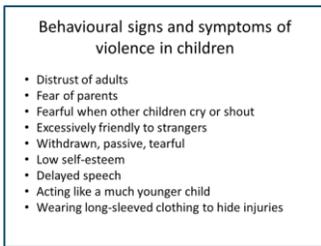
Explain: Physical signs and symptoms of violence in children

- Injuries - bruises, burns, sprains, dislocations, bites, cuts, internal injuries
- Fractured bones – especially in an infant where a fracture is unlikely to have occurred accidentally
- Poisoning



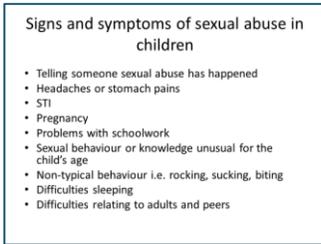
Explain: Shaken baby syndrome

- Babies have a weak neck and heavy head, when a baby is shaken it makes the fragile brain bounce back and forth inside the skull
- Shaking causes bruising, swelling and bleeding inside the head, which can lead to brain damage or death
- Injuries to watch out for include bleeding on the brain, bleeding in the eyes, damage to the spinal cord and neck, and fractures of the ribs and bones
- Symptoms to watch out for include irritability, lethargy, poor feeding, breathing problems



Explain: 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



Explain: Signs and symptoms of sexual abuse in children

- Telling someone sexual abuse has occurred (children hardly ever make up stories about this)
- Headaches or stomach pains
- Sexually transmitted infection
- Pregnancy
- Problems with schoolwork
- Sexual behaviour or knowledge unusual for the child's age
- Non-typical behaviour such as frequent rocking, sucking and 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

Activity: Identifying signs of violence

Purpose: to identify some of the common signs and symptoms women present with

Time: 20 minutes (10 minutes to read the quotes and take notes, 10 minutes for discussion)

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

Sum up:

- Many women who go to the health centre with injuries may be experiencing violence at home
- But not all women who are being abused will have visible injuries
- There are also common psychological symptoms that we need to look out for

Important messages

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

Explain: Important messages

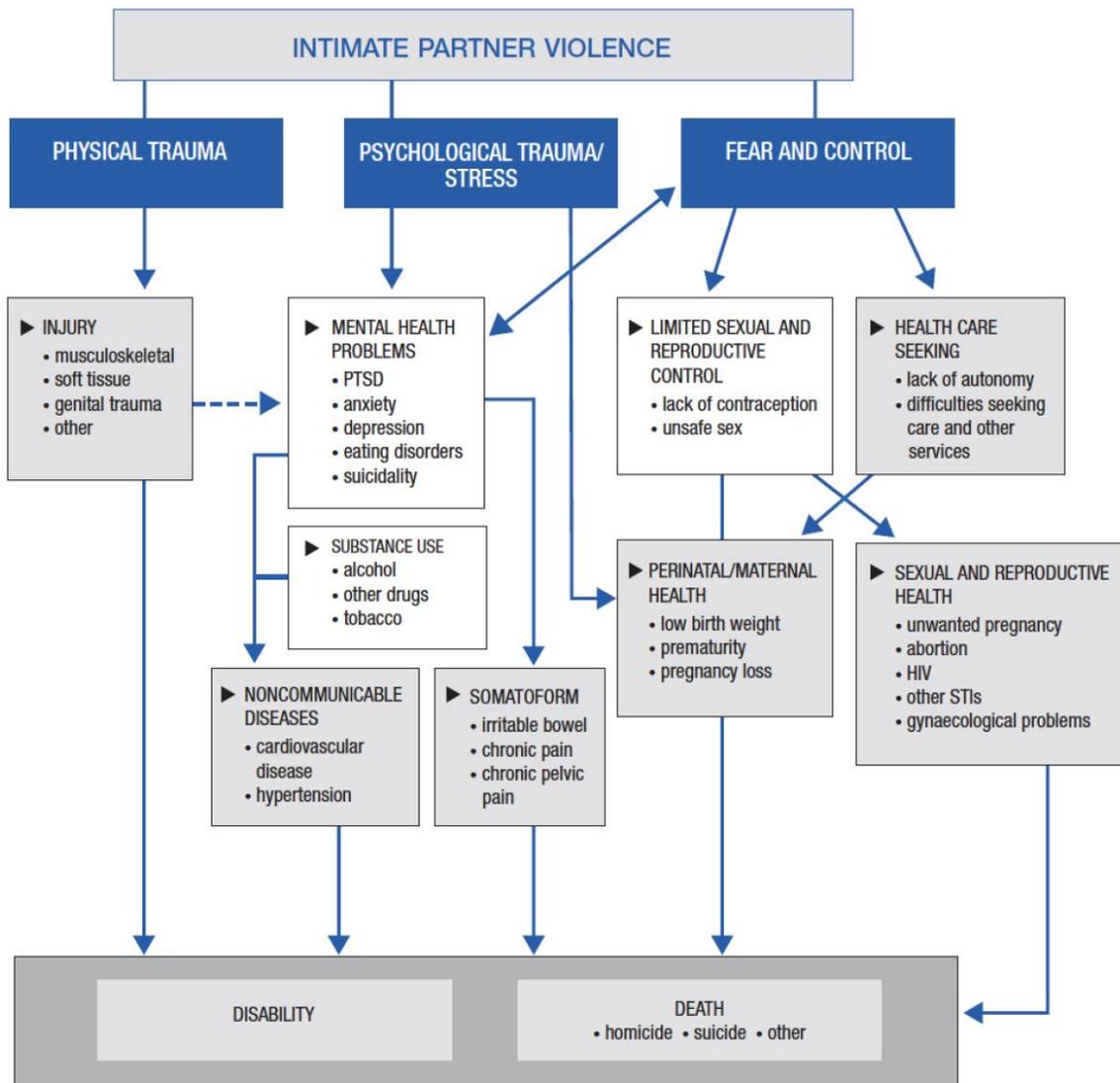
- There are many short and long-term health impacts from violence, not just from injuries but from the ongoing stress and trauma women and children are exposed to.
- Health providers can identify signs of violence by staying attentive to physical and behavioural cues, particularly for women, children and other vulnerable people.
- Read Chapter 4 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – Identification (4.1-4.2, pg 69-78)

Module 4 Handouts

<p>Handouts</p> 	<p> Health effects of intimate partner violence</p> <p> Identifying signs of violence</p>
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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 sign 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'.

Answer:

Abdominal pain
Going to the health centre several times
Wants to go home early
Worried about her children

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.

Answer:

Traumatized
Physical injury
Looks sad
Stays quiet

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
Readings 	 Chapter 4 of textbook <i>Gender-based Violence and Healthcare in Timor-Leste</i> – Identification (4.3, pg 79-82)
Videos 	
Materials 	 Photocopies of the role play scenarios – non-verbal communication

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

Explain: Module 5 Learning Objectives

- At the end of this session students should be able to demonstrate knowledge of the:
 - Principles of woman-centred care and
 - The importance of privacy for women and children's safety
 - The impact of non-verbal communication

Review HaHu ReLaSAuN



Explain: Review HaHu ReLaSAuN

- In module 4 we learned about Ha – Knowing the signs of violence
- Today we will learn about the important things we need to remember before we ask women about the problems they are facing
- Review the steps in Hahu Relasaun diak

What is women-centered care?

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

Explain: What is woman-centred care?

- Following the woman's wishes and giving her the care she wants
- Avoids causing harm or further trauma. Remember the principle of DO NO HARM
- Guided by two fundamental principles:
 1. Respect for women and children's human rights
 2. Promotion of 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

Explain: A human rights approach

the right to be treated with dignity and respect

Respecting the woman's right to choose and decide for herself what action, if any, she takes

Respecting a child or adolescent's right to have a say in decisions that affect them, taking into account their age and stage of development

All people are entitled to human rights – women, men, children, people with disabilities, married or unmarried people, young people and old people

This is especially important with violence against women and children - it helps survivors 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

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

🗣 Explain: Case example: a human rights approach

Read out the following case example and answer the questions below

Maia had a very violent and controlling husband. She had a difficult birth with her third child and her uterus ruptured. The doctor said she must not get pregnant for 3 years so the scar could heal. Her husband said “No, you must give me a child every year”. Maia knew it would be dangerous if she got pregnant again so soon, and her husband would often force her to have sex when she didn't want to. She went to the health centre to get contraception, but the midwife said Maia needed her husband's permission and refused to provide contraception and told her to come back with her husband.

- a. Ask ‘**what is the problem with the way this midwife responded to Maia's request?**’ (i.e. the midwife did not treat Maia with dignity and respect, she did not respect her rights to choose what is best for herself, she took away her power and violated her human rights)
- b. Ask ‘**what should the midwife have done that would have been more respectful of her rights?**’ (i.e. ask about her history, provide her with information about different contraceptive methods, discuss her and her children's safety, and what services could help in her situation)

Gender equality

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

🗣 Explain: Gender equality

- Health providers should recognise that women face multiple forms of inequality that affects their health and access to care across a lifetime
 - Discrimination – unjust treatment of certain groups of people: preference for boy children, food allocation to men first, less access for girls to education, health care and paid work
 - Subordination – unequal distribution of power between men and women: early marriage, barlaka, living with husband's family, reproductive obligations, decisions about contraception and number/spacing of children, economic dependence
 - Violence – domestic violence, sexual harassment, rape, abuse, human trafficking, violation of human rights
- By examining the common beliefs and unequal gender roles in Timor, we can become more aware of how families, communities and systems give power to men and subordinate women, and how this can create conditions of violence and injustice for women
- Because of the way power is distributed differently between men and women, women face many barriers to getting help

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



Explain: Promotion of gender equality in practice

- There are many things health providers can do to make sure they do not reinforce gender inequality in their work
- Be aware of the power dynamics and social norms that perpetuate violence against women in Timor-Leste
- Reinforce her value as a person
- Respect her dignity
- Listen to her story, believe her, and take what she says seriously
- Do not blame or judge her
- Provide information, don't tell her what she should do
- 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

Explain: Ensure privacy

- Ask students why they think privacy might be important?
- Privacy is the single most important element of a woman or child's safety - If the perpetrator finds out she can be beaten again and her right to access care can be taken away.
- A private place – staff or other patients should not be able to overhear
- Ask only when she is on her own – never ask in front of her partner, children over 2 years or other family members
- Children and adolescents should be asked on their own, based on their age and stage of development. If they are too young to talk, you should ask the non-offending care giver
- Minimise movement of victims between rooms – other patients may stare or there may be people who know her who will ask questions
- She should not be made to repeat her story to different providers, especially those not directly involved in her care - Repeating her story is very emotionally draining and can re-traumatise her.

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

Activity: Creating privacy

- Purpose: to think of ways health providers can ensure the privacy of their patients and always ask questions about violence when they are on their own
- Time: 15 minutes (10 minutes discussion, 5 minutes feedback)
- Instructions:
 1. Get into groups of 2 or 3
 2. Read the case study about Laura in the handout
 3. Discuss how you would be able to talk to Laura by herself, when her family isn't there
- Suggested answers:
 - Think of a reason to take her into a private room – to get weight/height/contact details, to explain how to collect a urine sample, to get a blood specimen
 - Avoid asking during an examination as women can feel more vulnerable when they are undressed or being touched by a health worker
- Other strategies for different situations, like a routine consultation:
 - Suggest to women you do the first part of the consultation alone
 - This gives a chance to ask whether she would like to have her partner, friend or family member there for the remainder of the consultation
 - If a child over the age of two is present, ask a colleague to look after the child while you talk

Non-verbal communication

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

Explain: Non-verbal communication

- Body language – face the patient, arms uncrossed, reassuring touch, sitting at the same level
- Facial expression – smile, make eye contact, pay attention to the patient
- Tone of voice – speak calmly, softly, slowly
- Around 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

🗨️ Activity: Non-verbal communication

Purpose: understanding the impact of tone, pace, volume and pitch and non-verbal communication

Time: 40 minutes (10 minutes to read their scenarios, 20 minutes to practice, 10 minutes for demonstrating in front of the group)

Instructions:

1. Ask students to break off into groups of three. If you have an extra person or two they can be the observers and ask the questions
2. One student is the patient, one is a health provider A and one is health provider B
3. Give each person in the group the scenario that corresponds with their role
4. Ask them to read it quietly to themselves, and not share their scenario with the rest of the group
5. The health providers will not know the reasons for the patient's injuries – they just see that they have injuries
6. The patient is told that they will present at two different examination rooms in Outpatients with injuries, first with health provider A then with health provider B.
7. After they have practiced amongst themselves, choose one or more groups to come to the front to demonstrate

After they have practiced the role play ask these questions:

- a. The observer should ask the patient how they felt in the consultation with health provider A and health provider B?
- b. Ask the patient what it was about health provider A's communication style that made them feel more comfortable or less comfortable?
- c. Ask the patient what it was about health provider B's communication style that made them feel more comfortable or less comfortable?
- d. Ask the patient if they had to come back to the hospital in the future and had a choice of the who was to look after them, which one would they choose? Why?
- e. Add any additional comments or observations you made

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>

Explain: Important messages

- Our response to victims of violence is grounded in human rights and gender-equality. This means we prioritise the woman's or child's needs. When we respect their rights and choices in responding to violence, we empower survivors to reclaim the dignity that was taken away in cases of abuse.
- It is very important that all consultations are conducted in private. Never ask about abuse in front of another person. This helps to protect the patient's safety and avoid further trauma.
- Pay attention to your non-verbal communication - your body language, facial expression and tone of voice – be calm and speak kindly
- In preparation for the next modules watch the whole Hahu Relasaun video role play at home (available under videos at www.latrobe.edu.au/reducing-violence or <https://youtu.be/D5PgnsW-xXs>)
- Chapter 4 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – Identification (4.3, pg 79-82)
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Module 5 Handouts

<p>Handouts</p> 	 Case study: creating privacy  Role play scenarios – non-verbal communication
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Case study: creating privacy

Case study: Laura

A young woman, Laura, is admitted to the emergency department accompanied by her in-laws. The family explain that she has a mental illness and has tried to kill herself by drinking poison. The doctors treat her and admit her to the ward for recovery, where there are many other patients. During your rounds you notice Laura looks sad and anxious. You want to ask Laura how she is and what is happening at home, but her family always stays with her.

Question: *In groups, discuss strategies to be able to talk to Laura by herself, when her family isn't there.*

Role play: non-verbal communication

Patient Scenario

- You have come to hospital and you have waited for over 2 hours to see a health provider
 - You have an abrasion to the side of your face which is very sore and you are holding your arm as you think it may be broken
 - You have been beaten by your partner but this has happened on many occasions before
 - You will be seen by health provider A first, then you will repeat the scenario with health provider B
 - You will enter the consulting room and take a seat with your head bowed
 - Neither of the health providers will know why you are there today
 - You will decide how much of your story you will tell them
-

Role play: non-verbal communication

Health Provider A

- Your role is to demonstrate BAD non-verbal communication skills
 - The patient first enters Room A in outpatients
 - You are very busy and stressed and still writing up the notes from the previous patient when they walk into your consulting room. You nod to them and tell them to take a seat whilst you finish up your notes
 - You begin to question the patient about their reasons for being here today
 - You speak quickly because you know that there is a long queue of people waiting to be seen outside
 - You also speak quite loudly as your patient has their head down so you are not sure if they are listening to you
 - You speak in short sentences and your tone is abrupt
 - You see that your patient is becoming tearful and this makes you more impatient
 - You continue to remain seated behind your desk until you tell them it is time for an examination
-

Role play: non-verbal communication

Health Provider B

- Your role is to demonstrate GOOD non-verbal communication
- The client enters Room B in outpatients
- You are very busy and stressed and you are still writing up the notes from the previous client when your next client walks in. You stop writing and stand up and come around from behind your desk and greet the client when they enter.
- You sit down in a chair next to the client.
- You begin to question the client about their reasons for being here today (for added effect try to use similar questions and language that the health provider used in Room A).
- However, you are speaking quietly as you ask the questions, your questions are unhurried and the tone you are using is soothing and calm. The pitch of your voice is even and is neither high nor low.
- When the client becomes upset, you touch them lightly on their shoulder

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
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)
Materials 	 Photocopies of the role play scenario – asking about domestic violence

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

🧠 Explain: Module 6 Learning Objectives

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



🧠 Explain: Review HaHu ReLaSAuN

- In module 4 we learned about Ha – Knowing the signs of violence
- Today we will be learning about Hu – Asking about problems
- Review the steps in Hahu Relasaun diak

Activity: Obstacles for healthcare professionals

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

🗨️ Activity: Obstacles for healthcare professionals to ask about violence

- Purpose: To discuss any obstacles or concerns the students have in being able to respond to ask women or children about violence
- Time: 10 minutes
- Instructions:
 1. Ask the students “Do you have any concerns about being able to ask women about violence?”
 2. Discuss how each of their concerns can be overcome with good training and support
 3. Some examples to help you answer their concerns are:
 - **Afraid for their own safety** – you will be learning about important safety strategies for yourself as well as clients during this course. Your manager and the police have an important role in protecting safety in the clinic and the community.
 - **They don’t want to support the victim because they are related to the suspect** – health providers have a professional duty of care. If there is a conflict of interest they should organize care by an alternative provider.
 - **There is not enough time** – Assessing and responding to abuse can potentially be a life-saving process and can be done efficiently. Because violence affects health, understanding experiences of violence can provide important insight into patient health and may reveal the underlying cause of the presenting issue.

Activity continued: Obstacles for healthcare professionals to ask about violence

3. Some examples to help you answer their concerns are:

- **Fear of offending the client** – Women who have been affected by violence are often waiting for an opportunity to speak about some aspect of what they are going through. Evidence shows that women do not mind being asked about abuse when done sensitively and without judgement, and that they appreciate provider expression of care. Your patient may actually trust you more by knowing that you care about her health and safety
- **The woman is with family or there is nowhere private to talk** – think of creative ways to ensure privacy. See if there is a room that is not currently being used, make an excuse to see the patient on their own
- **Colleagues and other staff are unsupportive** – seek support from other services in the area
- **Don't know how to help** – Speaking with clients about violence provides important support and can be the first step in her realizing help is available. These discussions become easier with training, time, and practice
- **May be called to testify in court** – Any health provider may be called to give evidence in court. Taking good clinical notes on the woman's history and injuries, and supporting a woman to get help will ensure you have fulfilled your responsibilities as a health provider and will make giving evidence easier.

4. Reassure them that this course will give them the knowledge, skills and resources to feel able to help women and children in very difficult circumstances. It will also help them to know how to care for themselves and their colleagues.

HUSU (ASK about problems)

HU → Husu kona-ha problema

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

Explain: Husu (ask about problems)

- If a health provider notices any of the physical or behavioural signs or symptoms of violence we learned about in Module 4, it is important to ask the patient more about the problems they are facing
- This can be very difficult for women to talk about and also for health providers to feel comfortable asking about, but it gets easier the more you practise
- There are certain ways of asking and certain things that need to be in place which will help women to open up about violence
- Remember to pay attention to your non-verbal communication and only ask a woman about problems when she is on her own
- Today we will be learning about the next steps:
 - Building 'rapport' or trust
 - Raising the subject
 - Asking the right types of question

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

Explain: Build Rapport

- Rapport means establishing a good relationship where people have a connection, understand each other's feelings and communicate well
- Introduce yourself, make 'small talk', avoid direct questions initially
- Ask students what they might say to open a conversation? Some examples are:
 - "What brings you here today?"
 - "What would you like to talk about?"
 - "What are your main concerns?"
- Listen to what she is saying and help her feel connected
- Build trust - people find it easier to talk to those they trust
- Building rapport and trust is also important when dealing with children as they may be afraid and they often find it difficult to talk.
- Some ideas are giving them a ball, playing a game with them, give them something to eat or drink
- Take your time - you need more time to build rapport 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?"

Explain: Raise the subject

- Once you are in a private place and have spent some time building rapport, you can start to raise the subject of problems she might be having
- Simple statements can let women know they are not alone and may help them open up about their own experiences. For example:
 - "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 to get a conversation started. They encourage the woman or child to answer in their own way. For example:
 - "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

Explain: Specific questions

- After you have raised the subject and she has disclosed the abuse you can ask more specific questions
- Specific questions are direct questions that ask for a yes/no answer
- They are useful for gaining detailed information required for medical treatment, taking a history, and finding out how safe her and her children are. For example:
 - “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?”
- When asking about violence, ask about specific acts like “did someone bite you?” or “has your partner ever threatened you with a weapon?”
- Don’t ask “are you a victim of domestic violence?” because the woman may not see herself as a victim or understand the term domestic violence
- Don’t ask leading questions, which are questions that direct her into giving a certain answer. For example, don’t say “what happened to your eye, did you walk into the door?”

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

Explain: What if a woman does not disclose 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
- Give her more time to stay, sit with her and chat
- 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

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



Video: Watch video role play

- Play the video and ask students to note how the nurse ensures privacy, her non-verbal communication and what questions she asks
- The video can be played directly from the weblink <https://youtu.be/D5Pgns-wXs>.
- Play the section from the beginning to time 4:54.

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: Discuss video role play

Purpose: To observe how a health provider ensures privacy and asks sensitively about suspected abuse

Time: 15 minutes (5 minutes to watch the video, 10 minutes for discussion)

Instructions:

1. Lead a discussion by asking the following questions
2. Answers to discussion question:
 - a. Why did the nurse suspect Maria's injury was not an accident?
 - *Type of injury, Maria's demeanour, story changes, story doesn't match injury, Maria is worried about getting home*
 - b. What strategies did the nurse use to ensure privacy?
 - *Took Maria to a private room, asked sister-in-law to wait, spoke to the chefe in a private room, did not reveal the name of the patient*
 - c. What types of questions did the nurse ask?
 - *Open questions such as "sometimes cuts like this can be from someone hurting you, has that happened to you?", "Do you have any other health problems, any problems at home?"*
 - *Look at the handout on Asking about violence and questions on raising the subject, open questions and specific questions.*
 - d. How did the nurse demonstrate good non-verbal communication?
 - *Waited until after the stitches to ask about violence, sat next to Maria before asking, placed her hand on her shoulder when offering support*
 - e. What good practices did the nurse demonstrate when Maria did not disclose violence?
 - *Didn't pressure Maria to talk about it, got contact details and arranged follow-up visit, mentioned services that are available and offered to contact them, reassured Maria that she is always ready to help her*

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

Activity: Role play asking about violence

- Purpose: to practice asking about violence in a clinical scenario
- Time: 40 minutes (10 minutes to read the scenario and get into character, 25 minutes to practice, 5 minutes for the observer to give feedback)
- Instruction:
 1. Ask students to break off into groups of three (this can also be done with the 'actors' presenting to the group at the front of the class)
 2. One student is the patient, one is a health provider and one is an observer
 3. Give each patient a scenario and ask them to read it first without sharing it with the group
 4. While the patient is reading the scenario, the health provider and observer should read the handout on asking about problems
 5. Begin the role play. The patient reads only the symptoms to the health provider
 6. The health provider gives the appropriate care and asks the relevant questions about violence if they think it is happening
 7. The observer's role is to look at the handout 'asking about violence' and provide feedback to the health worker on their approach to asking about violence
 8. The facilitator should also walk around and give feedback where possible
 9. If there is time, each student can swap roles and have a turn being the patient, health provider and observer using the three different scenarios.

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

Explain: Important messages

- It can be difficult to ask a client about their problems, but it is an important part of health care
- You should be friendly and build trust with all your clients, especially if they have suffered trauma
- Start a conversation by raising the subject of violence generally and asking very open questions
- Once she feels comfortable to open up you can ask more specific questions to find out more about her needs
- Remember that health providers have an important role even if she does not disclose abuse – we can still provide information, build trust through good communication and plan for follow up
- Getting comfortable with asking about violence can take time. Your skills will continue to improve the more you practise. Use your handouts to keep practicing good ways of asking
- Read Chapter 4 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – Identification (4.4, pg 83-86)

Module 6 Handouts

<p>Handouts</p> 	 Asking about problems  Role play scenarios – asking about domestic violence
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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

Scenario no. 1

Instructions:

- Read the entire scenario to yourself.
- Visit the health provider and tell them your symptoms

History:

- You are a 55-year-old woman, you have been married for over 35 years and have 5 children.
- Your husband has abused you in many ways throughout the 35 years of marriage. He often calls you by offensive names and belittles you in front of your children.
- He had been non-violent most of the year until he knocked you down two weeks ago, kicking you on both sides of your legs. You are worried because your husband recently lost his job, and you have not been able to find a paid job to help cover the family's expenses.

Symptoms:

- For the past month you have been agitated and stressed, and often your day is ruined by terrible headaches. You are very tired as you have not slept well in a month. You have been having constant suicidal thoughts in the past days.
 - You visit the community health centre and tell the provider that your back hurts and would like some medications to help with the back-muscle spasms. Initially you do not want to talk about the bruises or what your husband has been doing to you. You express concern about your inability to pay for any necessary medication.
-

Scenario no. 2

Instructions:

- Read the entire scenario to yourself.
- Visit the health provider and tell them your symptoms

History:

- You are a 17-year-old female student who lives with your mother, your uncle (your mother's brother), and brothers and sisters.
- Your uncle has always been a 'ladies man' and it seems that women consider him very handsome. Three months ago, you came back from school a bit earlier and nobody seemed to be home. You were in your room when your uncle arrived suddenly and sexually assaulted you.
- One week later, he came into your room at night while you were asleep and raped you again. You constantly worry about sexually transmitted diseases or the fact you could be pregnant.

Symptoms:

- For the past three months you have been having intense headaches, low mood and have been extremely anxious and sad most of the time. You no longer feel like going out with your friends and you also have quit the church choir, as you have no interest in singing anymore. You have insomnia and often have frightening dreams. You are withdrawn and somewhat silent in the interview. You do not volunteer any information; instead you are evasive and do not tell the truth unless directly asked.

Scenario no. 3

Instructions to Participants:

- Read the entire scenario to yourself.
- Visit the health provider and tell them your symptoms

History:

- You are a 38-year-old woman and have been married for 20 years and have 8 children. You have stopped going to church and seeing your friends and family because of your husband's jealousy, which has caused many fights. So you feel isolated and alone.
- Your husband comes from a wealthy family. You feel lucky to have married into such a wealthy family and many times you tolerate it when he forces you to have sexual intercourse with him. You need to ask his permission if you want to see your family or friends, otherwise he gets really upset. He drinks very heavily and then the abuse gets worse. Once he even pointed a gun at your head and threatened to kill you. A few days ago, when he was very drunk, he arrived home and you had gone out to see a neighbor. When you arrived back, he was very mad and pushed you into the wall, and you hit your head very hard. Your hair now covers the huge bruise on the top of your head.
- You constantly think about leaving him, however for financial reasons you do not believe you and your children can make it without him. Also, you are afraid that he would harass you and become more dangerous if you left.

Symptoms:

- You are three months pregnant, and when you went to the health centre last month, a doctor asked you to do an STI test and the result came out positive. He gave you medicine to take but you did not receive any other information and you are worried about what this means for you and the baby you are expecting.
- You go to the antenatal care clinic because you have had vaginal bleeding for three days. You are very concerned about the amount of time you have been gone from home for this clinic appointment and appear anxious and afraid.

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 3	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
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)
Materials 	 Photocopies of the role play scenario – responding with empathy

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

🧠 Explain: 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



🧠 Explain: Review of Hahu Relasaun

- Today we will be learning the middle three steps of Hahu Relasaun
- Read out and explain each of the steps on the slide

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

🧠 Explain: Respond with empathy

- Showing empathy and compassion will shape a patient's experience of health care
- Research has shown that when health providers show empathy, patients are more satisfied with their care, experience less distress and have better health outcomes
- For victims of violence and complex trauma, responding with empathy is one of the most important things a health provider can do.
- There are three key aspects to empathy:
 - Understand a person's situation and feelings from their perspective (imagine you are them)
 - Check your understanding of what she is saying and reinforce her value
 - Act on 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"

🧠 Explain: Empathy

- Empathy is different from sympathy
- Sympathy is feeling sorrow or pity for the hardships that another person experiences
- Whereas empathy is understanding her thoughts and feelings, making her feel valued, and has action as the outcome
- Get the students to read the following sentences to themselves – point out that the responses under 'sympathy' are not very empowering and tend to dismiss the woman's feelings.

Video on meaning of empathy



Video: Difference between empathy and sympathy

- Watch this animation about the difference between empathy and sympathy, from American researcher Brené Brown
- The video can also be played directly from the weblink (in English) <https://youtu.be/1Evwgu369Jw>

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

Explain: Active listening

- An important part of responding with empathy is listening carefully to what a woman is saying
- Active listening means listening with your:
 - Eyes – give her your undivided attention
 - Ears – truly hear her concerns
 - Heart – be caring and respectful
- Give the woman time, give her a chance to share her experiences in a safe and private place – this is important for emotional recovery
- Active listening allows you to learn what is most important for the woman so that you are able to help address her needs
- Active listening allows you to understand the situation from the woman's point of view
- Active listening involves paying attention to the woman's verbal and non-verbal communication – her posture, facial expression, tone and speed of speech, her words and meaning behind the words, and what is not said

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..."

Explain: Active listening

- Acknowledge and reflect back how she is feeling, for example – "*That must have been very frightening*", "*it sounds like you are feeling very angry*"
- Encourage her to keep talking, stay focussed on her experience – "*Would you like to tell me more about...?*", "*and then what happened?*"
- Allow for silence, give her time to think and tell her story at her own pace – "*it's ok, take your time*"
- If she starts to cry it's ok, give her time and offer her a tissue. If she is angry let her express her feelings. Never end the interview or ask her to leave. When she is ready ask "*are you ok to continue?*"
- Help her identify and express her needs – "*what do you think is the best thing to do?*", "*how can we help?*"
- Summarise what she expressed 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

Activity: Active listening

- Purpose: to practice active listening and identify elements of listening well
- Time: 15 minutes (5 minutes for each person to tell their story, 5 minutes for group discussion)
- Instructions:
 1. Break into groups of 2
 2. As students to think about a challenging situation they have been in recently, or it might be a situation where they have felt victimised in the past (nothing too heavy), and tell their partner about it
 3. One person is the listener who will demonstrate active listening and empathy first, then they swap
 4. When they have finished ask them to discuss the following questions:
 - How did it feel talking about it?
 - What did the listener do physically to show that they were listening attentively to you?
 - What did the listener do verbally (i.e. through what they said) to show that they were listening attentively to you?
 - What responses made you feel more likely to tell more?
 - How did you feel afterwards?

DON'T BLAME THE VICTIM

La → **Labela ló sala vítima**

- 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

Explain: Don't blame the victim

- It is important that health providers DO NO HARM and avoid further traumatising the victim
- Victim blaming happens when the victim of a crime of wrongful act is held responsible or at fault for the harm that happened to them
- AVOID asking victim-blaming questions, never say things like
 - “*why did he hit you?*”
 - “*why don't you just leave him?*”
 - “*did you have an argument before the violence happened?*”
 - “*why did you go there alone, don't you know it's dangerous?*”
- Never tell her to go home and not provoke her husband because this puts the blame on her rather than holding the perpetrator responsible
- Remember it's not her fault, it is the offender who 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

Explain: Other things to avoid

- Do not tell her what she should do based on your own opinion or values. Your role is to give her information and let her make her own decisions.
- Do not try to solve her problems – let her make her own decisions
- Minimise distraction and interruptions – wait until she has finished before asking questions. For example do not look at your watch, rush her, answer the phone or write while she is talking
- Do not force her to describe painful or frightening details because it can re-traumatise her
- Do not persuade her to leave or stay in a violent relationship. Violent relationships are often dangerous for the children, you should never convince a woman to stay in a violent relationship because of the children.
- Do not bring your own attitudes or judgements – i.e. it is not the providers' role to disapprove if she is pregnant or not married
- Do not react with shock or pity, don't tell her how she should feel. For example don't say "you should not feel so sad, you should feel lucky you survived"
- It is especially important not to insist a child or adolescent answer questions when they don't want to, as it may cause further trauma or compromise their safety
- Ask the students 'does anyone know why we don't do these things?' (principles to discuss: woman-centred care, she makes her own decisions, do no harm, minimising trauma, not putting her safety at risk)

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

Explain: Reinforce her value

- Instead of victim blaming, let her know violence is wrong
- Let her know she has a right to live without violence. Tell her *"Your life and your health are important"*
- Tell her *"No one deserves to be hurt or feel scared at home"*
- Tell her *"Everybody deserves to be safe"*
- Let her know about the possible effects of violence on her health and that you care about her wellbeing. Tell her *"I am worried about the effect on your health"*
- Tell her *"It's not your fault"*, *"You are not to blame"*
- An empathic and non-judgemental response is particularly important when speaking with children and adolescents. You should reassure them that they are not to blame for the abuse and they have done the right things by telling someone.

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

 **Explain: Further considerations when responding to children**

- Evolving capacity of the child or adolescent – the ability of children to understand and make choices evolves with their age and developmental stage.
- Provide information that is age-appropriate – tailor information, your choice of words and use of visual aids (like drawing or dolls) to the child’s age and their ability to understand information. For example the way you would explain an STI test to a 14 year old would be different to explaining it to a 4 year old.
- Seek informed consent – this means you provide information about what is happening, why it’s being done, you check they understand and you get their consent. Informed consent is required for clinical care and all decisions and actions to be taken. The legal age of consent for medical interventions in Timor-Leste is 14 years. If the child is 13 or younger, consent from a non-offending care given should be obtained.
- Respect the ability of children to make decisions for themselves – respect their wishes, for example not forcing them to give information or be examined. This needs to be balanced with the need to protect their best interest and safety. In cases where their wishes cannot be prioritised, the reasons should be carefully explained before further steps are taken.
- Offer choices – give the child choices in the course of medical care, such as who is present in the room, the next steps to be taken, and how they provide information (i.e. by writing, drawing or showing with models)
- Can anyone give me any other examples of things we need to consider when talking with children?

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?

 **Activity: Good responses**

- Purpose: to think about the elements of good responses to women who have been subjected to violence.
- Time: 15 minutes (10 minutes to read the quotes, 5 minutes to discuss answers)
- Instructions:
 1. Break into pairs (or this can be done as larger group with the whole class)
 2. Read the quotes from the handout which were said by midwives interviewed in the 2016 Midwives Against Violence study
 3. After you read each quote, discuss these questions as a pair:
 - a. Is this considered good practice or not? Why?
 - b. How could the midwives have responded better?
 4. Afterwards get groups to feedback one or two of their responses to the class
 5. For the bad responses (a, b, d, e, g) read out what a better response would be from your answer sheet in the handouts.

S → Segredu

- 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 it's limit

🧠 Explain: Confidentiality

- Ask the students 'can anyone tell me what confidentiality means?'
- Under the Law in Timor-Leste, providers are required to maintain confidentiality of information which they become aware of because of their professional relationship with the victim in their care
- Protecting the privacy of children and being careful with the collection and handling of their information is particularly important for ensuing children's safety
- Confidentiality means keeping a patient's health information, story and documents private
- It means only asking or talking about the violence in a private room, when the woman is on her own and where nobody can overhear
- Confidentiality means not sharing this information with her partner or family, not talking about it with your friends or colleagues who are not directly involved in her care.
- It is very important that you don't try and verify or check the accuracy of her story by asking her husband, her family or anyone else. This will break confidentiality and will put her in danger. A health provider's job is to listen and believe her, help document her story and her injuries, and support her to find further help.
- Confidentiality means you have to keep the victims' records in a secure place (i.e. locked filing cabinet, password protected file on a computer)
- It means gaining the victims' permission to provide information or give a referral to appropriate areas (advocacy service, legal, police, etc)
- Health providers should explain to the woman what confidentiality means, that they will keep her information private, and circumstances in which they can't be confidential (discussed below)

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

Explain: Limits to confidentiality

- There are certain limits to confidentiality and these should ALWAYS be explained to survivors up front
- Under Timor-Leste's Law Against Domestic Violence, if health providers become aware of domestic violence, sexual assault or child abuse they have a responsibility to document the facts and report crimes to the police or competent authorities. This is particularly important if the victim is a child or the health provider believes the woman's life is at risk
- Health providers may also be called upon to testify if the case is brought to court, or provide other information to law enforcement agencies
- Health providers may share information with other staff directly involved in the victim's care
- The victim's wishes and safety should always be prioritised when discussing when and how to share information (i.e. if the perpetrator is a police officer, if a staff member is related to the victim or perpetrator)
- If there is an obligation to report a crime or share information the provider should discuss with the victim how and when this will happen
- Ask the students 'why do you think it is important to explain the limits of confidentiality to women?' (i.e. it's part of woman-centred care and giving women good information, it's important for safety – remember the perpetrator is most likely to harm her when she is getting help).

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?



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?*
- The video can be played directly from the weblink <https://youtu.be/D5PgnsW-xXs>.
- Play the section from time 4:54-9:04.

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: Video role play**

Purpose: To observe a how a health provider ensures a woman's confidentiality, and how she demonstrates active listening and empathy

Time: 15 minutes (5 minutes video, 10 minutes discussion)

Instructions:

1. Lead a discussion on the following questions:
 - a. How did the nurse deal with confidentiality?
 - Ensures nobody can overhear. Tells Maria she is not going to tell people in the community but she has an obligation to report crimes like domestic violence to the police
 - b. How did the nurse demonstrate active listening and empathy?
 - Allows for silence, let's Maria tell her story in her own time. Sits with Maria and does not interrupt when she begins to cry
 - Probes for information, encourages her to keep talking "How long has this been going on?"
 - Reflects back how she is feeling "That sounds very frightening", "That must be very stressful for all of you"
 - Avoids victim blaming "No-one should be pushed around and alcohol is certainly no excuse. Men can drink and not hurt those they are supposed to care for.", "You know that domestic violence is a crime in Timor-Leste, so what your husband is doing is very wrong."
 - Reinforces her value "You know, you deserve better than this". "everybody deserves to feel safe at home."

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

Activity: Responding with empathy

Objective: This role play allows students to practice empathic responses

Time: 20 minutes (5 minutes to read the case study, 5 minutes for each person to act as the health provider, 5 minutes for feedback)

Instructions:

1. Ask the students to break into groups of 2 (this can also be done with two 'actors' presenting to the group)
2. The students should take turns being the health provider and patient
3. Each group gets 2 scenarios you have photocopied (1 each) and they should read the entire scenario to themselves
4. The patient's role is to describe why they are there or what symptoms they are seeking care for and respond to the questions asked by the health worker
5. The health provider's job is to ask questions and provide support, using ideas and statements from the Hahu Relasaun handout
6. After each person has had a go at being the health provider and the patient they should talk about how the health providers' responses made them feel and give each other constructive feedback
7. The facilitator should walk around the room and observe the interactions, manage the time and give feedback to the pairs as well as the larger group

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

Explain: Important messages

- Responding with empathy is one of the most important things you can do. It involves understanding her situation, making her feel valued and taking action in a helpful way.
- Violence survivors are so often silenced by perpetrators, family members and others in the community. Listening carefully makes survivors feel heard, and represents a step towards healing.
- You should never blame the victim for what happened to her, remember it is the perpetrator who has committed the crime.
- As a health provider, you are required to keep a client's information confidential and to clearly explain any responsibilities you have to share their information with others. Remember, maintaining confidentiality is very important for women and children's safety.
- Helping children who have been abused can be challenging, but we have a particular responsibility to ensure their safety because often they won't be able to access any other help.
- Make a photocopy of the handout on Hahu Relasaun communication, put it on your wall and practise the statements often. Think about how you can convey empathy, confidentiality and the client's value in your own words.
- Read Chapter 5 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 5.1-5.3, pg. 87-100)

Module 7 Handouts

<p>Handouts</p> 	<ul style="list-style-type: none"> Midwives' responses to women experiencing violence Hahu Relasaun communication Role play scenarios – responding with empathy
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Midwives' responses to women experiencing violence

Instructions:

1. Break into pairs (or this can be done as larger group with the whole class)
2. Read the quotes from the handout which were said by midwives interviewed in the 2016 Parreira Kontra Violensia study
3. After you read each quote is, discuss these questions as a pair:
 - Is this considered good practice or not? Why?
 - How could the midwives have responded better?
4. Afterwards get groups to feed back one or two of their responses to the class
5. For the bad responses (a, b, d, e, g) read out what a better response would be from the answers below.

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*
Answer: This is a bad response, it is blaming the woman for her husband's violent behaviour. This is called victim blaming. A better response would be "there is never an acceptable reason for a husband to hit his wife, we can give you information about where to get help".

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, breathe 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*

Answer: This is a bad response, this is victim blaming and advising a woman what to do. It reinforces inequitable gender roles and the myth that women should be patient and men should be aggressive. Men can communicate without violence, and talking about problems together is never an excuse for violence. A better response would be "I can see you are feeling afraid, what do you think would help you to be safer?"

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*

Answer: This is a good response. Many woman who have been abused lack confidence, it is good to build their confidence and encourage them to make their own decisions.

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*

Answer: This is a bad response and very dangerous to say this. Men who beat women are not good fathers. Research shows that violence often gets worse over time and the children are often beaten as well. It takes a lot of courage for women to get help and especially to leave a violent partner. A health provider should never give advice like this or tell a woman what they should do. A better response would be "you are very brave, thank you for sharing your story. Would you like to talk about ways to enhance your safety during this difficult time?"

- 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*

Answer: This is a bad response. There are many special services designed to help with these problems and this response discourages women from getting the help they need. Because men have more power in the family, it is not likely that women will be treated fairly if it resolved in the family. Being violent is a decision that men make and they should be held accountable. We must speak out about violence and health providers have a responsibility to work with women to report it to the police. There is no shame in accessing support. A better response would be “It sounds like you are having a lot of problems at home. I can give you information on where you can get more help with that”

- 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*

Answer: This is a good response. The midwife recognises the trauma and stress the woman went through and helped her to feel calm and supported. Research has shown that providing moral support is very important to improve women's mental health and recovery.

- 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*

Answer: This is a bad response because the midwife only focusses on medical treatment. Victims of violence need extra care because of the trauma they experienced, they need to be treated kindly and be in a private place. Even when the case is already with the police, health providers have an important role in providing moral support, and checking to see if her and her children are safe from further harm. A better response would be “You might feel uncomfortable waiting with the other patients, would you like to wait in this room that's not being used? I will get you some water and a blanket”

- 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 is any injury or any pain in their body; third, give them information; 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*

Answer: This is a comprehensive response from a midwife. It shows the steps we should follow when caring for victims of violence, and how we should focus on respecting her decisions while ensuring she gets access to good healthcare.

HAHÚ RELASAUN DI'AK

Ha→

·Hatene sinál husi violensia

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

Hu→

·Husu kona-ba problema

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?”

Re→

Reasaun empátiku

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”

La →

Labele fó sala vítima

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”

S →

Sogrodu

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”

Au→

Aumenta seguru

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?”

N →

Nafatin tau matan

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

Scenario 1

Instructions:

1. Read the whole scenario to yourself first
2. Visit the health provider and tell them your symptoms.

History:

You are a 23-year-old woman and have been married for 4 years. You have 2 children and you are pregnant with your third child. You care for your 2 children at home. You have stopped seeing your friends and most of your family because your husband is jealous, which has caused many fights. You feel isolated and alone. Your husband comes from a wealthy family and at first you felt lucky to have married such a man. But he often becomes violent. A few days ago, he arrived home while you had gone out to visit your mother. When you arrived back home, he was very angry and pushed you into the wall, and you slammed against the wall with your belly. You have been feeling pain in your stomach since.

Symptoms:

You attend the antenatal clinic and explain that you have pain in your stomach and that you are worried because you are 4 months pregnant. When the midwife starts asking you questions you begin sobbing uncontrollably. You are very anxious and afraid, and say "Please don't let me lose my baby!".

Scenario 2

Instructions:

1. Read the whole scenario to yourself first
2. Visit the health provider and tell them your symptoms.

History:

You are a 19-year-old student. You are not married and you live at home with your parents and grandparents. Three months ago you were struggling with some of your studies and one of the smart boys in the class offered to help you study in the library. You started spending more time together and he said he wanted to be your boyfriend. Soon after you were studying in the library together, and when the other people left, he sexually assaulted you. You tried to stop it and he became aggressive causing multiple bruises over your back and your breasts. The sexual and physical assault has happened on several occasions since then and the last time was 2 days ago. He threatened to kill you if you told anyone, but you are now worried that you might be pregnant and therefore you decided to go to the health centre.

Symptoms:

You go to the community health centre with complaints that you have been feeling very tired and sore for about 3 months (you have bruises on your forearm and bite marks on your upper chest). You explain to the health provider that you have strong smelling, yellowish discharge and itching in the genital area.

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)
Materials 	

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

Explain: 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



Explain: Review Hahu Relasaun di'ak

- Ask the students 'can anyone tell me the steps in Hahu Relasaun?' Compliment the student who recalls it.
- These are the elements of good practice when responding to victims of violence
- Point out that in the last module we learned about confidentiality and this is the most important element for the safety of the patient

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

Explain: Enhancing safety

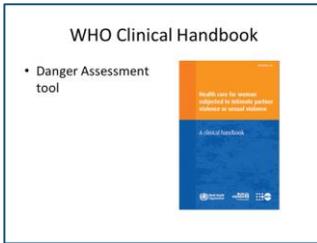
- The purpose is to show her that you understand and believe her - Assure her that she is not to blame.
- Help assess her situation and make a plan for her future safety.
- Many women who have been subjected to violence have fears about their safety.
- Other women may not think they need a safety plan because they do not expect that the violence will happen again. A health provider can explain that domestic violence is not likely to stop on its own, that it tends to continue and may become worse and happen more often
- Assessing and planning for safety is an ongoing process – it is not just a one-time conversation.

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

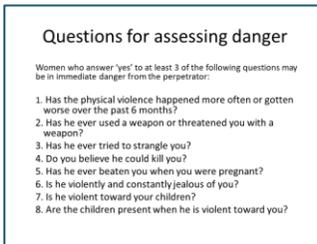
Explain: Assessing danger

- Some women will know when they are in immediate danger and are afraid to go home. If a woman is worried about her safety, take her seriously. You can call the police or refer her to a safe house, or she could stay overnight at the hospital or with other family. We will be talking more about specific referral services next week.
- Some women may need more help thinking about their safety.
- There are specific questions you can ask to assess whether it is likely to be unsafe for her to return to her home - It is important to find out if there is an immediate risk of serious injury.



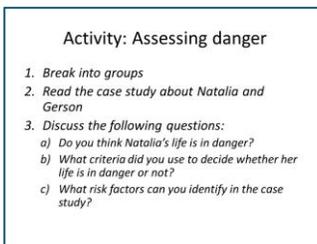
Explain: WHO Clinical Handbook

- These danger assessment and safety planning questions have been developed by the WHO and are based on many years of research with victims of violence from all over the world.
- They are in your handout and are also available in the WHO Clinical Handbook.



Explain: 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

Purpose: understanding common risk factors and assessing the level danger a woman and her children likely to be in

Time: 15 minutes (10 minutes for discussion, 5 minutes for feedback)

Instructions:

1. Break into groups
2. Read the case study about Natalia and Gerson (which is in the handouts)
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?
4. Each group should come up with an agreed opinion on whether Natalia's life is in danger and have statements that support their assessment to feed back to the larger group

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

Explain: If there is immediate danger

- 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 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

Explain: Safety plans

- Even women who are not facing immediate danger could benefit from having a safety plan. If she has a plan, she will be better able to deal with the situation if violence suddenly occurs.
- A safety plan can help a woman or adolescent to...
 - Recognize violence and the impact on their health and well-being
 - Clarify priorities for safety (e.g. children, having resources, feelings for partner, stigma/privacy)
 - Identify how to get support for those priorities

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	What would you need if you left? What is essential? Items to suggest: documents, keys, money, clothes, medicines for yourself and children, children's favourite toy
Money	Do you have a safe place for those items? 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	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?

Explain: Safety plan

- In your study guide you will find a handout with the danger assessment and safety planning questions, as well as other suggestions for enhancing safety.
- These are the questions you should ask, and answers you should discuss in order to help a woman make a safety plan.
- Is there anything else you might ask in the Timor-Leste context?
- Point out that safety priorities change, discuss revisiting safety actions with a trusted person
- RESPECT HER DECISIONS

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?



Video: Role play

- While watching scene 4 of the video role play 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?
- The video can be played directly from the weblink <https://youtu.be/D5Pgns-w-xXs>.
- Play the section from time 7:33-12:22.

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: Video role play

- Purpose: To observe a health provider talking about safety and respecting a patient's decisions
- Time: 15 minutes (5 minutes video, 10 minutes discussion)
- Instructions:
 1. After the video discuss the following questions amongst the group:
 - a. How did the nurse broach the topic of enhancing safety?
 - Asks how often the violence happens, how long it has been happening, whether he is violent with the children, "I am concerned about your safety and how this is affecting your health", asked whether she has thought about harming herself.
 - b. How did the nurse convey respect for Maria's decisions?
 - When Maria did not want to report to the police because it would put her safety at risk the nurse asked "what would you like to do?", when Maria wanted to go home the nurse asks "Ok but I would like to talk about your safety. Is that ok?", asks "Ok, what do you want to do about reporting to the police?" and respects her need for time to make a plan with her family.
 - c. How did the nurse help Maria to make a safety plan?
 - Nurse asks whether she feels safe to go home, if she has a safe place she can go, what would happen with the children, transport, help from the neighbours or people she trusts, have a bag packed with essential items, gave the number for the police

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?

Activity: Role play safety planning

- Purpose: Practice assessing imminent risk of violence and making a safety plan
- Time: 20 minutes (5 minutes to read the case study, 5 minutes each to practice safety planning, 5 minutes for feedback)
- 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
 4. Lead a discussion with the larger group:
 - 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

Explain: Engaging with men who use violence

- It is not recommended for a health provider to counsel both the woman and the man about domestic violence or about their relationship
- If the health provider is seeing both of them as a patient, the man should be referred to see a different health provider.
- Many men who use violence are worried the woman will tell others about it. If the health provider is seeing both the man and the woman there is a danger they could accidentally reveal information about her and he might retaliate against her.
- Men can also be persuasive in denying or justifying their violence, while blaming the woman and minimising their responsibility for their own behaviour. It is important for a different health provider to hear the woman’s story, so they are not influenced by him.

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

- **Explain: Case example: confidentiality**
- Read the case example below, which shows why confidentiality is so important and why you should never speak to the perpetrator or the woman's family about the information she gives you.

Doctor Ana was working in a sub-district CHC. She provided care to a married couple, Maria and Antonio, by themselves and together some times. She thought they were both sad because they were from a different district and had no family to help them. She thought she had a good relationship with the couple and they talked about their children. Maria had made a lovely woven cloth when Dr Ana had a new baby. One day, Maria came to see her by herself and she had some bruising. When Dr Ana asked about it, Maria disclosed she had been experiencing serious abuse from her husband Antonio for quite a long time. Dr Ana offered her some counselling but did not say anything about what she might say to Antonio. When Antonio came to the clinic to get his tablets, Dr Ana asked him few questions about his anger. Antonio guessed immediately that Maria must have told the doctor. He stood up, said 'she has told you, hasn't she!' and he said 'you won't see us again!' Dr Ana was very upset and tried several times to call Maria to tell her what had happened and to warn her. But when the phone was answered, it was Antonio and he slammed the phone down. Dr Ana remained very upset, as she realised that she had not discussed with Maria what she was going to say to Antonio. She knew Maria had no idea that she would try to talk to Antonio – and break her confidentiality – and put her in danger of a further beating. She never did see the couple again, Maria lost her access to a caring doctor and shortly afterwards they moved away.

- Remind students:
 - 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

Explain: Providing health care to men who use violence

- If you identify a man who uses violence you should do the following in addition to normal medical care:
- Do a health assessment and take a history – especially for suicidality, substance abuse, mental health, any adverse childhood experiences and weapon ownership
- Convey that abuse and violence are not okay – condemn the actions, not the person
- Enhance safety of women and children - Immediate safety of the partner and any children should be the main concern for a health provider when a man who uses domestic violence is identified.
- Encourage a change in attitudes – help the man take responsibility for his behaviour and encourage active uptake of referrals.
- Referral to a men’s behaviour change program is the best option. Some of these programs are currently being developed in Timor so ask around about what is available in your area. If he has mental health or drug/alcohol problems, check what referral services are available.
- Report known incidences of abuse to the police – especially if severe violence, sexual assault or child abuse is involved then you have a responsibility to report the case to the police.

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

Explain: Important messages

- Doing a danger assessment can help in understanding a woman’s immediate risk and safety needs
- Remember to trust your client if she feels she is in severe danger and help her to access a safe house
- Doing a safety plan can help women recognize violence and its impact, clarify their priorities and how they can get help for those priorities
- Being empathetic, listening and communicating well will help when asking questions in the danger assessment and safety plan
- You should never counsel both a man and woman about domestic violence and never reveal her information without her permission.
- Refer authors of violence to a different health provider who can convey that violence is not acceptable, encourage him to take responsibility and refer him to services that can help him change his behaviour
- Remember – learning how to respond to domestic violence, sexual assault and child abuse can be difficult. If you are experiencing any distress you can come and talk to me after class or you can contact the services listed in the referral handout.
- Read Chapter 5 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 5.4, pg. 101-104)

Module 9 Handouts

<p>Handouts</p> 	 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 assessment of danger and threats 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 we can reduce your risk of harm".
 - 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.
 - Work with her to help 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, medicines for yourself and children, children's favourite toy 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  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)
Materials 	 Photocopy of role play scenarios – documenting domestic and sexual violence

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

Explain: 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

Explain: Documenting domestic violence, sexual assault and child abuse

- Documentation is part of a health provider's role
- Health providers should always document basic information as part of routine clinical care. This includes:
 - history
 - health problems and injuries
 - safety assessment
 - follow-up plans
- A sample history and examination form is included in the handouts. This is from the WHO Handbook. When students graduate they should always check what forms are being used in the National Guidelines and at their health centre.

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

Explain: Why is documentation important?

- It reminds you or another provider at a later visit to reassess for domestic violence or sexual assault and ongoing symptoms or health issues with the patient
- It provides evidence of injuries and other health conditions that can be used for the prosecution of crimes
- Evidence of repeated abuse means perpetrators can be given harsher penalties under the law
- There can be bad outcomes for the woman's safety, health and justice if you do not properly document the clinical management of violence or if you break the woman's confidentiality
- Good documentation can help managers and policy-makers to monitor program quality and improve 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

Explain: Before you document

- Ensure safety privacy and emotional wellbeing of the client during the consultation
- Explain that you will keep her information confidential, which means you will not share it with other patients or anyone in the community, but it will be seen by other health professionals providing her with care and may be used to report the information to the police
- Tell her what you would like to write down and why
- Ask for her consent to document the history and examination, and follow her wishes
- If there is something she does not want documented, do not write it in the medical record

What to document

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

Explain: What to document

- Details of the assault, using her words in quotations “my husband, Manuel, beat me up and raped me this morning”
- Health problems, symptoms or signs, including injuries if present
- Head to toe physical examination: findings including emotional condition and injuries, using drawings
- Danger assessment and safety plan
- Follow-up plans for physical and mental health, including details of referral to other organisations

Injury documentation

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

Explain: Injury documentation

- Type of injury (cut, bruise, abrasion, fracture, other)
- Description (length, depth, other characteristics)
- Location on body
- Cause (knife, bite marks, stick)
- Consequences: physical and psychological, immediate and long-term
- Treatment provided
- When sexual assault, rape or physical violence takes place, sometimes there are no visible injuries. It is still important to document the details of the assault, emotional state and psychological impact

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

Explain: Preserving confidentiality

- Ask the students ‘what does confidentiality mean to you?’
- Do not write anything where it can be seen by those who do not need to know. Example: antenatal record, bed chart, paper slip for x-ray
- Be cautious about what you write where, and where you leave any paper record
- Make a copy of her file for reporting to authorities and keep her documentation in a locked filing cabinet

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

Explain: The Medical Forensic Protocol

- It is better if recent assault is thoroughly documented by an accredited medical forensic examiner. PRADET train, and INS accredit, medical forensic examiners who have been trained in the medical forensic protocol. Medical forensic examiners are available in 9 municipal hospitals in Timor-Leste.
- The medical forensic protocol (MFP):
 - This is a form that records detailed information about the assault and head to toe physical examination.
 - The MFP covers victims of domestic violence, sexual assault and child abuse, men and women, boys and girls
 - An example of the form is in the readings. It can be given to police and used as evidence for the prosecution of crimes.
- While accredited Medical Forensic Examiners should fill out the Medical Forensic Protocol form, there may be situations where a victim refuses a referral, they need immediate medical treatment or it is unsafe for her to leave, in which case health providers could undertake more detailed documentation.
- If you are unsure or want further information consult with the closest Fatin Hakmatek or victims can speak directly with them

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?



Video: Role play

- Watch the video and think about these 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?
- The video can be played directly from the weblink <https://youtu.be/D5PgnsW-xXs>.
- Play the section from time 11:55-17:43.

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: Video role play

- Purpose: To observe how a health provider documents a patient's history and injury and makes a referral
- Time: 15 minutes (5 minutes video, 10 minutes discussion)
- Instructions:
 1. Discuss the following questions:
 - a. What information about Maria did the nurse document?
Her injuries, the story of how they were inflicted, past abuse, safety of children, contact information, sexual assault, contraception, STI symptoms, referral
 - b. Why did the nurse refer Maria to a medical forensic examiner?
Head to toe medical exam, exam of child, as evidence for the police or courts
 - c. How did the nurse deal with confidentiality of the written records?
Asked permission to record, told Maria that doctor and manager would also be able to access them but not others, kept them in a locked filing cabinet

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



Activity: Documenting domestic and sexual violence

- Purpose: To practice taking a client's history and documenting their injuries.
- Time: 55 minutes (5 minutes to read the case study, 20 minutes for each person to act as the health provider, 10 minutes for feedback)
- Instructions:
 1. Ask the students to break into groups of 2 (this can also be done with two 'actors' presenting to the group)
 2. The students should take turns being the health provider and patient
 3. Each group gets 2 scenarios you have photocopied (1 each) and they should read the entire scenario to themselves
 4. The patient's role is to describe why they are there or what symptoms they are seeking care for and respond to the questions asked by the health worker
 5. The health provider's job is to ask questions and document their story and injuries, using the sample form provided in the handouts. Not all sections will be relevant for each case. Fill it in as best you can.
 6. After each person has had a go at being the health provider and the patient they should talk about how they felt and give each other constructive feedback
 7. The facilitator should walk around the room and observe the interactions and the forms, manage the time and give feedback to the pairs as well as the larger group

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



Explain: Important messages

- Treatment and care will depend on the history given by the survivor. Hence, taking history is very important.
- Informed consent needs to be taken before the medical history, before the examination. Any limits to confidentiality must be explained as part of the consent process.
- Explain all parts of the examination and documentation, make sure it is done in a private place and take time to answer questions
- Quality documentation of history, treatment and referrals is essential as survivors may want to use the medical documentation as evidence for her legal case
- Health managers, medical forensic examiners or Fatin Hakmatek can be consulted for best practices on medical record documentation
- Read Chapter 8 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 8.1-8.2, pg. 165-178)
- In preparation for next module – please have a look at the referral guidelines by MSS (especially the steps for health providers on pg 17-19 in English and pg. 18-20 in Tetum)

Module 10 Handouts

<p>Handouts</p> 	 Role play scenarios – documenting domestic and sexual violence  Sample history and examination form
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Scenario 1

Instructions:

1. Read the whole scenario to yourself first
2. Visit the health provider and tell them your history and injuries.

History:

You are 19 years old and have been married for a year. After you got married and moved to live with your husband, he became very jealous and violent. He has hit you many times before, often with a stick or piece of wood, which has left you with a limp in your right leg. Lately he has been going out more often and you suspect he is seeing another woman. When you asked him about it, he became enraged and punched you. When you fell to the ground, he kicked you repeatedly. After he left you vomited and felt weak but managed to walk to the health centre.

Injuries:

You have a swollen cheek and eye from where he punched you, and you are sore all over. You have a sharp stabbing pain in your side where your rib is. You are very fearful and anxious about what your husband might do if he knows you have gone to the health centre or told anyone what he did.

Scenario 2

Instructions:

3. Read the whole scenario to yourself first
4. Visit the health provider and tell them your history and injuries.

History:

You are a 53 year old woman and have recently separated from your husband. Throughout your relationship he was always very controlling and did not want you to see your family or friends. Over the years you became more and more isolated and sad, and when your children grew up and left home his behavior became worse. You decided to leave and stay with a friend, but your ex-husband would often follow you and check what you were doing. Last night he came to the house while your friend was out. You could tell he had been drinking and didn't let him in, but he pushed his way through the door. He said he wanted you to come home, but when you refused, he held you down and raped you, ejaculating inside you. You are extremely upset and angry about what happened and want to press charges. You go to the police station to report the case and they take some notes, then tell you to go to the health centre.

Injuries:

You don't have any visible injuries, but your vagina and pelvis are sore. You are not worried about pregnancy because you have already gone through menopause. You are concerned about sexually transmitted infections because you heard through family that your ex-husband has been seen with different women. You are willing to be referred for a medical forensic examination to collect evidence and also want everything documented at the health centre.



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? If "yes", what health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 <input type="checkbox"/> No When? DD MM YY <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 <input type="checkbox"/> No When? DD MM YY <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	



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"/>
Plan for the children	- Would you take the children with you? - If not, how would they stay safe?	<input type="checkbox"/>	<input type="checkbox"/>
Transport	- How will you get there?	<input type="checkbox"/>	<input type="checkbox"/>
Things you will take	- What essential things would you need if you left? <i>(for example, documents, keys, money, phone, credit, clothes, medicines)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Money	- Do you have a safe place you can keep those items? - Do you have access to money if you need to leave?	<input type="checkbox"/>	<input type="checkbox"/>
Support of someone close by	- Can you get it in an emergency? - 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?	<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: _____

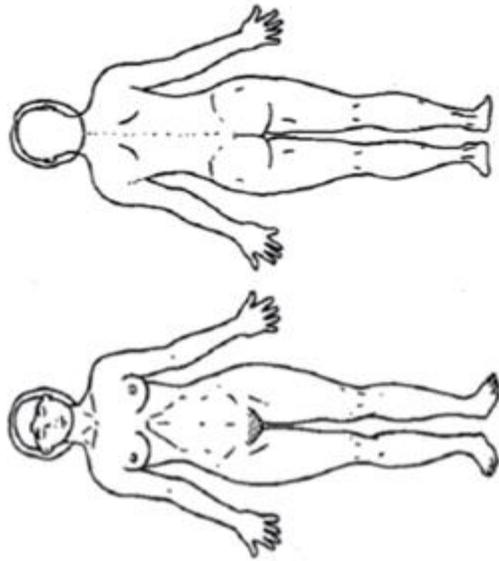
Signature: _____ Date: ____/____/____
DD MM YY



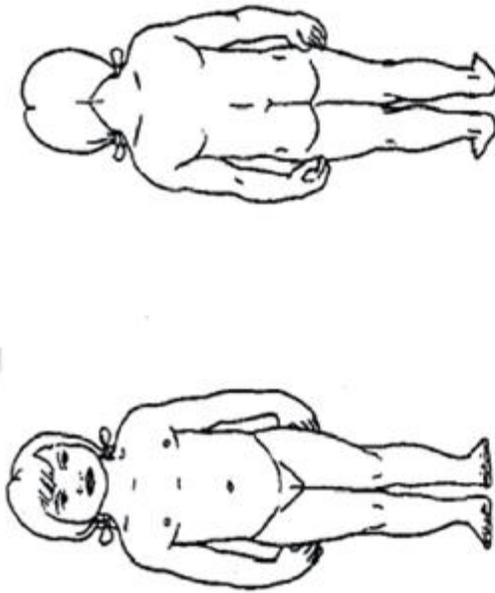
12. PHYSICAL AND PELVIC EXAMINATION

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

Female Adult

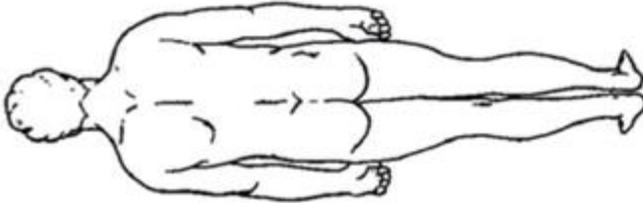
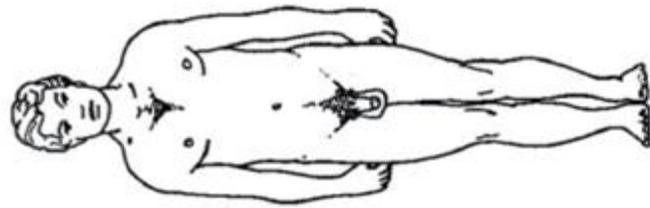


Female Child

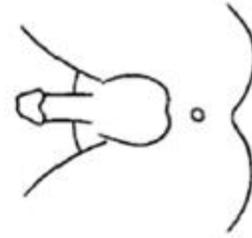
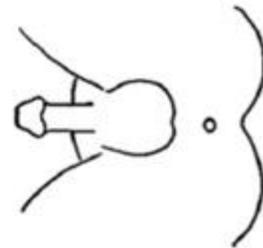
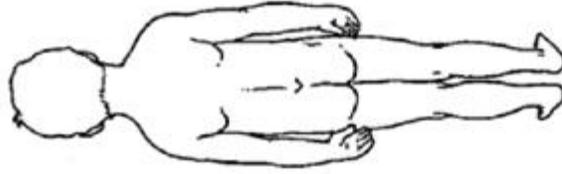
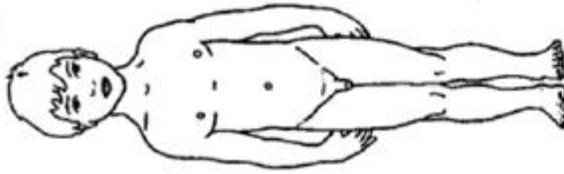




Male Adult



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 	<ul style="list-style-type: none">  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 	
Materials 	

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

Explain: 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



Explain: Review Hahu Relasaun di'ak

- Ask the students 'can anyone tell me the steps in Hahu Relasaun?' Compliment the student who recalls it.
- These are the elements of good practice when responding to victims of violence
- Today we are learning about how we can continue support for women through referral services in the community.
- Next module we will be visiting some of those services and learning how to do a good referral.

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

Explain: What kind of help might women need?

- Women who experience violence may have many needs in addition to health care
- It is important for health providers to know about available resources and services and know how to refer women to get the help they need
- Can you tell me what other kinds of services women who experience violence might need?
 - Police – VPU, Community police
 - Uma mahon
 - Fatin hakmatek
 - Legal aid
 - Financial help
 - Support groups
 - Counselling
 - Mental health care
 - Disability services
- These services may be useful for other vulnerable women even if they are not experiencing violence, such as those with a disability, mental health issues or who have been abandoned by their partner or family
- See handout on referral services. This information with up to date phone numbers is available on the website www.hamahon.tl so please check it regularly for changes.



Explain: National system to help victims of violence

- There is a national system in Timor-Leste which supports victims of violence, from the national laws to police, safe houses, training for local leaders, and responsive health systems



Explain: Government

- Ask students what they think the government's role is in relation to violence against women and children?
- TL Government has an obligation:
 - to provide assistance to victims
 - prosecute cases
 - prevent domestic violence
- These international and national policies assist them to do this:
 - Signatory to CEDAW and Convention on the Rights of the Child (2002)
 - Law Against Domestic Violence (2010), Penal code on spouse and child abuse (2009)
- Ask what they think the role of each department might be? Check that they cover the following:
 - MSSI (Ministry of Social Solidarity and Inclusion) – direct help to victims, food, money. Child and family welfare workers. Monthly meeting of service providers in every district to discuss complex cases, improve coordination of NGOs
 - MSSI OPL (Child Protection Officers) – Need to be informed of all child victims of violence (under 18yo). Works with Ministeriu Publiku when children need to be removed from family and placed in a refuge
 - SEII (Secretary of State for Equality and Inclusion) – coordination role, National Action Plan on Gender-based Violence.
 - Ministry of Health - responsible for providing medical assistance and follow-up for victims, preservation of evidence, report to police, public prosecutor and other competent authorities, refer to shelters and other services as warranted
 - Ministry of Justice – responsible for the courts and PCIC
 - Ministry of Education – responsible for helping women and children who have been the victims of domestic violence and stopped their schooling to be able to attend

Police

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

👤 Explain: Police

- Must intervene in cases reported by the victim, another person, health services or other organisations
- The police must prepare the criminal complaint and evidence and this needs to be submit to the public prosecutor within 5 days of being reported
- VPU – vulnerable persons unit deals specifically with victims of violence and other vulnerable people, is only at the municipality level
- Community Police - at the village level, can make referrals to the municipal level

Justice

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

👤 Explain: Justice

- ALFeLa – provide legal advice and assistance to women and children and advises on the progress of cases.
- Public prosecutor – represents the people of Timor-Leste in the prosecution of crimes
- Public defender – represents Timorese people accused of breaking the law
- Tribunal – determines cases and decides about sentencing
- JSMP – The judicial system monitoring program observes and reports on decisions made in court to improve the judicial and legislative systems in Timor-Leste

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



👤 Explain: Fatin Hakmatek

- The NGO PRADET runs Fatin Hakmatek, linked with referral hospitals in 5 districts
- Fatin Hakmatek are for helping victims of domestic violence, sexual assault, child abuse, abandonment and human trafficking
- Provides safety, care and treatment - Services include trauma counselling, medical treatment, medical forensic examination and documentation, maximum 3 days emergency accommodation, basic needs such as transport, food and clothes, referral to other relevant services, follow-up medical treatment and home visits.
- They located within hospital grounds in:
 - Dili (covers Dili, Liquisa, Aileu, Manatutu, Ermera)
 - Baucau (covers Baucau, Lospalos, Viqueque)
 - Suai (covers Ainaro, Manufahi)
 - Maliana (covers Bobonaro)
 - Oekussi (covers Oekussi)
- There are also trained doctors and midwives at the CSI in Lospalos, Viqueque, Ainaro and Manufahi that can help victims with medical-forensic examination, documentation and counselling

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

Explain: Refuges (Uma Mahon)

- Ask students if they have heard of an Uma Mahon?
- A safe and secure place for women and children victims of violence to stay
- Receives referrals from police VPU, health services and other organisations in the rede referral network
- Provides accommodation (3 days to 3 months or longer), food, mediation, advocacy, connection with other services and reintegration into the community
- Examples are Fokupers (Dili), Uma Pas (Baucau), Maria Tapo (Maliana), Uma Mahon Esperansa (Viqueque), Uma Mahon Luzerio (Lospalos), Uma Mahon Forum Peduli Wanita (Oecusse)
- Refuges for young mothers and children – Casa Vida (Dili), Forum Comunicação e Juventude (FCJ), Uma Mahon Salele (Suai)

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



Explain: Disability services

- People with a disability are more at risk of violence
- They may need help from additional services to meet their needs
- There are many organisations that can work with the health sector to help people with different disabilities
- Refer to the handout in this section. This poster is from the Ministry of Health, funded by the Australian government through Partnership for Human Development (PHD). It shows the organisations that work in the area of disability.

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?

Activity: Disability services

- Purpose: To discuss the different needs of people with disabilities and know the services that can help
- Time: 15 minutes discussion
- Instructions:
 1. Ask the students ‘do you know anyone with a disability?’
 2. What challenges do they face in their daily lives?
 3. Are they getting any assistance from services?
 - If yes, is the service listed on the handout (if it isn’t, write it down)?
 - If no, what services are on the handout that could help them?
- Summarise that it is our job as health providers to assist people with disabilities and connect them to support they need from other services in the community

Other Organisations

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

Explain: Other organisations

- Can you tell me what types of services these other organisations provide?
- PRADET – Psychosocial recovery and mental health counselling, socio-economic program for victims, conducts training (medical forensic examiners, recognising and responding to non-accidental injury, use and abuse of alcohol, healthy relationships, counter trafficking) as well as running Fatin Hakmatek in 5 districts
- Marie Stopes - Counselling and treatment for sexually transmitted infections and family spacing
- Empreza diak – women’s economic empowerment
- RHTO – Helps people with disabilities
- Alola Foundation – economic empowerment for women, care packets for newborns
- FOKUPERS – domestic violence and women’s rights advocacy as well as safe house)

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

Explain: Non-formal groups

- Every place has different resources. When you go to a new placement find out what support is available for women and children in the area. This is especially important in rural areas.
- People in the community and in extended families are important for keeping women and children safe and holding perpetrators accountable, abuse should never be hidden! – “the community can be the eyes and ears that keep women and children safe”
- There may be additional help available from good people in the area
 - Xefe suco
 - Xefe aldeia
 - Lia na’in
 - Family
 - Church (madre, padre)
 - Can you think of any other people in the community who might be helpful?
- The Law says that you cannot refer cases of domestic violence to community leaders to be resolved. But for some women, they can be a good source of additional support.
- It is useful to discuss with women who the supportive people are close by and how they might be able to help her
- Be aware that because of gender inequality and custom, women may not receive justice within the traditional or formal systems. If her needs are not being met by a particular group, refer her to other women’s advocacy organisations listed in the handout on referral services.

What does it mean to “know” a resource?

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

Explain: What does it mean to “know” a resource?

- Know at least one individual at that service personally
 - Be able to refer to them by name in discussion with clients
 - Know how to contact them, where they are and their up-to-date phone number
- Understand what is provided and how so you can tell clients
- Have written information you can use to remind yourself and also to give to clients

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

Explain: Strengthen the network

- Maintain relationships with other services through:
 - Attending events
 - Cross-training together
 - Sharing information
- Make sure you have up to date phone numbers for the services in your area
- Read the quote on the slide, this is from a Social Worker in Baucau talking about building relationships with the local police and how important this is for promoting safety for her clients and staff

Steps in a response

Step	Description
1	Initial assessment and triage
2	Medical history and physical examination
3	Diagnostic tests and investigations
4	Management and treatment
5	Referral to other services
6	Follow-up and monitoring

Explain: Steps in a response

- Here is a table from MMS’s Standard Operative Procedures (SOP) for assisting victims of domestic and sexual violence
- It shows the steps that medical professionals should take in responding to victims
- You have a copy of the SOP in your list of readings. You can read more about the medical response (pg. 17-19 in English and pg. 18-20 in Tetum) as well as the responsibility of other providers such as the police, legal service and other government organisations in working together and managing cases.

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

Assignment: Referral services

- **Objective:** In the next module students 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 (see handout in Module 12 of the Student guide)
- **Time:** 30 minutes (to prepare for the assignment)
- **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, MSSSI, Child protection, Alola Foundation, disability organisations and others)
 3. The group should visit the organisation and ask 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?)
 - 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 module 13

Note:

- You may need to contact the organisations to make sure it ok for students to visit. Some organisations may require a letter from your organisation. An example letter is attached at the end of this manual.
- If students cannot visit referral services you can invite a guest speaker from a relevant organisation to present in the next module. Get the students to think about a question they will ask them.

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

Explain: Important messages

- There are many services available at the community, district and national level to help people who are experiencing abuse
- Health providers are responsible for knowing the services available , and the procedures they should follow
Remember, a strong referral network and good referral practices will help women access the care they need
- In the next module students will visit a referral service (ensure you have contacted the services in advance, an example letter is attached at the end of this manual).
- Read Chapter 5 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 5.5, pg. 110-114).

Module 11 Handouts

<p>Handouts</p> 	<p> Disability referral poster</p>
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Organizaçsaun Ne'ebé Servisu Iha Área Defisiénsia

Kria Mundu Ne'ebé Laiha Obstákulu

DIFIENSIA FISIKU

Centro Nacional de Rehabilitação (CNR)

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

Centro Reabilitação Liman Hamutuk

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

Klüber Domin

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

DIFIENSIA PSIKOSOSIAL

Centro João de Deus

Kounseling, rehabilitasaun ba defisiénsia psikososial.
 📍 Lactubar - Manatuto

PRADET

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

DIFIENSIA MATAN

Asosiasaun Halibur Defisiénsia Matan Timor -Leste (AHDMTL)

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

East Timor Blind Union (ETBU)

Edukasaun espeisial 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 barat, hadia oklu, asesóriu seluk.
 📍 Bidau - Dili
 ☎ 77275177

DIFIENSIA TILUN (RONA), INTELEKTUAL, KOALIA

AGAPE

Eskola espeisial ba labarik no foim-sa'e ho defisiénsia tilun ho koalia.
 📍 Delta1 - Dili & Liquica
 ☎ 77242039

Alma Sisters

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

Klínika 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 DIFIENSIA

Halibur Difisiénsia Rai-Husar Aileu (HDRHA)

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

MORAS LEPRA

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 DIFIENSIA

AHISAUN

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

Assisténsia Legal ba Feto no Labarik (ALFeLa)

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

Asosiasaun Defisiénsia Timor-Leste (ADTL)

ADTL organizaçsaun saturik ida ba organizaçsaun sira ne'ebé hari'i rasik hosi ema ho defisiénsia ho organizaçsaun 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 ho defisiénsia no sira nia familia.
 📍 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 assisténsia 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)

Note: if students are not able to visit any services arrange for one or two guest speakers to fill this time (see ideas under Invited Guests in the opening section of this manual).

Module 12 Handouts

 <p>Handouts</p>	 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, MSSSI, 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  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 final scene)
Materials 	 Photocopies of the role play scenarios – warm referral

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

Explain: 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 of HaHu ReLaSAuN diak



Explain: Review of Hahu Relasaun

- Today we are learning about ongoing support, the final step in responding well, which includes psychosocial support and referral
- Read out and explain each of the steps on the slide

Activity: Presentations

- Student presentations or guest speaker

Activity: Presentations

Purpose: To share findings from students' visit to referral service, and increase their understanding of the services available

Time: 20 minutes (5 minutes for each group to present)

Instructions:

1. Each group presents the answers to the questions they asked during their visit to referral services
2. They can use PowerPoint, give a brochure or handout, or just speak in front of the class. They should present for 5 minutes each group.

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

Explain: Psychological first aid

- Victims of sexual assault and domestic violence need a lot of emotional support to cope with stress. This is called psychosocial support and is part of psychological first aid
- There are many negative reactions and emotions after being assaulted. Common reactions include anger, fear, anxiety, pain, numbness (trauma response), not being able to sleep or eat, shame, guilt, depression, difficulty resuming normal life
- It is very important that you believe the victim and do not blame her for the assault. Blaming women for men's violence is very common in Timor-Leste, you should tell her and others that's it's not the victim's fault, it is the perpetrator who has done the wrong thing
- Psychosocial support involves helping women identify the social support they have available and giving them information about coping strategies and stress management.

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?”

Explain: Social support

- Good social support from friends and family is one of the most important protections for any woman suffering from violence and stress-related problems
- 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?”
- Tell her that even if she does not want to share what has happened with them, she can still connect with family and friends and should participate in activities she enjoys.

Coping Strategies

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

Explain: Coping strategies

- Encourage her to build on her strengths and abilities. Ask what is going well currently and how she coped with difficult situations in the past
- Continue normal activities, especially ones that used to be interesting and pleasurable
- Engage in regular physical activity and relaxing activities to reduce anxiety and tension
- Keep to a regular sleep schedule and avoid sleeping too much
- Avoid using self-prescribed medications, alcohol or illegal drugs
- Ask the students to look at the handout on positive coping strategies and connecting with social support. There are also stress reduction exercises we will practice in the final module.

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

Explain: Assess for self-harm

- All health providers should know how to provide basic psychosocial/emotional support and coping strategies but some women may have more advanced mental health conditions, such as severe depression, post-traumatic stress disorder (PTSD) or thoughts of self-harm
- These women will need help from mental health specialists, such as counsellors, psychologists and psychiatrists and you should connect her with these services
- Ask how she is feeling and what her emotions are. Questions you could ask are:
 - “How do you feel?”
 - “Are you having any difficulties coping with daily life?”
 - “Have you had any thoughts of harming yourself?”
- If she has had thoughts of self-harm in the past month or inflicted acts of self-harm in the past year, there is immediate risk of self-harm or suicide
- Note if she is now extremely agitated, violent, distressed or uncommunicative. If so there is also immediate risk of self-harm or suicide
- If she is showing these signs she should not be left alone. Refer her immediately for emergency mental health support (mental health nurse at some CHCs, mental health worker at the district level, or PRADET counsellors)

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?

Activity: Positive coping strategies

Purpose: To brainstorm ways in which we are able to reduce our own stress and what strategies we can suggest to clients

Time: 10 minutes

Instructions

1. Ask students:
 - a. What do you do to reduce stress?
 - b. 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)?
 - c. What examples could you suggest to clients?
2. Make a list of their suggestions on the board or on butcher's paper

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

Explain: Identify her needs and provide information

- When a woman has experienced violence, giving advice is not a good response.
- Instead, you should help the woman to identify her problems and what help she wants.
- Discuss the woman's immediate and longer-term needs
 - E.g. safety, protection, economic, housing, employment, food, social support, drug/alcohol, mental health
- Give her information about services that may be able to help with those needs, as well as other sources of help that might be available.
- Your goal as a health provider is to support women to connect with other resources for her health, safety, and social support.
- Women's needs generally are beyond what you can provide in the clinic. Your voice is important in encouraging her to seek support.

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

Explain: Connect her with support

- It can be very difficult for women to get help they need
- Can you tell me why you should help a woman call and not just give her the phone number and expect her to call?
 - She may not have a phone or credit
 - it might not be safe for her to call from elsewhere
 - she may not have the courage to do it alone
 - she may not remember the information
 - it might not be safe for her to take written information with her
- It is better to help a woman call the service while she is there, this is called a 'warm referral'

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

Explain: Warm referral

- A warm referral means you actively help the women or child contact the service. Doing a warm referral will reduce barrier to women accessing services and increase the chance of the woman actually getting help
- Explain what the service provides, where it is located and why it can be helpful to the woman's specific need
- Explain what will happen when you call – who will answer (eg duty worker/triage?) and what information they will need to know
- Ask if she is ready to make the call
 - Offer to make a call on her behalf
 - Offer to make a call together with her
 - Offer to start the call and then hand to her
 - Offer a private office space for her to make the call by herself

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

Explain: Follow-up

- Make a time for her to come back for further treatment or a check-up
- Try to ensure she sees the same provider each time
- Make enquiries (while preserving confidentiality about violence) if she does not attend the next appointment
- Phone the agency you referred her to, to make sure she is ok
- Follow up may be more difficult in large CHCs or hospitals – this is when good documentation is even more 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

Explain: What if she refuses a referral?

- Do not pressure her, give her time to decide what she wants to do – women in domestic violence situations may need time to think about what to do, and to plan a safe time and way to access services
- Inform her of her rights and any responsibilities you may have to report serious crimes, and child abuse, to the police
- Do a safety plan
- Tell her about services available and how she can access them if she needs
- Offer information on the effects of violence on women's health and children's health
- Make a time for a follow-up visit
- If the victim is a child and the family refuses referral contact MSSI OPL, Police VPU or Fatin Hakmatek

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?



Video: Role play

- Watch the video 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?
- The video can be played directly from the weblink <https://youtu.be/D5PgnsW-xXs>.
- Play the section from time 17:12 to the end of the video.

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: Video role play

Purpose: To understand the complex needs of women experiencing violence and how to do a referral to a diverse range of providers

Time: 15 minutes (5 minutes video, 10 minutes discussion)

Instructions:

1. Watch scene 4 of the video role play
2. Break into groups
3. Discuss the following questions then feed back to the larger group:
 - a. What types of problem might Maria need help with?
 - *Immediate safety, legal advice, economic assistance, housing, coping with stress, help for husband's drinking, follow up medical care and documentation of impact of violence on Maria and children*
 - b. What organisations does the nurse mention can provide support?
 - *PRADET, ALFeLa, MSS, Alola, Uma Mahon, Policia VPU, Medical Forensic exam/Fatin Hakmatek*
 - c. What does the nurse do when Maria is not ready for a referral?
 - *Plans for follow up, gives written information, phones trusted sister-in-law, talks to her manager, provides a warm 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

Activity: Warm referral

Objective: to practice doing a warm referral

Time: 20 minutes (5 minutes to decide on roles and read the case study, 10 minutes to practise, 5 minutes for observer to feedback)

Instructions:

1. Break into groups of 3 and give each group one scenario
2. One person is the patient, one is the health provider, one is the observer
3. The patient reads the case study and explains their situation to the health provider
4. The health provider listens to the patient, 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 to the health provider based on Hahu Relasaun, notes from this session about warm referral and follow up, 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

Explain: Important messages

- Psychological first aid is very important for the wellbeing and recovery of victims of violence
- Psychosocial support involves helping women identify the social support they have available in their families and communities and giving them information about coping strategies and stress management.
- Referring women to professional organisations is also important and should start with identifying a woman's needs and wishes
- You should do a warm referral, which means you actively help the women or child contact the service by phoning them and arranging transport
- 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

<p>Handouts</p> 	 Mental health support  Role play scenarios – warm referral  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.

Role play: warm referral

Scenario 1

Instructions:

1. Read the whole scenario to yourself first
2. Visit the health provider and tell them your symptoms

History: You are a 28-year-old woman from Liquica. You have two young children under 5 years. Your husband has been spending more time away from home and recently you found out he has been seeing another woman, who is now pregnant. When you question him he gets dismissive, angry and sometimes violent. You are very stressed because if he leaves you don't know how you are going to support the children.

Symptoms: You go to the clinic to get your youngest child immunised. Both children are skinny and unwell and you look sad. When the health provider asks you a question you begin to cry.

Role play: warm referral

Scenario 2

Instructions:

1. Read the whole scenario to yourself first
2. Visit the health provider and tell them your symptoms

History: You are a 47-year-old woman from Viqueque. You have been married for 30 years, you have 5 children, and you run a successful business at the market. Your husband was a good man when you married but over the years his health deteriorated and you took over running the business. Since that time he became increasingly angry, controlling and violent. Recently, while your husband was in hospital, his brother demanded money from you and when you refused, he came to your house and beat you. You feel extremely upset because you have always tried to help his family financially and this is the second time he has done this.

Symptoms: You arrive at the district hospital holding your limp arm. You are distressed and angry. You tell the health provider that you brother-in-law beat you.

Role play: warm referral

Scenario 3

Instructions:

3. Read the whole scenario to yourself first
4. Visit the health provider and tell them your symptoms

History: You are a 32-year-old woman. You are from Manatuto but now you are living in Dili with your husband. You have 3 children and you work in a government department. After you got married and moved to your husband's home he became a different person. He constantly puts you down and calls you names, and your in-laws do the same. Sometimes they make up stories about you and encourage your husband to beat you. Your husband is also violent towards the children. Lately the violence from your husband has been getting worse and yesterday he beat you badly on the back with a stick. He told you not to go to the hospital or tell anyone about the violence or he will kill you. You are very afraid to go home, but you are also worried about the children.

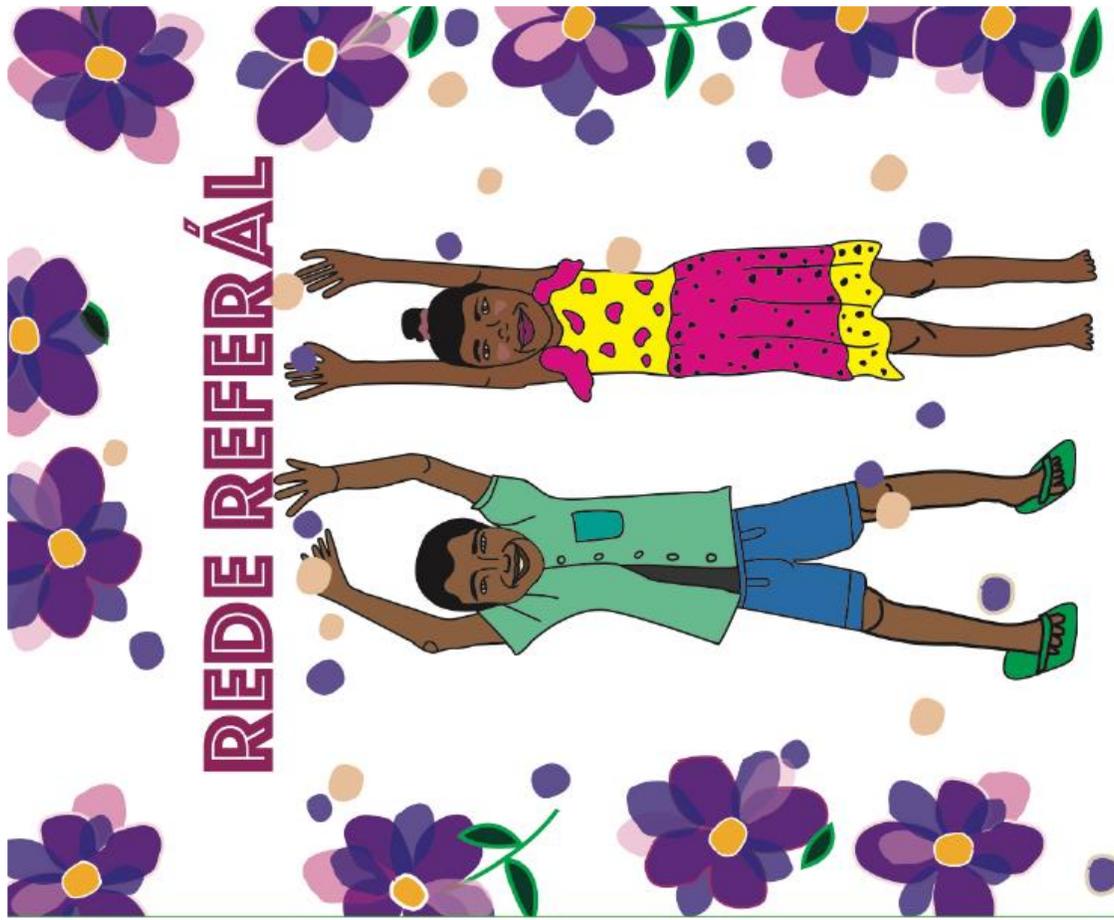
Symptoms: You go to the health centre complaining of back pain. You tell the health provider you fell out of a tree while trying to get the fruit. You also have a faded bruise on your left eye, which is still sore. You are afraid and anxious.



Ministério da Solidariedade Social no Inkluzoan (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 haleis assisténsia ba vítima fetu no labarik. Vizita
www.hamahon.tl ba #organizasaun rede referál sira.



PRADET Fatin Hakmatek

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

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



Asisténsia Legál ba Feto no Labarik ALFeLa

Hodi hetan asisténsia legál

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



Uma Mahon

Hodi hetan akonsellamentu, fatin seguru

Uma Mahon	
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



Polísia Nasionál Unidade VPU

Hodi hetan protesaun no hato'o keixa

Polísia	
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

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 	
Materials 	 Butcher's paper  Marker pen

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)

Explain: Module 14 learning objectives

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

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

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

Explain: Recommended clinical care for survivors of sexual assault

- Draw the student's attention to the handout about the clinical pathway for sexual assault victims
- Say that the response to sexual assault is similar to that for domestic violence – providing first line care
- Provide a supportive response (ReLaSAuN)
- Treat physical injuries or refer to higher level care
- Assess HIV PEP needs (within 3 days).
- Assess emergency contraceptive needs and provide or refer to Marie Stopes (within 5 days)
- Provide STI prophylaxis/treatment if necessary (or refer if unable to provide)
- Assess her need for mental health support; do an assessment for self-harm
- Provide her with written information on coping strategies for dealing with anxiety/stress if this is helpful.
- Provide warm referrals to other services she may need
- Follow-up with her by making an appointment for ongoing care and support

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

Explain: Treat physical injuries or refer

- Immediately refer patients with life-threatening or severe conditions for emergency treatment
- Ask students what they would regard as serious or life-threatening conditions? The following are some signs of complications that may require urgent hospital care:
 - Extensive injury (especially to genital region, head, chest, abdomen)
 - Neurological deficits (e.g. cannot speak, problems walking)
 - Respiratory distress (e.g. trouble breathing)
 - Swelling of joints on one side of the body (sepsis, arthritis)
- Recent assault (sexual or physical) should be documented by an accredited medical forensic examiner (available in 9 district hospitals) if possible. If not, the health provider should take a detailed history and document injuries.

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

🗣️ **Explain: Prevent HIV– Post-exposure prophylaxis (PEP)**

- There is increased risk of HIV following sexual assault if there was:
 - Forced sex in the anus
 - Vaginal or anal trauma
 - Ejaculation inside the body
 - Many perpetrators
 - If you know or suspect the perpetrator visits sex workers or engages in other forms of transactional sex
 - The perpetrator is from a country with high HIV prevalence (e.g. Africa, Cambodia, Thailand, PNG, Myanmar, India, Caribbean, Ukraine, Estonia, Latvia)
- Prevention medication must be started within 3 days (72 hours) of the assault
- If there is a risk of HIV, it is very important to get prophylaxis by referring her to an HIV doctor or HIV focal point (at the National Hospital, VCT clinic in district hospitals, Bairo Pite Clinic or Marie Stopes)

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

🗣️ **Explain: Prevent unwanted pregnancy – Emergency contraception**

- Emergency contraception can delay ovulation and prevent unwanted pregnancies after assault
- Can be taken up to 5 days after the assault, most effective immediately after the assault
- It should be offered to women when they don't know whether they are pregnant or not
- If the woman is already pregnant (the embryo has already implanted in the uterus), it does not cause an abortion or stop an existing pregnancy. It does not cause harm to a developing embryo
- Assessment should consider current use of contraception, whether a condom was used during the assault and whether there was ejaculation inside the vagina
- If emergency contraception is unavailable at the CHC, refer her to PRADET's Fatin Hakmatek in Dili or the districts, the district referral hospitals, or Marie Stopes

Prevention and Treatment of STIs

- Common Sexually Transmitted Infections (STIs) – Chlamydia, Gonorrhoea 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

Explain: Prevention and treatment of STIs

- Common Sexually Transmitted Infections (STIs) are Chlamydia, Gonorrhoea and Trichomoniasis
- Spread by vaginal, anal or oral sex with an infected person
- Symptoms include pain or burning during urination, yellowish or greenish discharge, itching, redness or soreness of the genitals, unusual smelling discharge
- Many women will not have any symptoms and may not know they are infected
- If symptoms do occur they are usually mild and appear 1 to 3 weeks after becoming infected
- Antibiotics can be given for preventive and syndromic treatment of STIs. Familiarise yourself with the clinical guidelines when you start working
- Blood can be taken for baseline Hepatitis B, Syphilis and HIV then repeated in 3 months
- Treatment is available at CHCs but if the infection is serious or medicines are not available, refer to the municipal hospital (or phone Marie Stopes or PRADET's Fatin Hakmatek)

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

Explain: Providing these services is important for women's lives

- After sexual assault, infection with HIV, STIs and unwanted pregnancy are very serious and are life-changing for women
- Preventing these outcomes is very important for women's lives, their mental health and their future wellbeing
- When you start work make sure you know what HIV, STI and pregnancy prevention medications are available at your service, or where they can be accessed
- Each district has a mental health worker and some CHCs have a mental health nurse. You can refer women to this primary service, or directly to counsellors working at PRADET. When you begin working, find out who these people are and how you can work together to help women and children who have been sexually assaulted or abused.

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

Explain: Support her mental health and recovery

- It is important that you believe her story and do not blame or judge her. Remember it is the perpetrator who has committed the crime.
- Explain that after sexual assault it is common to feel strong emotions such as shame, guilt, anxiety, fear, anger, and sadness in the coming days and months.
- Ask how she is coping. If she is distressed, do not leave her alone. Contact the mental health nurse or PRADET.
- Ask her to identify the people she trusts, who she feels comfortable sharing her problems with, and who can help support her.
- Encourage her to resume normal activities and explain that she is likely to feel better with time
- Encourage her to come back if she feels 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

Explain: Safety and referral

- Ask whether she feels safe to go home. If required conduct a danger assessment and safety plan.
- Give information that sexual assault is a crime and that you can help report it to the police
- Give information about different organizations that can help (refer to the referral handout in module 1 and module 13)
- Do a warm referral by offering to phone and helping her access the organisations she needs
- Organise a follow-up appointment and ongoing support

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

Activity: Treatment for sexual assault

- Purpose: To practise clinical decision-making on treatment for rape/sexual assault survivors
- Time: 30 minutes (20 minutes discussion, 10 minutes feedback)
- Instructions:
 1. Break into groups of 3-5 people (or this can be done together as a large group)
 2. Read the case study in the handouts
 3. As a group, discuss what treatment should be offered and write down why in the boxes provided
 4. Each group should feedback one or two of their responses to class (see suggested answers in facilitator's handout)

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

Explain: Care for children who have been sexually assaulted

- Care for children and adolescents who have been sexually assaulted is the same as above, but there are additional considerations when providing information, treatment and support
- Children who have experienced sexual abuse may have more barriers knowing where to get help and accessing care, they may be very fearful, their safety may be at risk, and they may face significant discrimination and ongoing stigma
- Take time to build rapport and ask about their worries or concerns and answer all questions, providing reassurance that you are here to help them
- You should provide age-appropriate information to the child and their non-offending care giver about what investigations will be done, what treatments will be offered and the process of collecting information and reporting to authorities
- Minimise the need for the child to go to many different providers for care or treatment and ensure they are accompanied by their care-giver within the health facility
- It is mandatory to report child sexual abuse in Timor-Leste and this should be explained carefully to the child and non-offending care giver, while reassuring them their safety will be prioritised

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?

Activity: Support for children

Purpose: To conduct a case review of child sexual assault and examine how to provide support for child victims

Time: 30 minutes (20 minutes discussion, 10 minutes feedback)

Instructions:

1. Break into groups of 3-5 people (or this can be done together as a large group)
2. Read the case history of Julia (in the handouts)
3. As a group, come up with responses to the following questions
 - 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 two most important things that you learned?
4. Feedback your responses to the larger group (see suggested answers in facilitator's handout)

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

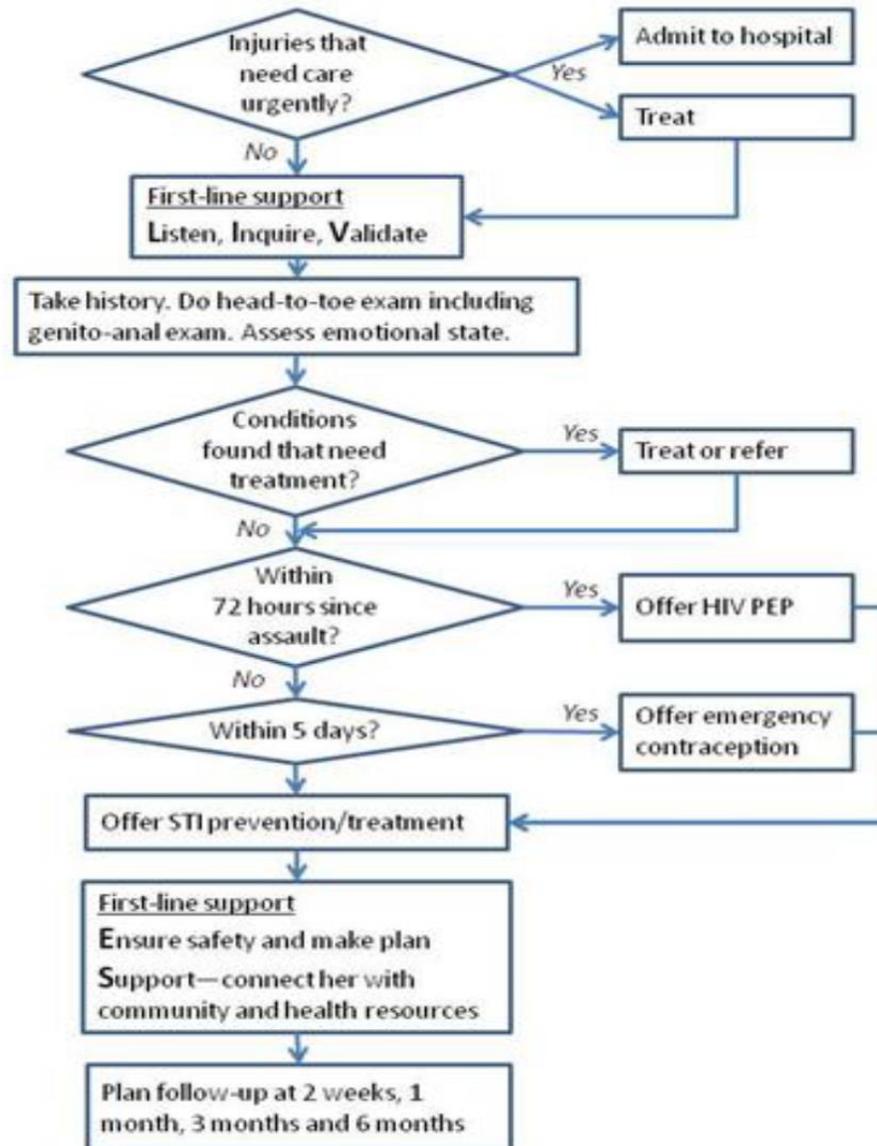
Explain: Important messages

- If somebody has been sexually assaulted, they need immediate medical care and mental health support.
- Health providers should know how to prevent HIV, STIs and unwanted pregnancy after sexual assault because they have a very serious impact on women's lives.
- Victims of sexual assault need ongoing emotional support. Encourage her to build on her strengths and link her with local support networks.
- Children and their non-offending caregivers need extra help, paying particular attention to their safety and ongoing support for their wellbeing.
- If the victim is a child and the family refuses referral contact MSSI OPL, Police VPU or Fatin Hakmatek
- Remember – learning how to respond to domestic violence, sexual assault and child abuse can be difficult, but it gets easier with time. If you are experiencing any distress you can come and talk to me after class or you can contact the services listed in the referral handout.
- Complete the reading in preparation for next week “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

<p>Handouts</p> 	 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: Treatment for sexual assault
Answer sheet

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)?		X	The rape took place four days ago, but PEP needs to be administered within three days (72 hours)
Emergency contraception?	X		She is of reproductive age, rape took place within 5 days, worried about pregnancy
STI presumptive treatment?	X		Rape took place and the perpetrator may have been infected. Lacerations may increase the likelihood of STI transmission.
Other? Specify	X		Investigation for other injuries and treatment for genital lacerations. Medical forensic examination to take history and document injuries

Which tests are required before you can prescribe the above treatment?	Emergency contraception – ask whether she is currently using contraception, assess if she knows whether a condom was used and whether there was ejaculation inside the vagina. STI treatment - Symptoms show in 1-3 weeks but some women do not show any symptoms. Antibiotics can be given for preventive treatment or blood can be taken for baseline Hep B, Syphilis and HIV and repeated in 3 months.
What other care and treatment would you provide to her?	Treatment for physical injuries Change of clothing Information about effects on mental health and coping strategies Explain that sexual assault is a crime and the importance of reporting to the police Conduct a danger assessment and safety plan
What other services would you refer her to?	Medical forensic examination Help her to report to the police Mental health services Safe house Follow up appointment

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: Yes, this is a serious crime of sexual assault against a young child.

b. *What should the health worker do next?*

Answer: Provide treatment for the syphilis infection. Talk to Julia and provide age-appropriate information about the sickness and required treatment. Care for Julia's emotional needs and provide psychosocial support, tell her it's not her fault. Document Julia's physical and mental health and the story she told, in her own words.

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

Answer: Yes, health providers have a responsibility to report cases of sexual assault to the police, and this is especially important when the victim is a child. Even if the parents refuse to press charges, the best interest of the child must be following. According to the law, it must be reported. It is likely the uncle will continue to abuse Julia and he could do it to other people, so he must be brought to justice.

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

Answer: The health provider can speak to their manager, get further advice from MSSI OPL (child protection officers) or Fatin Hakmatek. They could make more time to build rapport with Julia, suggest she stay in hospital while she receives treatment, and keep talking with her. They should always document the health conditions and patient history in their notes.

e. *How can Julia be supported?*

Answer: Carefully explain the treatment she needs, provide first line support (ReLaSAuN), tell her that you are there to support her, refer her to a safe house.

f. *How can Julia's mother be supported?*

Answer: Explain to Julia's mother the effect of the infection and the abuse on Julia's health, ask about violence in the home and the safety of both Julia and her mother, offer information about services that can help such as Casa Vida, MSSJ's Child and Family Welfare, safe houses.

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

Answer: A very serious crime has been committed, Julia's mother does not believe her and is not making decisions in the best interest of the child. Julia's health and safety is at risk and the health provider has a responsibility to report the facts to the police and to support Julia to find further help.

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 	<ul style="list-style-type: none">  Relaxation techniques  Patient and staff safety  Discussion about personal safety  Looking after colleagues  Review key learning
Handouts 	<ul style="list-style-type: none">  Relaxation techniques  Case study – patient and staff safety  Poster – Health providers are here to help  Poster – Hahu Relasaun steps  Case study – looking after colleagues  Post-training questionnaire
Readings 	<ul style="list-style-type: none">  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
Materials 	<ul style="list-style-type: none">  Butcher’s paper  Marker pen  Photocopies of the post-training questionnaire

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

Explain: Module 15 learning objectives

- At the end of this session students should be able to demonstrate knowledge of:
- 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
- Ask the students what do they think self-care means and why it is important?

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

Explain: Why self-care is important

- Asking about violence will lead to more disclosures
- Vicarious trauma can happen when people hear about or help people with traumatic experiences. Midwives in the study on Midwives Against Violence said this was especially difficult in cases of child abuse. Vicarious trauma can have a negative impact on the safety, health and wellbeing of health providers
- It can lead to negative feelings such as vulnerability, loss of control, helplessness, negative view of the world
- May trigger memories or emotions if the helper has also experienced abuse
- You need to be well to be able to help someone. You cannot help someone if you don't look after your own needs.
- Self-care provides a good example for colleagues and patients and may encourage them to look after themselves as well

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

Explain: 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*

Activity: Relaxation techniques

Purpose: To practice relaxation techniques

Time: 5 minutes each exercise

Depending on time, lead the class through one or both of these relaxation exercises. There is also a handout with these instructions so they can practise any time they like.

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 technique

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.

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

Explain: Staff safety

- It is your human right not to be assaulted
- Health management should develop a risk management plan for their clinic or area of responsibility which details procedures to protect staff safety
- Health managers need to be aware of the stress on their staff and colleagues and make sure support mechanisms and resources are available
- Healthcare professionals should care for each other and build a workplace culture that supports providers to respond to victims of violence
- Routine debriefing about challenging cases with trusted colleagues can be a good way to promote safety and support each other. It can also influence quality improvement for responses in the future.

Activity: Patient and staff safety

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

Activity: Patient and staff safety

Purpose: To examine the safety needs of patients and staff in a clinical setting

Time: 15 minutes (10 minutes discussion, 5 minutes feedback to the group)

Instructions:

1. Read the case study in the handouts 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?
2. Get each group to feed back their response to one of the questions
3. Suggested answers are in the handout of the facilitator's manual

Who is responsible for your safety?



Explain: Who is responsible for your safety?

- Ask the students who they think is responsible for their safety when they begin working as a nurse/midwife?
- Some suggestions of roles to discuss:
- Ministry of Health
- District health administrator
- Hospital director/ Health Centre director
- Police
- Village chief / hamlet chief

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?

Activity: Discussion about personal safety

Purpose: To think about strategies that can enhance the safety of health providers, particularly for providers working alone or in rural areas

Time: 5 minutes

Instructions:

1. Ask the students ‘if you are posted in a rural area, or you are working alone, what things can you do to keep yourself safe?’

Some suggestions to add to their list:

- Know the community police
- Think about who has power in the village and who you can ask for help
- Always have a charged phone with credit
- Put people’s numbers in your phone to call them quickly if you need to
- Agree an emergency signal with your colleagues and neighbors
- Don’t work anywhere that is not safe for you
- Health staff shouldn’t live alone
- Have a door that can be locked
- Know how you can escape from a room (an exit door or window)
- Get a dog

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, Dilli

Source: 2016 Pattiira Kontra Violence report

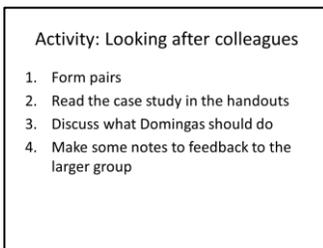
Explain: Working together to stop violence against women and children

- Remember you are not working alone
- With good training, health system support and the changes happening around violence in our community – we can work together to stop violence against women and children



🧑 Explain: Resources

- There are two posters in the handouts that can be put in health centres:
 - a. One for the toilets or waiting room. It shows clients how health providers can help
 - b. The second shows the steps in Hahu Relasaun diak and can be put up in the consultation room to help you remember how to respond
- For printable versions of these posters go to www.latrobe.edu.au/reducing-violence



🧑 Activity: Looking after colleagues

Purpose: To understand how to support colleagues and friends who are subjected to violence

Time: 15 minutes (10 minutes discussion in pairs, 5 minutes feedback to group)

Instructions:

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.
5. Ask one group to feedback first, then ask the other groups if they have any steps that have been missed

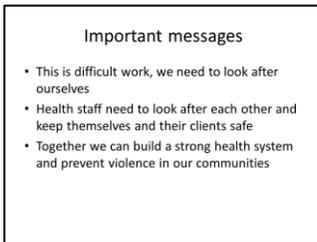
Some suggestions to discuss:

- Invite Dra. Ana to have a cup of tea or go for a walk
- Tell her you are concerned about her
- Ask her only when she is on her own
- Use the steps in Hahu Relasaun with colleagues as you would with patients
- Respond with empathy, don't blame her
- Reassure her about confidentiality, that you won't tell anybody else about her problems
- Let her know about services and support available



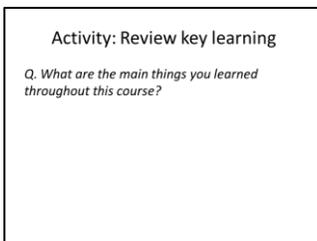
Video: Violence against women: Strengthening the health system response

- This video is from the World Health Organisation and shows how important it is to have a good health system response for survivors of violence
- The video can be played directly from the internet via this Weblink: https://www.youtube.com/watch?v=Qc_GHITvTmI



Explain: Important messages

- Helping victims of violence is difficult work, so we need to take time to look after ourselves.
- You, your colleagues, managers and the community all play an important role in looking after each other and keeping yourself and your clients safe.
- Together we can build a strong health system and help prevent violence in our communities.
- Read Chapter 9 of textbook *Gender-based Violence and Healthcare in Timor-Leste* – (Section 9.1-9.2, pg. 179-190)



Activity: Review key learning

Objective: To review key learnings from the course

Time: 15 minutes (5 minutes to write down key learnings, 5 minutes to feedback, 5 minutes for questions)

Instructions:

1. Ask the students to write about the main things they learned throughout the course
2. Each student should share one key learning with the class, but they are not allowed to repeat what someone else has said so they must come up with a new one
3. Go through the learning objectives from modules 1–15 and answer any questions the students have



Distribute the post-training questionnaire and request that students complete it and leave it at the front of the class. Their responses will be used to inform and improve future trainings.

Module 15 Handouts

<p>Handouts</p> 	<ul style="list-style-type: none"> Relaxation techniques Case study – patient and staff safety Poster – health providers are here to help Poster – Hahu Relasaun steps Case study – looking after colleagues Post-training questionnaire (see evaluation tools)
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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.

Source: 2014 WHO Clinical Handbook

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: Call the police, call security if there is any of the premises, go into a safe room together with the patient and other staff and lock the door.

2. What else needs to be done by you or the other staff?

Answer: Document in the patient's file that the husband has come to the health centre and he is drunk, angry and has a knife.

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

Answer: Brief the security guard about the situation to ensure the husband is not allowed on the premises, think about a secure location for the patient, plan for the clinic to have money for emergency fuel and take the patient directly to the hospital if it's a serious injury, have the police stay to ensure staff are not left alone.

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

Answer: There should be a debriefing amongst the staff to understand the problems and what can be done better next time. Staff should have access to counselling and support for the trauma they experienced.

Everyone deserves to be safe

Emá 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

Emá sira ne'ebé mak halo violénsia fiziku, seksuál, ekonómika ka psikolójiku hasoru sira nia família bele hetan julgamentu tuir lei ne'ebe iha. **VIOLÉNSIA ESTRAGA ITA-NIA SAÚDE NO ITA NIA OAN SIRA NIA DEZENVOLVIMENTU** - Violénsia halo ita hetan presaun, depressaun, 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 asisténsia servisu seluk ne'ebe 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

Família, 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 médiku forensik, akonsellamentuno no akomodasaun temporáriu

Tlp:

ALFELA

Asisténsia legál ba fetu no labarik

Tlp:



World Health Organization



Rotary
Manningham



LA TROBE
UNIVERSITY

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.

Example letters

Example letters 	 Letter to invited speakers  Letter to visit referral services
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Date: _____

To:

Name _____

Position _____

Organisation _____

Address _____

Dear _____

Re: Invitation to be a guest speaker in health provider training on violence against women and children in Timor-Leste

We are running a training course for health providers responding to domestic violence, sexual assault and child abuse in Timor-Leste. As part of the teaching we would like to include guest speakers from relevant organisations such as yours, who are involved in the prevention or response to violence against women and children. Guest speakers are very important for increasing students' understanding of the legal context and referral services available, and building relationships between health providers and social services into the future.

We would like to invite one of your staff to be a guest speaker. If you accept, you will have a 45 minute slot in the program and should aim for 20 minutes of presenting and 20 minutes for questions/discussion. The students would benefit from real examples and stories from your work (maintaining confidentiality of course).

We will let you know the date, time and place for the presentation and the topic we would like you to present on. We would be very grateful if you could take part as a guest speaker and we look forward to your contribution to student learning.

Yours sincerely,

From:

Name _____

Position _____

Organisation _____

Address _____

Contact number _____

Email _____

Date: _____

To:

Name _____

Position _____

Organisation _____

Address _____

Dear _____

Re: Student visit to organisations

We are running a training course for health providers responding to violence against women and children in Timor-Leste. The curriculum is very interactive, and we would like students to learn about referral services by visiting a referral organisation to ask questions about the services provided, then present this information back to the larger student group. This activity is very important for increasing students' understanding of the context and referral services available and building relationships between health providers and social services into the future.

The specific questions the students are required to ask and present on are:

- a) The services you provide to women and children who have been subjected to violence, or other vulnerable people
- b) Districts in which your organisation works
- 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, is transport available?)
- e) Biggest challenges in your work
- f) Opportunities for working together with health and other services to help victims in the future

We very much appreciate your contribution to the curriculum and to student learning. If you have any questions, please contact me on the information below.

Yours sincerely,

From:

Name _____

Position _____

Organisation _____

Address _____

Contact number _____

Email _____

Evaluation tools

<p>Evaluation tools</p> 	<ul style="list-style-type: none"> Pre-training questionnaire Post-training questionnaire Questionnaire answer sheet Structured observation tool Participant information statement Consent form Interview questions
---	--

Responding to violence against women and children: Curriculum evaluation

Pre-training questionnaire for students

OFFICE USE

University: _____ ID number: _____

Lecturer: _____ Date: _____ / _____ / _____
Day Month Year

What is this questionnaire?

- Our university is piloting a new curriculum to help health providers better respond to violence against women and children. This curriculum is based on a draft developed by the World Health Organisation (WHO) and has been adapted for Timor-Leste by a collaborative working group from La Trobe University, Universidade Nacional Timor-Lorosa'e, Instituto Superior Cristal and PRADET (funded by Rotary Foundation and WHO).
- Before we begin the course we would like to ask you to participate in this pre-learning questionnaire. The purpose of these questions is to collect information from students about their knowledge, attitudes and skills prior to participating in the course. We will ask you to complete the same questions again at the end of the course.
- The information gathered will help us determine whether the content of the course meets the desired outcome of improving students' learning and experience in responding to violence against women and children.
- Please DON'T write your name on this form. The questionnaire is anonymous and will not be used to as part of your assessment. We would appreciate if you could answer the questions as honestly as possible, but it is not compulsory to fill in this questionnaire.
- The questionnaires will be analysed as a whole group, not individually. The findings may be used in a report or presentation about the course evaluation, but individual answers will remain confidential.
- If you would like any questions explained or clarified, please ask your lecturer. If you have any other questions about the research please phone or e-mail one of the coordinators below. You can also request a copy of the final report from them.

Name	Position	Telephone	Email

Do you consent to your questionnaire being used for research purposes?

Yes
 No

I. General information

1. Sex (please circle): a. Female b. Male

2. What course are you studying? (*Check/circle only one option*)
 - a. Nursing
 - b. Midwifery
 - c. Other (please specify): _____

3. What is your age group? (*Check/circle only one option*)
 - a. 19 years or younger
 - b. 20-24 years old
 - c. 25-29 years old
 - d. 30-34 years old
 - e. 35 years or older

- 4a. Have you had any training on violence against women before?
 - a. Yes
 - b. No -- *Please go to Section II, question 5*

- 4b. If yes, please give details about the training you received on violence against women:

II. Knowledge

5. Please indicate whether you think the following statements are **True or False**:
 (*For each row, choose True, False or I don't know by circling the corresponding number*)

	True	False	I don't know
a. Women who experience violence tend to need health care more often than women who do not experience violence	1	2	3
b. For cases of rape in Timor-Leste, the perpetrator is most likely to be a stranger.	1	2	3
c. There are common injury patterns associated with domestic violence.	1	2	3
d. A woman who has been raped needs immediate health-care.	1	2	3
e. Any disclosure about domestic violence or sexual assault should be treated confidentially.	1	2	3
f. If a health care provider suspects that a woman has been subjected to violence, it is helpful to ask her about it.	1	2	3
g. If a health-care provider suspects violence but the woman does not open up about it, there is nothing he/she could do to help.	1	2	3

	True	False	I don't know
h. Health-care providers should not pressure patients to disclose that they are living in an abusive relationship.	1	2	3
i. If you suspect the husband is being violent, it is advisable to talk to both the woman and her husband together.	1	2	3
j. The health-care provider can provide support to the victim, but the victim makes her own decisions.	1	2	3
k. The health worker must verify how accurate a woman's story is by asking the alleged abuser or the woman's friends and family.	1	2	3
l. Even when it is not clear what the health-care provider can do to help the woman, one thing he/she can do is to listen to her closely.	1	2	3
m. If the woman starts to cry, the health-care provider should immediately end the interview so she can leave.	1	2	3
n. It is important not to share or discuss the woman's information with anyone unless you have talked to her about it first.	1	2	3
o. It is a health care provider's legal duty to help the woman subjected to violence to report it to the police.	1	2	3
p. Women in abusive relationships may have valid reasons for staying together in the relationship.	1	2	3
q. Women in abusive relationships may have valid reasons for wanting a divorce.	1	2	3
r. Children who witness violence against women in their homes or communities are not affected unless they are physically harmed or abused themselves.	1	2	3

6. For each of the following, indicate whether or not it is a **warning sign** that a woman may have been subjected to domestic or sexual violence? (Check/circle Yes or No for each option)

	Yes	No
a. Repeated unwanted pregnancy?	1	2
b. She has problems with alcohol or drug abuse?	1	2
c. Repeated sexually transmitted infections?	1	2
d. Chronic unexplained pain or inflammation (e.g. pelvic, headaches)?	1	2

	Yes	No
e. Frequent injuries, including during pregnancy?	1	2
f. Injuries that do not match the explanation of how they happened?	1	2
g. Depression or past attempts at suicide?	1	2

7. Read the following statements and indicate whether or not it is an **appropriate way to ask** about domestic violence? (*Check/circle Yes or No for each option*)

	Yes	No
a. "Are you a victim of domestic violence?"	1	2
b. "Has your husband/boyfriend ever hurt or hit you?"	1	2
c. "Does your husband/boyfriend insult you or threaten you?"	1	2
d. "Many women experience serious problems in their relationships. Have you had any difficulties in your relationship?"	1	2
e. "Are you afraid of anyone in your family?"	1	2

8. Read each statement and decide whether or not it is a **helpful thing to say** to support a woman subjected to domestic violence or sexual assault? (*Check/circle Yes or No for each option*)

	Yes	No
a. "Would you like to tell me more about that?"	1	2
b. "How do you feel about that?"	1	2
c. "Why did you go there alone, don't you know it's dangerous?"	1	2
d. "Tell me exactly what he did, you must describe to me all the details."	1	2
e. "You should not feel so sad, you should feel lucky that you survived."	1	2
f. "This is horrible, you should just leave him."	1	2

	Yes	No
g. "I am worried that the violence may be affecting your health and your children's health."	1	2
h. "Trust me, I know that this option will be the best for you."	1	2
i. "I can help you make a plan for you and your children to be safer in the future."	1	2
j. "You should go back home and try not to provoke him in the future."	1	2

III. Attitudes

9. Please indicate whether you think that the following statements are **True or False**:
(For each row, choose True, False or I don't know by circling the corresponding number)

	True	False	I don't know
a. As a health worker, how I respond to a woman who has suffered violence or sexual abuse is very important.	1	2	3
b. Domestic violence is a private matter and people outside the family should not interfere.	1	2	3
c. Sometimes, being abused, assaulted or raped is the woman's own fault.	1	2	3
d. If the woman had defended herself, she could have avoided being raped.	1	2	3
e. I should convince a woman subjected to violence by her husband to stay in the relationship for the sake of the children.	1	2	3
f. If a woman does not leave her violent husband/boyfriend, she deserves to be abused.	1	2	3
g. Men cannot control their sexual behaviour.	1	2	3
h. Only men who are mentally ill would sexually assault a woman with a disability.	1	2	3
i. When a married woman is forced to have sex by her husband, this is not rape.	1	2	3
j. Men who sexually abuse children do this because their partners/wives do not sexually satisfy them.	1	2	3
k. Sexual abuse only happens to girl children.	1	2	3

10. Read each reason below and indicate whether or not you think it is **acceptable for a man to hit his wife** or girlfriend in that situation?

(Choose one option in each row by circling the corresponding number)

	Yes, it is acceptable	Sometimes it is acceptable	No, it is never acceptable
a. If she fails to perform her household duties.	1	2	3
b. If she disobeys him.	1	2	3
c. If she provokes him or makes him very mad.	1	2	3
d. If she refuses to have sex with him.	1	2	3
e. If she does not look after the children.	1	2	3
f. If he suspects that she is being unfaithful.	1	2	3
g. If he finds out that she is unfaithful.	1	2	3

Are there any other situations in which you think it is acceptable for a man to hit his wife or girlfriend?

(Please specify) _____

11. Perceptions of **professional role:**

(Read each statement and indicate whether you Agree, Disagree or Don't know by circling the corresponding number)

	Agree	Disagree	I don't know
a. Violence in the family is private so I shouldn't ask patients about it.	1	2	3
b. It is demeaning to patients to question them about abuse.	1	2	3
c. If I ask non-abused patients about domestic violence, they will get very angry.	1	2	3
d. I am afraid of offending the patient if I ask about domestic violence or sexual abuse.	1	2	3
e. I think that investigating the underlying cause of a patient's injury is not part of medical care.	1	2	3

IV. Perception about skills

12. Perceived **self-efficacy**:

(Read each statement and indicate whether you think you Can, A little or Not yet by circling the corresponding number)

	Yes, I can	Maybe, a little	No, not yet
a. I know how to identify a woman who has been subjected to violence by signs and symptoms she reports	1	2	3
b. I feel confident to ask a patient about whether she has experienced violence from her husband or family	1	2	3
c. There are ways I can ask that will minimize re-traumatizing victims of violence	1	2	3
d. I know how to offer supportive statements to a woman subjected to violence	1	2	3
e. I have the ability to assess the immediate level of danger for a woman after sexual assault or domestic violence	1	2	3
f. I know how to help the woman to create a plan to increase her and her children's safety	1	2	3
g. I am able to talk to the woman about her needs and the options she may have	1	2	3
h. I feel confident that I know how to make appropriate referrals to support services available within the community	1	2	3
i. I know how to document the history of assault and physical examination findings in a patient's records	1	2	3
j. I understand the Law Against Domestic Violence and my responsibilities as a health provider under the law	1	2	3

Responding to violence against women and children: Curriculum evaluation

Post-training questionnaire for students

<u>OFFICE USE</u>	
University: _____	ID number: _____
Lecturer: _____	Date: ____ / ____ / ____ Day Month Year

What is this questionnaire?

- Our university is piloting a new curriculum to help health providers better respond to violence against women and children. This curriculum is based on a draft developed by the World Health Organisation (WHO) and has been adapted for Timor-Leste by a collaborative working group from La Trobe University, Universidade Nacional Timor-Lorosa'e, Instituto Superior Cristal and PRADET (funded by Rotary Foundation and WHO).
- Before we begin the course we would like to ask you to participate in this pre-learning questionnaire. The purpose of these questions is to collect information from students about their knowledge, attitudes and skills prior to participating in the course. We will ask you to complete the same questions again at the end of the course.
- The information gathered will help us determine whether the content of the course meets the desired outcome of improving students' learning and experience in responding to violence against women and children.
- Please DON'T write your name on this form. The questionnaire is anonymous and will not be used to as part of your assessment. We would appreciate if you could answer the questions as honestly as possible, but it is not compulsory to fill in this questionnaire.
- The questionnaires will be analysed as a whole group, not individually. The findings may be used in a report or presentation about the course evaluation, but individual answers will remain confidential.
- If you would like any questions explained or clarified, please ask your lecturer. If you have any other questions about the research please phone or e-mail one of the coordinators below. You can also request a copy of the final report from them.

Name	Position	Telephone	Email

Do you consent to your questionnaire being used for research purposes?

Yes

No

I. General information

1. Sex (please circle): a. Female b. Male
2. What course are you studying? *(Check/circle only one option)*
 - a. Nursing
 - b. Midwifery
 - c. Other (please specify): _____
3. What is your age group? *(Check/circle only one option)*
 - a. 19 years or younger
 - b. 20-24 years old
 - c. 25-29 years old
 - d. 30-34 years old
 - e. 35 years or older
4. Did **you attended all the modules**?

 Yes No

II. Knowledge

5. Please indicate whether you think the following statements are **True or False**:
(For each row, choose True, False or I don't know by circling the corresponding number)

	True	False	I don't know
a. Women who experience violence tend to need health care more often than women who do not experience violence	1	2	3
b. For cases of rape in Timor-Leste, the perpetrator is most likely to be a stranger.	1	2	3
c. There are common injury patterns associated with domestic violence.	1	2	3
d. A woman who has been raped needs immediate health-care.	1	2	3
e. Any disclosure about domestic violence or sexual assault should be treated confidentially.	1	2	3
f. If a health care provider suspects that a woman has been subjected to violence, it is helpful to ask her about it.	1	2	3
g. If a health-care provider suspects violence but the woman does not open up about it, there is nothing he/she could do to help.	1	2	3
h. Health-care providers should not pressure patients to disclose that they are living in an abusive relationship.	1	2	3
i. If you suspect the husband is being violent, it is advisable to talk to both the woman and her husband together.	1	2	3
j. The health-care provider can provide support to the victim, but the victim makes her own decisions.	1	2	3

	True	False	I don't know
k. The health worker must verify how accurate a woman's story is by asking the alleged abuser or the woman's friends and family.	1	2	3
l. Even when it is not clear what the health-care provider can do to help the woman, one thing he/she can do is to listen to her closely.	1	2	3
m. If the woman starts to cry, the health-care provider should immediately end the interview so she can leave.	1	2	3
n. It is important not to share or discuss the woman's information with anyone unless you have talked to her about it first.	1	2	3
o. It is a health care provider's legal duty to help the woman subjected to violence to report it to the police.	1	2	3
p. Women in abusive relationships may have valid reasons for staying together in the relationship.	1	2	3
q. Women in abusive relationships may have valid reasons for wanting a divorce.	1	2	3
r. Children who witness violence against women in their homes or communities are not affected unless they are physically harmed or abused themselves.	1	2	3

6. For each of the following, indicate whether or not it is a **warning sign** that a woman may have been subjected to domestic or sexual violence? (*Check/circle Yes or No for each option*)

	Yes	No
a. Repeated unwanted pregnancy?	1	2
b. She has problems with alcohol or drug abuse?	1	2
c. Repeated sexually transmitted infections?	1	2
d. Chronic unexplained pain or inflammation (e.g. pelvic, headaches)?	1	2
e. Frequent injuries, including during pregnancy?	1	2
f. Injuries that do not match the explanation of how they happened?	1	2
g. Depression or past attempts at suicide?	1	2

7. Read the following statements and indicate whether or not it is an **appropriate way to ask** about domestic violence? (*Check/circle Yes or No for each option*)

	Yes	No
a. "Are you a victim of domestic violence?"	1	2
b. "Has your husband/boyfriend ever hurt or hit you?"	1	2
c. "Does your husband/boyfriend insult you or threaten you?"	1	2
d. "Many women experience serious problems in their relationships. Have you had any difficulties in your relationship?"	1	2
e. "Are you afraid of anyone in your family?"	1	2

8. Read each statement and decide whether or not it is a **helpful thing to say** to support a woman subjected to domestic violence or sexual assault? (*Check/circle Yes or No for each option*)

	Yes	No
a. "Would you like to tell me more about that?"	1	2
b. "How do you feel about that?"	1	2
c. "Why did you go there alone, don't you know it's dangerous?"	1	2
d. "Tell me exactly what he did, you must describe to me all the details."	1	2
e. "You should not feel so sad, you should feel lucky that you survived."	1	2
f. "This is horrible, you should just leave him."	1	2
g. "I am worried that the violence may be affecting your health and your children's health."	1	2
h. "Trust me, I know that this option will be the best for you."	1	2
i. "I can help you make a plan for you and your children to be safer in the future."	1	2
j. "You should go back home and try not to provoke him in the future."	1	2

III. Attitudes

9. Please indicate whether you think that the following statements are **True or False**:
(For each row, choose True, False or I don't know by circling the corresponding number)

	True	False	I don't know
a. As a health worker, how I respond to a woman who has suffered violence or sexual abuse is very important.	1	2	3
b. Domestic violence is a private matter and people outside the family should not interfere.	1	2	3
c. Sometimes, being abused, assaulted or raped is the woman's own fault.	1	2	3
d. If the woman had defended herself, she could have avoided being raped.	1	2	3
e. I should convince a woman subjected to violence by her husband to stay in the relationship for the sake of the children.	1	2	3
f. If a woman does not leave her violent husband/boyfriend, she deserves to be abused.	1	2	3
g. Men cannot control their sexual behaviour.	1	2	3
h. Only men who are mentally ill would sexually assault a woman with a disability.	1	2	3
i. When a married woman is forced to have sex by her husband, this is not rape.	1	2	3
j. Men who sexually abuse children do this because their partners/wives do not sexually satisfy them.	1	2	3
k. Sexual abuse only happens to girl children.	1	2	3

10. Read each reason below and indicate whether or not you think it is **acceptable for a man to hit his wife** or girlfriend in that situation?

(Choose Yes, Sometimes or No in each row by circling the corresponding number)

	Yes, it is acceptable	Sometimes it is acceptable	No, it is never acceptable
a. If she fails to perform her household duties.	1	2	3
b. If she disobeys him.	1	2	3
c. If she provokes him or makes him very mad.	1	2	3
d. If she refuses to have sex with him.	1	2	3
e. If she does not look after the children.	1	2	3
f. If he suspects that she is being unfaithful.	1	2	3
g. If he finds out that she is unfaithful.	1	2	3

Are there any other situations in which you think it is acceptable for a man to hit his wife or girlfriend?

(Please specify) _____

11. Perceptions of **professional role**:

(Reach each statement and indicate whether you Agree, Disagree or Don't know by circling the corresponding number)

	Agree	Disagree	I don't know
a. Violence in the family is private so I shouldn't ask patients about it.	1	2	3
b. It is demeaning to patients to question them about abuse.	1	2	3
c. If I ask non-abused patients about domestic violence, they will get very angry.	1	2	3
d. I am afraid of offending the patient if I ask about domestic violence or sexual abuse.	1	2	3
e. I think that investigating the underlying cause of a patient's injury is not part of medical care.	1	2	3

IV. Perception about skills

12. Perceived **self-efficacy**:

(Read each statement and indicate whether you think you can, a little or not yet by circling the corresponding number)

	Yes, I can	Maybe, a little	No, not yet
a. I know how to identify a woman who has been subjected to violence by signs and symptoms she reports	1	2	3
b. I feel confident to ask a patient about whether she has experienced violence from her husband or family	1	2	3
c. There are ways I can ask that will minimize re-traumatizing victims of violence	1	2	3
d. I know how to offer supportive statements to a woman subjected to violence	1	2	3
e. I have the ability to assess the immediate level of danger for a woman after sexual assault or domestic violence	1	2	3
f. I know how to help the woman to create a plan to increase her and her children's safety	1	2	3
g. I am able to talk to the woman about her needs and the options she may have	1	2	3
h. I feel confident that I know how to make appropriate referrals to support services available within the community	1	2	3
i. I know how to document the history of assault and physical examination findings in a patient's records	1	2	3
j. I understand the Law Against Domestic Violence and my responsibilities as a health provider under the law	1	2	3

13. What does each part mean in Hahu Relasaun? *(write the words in the spaces below)*

Ha _____
 Hu _____
 Re _____
 La _____
 S _____
 Au _____
 N _____

Responding to violence against women and children: Curriculum evaluation

ANSWER SHEET For Pre-post training questionnaire

How to use the answer sheet

- The general information (questions 1-4) is not scored but may be used to gain information on the demographics of the students and their attendance at different modules
- The correct answers are labelled with the higher number value, for example:
 - in the yes and no questions the correct answer is scored as 1 and the incorrect answer is scored as 0
 - when there are three possible answer, for example true/false/I don't know, the correct answer is scored as 2, the incorrect answer is 0, and the I don't know is 1.
- For question 13, 1 point is given for each step they get correct, and 0 for incorrect answer
- The total possible score for the pre-test is 124
- The total possible score for the post-test is 131
- The student's individual score can be divided by the total possible score to give them a percentage mark
- If doing an evaluation of the course, the total score as a proportion of possible score for all students can be compared pre- and post-training
- To understand the areas where students were doing well and not so well (for example knowledge, attitudes, self-efficacy), the total score for the group of questions can be analysed as a proportion of the total possible score pre- and post-training.

II. Knowledge

5. Please indicate whether you think the following statements are **True or False**:
(For each row, choose True, False or I don't know by circling the corresponding number)

	True	False	I don't know
a. Women who experience violence tend to need health care more often than women who do not experience violence	2	0	1
b. For cases of rape in Timor-Leste, the perpetrator is most likely to be a stranger.	0	2	1
c. There are common injury patterns associated with domestic violence.	2	0	1
d. A woman who has been raped needs immediate health-care.	2	0	1
e. Any disclosure about domestic violence or sexual assault should be treated confidentially.	2	0	1

	True	False	I don't know
f. If a health care provider suspects that a woman has been subjected to violence, it is helpful to ask her about it.	2	0	1
g. If a health-care provider suspects violence but the woman does not open up about it, there is nothing he/she could do to help.	0	2	1
h. Health-care providers should not pressure patients to disclose that they are living in an abusive relationship.	2	0	1
i. If you suspect the husband is being violent, it is advisable to talk to both the woman and her husband together.	0	2	1
j. The health-care provider can provide support to the victim, but the victim makes her own decisions.	2	0	1
k. The health worker must verify how accurate a woman's story is by asking the alleged abuser or the woman's friends and family.	0	2	1
l. Even when it is not clear what the health-care provider can do to help the woman, one thing he/she can do is to listen to her closely.	2	0	1
m. If the woman starts to cry, the health-care provider should immediately end the interview so she can leave.	0	2	1
n. It is important not to share or discuss the woman's information with anyone unless you have talked to her about it first.	2	0	1
o. It is a health care provider's legal duty to help the woman subjected to violence to report it to the police.	2	0	1
p. Women in abusive relationships may have valid reasons for staying together in the relationship.	2	0	1
q. Women in abusive relationships may have valid reasons for wanting a divorce.	2	0	1
r. Children who witness violence against women in their homes or communities are not affected unless they are physically harmed or abused themselves.	0	2	1

6. For each of the following indicate whether or not it is a **warning sign** that a woman may have been subjected to domestic or sexual violence? (Check/circle Yes or No for each option)

	Yes	No
a. Repeated unwanted pregnancy?	1	0
b. She has problems with alcohol or drug abuse?	1	0

	Yes	No
c. Repeated sexually transmitted infections?	1	0
d. Chronic unexplained pain or inflammation (e.g. pelvic, headaches)?	1	0
e. Frequent injuries, including during pregnancy?	1	0
f. Injuries that do not match the explanation of how they happened?	1	0
g. Depression or past attempts at suicide?	1	0

7. Read the following statements and indicate whether or not it is an **appropriate way to ask** about domestic violence? (*Check/circle Yes or No for each option*)

	Yes	No
a. "Are you a victim of domestic violence?"	0	1
b. "Has your husband/boyfriend ever hurt or hit you?"	1	0
c. "Does your husband/boyfriend insult you or threaten you?"	1	0
d. "Many women experience serious problems in their relationships. Have you had any difficulties in your relationship?"	1	0
e. "Are you afraid of anyone in your family?"	1	0

8. Read each statement and decide whether or not it is a **helpful thing to say** to support a woman subjected to domestic violence or sexual assault? (*Check/circle Yes or No for each option*)

	Yes	No
a. "Would you like to tell me more about that?"	1	0
b. "How do you feel about that?"	1	0
c. "Why did you go there alone, don't you know it's dangerous?"	0	1
d. "Tell me exactly what he did, you must describe to me all the details."	0	1
e. "You should not feel so sad, you should feel lucky that you survived."	0	1

	Yes	No
f. "This is horrible, you should just leave him."	0	1
g. "I am worried that the violence may be affecting your health and your children's health."	1	0
h. "Trust me, I know that this option will be the best for you."	0	1
i. "I can help you make a plan for you and your children to be safer in the future."	1	0
j. "You should go back home and try not to provoke him in the future."	0	1

III. Attitudes

9. Please indicate whether you think that the following statements are **True or False**:
(For each row, choose True, False or I don't know by circling the corresponding number)

	True	False	I don't know
a. As a health worker, how I respond to a woman who has suffered violence or sexual abuse is very important.	2	0	1
b. Domestic violence is a private matter and people outside the family should not interfere.	0	2	1
c. Sometimes, being abused, assaulted or raped is the woman's own fault.	0	2	1
d. If the woman had defended herself, she could have avoided being raped.	0	2	1
e. I should convince a woman subjected to violence by her husband to stay in the relationship for the sake of the children.	0	2	1
f. If a woman does not leave her violent husband/boyfriend, she deserves to be abused.	0	2	1
g. Men cannot control their sexual behaviour.	0	2	1
h. Only men who are mentally ill would sexually assault a woman with a disability.	0	2	1
i. When a married woman is forced to have sex by her husband, this is not rape.	0	2	1
j. Men who sexually abuse children do this because their partners/wives do not sexually satisfy them.	0	2	1
k. Sexual abuse only happens to girl children.	0	2	1

10. Read each reason below and indicate whether or not you think it is **acceptable for a man to hit his wife** or girlfriend in that situation?

(Choose Yes, Sometimes or No in each row by circling the corresponding number)

	Yes, it is acceptable	Sometimes it is acceptable	No, it is never acceptable
a. If she fails to perform her household duties.	0	1	2
b. If she disobeys him.	0	1	2
c. If she provokes him or makes him very mad.	0	1	2
d. If she refuses to have sex with him.	0	1	2
e. If she does not look after the children.	0	1	2
f. If he suspects that she is being unfaithful.	0	1	2
g. If he finds out that she is unfaithful.	0	1	2

Are there any other situations in which you think it is acceptable for a man to hit his wife or girlfriend?

(Please specify) _____

11. Perceptions of **professional role**:

(Read each statement and indicate whether you Agree, Disagree or Don't know by circling the corresponding number)

	Agree	Disagree	I don't know
a. Violence in the family is private so I shouldn't ask patients about it.	0	2	1
b. It is demeaning to patients to question them about abuse.	0	2	1
c. If I ask non-abused patients about domestic violence, they will get very angry.	0	2	1
d. I am afraid of offending the patient if I ask about domestic violence or sexual abuse.	0	2	1
e. I think that investigating the underlying cause of a patient's injury is not part of medical care.	0	2	1

IV. Perception about skills

12. Perceived self-efficacy:

(Read each statement and indicate whether you think you can, a little or not yet by circling the corresponding number)

	Yes, I can	Maybe, a little	No, not yet
a. I know how to identify a woman who has been subjected to violence by signs and symptoms she reports	2	1	0
b. I feel confident to ask a patient about whether she has experienced violence from her husband or family	2	1	0
c. There are ways I can ask that will minimize re-traumatizing victims of violence	2	1	0
d. I know how to offer supportive statements to a woman subjected to violence	2	1	0
e. I have the ability to assess the immediate level of danger for a woman after sexual assault or domestic violence	2	1	0
f. I know how to help the woman to create a plan to increase her and her children's safety	2	1	0
g. I am able to talk to the woman about her needs and the options she may have	2	1	0
h. I feel confident that I know how to make appropriate referrals to support services available within the community	2	1	0
i. I know how to document the history of assault and physical examination findings in a patient's records	2	1	0
j. I understand the Law Against Domestic Violence and my responsibilities as a health provider under the law	2	1	0

13. What does each part mean in Hahu Relasaun? (write the words in the spaces below)

HA	HATENE sinál ba violesia	KNOW the signs of violence	1
HU	HUSU kona-ba problema	ASK about problems	1
RE	REASAUN empátiku	REACT with empathy	1
LA	LABELE fó sala vitima	DON'T blame the victim	1
S	SEGREDU	CONFIDENTIALITY	1
AU	AUMENTA SEGURU	INCREASE SAFETY	1
N	NAFATIN tau matan	CONTINUING / ONGOING SUPPORT	1

Structured Observation Tool for Course Evaluation

The purpose of this tool is to provide a structure for detailed observation of the course on responding to violence against women and children. This form should be filled out for each session/week. Please be specific on content and activities that worked well and those that need adjustment. Please add additional pages as needed.

Week/Topic: _____

Date: _____

University: _____

Lecturer: _____

Content:

How clear was the content of the session (i.e. lecturer explanations, student questions, PowerPoint slides)

Timing:

Please note any feedback with regards to timing. Are there activities or topics that could be shortened? Lengthened?

Structure:

How well does the structure and flow of the session work? Does the sequence and organization allow participants to build towards the learning objectives?

Activities:

How interesting were the activities? How stimulating for learning purposes? How useful were they in conveying the objectives of the session?

Methods:

How appropriate are the methods for delivering content? Please comment on any place where more didactic training may be needed, or where more or different activities may be needed.

Resources:

Are there additional resources that would be helpful for this session?

Additional comments:

Participant Information Statement

Evaluation of curriculum: Healthcare responses to violence against women and children

This research is funded by [organisations]. It is being carried out by:

Position	Name	Organisation

What is the study about?

- Our university is piloting a new curriculum to help health providers better respond to violence against women and children. This curriculum is based on a draft developed by the World Health Organisation (WHO) and has been adapted for Timor-Leste by a collaborative working group from La Trobe University, Universidade Nacional Timor-Lorosa'e (UNTL), Instituto Superior Cristal and PRADET.
- We would like to do some group discussions or individual interviews with students and lecturers after they have completed the course. We want to ask your opinion about valuable things you learned and what you think could be improved for next year.

Do I have to participate?

- Participation in a discussion or interview is completely voluntary. If you decide to participate you can leave any time.
- This is not part of your assessment. Regardless of whether you participate or what you say, it will not affect your grades.

What will happen to the information collected?

- The data we collect is confidential and your name will not be connected with the information.
- With your consent, we will record the discussion. This will help us in taking accurate notes. Relevant quotes may be extracted for a report but identifying information, like names or places, will not be included.
- We would like to use the data to write a report about the course evaluation, and it may also be used in journal articles or in presentations.

Will I hear about the results of the study?

- You can request a copy of this report from the researchers, and we will come back to do a presentation for this university.

What if I change my mind?

- If you have participated in an individual interview you can choose to no longer part of the study and we will remove your interview data and contact details from our records. If you participated in a focus group discussion we will remove your name and personal details from our file but your anonymous contribution to the group discussion will not be able to be removed.
- You can let us know if you want to withdraw from the study by calling us or emailing us on the contact details below.
- Your decision to withdraw from the study will not affect your grades or your relationship with any of the Universities participating in the study.

Who can I contact for more information?

Name	Position	Telephone	Email

What if I have a complaint?

- If you have a complaint about any part of this study, please contact:

Ethics reference	Position	Telephone	Email

Consent Form

Evaluation of curriculum: Healthcare responses to violence against women and children

Declaration by participant:

- I have read (or have had read to me) and understood the participant information statement.
- I have received a copy of the participant information statement to keep.
- Any questions have been answered to my satisfaction.
- I agree to participate in the study, I know I can withdraw at any time.
- I agree information provided by me during the project may be included in a report and presentations, and published in journals on the condition that I cannot be identified.
- Do you consent to this discussion being recorded? Yes No

Participants' signature:

Name _____ Signature _____ Date _____	Name _____ Signature _____ Date _____	Name _____ Signature _____ Date _____
Name _____ Signature _____ Date _____	Name _____ Signature _____ Date _____	Name _____ Signature _____ Date _____
Name _____ Signature _____ Date _____	Name _____ Signature _____ Date _____	Name _____ Signature _____ Date _____

Declaration by researcher:

- I have given a verbal explanation of the study, what it involves and the risks and I believe the participant has understood.
- I am a person qualified to explain the study, the risks and answer questions.

Name _____ Signature _____	University _____ Date _____
-------------------------------	--------------------------------

Interview questions

Evaluation of curriculum: Healthcare responses to violence against women and children

1. What did you think of the course you just completed on responding to violence against women and children? (prompt: interesting, clear, met expectations)
2. What is the most valuable thing you learned?
3. What was most the most challenging part of your learning?
4. What sessions were most useful and why?
5. What sessions were least useful and why?
6. What did you think about the length of the course? Was there always sufficient time to cover the content?
7. Are there specific issues that you would have wanted to spend more time on? What were they?
8. Can you comment on how useful the different learning resources were (prompt: readings, handouts, video role play, group activities, PowerPoint slides)
9. Do you have any suggestions to improve the learner's guide?
10. Do you have any suggestions to improve the logistics and/or materials used (prompt: room set-up, equipment, support, location)?
11. How confident do you feel to implement what you learned when you go into the health workforce? What could help boost that confidence?
12. If this course was held again, what would you change?
13. Do you have any other suggestions?

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