Federal Democratic Republic of ETHIOPIA

MINISTRY of HEALTH

2016

PARTICIPANT MANUAL | MODULE ONE

INTRODUCTION to GENDER and GENDER-BASED VIOLENCE

ACKNOWLEDGMENTS

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A particular note of appreciation goes to the following individuals engaged at different levels to complete this manual.

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The valuable contribution of health workers involved during the pre-testing was highly appreciated for the completion of this training package.

FOREWORD

Achieving gender equality is high up on the National Growth and Transformation Plan II (GTP II) that is well aligned with the Global Agenda of the Sustainable Development Goals and deserves special attention. A key challenge in achieving this goal is combatting gender-based violence/sexual violence (GBV/SV), especially against women and girls.

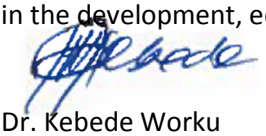
The Federal Ministry of Health (FMOH) of Ethiopia has long acknowledged the important interlinkage between gender and health and has accordingly taken significant steps in achieving gender equality in the health sector. The progressive Health Sector Development Program IV (HSDP IV) and various strategies and guidelines are just examples of how the FMOH is enhancing the health sector response in relation to gender equality and gender equity.

The FMOH, through the Directorate of Women and Youth Affairs, has also made significant strides in promoting and strengthening the health sector in its response to GBV/SV against women and girls in particular.
An important and ongoing effort has been the improvement of primary health care services, with special focuses on women, girls and boys to access the health services. The promotion of gender equality in accessing health services is indeed one of the explicit objectives of the Health Extension Program (HEP).

With the aim of strengthening the understanding of gender and the overall health response to GBV/SV, the development of a national standardized competency based Training Package is an important measure to foster the Ministry's determination to reduce gender inequalities.
We believe that by providing all health cadres in the primary health care units and tertiary level, with appropriate training a more effective and comprehensive health response to GBV/SV can be achieved.

Gender-based violence is not just "women's business" but also affects men and boys. Therefore, apart from an effective clinical response along with psychological care and psychosocial support to help survivors to recover from the incident and to re-integrate into society, it is crucial to educate and raise awareness on the subject, improve strategies to prevent GBV/SV, and develop and maintain progressive behavioral changes.
Prevention of GBV/SV in the community through health extension workers is thus one of the critical interventions that the Ministry is devoted to. Indeed, improving health care workers' comprehension and knowledge on the concept of gender and gender equality and strengthening their practical skills in assessing and handling cases involving GBV/SV plays a very significant preventive role. The Training Package consequently not only seeks to enhance the purely medical aspects of clinical management of these cases; it also stresses the importance of understanding the underlying causes and consequences of GBV/SV in order to ensure effective prevention strategies and successful rehabilitation of survivors. In line with these objectives, another significant purpose of this package is to promote and reinforce the multi-sectoral approach as well as the referral system for the response and prevention of GBV/SV in Ethiopia.

We are indeed grateful to the developing partners for their assistance in the development of this Training Package. Also, special thanks to the World Health Organization, Country Office for their support in the development, editorial, designing and printing of this Training Package.



Dr. Kebede Worku
State Minister of FMOH

APPROVAL STATEMENT OF THE MINISTRY

The Federal Ministry of health of Ethiopia has been working towards standardization and institutionalization of In-Service Trainings (IST) at national level. As part of this initiative the ministry developed a national in-service training directive and implementation guide for the health sector. The directive requires all in-service training materials fulfill the standards set in the implementation Guide to ensure the quality of in-service training materials. Accordingly, the ministry reviews and approves existing training materials based on the IST standardization checklist annexed on the IST implementation guide.

As part of the national IST quality control process, this Health Response to Survivors of GBV/SV IST package has been reviewed based on the standardization checklist and approved by the ministry in November, 2016.

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INTRODUCTION TO THE TRAINING MANUAL

BACKGROUND

Ethiopia's Constitution, national laws and policies are consistent with international legal instruments on gender equality, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action, the African Charter on Human and People's Rights, and the Convention on the Rights of the Child (CRC). Equality between men and women, and boys and girls, is one of the central pillars of the Growth and Transformation Plan: A revised Federal Family Code, based on the principle of gender equality, came into effect in July 2000. The new Ethiopian penal code of 2005 criminalizes domestic violence and harmful traditional practices including early marriage, abduction and female genital mutilation/cutting (FGM/FGC).

There are various forms of gender-based violence (GBV) including physical violence, sexual violence (SV) and emotional violence. However, available data suggests that the majority of victims of sexual violence are women and girls. Studies indicate that in every society regardless of culture, class and economic status, the majority of the perpetrators are intimate partners.

Sexual violence is socially condoned and seriously affects the wellbeing of the victims and the society at large. It negatively affects women's and men's physical, sexual and reproductive, mental and behavioral health. The health risks and consequences could range from subtle behavioral problems and no physical findings to chronic health outcomes and even death.

History tells us that the health sector had initiated a systematic approach to GBV in some hospitals in Ethiopia. St. Paul hospital in Addis Ababa was a pioneer in dealing with sexual violence. Yekatit 12 hospital had a project Child Abuse and Neglect Unit (CANU) that started in 2001 with a multi-disciplinary team including clinical psychologists and police for child abuse investigations. Moreover, Gandhi Memorial hospital established a one stop center with a special unit for female victims of GBV/SV in 2004. The multi-sectoral approach was initiated with support of partners and convened by the Ministry of Justice in 2007.

The Health Sector Development Plan IV (HSDP IV) has given much emphasis to gender issues; it has put significant efforts into the strengthening and scaling up of these initiations to a level that ensures comprehensive and multi-disciplinary response to gender-based violence and sexual violence against women and children.

The primary purpose of this training manual is to improve the knowledge and skills of health care workers in providing adequate health care for survivors of GBV, especially sexual violence, including collecting forensic evidence. Due to the fact that health care workers are not able to handle the entire multi-faceted spectrum of services of GBV alone, dealing effectively with GBV and sexual violence requires a multi-sectoral, well-orchestrated approach. Training health managers, health care workers and the community will thus help to standardize the health services across all health facilities and improve community health care for survivors of GBV/SV.

The training manual is organized into five modules that will facilitate health workers to easily look up relevant information and thereby reinforce their knowledge, capacities and skills. Moreover, these different training modules are designed on competency based principles to improve skill and cognition of participants.

RATIONALE FOR A MODULAR TRAINING PACKAGE

Each of the five modules of the Participant Manual emphasizes skills and knowledge required in different health cadres and thus allows filling capacity gaps depending on the area of capacity deficit.
For instance, clinicians can use Module II to reinforce their skills of clinical service they provide to survivors of GBV/SV whereas Module III can be used by clinical psychologists to enhance their knowledge and skills regarding psychological and psychosocial support of GBV/SV survivors. Furthermore, Module IV can be used as a tool by health extension workers (HEWs) to promote healthy attitudes towards GBV/SV and to develop and improve GBV/SV prevention strategies.
Consequently, if capacity and knowledge gaps are observed during quality service monitoring, then the different modules can be used to re-train the staff to reach excellence in the provision of their services.

CORE COMPETENCIES

The Training Manual is designed to provide participants with the following core competencies:

MODULE I: Knowledge on the definition and types of GBV. Cognitive skill to change behavior and attitude.

MODULE II:

- ***Cognitive:***

Section 2.1 Knowledge on use of the principles of GBV approach; Explain state to survivors and families***;*** Understand common terminologies.
Section 2.2 Knowledge on initial management; Interpretation of physical assessment and laboratory results.
Section 2.3 Describe the purpose, schedule and activities of follow-up care.

- ***Skill:***

Section 2.1 Use of job aids***;*** Proper counseling and ethical soundness in handling victims; Screening for HIV; STIs; Hepatitis B and counseling***;*** Collection of forensic data.
Section 2.2 Use of job aids; Prescription of treatment; Proper counseling on treatment; Proper documentation.
Section 2.3 Demonstrate ability to provide comprehensive care at each follow-up visit; Prescribe referral and produce medico-legal certificate.

MODULE III

- ***Cognitive*****:** Explain the major psychological consequences of GBV/SV**;** Able to provide service for range and levels of psychological and social interventions.
- ***Skill*****:** Provide counseling to survivors of GBV/SV.

MODULE IV

- ***Cognitive:*** Describe key principles of GBV/SV prevention; Describe roles of health care providers in the prevention of GBV/SV.
- ***Skill:*** Actively identify survivors of GBV/SV***;*** Lead health education sessions at health facilities; Being able to support health extension workers to lead community mobilization and community dialogue.

MODULE V

- ***Cognitive:*** Describe the purpose and value of M&E in post-sexual violence care.
- ***Skill:*** Producing reports using the indicators; Use and complete of register for post-sexual violence care.

COURSE SYLLABUS

Course Description

This five-day training course is intended to update the knowledge and skills of health care providers including health extension workers, who work in the area of prevention of GBV/SV.

Course Goal

The goal of the course is to provide the participants with updated knowledge and skills necessary to deliver comprehensive health services to survivors of GBV/SV.

Participant Learning Objectives

Participants will acquire knowledge and skills in the following areas to enable them to deliver GBV/SV services to survivors:

Introduction
Module I: Introduction to the Basics of Gender
Module II: Clinical Response and Management to GBV/SV
Module III: Psychological Support
Module IV: Prevention of GBV/SV
Module V: Monitoring and Evaluation

Training/Learning Methods

- Illustrated lectures and group discussions
- Individual and group exercises
- Role plays and case studies
- Guided practice in form of a clinical practicum in a simulated classroom setting, with feedback from trainers.

Learning Materials

This course is designed to be used with the following materials:

- National Comprehensive GBV/SV Training Package:
    - *Participant Manual: Training Modules I-V*
    - *Facilitator Guide*
    - *PowerPoint (PP) slides*
- National Policy and Guidelines on HCT, Hepatitis, Management of STIs, FP, *SOP for Response and Prevention of Sexual Violence in Ethiopia*

Participant Selection Criteria

The participants of this course should be facility-level service providers who are proficient in providing Emergency Care service, out-patient service including Reproductive, Maternal, Newborn and Child Health (RMNCH) or are responsible for the management of GBV/SV services including health extension workers and clinical psychologists.

In addition, they should currently be working in a facility or supervising a facility where these services are provided or planned to be introduced.

Trainer Selection Criteria

The trainers of this course should be Master Trainers or trainers who have received Training of Trainers (ToT) and who have clinical experience in addressing the sensitive issues of GBV.

Methods of Evaluation

Participant:

- Pre- and post-training knowledge assessment
- Performance on group activities, case studies, role plays, and clinical station practicum

Course:

- Workshop evaluation (to be completed by each participant)

Course duration: Four days – approximately 21 hours in classroom activities with stations for clinical practicum.

Course Venue: Trainings will be conducted in the national IST centers.

Suggested Course Composition: Up to 30 participants and 3-4 nationally certified GBV/SV trainers.

HEALTH RESPONSE TO SURVIVORS of GBV/SV

Federal Democratic Republic of ETHIOPIA

MINISTRY of HEALTH

2016

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Module I: Background and Introduction to the Basics of Gender

TABLE OF CONTENTS

Acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
FDRE	Federal Democratic Republic of Ethiopia
GA	General Assembly
GBV	Gender-based Violence
HIV	Human Immuno-deficiency Virus
IPV	Intimate Partner Violence
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
SV	Sexual Violence
TB	Tuberculosis
UN	United Nations
UAMs	Unaccompanied Minors
WHO	World Health Organization

Introduction

This module consists of five sections that will establish a common understanding of the concept of gender, thereby providing the basis for the subsequent training modules. The first section will give insight into gender concepts and will provide definitions of common terminologies. Section two will explain the basics of GBV/SV and the different types that exist. Section three will discuss the magnitude and consequences of gender-based violence and the fourth section covers the importance of the multi-sectoral approach to GBV. Lastly, the fifth section will outline the legal context of GBV/SV with regard to health, giving an overview of the relevant national laws and policies, as well as the international legal instruments which Ethiopia has ratified.

Section 1: Gender Concept and Terminologies

1.1 Learning Objectives

Core Competencies
- Knowledge on the basic concept of gender
- Ability to describe gender
- Use common terminologies appropriately

At the end of this section, participants will be able to:
- Explain the basic concept of gender and relate it to health
- Describe common terminologies in relation to gender

1.2 Concept of Gender

Gender is a social construct that defines the norms, roles and relations for males and females in the process of socialization. It defines how men and women, girls and boys behave and act in a given society.

Sex is the biologic difference between men and women. On the other hand, sex is also a biological and physiological constitution that determines the characteristics of either male or female. This difference is influenced by societal norms, and guides the different opportunities and engagements of male and female in their development at large.

The concept of health covers a complex human condition in which biological characteristics interact with gender (social determinants), which in turn affects disease pattern, risks, treatment, and outcomes.

Exercise 1.1

Read the following statements and answer whether it is "gender" or "sex" in the spaces provided.
You have 3 minutes to complete the exercise. Your facilitator will then take you through the answers.

1. Women give birth to babies; men do not. _____
2. The majority of surgeons in Ethiopia are men. _____
3. Cardiac infarction is less common in females than men. _____
4. Women are more affected by oesophageal cancer than males. _____
5. In SNNP men are engaged in weaving jobs in their house. _____
6. Women are at increased risk of acquiring HIV than men. _____
7. Many sexually abused women do not seek medical care. _____
8. High cure rate of TB is marked among males and high incidence among women. _____

1.3 Definitions of Common Terminologies

It is important to know and have a common understanding on some frequently used terminologies when referring to gender. Understanding gender terms and their impact on gender-based sexuality can help to create a society free from sexual violence.

Below are some common terms and their definitions:

- **Gender norms:** refer to a set of societal "rules" or "regulations" (a form of socio-cultural regulations) that encourage socially desirable behavior in the way women and men "should" look, behave or act.
  This is a "pattern" of what individuals, as members of a group, or representing a particular social position, should do and what is required of them under given circumstances. For the norm to fulfill this purpose, it needs to represent a certain social control mechanism, characterized by generality (it can be applied in different contexts – it is not a set of specific partial "instructions" but rather "principles") and consciousness (individuals are aware of the general rules which control the activity of individuals – for the norm to fulfill the regulatory role, it must be "known") and if the norm is perceived as a regulation, sanctions are always associated with it.

- **Gender roles:** is a social role. It is "a set of expectations associated with the perception of masculinity and femininity".
  Social roles are always closely related to the value system of the society which forms them. The respective role is thus a sort of "prescribed" behavior and action. Therefore, "actual performance of roles by individuals may be different due to the ideal role: required behavior (holder of the role behaves as she/he *must*) desirable behavior (holder of the role behaves as she/he *should*), acceptable behavior (holder of the role behaves as she/he *can*) and unacceptable behavior (holder of the role behaves as she/he *may not*). The performance of social roles is therefore flexible, but is subject to social control and sometimes social sanctions".

- **Gender relations:** refer to social relations between and among women and men that are based on gender norms and roles.

- **Gender stereotypes:** a gender stereotype is a very stable element in consciousness, i.e. psychological and social mechanisms regulating perception and evaluating certain phenomena, subsequently influencing opinions, judgment, attitudes and behavior. With regards to a stereotype, an undifferentiated overall attribution of certain characteristics to all members of the group is typical. A stereotype is characterized by emotionality and irrationality, as well as simplistic interpretations of events and is therefore often abused in propaganda.
  Masculinity and femininity are not perceived equally in society. The disparagement/degrading of one sex (more often women) or the rejection of any other than stereotypical perceptions of masculinity and femininity is called sexism. Comparably to racism, sexism is the manifestation of intolerance. However, while racism means the disparaging of people because of their race or ethnicity, sexism means the disparaging of people because of their sex.

- **Gender equity:** the process of e.g. allocating resources, programs, and the power of decision-making fairly to both males and females without any discrimination on the basis of sex, while at the same time addressing any imbalances regarding the benefits available to males and females in accordance to their needs. Gender equity thus also includes recognizing that women and men have different needs.
- **Gender equality:** refers to the *equal rights, responsibilities and opportunities of women and men and girls and boys*. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of both groups. Gender equality is achieved when women and men enjoy the same rights and opportunities across all sectors of society, including economic participation and decision-making, and when the different behaviors, aspirations and needs of women and men are equally valued and favored.
- **Gender empowerment:** empowerment is a multidimensional social process that enables people to gain power and control over their lives. It involves awareness-raising, building self-confidence, expansion of choices, increased access to and control over resources, and actions to transform the structures and institutions which reinforce and perpetuate gender discrimination and inequality. This implies that to be empowered is not only to have equal capabilities (such as education and health) and equal access to resources and opportunities (such as land and employment), but the individual must also have the means to use these rights, capabilities, resources and opportunities to make strategic choices and decisions (such as are provided through leadership opportunities and participation in political institutions).
- **Gender mainstreaming:** the process of assessing the implications for women and men for any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making women's and men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

Exercise 1.2 Card sorting

Your facilitator will arrange pre-prepared statements on the flip chart and mount the paper to a wall. You will be asked to pick a random card from the pile of cards labelled with the different terms related to gender and to match your card with the corresponding statement on the flip chart.
This activity will take approximately 10 minutes to complete. Your active participation is very important.

Section 2: GBV and Types of Violence

2.1 Learning Objectives

At the end of this section, participants will be able to:

- Define GBV
- Describe common types of gender-based violence

Core Competencies:

- Knowledge on the definition and types of GBV

2.2 Gender-based Violence

There are various but similar definitions for gender-based violence.

Gender-based violence includes all forms of violence involving women and men in which the female is usually the victim. The term 'gender-based' is used to highlight the need to understand violence within the context of women's and girl's subordinate status in society. Such violence cannot be understood, therefore, in isolation from the norms, social structure, and gender roles within the community, which greatly influence women's vulnerability to violence.

Domestic violence is a term used with many meanings. The most common usage is with reference to violence by the spouse or intimate partner. However, the term is also used sometimes to describe violence within the family, where the perpetrators are usually male members, as for example violence by the father against the daughter, son against mother and so on.

Violence against women and girls is a term often used synonymously with gender-based violence. However, the term does not make it clear whether or not the violence is derived from unequal power relationships between women and men in society.
According to the United Nations, violence against women is *"any act of gender-based violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."* (United Nations General Assembly, Declaration on the Elimination of Violence Against Women, 1993).

Gender-based violence occurs due to a power imbalance in relationships, i.e. physical (muscularity/strength, size, use of weapons, controlling access or security); age (often, the young and elderly are vulnerable); economic (control of money or access to goods/services/favors); social (peer pressure, bullying, leader, teacher, parents); political (elected leaders, authorities, discriminatory laws).

Perpetrators (often men) can have "real" or "perceived" power in one or more of the power relations mentioned above. Power is directly related to choice. The more power one has, the more choices are available and vice versa. Underpowered people have fewer choices and are therefore more vulnerable to abuse. Gender-based violence thus involves the abuse of power.

Violence is the use of force/power. "Force" might be physical, emotional, social or economic in nature. It may also involve coercion or pressure. Force also includes intimidation, threats, persecution, or other

forms of psychological or social pressure. The target of such violence is compelled to behave as expected or to do what is being requested, for fear of real and harmful consequences or promissory gains. Using violence (violation of rights) involves forcing someone to do something against her/his will also know as “consent”.

“Consent” means agreeing to or approving something; making decisions on informed “choices”, freely and voluntarily, by persons in an equal power relationship. Acts of violence override the right of an individual to her/his decision-making power or coerce the victim to comply with the order under duress. In addition, children (under the age of 18) are legally prohibited to provide any consent without the knowledge of their parent or guardian.

Exercise 1.3 True or False

Write true or false for the following statements in the space provided.
You have 4 minutes to complete the exercise individually. Your facilitator will take you through the correct answers.

1. _____ GBV is one of the components of sexual violence.
2. _____ Domestic violence is GBV that occurs in a family.
3. _____ Gender-based violence can occur in women and girls and men and boys.
4. _____ In adults, if consented to the sexual action, but excessive force is used during the act it may not be regarded as GBV upon complaint.
5. _____ GBV on children is an unlawful act only if it results in physical, sexual, or psychological harm or suffering.
6. _____ GBV occurs due to power imbalances that usually favor men.
7. _____ Violence is the use of force that is based on unequal power distribution and includes actions that influence the free and voluntary decision-making of an individual.

2.3 Types of Gender-based Violence

GBV occurs in different forms and can range from subtle to blatant actions, which can even result in death of the victim. Before going through the various types of gender-based violence, it is important to understand some related terms to standardize the perception.

Survivors/Victims:

“Survivor” and “victim” are terms that can be used interchangeably. Both refer to the subject or target of the incident. “Victim” is used both for those who survived or died due to the exposed incident. However, when speaking in terms of health, it is better to use the word “survivor” as it deals with the living. Moreover, the word “victim” conjures an image of someone who is weak, sick, small, hunched over, crying, clothed in rags and unable to function in the world. It is a sad, disempowering word. The word “survivor” on the other hand conjures an image of someone who stands straight and tall, uses eye contact, walks with confidence, lives life to the fullest. It is a powerful, empowering word.

Survivors/victims can include:

- Children, especially Unaccompanied Minors (UAMs), fostered children
- Women because they are usually considered second class and inferior
- Unaccompanied females, without male protection
- Single women, female headed households
- Mentally and/or physically disabled females and males
- Economically disempowered people
- Junior staff males and females, students, less privileged community members
- Minority groups: e.g., ethnic, religious
- Asylum seekers, refugees, displaced persons

Perpetrators:

A perpetrator is the doer or committer of the action(s). The perpetrator could be a person, group, or institution that inflicts, supports, or condones violence or other forms of abuse against a person or group of persons.

The characteristics of perpetrators include:

- Persons with real or perceived power
- Persons in decision making positions
- Persons in authority

The list of categories of people who are potential perpetrators is long but most common are:

- Intimate partners (husbands, boyfriends)
- Influential community members (teachers, leaders, politicians)
- Security forces, soldiers, peacekeepers
- Humanitarian aid workers (international, national, refugee staff)
- Strangers
- Members of the community
- Relatives (brothers, uncles, parents, aunts, sisters, etc.)
- Anyone who is in a position of power

For any incident of GBV/SV, there is a survivor and a perpetrator. Therefore, all our actions in prevention and response need to address both the survivor and the perpetrator.

Human Rights:

Human rights are universal, inalienable, indivisible, interconnected and interdependent.

- Everyone is entitled to all the rights and freedoms, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

- Prevention of and response to gender-based violence is directly linked to the protection of human rights.
- Acts of gender-based violence violate a number of human rights principles enshrined in international human rights instruments. *These principles include, amongst others:*
  - The right to life, liberty and security of person
  - The right to the highest attainable standard of physical and mental health
  - The right to freedom from torture or cruel, inhuman, or degrading treatment or punishment
  - The right to freedom of opinion and expression, to education, to social security and to personal development

❖ **Types of Gender-based Violence**

1. **Physical violence** is defined as the ***intentional*** use of physical force with the potential to cause death, disability, injury, or harm.

Physical violence includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife or other object), and use of restraints or one's body, size, or strength against another person. Physical violence also includes coercing other people to commit any of the above-mentioned acts. It also includes, often in children, the acts or omissions of deprivation/neglect.

2. **Sexual violence/abuse** is the act of sexual activity without consent and/or any sexual act on a person who could not give consent, such as children and persons with disabilities.

This act includes:

(1) The use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed. Harassment, rape, marital rape, abuse/exploitation, sexual child abuse/incest, sexual abuse (non-penetrating), forced prostitution ("willing" but involuntary), child prostitution, sexual trafficking and forced abortion, etc.

(2) An attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act (e.g. because of illness, disability, or the influence of alcohol or other drugs, or due to intimidation or pressure).

(3) The act of an adult or someone older than a child involving the child in any form of sexual activity, ranging from fondling the child's sexual parts to actual or attempted sexual acts.

(4) *Rape/Attempted rape* is an act of non-consensual sexual intercourse. This can include the invasion of any part of the body with a sexual organ and/or the invasion of the genital or anal opening with any object or body part. Rape and attempted rape involve the use of force, threat of force, and/or coercion. Any penetration is considered rape. Efforts to rape someone which do not result in penetration are considered attempted rape.

Rape of women and of men is often used as a weapon of war, as a form of attack on the enemy, typifying the conquest and degradation of its women or captured male fighters. It may also be used to

punish women for transgressing social or moral codes, as for instance those prohibiting adultery or drunkenness in public. Women and men may also be raped when in police custody or in prison.
Rape or attempted rape may include:

- Rape of an adult female
- Rape of a minor (male or female), including incest
- Gang rape, if there is more than one assailant
- Marital rape, between husband and wife
- Male rape, sometimes known as sodomy

3. **Psychological/emotional violence/abuse and neglect** are acts of coercion or use of abusive language (e.g. verbal assaults) and arbitrary deprivation of liberty, whether occurring in public or in private life.

Psychological/emotional abuse can include but is not limited to: humiliating a person; controlling what the person can and cannot do; withholding information from the person; getting annoyed if the person disagrees; deliberately doing something to make the person feel diminished (e.g. less smart, less attractive); deliberately doing something to make the person feel embarrassed; isolating the person from friends and family; prohibiting access to transportation or telephone; denying access to money and other resources; threatening loss of custody of children; smashing the person's objects or destroying his or her property.
Moreover, it includes threats of acts, coercive tactics when there has also been prior physical or sexual violence, or prior threat of physical or sexual violence.

Exercise 1.4 Hide and Seek

Your facilitator will take you through this exercise. This debate exercise will enable you to create ideas on hiding or concealing the situation of GBV and will also teach you how to define the type of occurring GBV.
A different scenario will be given to each of you and it is up to the small groups to debate whether to hide/conceal the situation or whether to try to resolve and unveil the situation and label the type of GBV occurring.
This activity will take approximately 20 minutes to complete. Your active participation is important.

Section 3: Magnitude and Consequences of Gender-based Violence

3.1 Learning Objectives

At the end of this section, participants will be able to:

- Explain the magnitude of GBV
- Describe economic, social and health consequences of GBV

Core Competencies:

- Knowledge on the magnitude and consequences of gender-based violence
- Ability to apply knowledge to interventions in cases of GBV

3.2 Magnitude of GBV

Among all human rights violations, GBV is the most common one. Worldwide, it is estimated that one in three women will be physically or sexually abused in her lifetime; and one in five women have already experienced rape (attempted or completed). Men also experience GBV but its magnitude and effects on health are more severe for women.

Intimate partner violence (IPV) is among the common types of GBV. The lifetime prevalence of women exposed to intimate partner violence ranges from 20 % in Japan and 70 % in Ethiopia (EDHS 2011). 4 to 32 % of women are also exposed to intimate partner violence during their pregnancy. IPV is more prevalent in low income countries (14 to 32 %) compared to high income countries (4 to 11 %).

3.3 Consequences of GBV

Exercise 1.5 Brainstorming Consequences of GBV

You will be asked to brainstorm what are the consequences of GBV. Your facilitator will write down your answers and align them in the following categories: (1) health, (2) economic, (3) social, and (4) others. *This exercise will take approximately 15 minutes to complete.* Your participation and contribution are important.

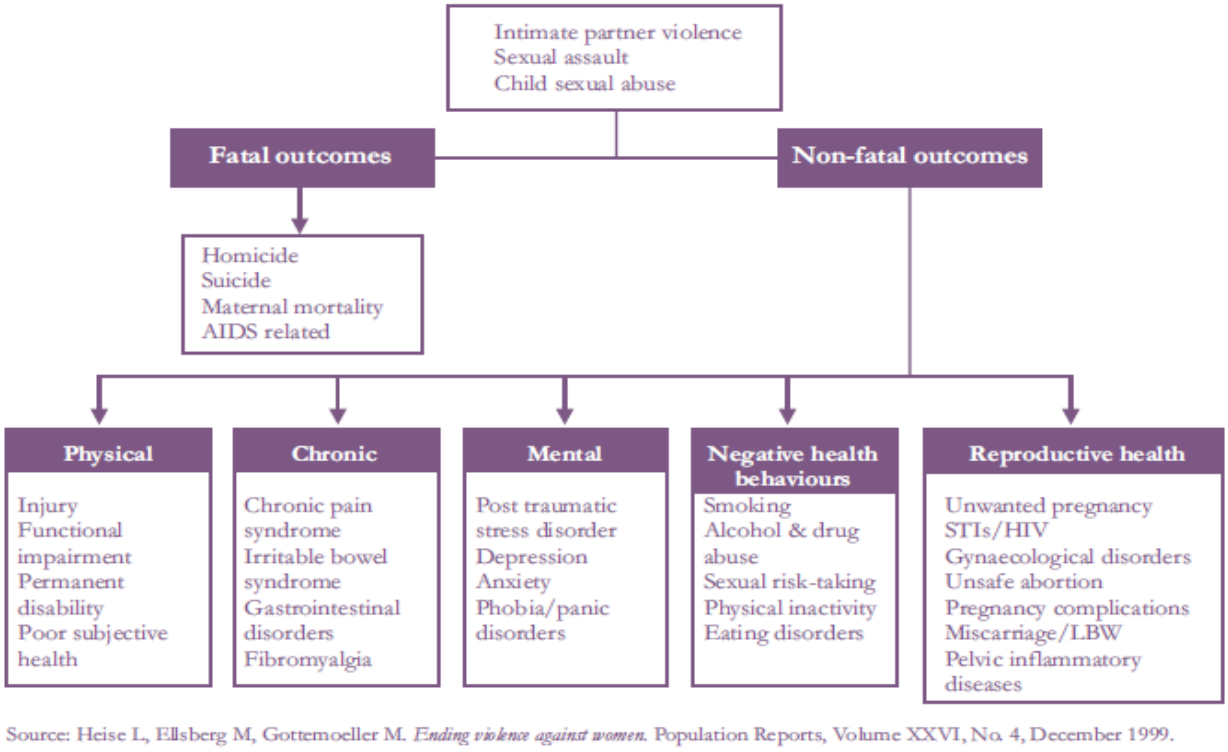
GBV has complex consequences for adult and child victims as well as for those children witnessing violence. Victims/survivors of GBV often have the tendency to blame themselves (self-blame) and feel guilt or shame. They are stigmatized and blamed by family, friends and the society. GBV also undermines the right, autonomy, security of the victims and reinforces gender inequality in the society.

Furthermore, GBV has an *economic* impact for the society. It is estimated that domestic violence and rape are risk factors for increased morbidity and mortality by contributing 5 to 16 % of healthy years of life lost in 15 to 44 aged females.

GBV also has complicated *health* related consequences. It negatively affects physical, mental and reproductive health. The physical health consequences range from bruises and laceration to the loss of body parts subsequently leading to disabilities and disfigurement to death. The mental health consequences include post-traumatic stress disorder, depression, anxiety, phobia, panic disorders, self-

harm, suicide, intergenerational violence, sleeping disorders, low self-esteem, altered sexual orientation and the like. The sexual and reproductive health problems that are caused by GBV include pelvic inflammatory disease, sexually transmitted infections (STIs) including HIV/AIDS, cervical cancer, sexual dysfunction, unwanted pregnancy, abortion, miscarriages, fetal injuries, oral lesions, and the like.

Health Consequences of GBV:



Source: Heise L, Ellsberg M, Gottemoeller M. *Ending violence against women.* Population Reports, Volume XXVI, No. 4, December 1999.

GBV can result in women's and children's deaths. Fatal outcomes may be the immediate result of a victim being killed by the perpetrator, or in the long-term, the consequence of other adverse health outcomes. For example, mental health problems resulting from trauma can lead to suicidality, or to conditions such as alcohol abuse or cardiovascular diseases that can in turn result in death. Moreover, a HIV infection as a consequence of sexual violence can cause AIDS and ultimately lead to death.

Section 4: Multi-sectoral Response/Approach to Gender-based Violence

4.1 Learning Objectives

At the end of this section, participants will be able to:

- Describe the rationale to work in collaboration with relevant actors in the prevention of, and response to, GBV/SV (especially against women and girls)
- Explain the relevance of norms and standards of procedures relating to SV (against women and children)
- Describe the basics of the Standard Operating Procedure (SOP) in response to sexual violence centering the victim

Core Competencies:

- Knowledge on the value of a multi-sectoral response to GBV/SV
- Understanding of and use of the general concept of the SOP of the multi-sectoral approach to SV (against women and children)

4.2 Multi-sectoral Response

Acknowledging that gender-based violence as "violence involving men and women in which the female is usually the victim" that often occur due to "power imbalance" and the different forms of violence, physical, sexual and psychological/emotional violence and economic abuse and exploitation that are interrelated and connected; affirming that there is no single agency that contains the resources and expertise required to comprehensively respond to the needs of victims; and asserting that various stake holders (health, justice and social welfare systems) play essential roles in enabling victims to have access to immediate and comprehensive care and support services to reduce long term effects related to the violation of their rights, the Ethiopian government with its commitment to end violence against women as enshrined in the FDRE Constitution and other legislative frameworks established a national multi-sectoral coordinating body to address the prevention and response to sexual violence.

The Standard Operating Procedure (SOP) for the Response and Prevention of Sexual Violence in Ethiopia was developed by the national multi-sectoral coordinating body with an overall objective to standardize national preventive, protective and service provision amenities for the prevention and elimination of all forms of sexual violence and ensure multi-sectoral mechanisms to support women and children.
The SOP defines the roles and responsibilities of each of the relevant sectors and actors centering the victim to better respond to the immediate needs and prevent the long term consequences as well as the ways to respond to the services.

For example:

A successful multi-sectoral approach to survivors of GBV requires the presence of an operational link between relevant sectors/actors with a flow of connection that adds value to the survivor. A *survivor* of sexual violence or abuse may present herself or himself to police or hospital. If first presented to the *police,* the latter *will link the survivor to health care* for a clinical check-up after having undertaken the necessary procedures. On the other hand, if the initial presentation of the survivor is to the health care

facility, after processing the necessary care and treatment, *links can be made to the law enforcing body/police*.

If the case is domestic in nature, for reasons of protection of the victim from further violence, the survivor should be *linked to emergency protection or safe house* (*Social Affairs or Ministry of women and children affairs*); if the survivor requires legal support, a *link to the legal system (law prosecution office) must be established.* In case of a child survivor who is underage and may not understand the circumstances, the child must be *linked to a medical social worker (social affairs)* who will prepare her/him for the court proceedings. The engagement of the community will add value in identifying current and ongoing cases of abuse and will thus be involved in handling such cases. Consequently, a multi-sectoral "wheel" (see Exercise 1.7) in an attempt to close the gaps of the different necessary components when dealing with cases of GBV/SV will facilitate the smooth and effective handling of and response to the needs of survivors.

Exercise 1.6 Short questions and answers

You have 15 minutes to complete the exercise individually. Your facilitator will then take you through the correct answers.

1. What is the purpose of the multi-sectoral approach to survivors of GBV?

2. Why is it important to prepare the child survivor for trial hearing and who should be responsible for this process?

3. Why do you think it is important to build the capacity of local government (community level) on the protection of vulnerable groups?

4. Why is it important that the health sector be part of the multi-sectoral approach to GBV?

5. Why do we need a SOP for the prevention of and response to sexual violence?

Exercise 1.7 Wheel of Intervention for Survivors of GBV

You will be asked to fill in the different components/areas of support in the "Wheel of Intervention for Survivors of GBV" centering the survivor.

You have 5 minutes to complete the exercise individually before your facilitator will go through the correct answers with you. Your participation is important.

Section 5: Legal Context and Professional Ethics in Response to GBV

5.1 Learning Objectives

At the end of this section, participants will be able to:

- Describe the basic human rights specific to violence against women (VAW) and violence against children
- Describe the existing international conventions and the national legal framework designed to protect the rights of women and children
- Increase the potential of health workers to improve the protection of the rights of survivors of sexual violence
- Explain the professional ethical practice of health workers with regards to the care of survivors of GBV

Core Competencies:

Cognitive

- Knowledge on the basics of human rights and existing international conventions and national legal framework specific to women and children

Skill

- Proficient in translating professional ethics to practice

5.2 The Legal Context in Response to GBV

International human rights and the national laws of countries across the world recognize a range of substantive and procedural rights of women both in criminal and civil matters. However, the practical realization of human rights requires that violations and non-fulfillment of rights be remedied or addressed immediately in systemic manner.

Being able to seek remedies in order to recover from violations or non-fulfillment of rights of victims of violence assumes the availability and accessibility of the health, justice and social system to all without discrimination. Accordingly, the rights of access to justice, fair trial and equality before the law are recognized as fundamental human rights of every person, including every woman and child.

Equality of rights for women is a basic principle of the United Nations (UN), and is highlighted in the Charter of the United Nations (UN Charter). In accordance with the terms of the UN Charter, all member states are legally bound to strive towards the full realization of human rights and fundamental freedoms, including the equal rights of men and women. The International Bill of Rights and the Universal Declaration of Human Rights both contain similar language.

The International **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)** was adopted by the UN General Assembly in 1979 and entered into force on September 3, 1981. Ethiopia signed CEDAW on July 8, 1980 and ratified the convention on September 10, 1981. CEDAW is often described as the international bill of rights for women. It is a treaty which affirms the reproductive rights of women and targets culture and tradition as influential forces shaping gender roles and family relations. States must take measures to seek to eliminate prejudices and customs based on the idea of the inferiority or the superiority of one sex or on stereotyped roles for men and women.
Furthermore, the **Convention on the Right of the Child (CRC)** was adopted by the UN General Assembly in 1989 and was acceded by Ethiopia in 1991.

The international instruments which Ethiopia ratifies are transposed into the Ethiopian legal framework, thus making them part of the national laws of the country. Indeed, Article 9(4) of the Constitution of the Federal Democratic Republic of Ethiopia (FDRE Constitution) provides that "all international agreements ratified by Ethiopia are an integral part of the law of the land."

Accordingly and with regard to the international conventions discussed above, the **FDRE Constitution** guarantees equality between women and men in all spheres of political, social and economic efforts and benefits. Article 13(2) further states that the interpretation of the fundamental rights and freedoms recognized under Chapter 3 of the Constitution (entitled "Fundamental Rights and Freedoms") shall be consistent with the Universal Declaration of Human Rights and all other international human rights covenants and conventions ratified by Ethiopia.

In addition, access to justice is recognized as a right in the FDRE Constitution: Article 37(1) of the Constitution states that "Everyone has the right to bring a justiciable matter to, and to obtain a decision or judgment by, a court of law or any other competent body with judicial power."

The Constitution further recognizes equality before the law (Article 25): "All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. […]." Moreover, in its Article 35, the Constitution specifically addresses the equal rights of women by articulating that, "Women have the right to equality with men in the enjoyment and protection of rights provided for by this Constitution." This article further guarantees that women's right are to be protected by the state from harmful customs and that "laws, customs and practices that oppress women or cause bodily or mental harm to them are prohibited."

One of the key aspects of a person having a right is that there is a corresponding responsibility on someone else to ensure that the right is fulfilled or respected. Victims, survivors and witnesses of sexual offences and domestic violence have in the recent past enjoyed much publicity. This has been occasioned by both a rising awareness about the impact of victimization on them, their families and the communities they live in as well as the rising numbers of reported offences.

Recently, there have been several initiatives in Ethiopia aimed at placing sexual violence victims on the national agenda. These initiatives are reflected in the constitutional protection introduced in the FDRE Constitution for vulnerable groups like children and women, a growing awareness of victims' needs as well as the recent reforms introduced in the criminal justice policy, the creation of an interdepartmental management team at federal level and the practical changes taking place in line with international standards in the police force, prosecution and the court system which will help to avoid secondary victimization.

In order to avoid accusations that the rights of offenders may be unfairly jeopardized by focusing on the victims of crime, the key is to focus on victims from a human rights perspective as the latter is based on an uncompromising commitment to build respect for human rights for both victims and offenders. The balance can be best achieved by investing considerable energy in the development of a victim-centered crime prevention program. This program must be rooted in the effective delivery of victim support and empowerment, which demonstrates that the human rights of victims are treated as a priority – without compromising the rights of any alleged perpetrator or accused person.

5.3 Professional Ethics in Response to GBV/SV

There is a basic interrelation between laws and ethics. Law is the rule of conduct or action prescribed and formally recognized or enforced by the controlling authority whereas ethics refers to a standard behavior that is expected from a professional. In other words, ethics is the concept of doing right and wrong beyond that of legal consideration in a given situation. The moral value is overemphasized to serve as a basis for ethical conduct and is therefore influenced by family, culture and society.

Ethics serves as a fundamental source of law in any legal system. Its application in health could be explored with regards to the communication and actions during the patient and client interphase:

- *Consent and providing technical information*: giving attention, active listening, clarifying and ensuring understanding, and seeking for consent (informed or written as appropriate) are the prime constituents for practical ethics.
- *Patient-physician confidentiality*: ensuring confidentiality of the patient's case is important as individual health information is obtained.
- *Respect and trust*: treating clients with respect and dignity and demonstrating compassionate and caring attitudes are part of professional ethics as defying the trust and being disrespectful may result in less compliance to treatment and medical advices with negative consequences.

Exercise 1.8 Case scenario

Case 1: An elderly 63 year old female visits a clinic and complains about consistent severe headaches and discharge from her private part. A physician on-duty took a very brief history of the primary complaints, checked her blood pressure (result was normal for age) and prescribed treatment for STI syndromic management. The patient politely asked for her diagnosis and in response, the physician said "Emama, though I didn't expect this at your age, you have STI, for which I gave you the treatment."
You have 5 minutes to answers the questions individually. Your facilitator will then take you through the answers.

1. Identify the areas of ethical misconduct. Underline the unethical behaviors in the scenario.

2. What is or are the behavioral component/s missing or that should have been corrected?

3. What would have been your approach if you had been the treating physician?

Summary of Module I

This module provided a comprehensive overview of the concept of gender and gender-based violence. The different types of GBV were identified and explained and the magnitude of GBV and the serious consequences of such violence for the survivors/victims were emphasized. Moreover, the importance of adapting a multi-sectoral approach when dealing with GBV/SV was elaborated on and the different sectors were defined.

Furthermore, the concept of human rights and the link to women's health rights; particularly relevant concepts for fully understanding women's human rights in health were explained and important consideration was be given to gender-based violence (GBV) and sexual violence against women (SV) as violations of women's human rights. The module showed how women's human rights are enshrined in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) and how these provisions were transposed into the legal context of Ethiopia. The role of the Government of Ethiopia in implementing and protecting those rights was also emphasized.

Participant Self-Evaluation

- What did you learn?

- What knowledge and skills were you able to improve?

- What knowledge and skills still need improvement?