



Federal Democratic Republic of ETHIOPIA

MINISTRY of HEALTH

2016

PARTICIPANT MANUAL | MODULE FOUR

PREVENTION of GENDER-BASED VIOLENCE/ SEXUAL VIOLENCE

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Module IV: Prevention of Gender-Based Violence/Sexual Violence

TABLE OF CONTENTS

Acronyms	1
Introduction	2
4.1 Learning Objectives.....	2
4.2 Primary Prevention	2
4.2.1 What is Primary Prevention?	2
4.2.2 The Importance of Prevention of GBV/SV	5
4.2.3 Requirements for Sustainable Prevention Interventions	5
4.3 Strategies to Prevent GBV/SV and Role of Health Care Providers.....	6
4.3.1 Community Level Intervention	7
4.3.2 Facility Level Interventions	11
Summary of Module IV	13
Participant Self-Evaluation	13

Acronyms

GBV	Gender-based Violence
HAD	Health Development Army
HEWs	Health Extension Workers
SV	Sexual Violence

Introduction

In Module I we learned that gender is a social construct that defines the norms, roles and relations for male and female in socialization process. In this module we follow this concept to define and apply it in the context of primary prevention of GBV/SV, which is based on power imbalances (social, economic and political) within the social construct. It focuses on behavioral change principles and critically looks into the primary unit of social construct, i.e. the family, to positively strengthen the relationship between men and women and children.

GBV/SV can have harmful and lasting effects on the victim/survivor but also on their families, friends and communities. Consequently, prevention of GBV/SV is a very important goal. However, as the factors leading to incidents of sexual violence being committed are complex, developing comprehensive and effective prevention strategies can be challenging as well.

Nevertheless, it has been recognized that GBV is a society wide issue across the world. Therefore, different actors (governments, donors and civil society) are working towards creating appropriated prevention and response mechanisms to address the complex intersecting dynamics that perpetuate such violence.

4.1 Learning Objectives

By the end of this module participants will be able to:

- Describe key principles of primary prevention
- Explain process of community mobilization and social change
- Describe the roles of health care providers in the prevention of GBV/SV both at community and health facility level
- Identify survivors of GBV/SV

Core competencies:

Cognitive

- Describe key principles of GBV/SV prevention
- Describe roles of health care providers in 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 (HEWs) to lead community mobilization and community dialogue

4.2 Primary Prevention

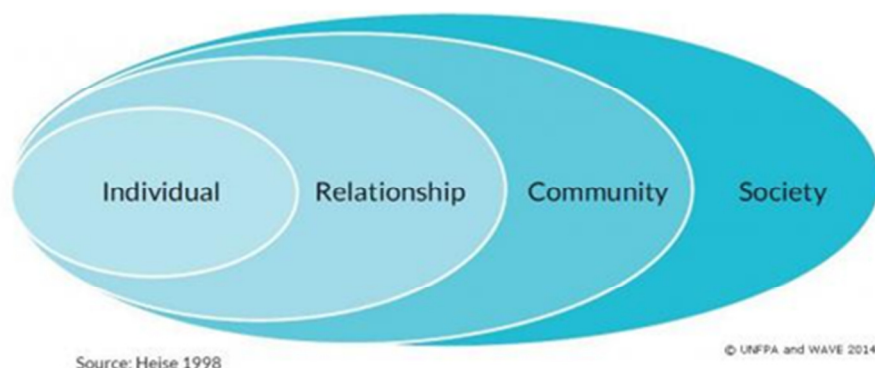
4.2.1 What is Primary Prevention?

Prevention of GBV/SV means undertaking any targeted activities with the aim of eliminating the systemic conditions for GBV/SV to occur. This includes addressing the underlying causes of GBV/SV related to discrimination and existing inequalities between men and women, as GBV/SV disproportionately affects women and girls. Furthermore, addressing social norms and environmental factors that contribute to violence (e.g. attitudes and beliefs that condone/disregard GBV/SV ...).

Moreover, and very importantly, prevention strategies should aim to reduce risk factors and promote protective factors for GBV/SV. This can be done by developing prevention activities that avert initial perpetration or victimization.

In addition, for comprehensive prevention strategies, factors that influence GBV/SV at all levels – individual, relationship, community, and society – should be adequately addressed.

The Ecological Framework of GBV



The ecological framework model offers a comprehensive basis for understanding the risk factors of GBV and their interaction among many factors at the different levels – individual, relationship, community and societal. It is based on the fact that no single factor can explain why some people or groups are more vulnerable to violence than others.

This model may therefore be used when designing prevention and response interventions. Indeed, health care providers can use this model to understand the risk factors affecting women and girls in particular in the communities, including the factors contributing to the perpetration of GBV/SV. This can help them to evaluate what strategies and interventions for prevention of GBV/SV would be the most effective to address and reduce risks at the different levels. Consequently, interventions will not only target individual health needs but will also emphasize the need for social change.

Common risk factors for violence at each level are represented in the following Table:

RISK FACTORS FOR VIOLENCE BASED ON THE ECOLOGICAL MODEL			
Individual <i>Personal factors that influence individual behavior</i>	Relationship <i>With family, intimate partners and friends</i>	Community <i>Neighborhood, schools and workplaces</i>	Societal <i>Broad factors that reduce inhibitions against violence</i>
<ul style="list-style-type: none"> • Gender, age, education • Family history of violence • Witnessing GBV/SV • Victim of child abuse or neglect • Lack of sufficient livelihood and personal income • Unemployment • Mental health and 	<ul style="list-style-type: none"> • Family dysfunction • Inter-generational violence • Poor parenting practices • Parental conflict involving violence • Association with friends who engage in violent or inappropriate behavior 	<ul style="list-style-type: none"> • High unemployment • High population density • Social isolation of females and family • Lack of information • Inadequate victim care • Schools and workplaces not addressing GBV • Weak community 	<ul style="list-style-type: none"> • Poverty • Economic, social and gender inequalities • Poor social security/weak economic safety nets • Masculinity linked to aggression and dominance • Weak legal and criminal justice system

behavioral problems <ul style="list-style-type: none"> • Alcohol and substance abuse • Prostitution • Disabilities • Internally displaced refugee 	<ul style="list-style-type: none"> • Low socio-economic status • Friction over women's empowerment • Family honor more important than female health and safety 	sanctions against GBV <ul style="list-style-type: none"> • Poor safety in public spaces • Challenging traditional gender roles • Blaming the victim • Violating of victim confidentiality 	<ul style="list-style-type: none"> • Perpetrators not prosecuted • No legal rights for victims • Social and cultural norms support violence
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What can the health sector do to address these risk factors?

EXAMPLES OF HOW THE HEALTH SECTOR CAN INTERVENE	
LEVEL	HEALTH SECTOR INTERVENTIONS
Individual	<ul style="list-style-type: none"> • Screening young girls who are married for risk of violence • Substance abuse services • Clinic and community-based education efforts • GBV prevention within HIV/AIDS and adolescent reproductive health programs
Relationship	<ul style="list-style-type: none"> • Programs for men aimed at promoting gender equitable relationships and changing norms, attitudes and behaviors
Community	<ul style="list-style-type: none"> • Strengthen community support for survivor services • Strengthen coalitions and networks
Society	<ul style="list-style-type: none"> • Reforms of laws and policies regulating the medico-legal system (e.g. introduction of forensic nurses) • Reform of laws and politics regulating health care provider's obligations in relation to victims/survivors of GBV • Mandatory reporting laws/policies • National health policies and protocols • Laws/policies governing forensic medicine

Exercise 4.1 Prevention of GBV/SV in Yechalal Kebele

Your facilitator will guide you on how to do this exercise. You will work in groups and have 30 minutes to complete.

Scenario 1: You are the lead HEW and would like to eliminate GBV/SV in Yechalal kebele. You feel it is possible to do so. You started reading on GBV and how to prevent it. You come up with possible solutions. But your strategic solution requires deeper knowledge and understanding of the situation in your kebele. You discuss your idea with the kebele administrator and decided to have a meeting on the causes for GBV/SV with the HDA and renown community leaders. Then you ask:

1. *What is/are the basis for GBV/SV in our community?*
2. *What are the social norms that disregard GBV/SV in our community?*
3. *How do we address these negative social norms to prevent GBV/SV?*
4. *What protection measures should we take? As individuals, families, as a community and society?*

4.2.2 The Importance of Prevention of GBV/SV

Gender-based violence is deeply rooted in gender-based discrimination, social norms and gender stereotypes that perpetuate such violence. Given the frequency of GBV/SV happening to women and children in particular and the negative outcomes that GBV/SV has on the victims, besides the responses and services for survivors, emphasis has to be given to the prevention of such violence.

Prevention and response to GBV/SV are also prerequisites to advance gender equality as well as women's empowerment. Indeed, GBV/SV is a significant barrier for individuals to fully and equally participate in, and contribute to, the social, economic and political levels of their communities. Moreover, such violence is a human rights violation or abuse (as reflected e.g. in CEDAW and the national legislation) and a serious public health challenge, as it is associated with numerous adverse health outcomes.

Definitions:

General prevention: initiatives which anticipate risk factors in a targeted and systematic way.

Desirable prevention: “those initiatives which anticipate risk factors even earlier in a targeted and systematic way, [initiatives which] are maximally ‘offensive’, have an integral approach, work in a participatory way and have a democratic nature, while aiming at the enhancement or protection of the target group’s health and wellbeing”.

Secondary prevention: measures to avoid repetition of the incident (this includes identification of persons who were survivors of GBV/SV).

Tertiary prevention: care for the survivor following the incident and early intervention in order to improve rehabilitation and avoid permanent ill health.

4.2.3 Requirements for Sustainable Prevention Interventions

In order to sustainably prevent GBV/SV, prevention interventions should:

- Increase awareness of the scope of the problem of GBV/SV and its impact;
- Challenge the existing gender values, norms, and the relative power dynamics governing relations between women and men;
- Identify and try to eliminate risk factors that increase vulnerability of persons to become victims of GBV/SV;
- Include risk reduction techniques (focused on perpetrator), i.e. strategies which attempt to alter risk and protective factors in order to decrease the likelihood of an individual to commit such violence.
- Increase knowledge of the elements of sexual consent;
- Increase knowledge and awareness of sexual abuse and harassment;
- Start early in life, by educating and working with young boys and girls to foster respectful relationships, and gender equality;
- Involve actions to improve women's empowerment, economic autonomy and security;
- Target improving women's participation and decision-making powers both at home as well as in public life and politics;

- Target different levels (individual, relationship, community, society) for intervention and disseminate messages of prevention and protection;
- Increase understanding of sexual and reproductive health issues;
- Increase positive by-stander behavior;
- Engage communities with regular and mutually reinforcing messages over a sustained period of time. This contributes to changing the climate in the community and building momentum for change;
- Follow a (human) rights-based approach (dismantling the culture of tolerance and impunity associated with perpetrators of GBV/SV);
- Ensure that health workers have the required knowledge, attitude and (practical) skills to provide adequate care to survivors of GBV/SV and ensure that health workers are well informed on the different referral possibilities.

4.3 Strategies to Prevent GBV/SV and Role of Health Care Providers

❖ Human Rights Approach

As seen in Module I, international and regional human rights standards require implementation at the national level. This means that States parties must take necessary measures – of legislative, administrative, policy or programme nature – and to provide appropriate remedies in case of violations in order to ensure the enjoyment of the respective rights and freedoms.

In the same vein, it is important to remember that human rights do not only entail rights but they also entail obligations, of which the State is the main bearer. Accordingly, States assume obligations and duties under international law to respect, to protect and to fulfil human rights of all persons and actions which violate or fail to support the realization of human rights contravene human rights obligations.

A rights-based approach thus presumes the creation of an environment which enables the enjoyment of human rights.

Gender-based violence and sexual violence are violations of the survivor's human rights and all adequate measures to contribute to the prevention to and response of these violations must be taken. *Regarding the Ethiopian Government's obligation to respect, protect and fulfil human rights of survivors of GBV/SV, health care workers come to serve as the intermediary or implementing actors of the State.*

Relevance of the role of health workers in the all prevention phases of GBV/SV:

According to the WHO, sexual violence is a public health issue. Accordingly, the public health sector should play a leading role in the prevention of GBV/SV. Health workers are indeed ideally placed to recognize and intervene in cases involving such violence; they will frequently provide care for survivors over an extended period of time and will thereby be aware of the numerous physical and psychological consequences of GBV/SV. Moreover, as discussed in Module II, the multi-sectoral approach facilitates a more coordinated and structured collaboration with other services (referral network) and allows health workers to provide the best possible care for survivors of GBV/SV. Compassionate, non-judgmental and comprehensive care further contributes to prevention in the secondary and tertiary phases.

Two main strategies for interventions are visible at community and health facility levels.

4.3.1 Community Level Intervention

a) Community Mobilization and Process of Social Change

Primary prevention of GBV/SV in the community through health extension workers is a critical and essential intervention.

Prevention and sensitization programs in communities are essential to promote positive behavioral change and to eventually eliminate this form of violence. Changing community norms is a process, not a single event. Interventions which are based on an understanding of how individuals naturally go through a process of change can be more effective than haphazard messages pushed into the community.

It requires individuals to identify the problem of domestic violence, consider its importance, evaluate their own behavior, and then begin making changes in their lives. Although each individual is unique and will perceive the issue of domestic violence differently, the process of how individuals change often follows a similar pattern.

Stages of Change Theory of how individuals can change their behavior can be used to design strategies for community mobilization.

Stages of Individual Change	Phases of Community Mobilization
Stage 1: Pre-contemplation: an individual is unaware of the issue/problem and its consequences for her/his life.	Phase 1: Community Assessment: gather information on attitudes and beliefs about domestic violence and to start building relationships with community members and professional sectors.
Stage 2: Contemplation: an individual begins to wonder if the issue/problem relates to her/his life.	Phase 2: Raising Awareness: awareness can be raised on various aspects of domestic violence including why it happens and its negative consequences for women, men, families, and the community.
Stage 3: Preparation for Action: an individual gets more information and develops an intention to act.	Phase 3: Building Networks: community members can come together to strengthen individual and group efforts to prevent domestic violence and uphold women's' right to safety.
Stage 4: Action: an individual begins to try new and different ways of thinking and behaving.	Phase 4: Integrating Action: a time to make actions against domestic violence part of everyday life in the community and within institutions' policies and practices.
Stage 5: Maintenance: an individual recognizes the benefits of the behavioral change and maintains it.	Phase 5: Consolidating Efforts: a time to strengthen actions and activities for the prevention of domestic violence to ensure their sustainability, continued growth, and progress.

Exercise 4.2 Prevention of GBV/SV in Yechalal Kebele (cont'd)

Your facilitator will provide you with instructions on how to proceed with this exercise. You will work in groups and have 30 minutes to complete the activity.

Scenario: You gathered all the information from your kebele to systematically address your target/goal. You and your colleagues tried to design a community mobilization strategy in order to change the community behavior.

What elements should you consider regarding this design? Or what principles will be addressed in each stage of community behavioral changes?

In order to address each of the stages of change, health extension workers and health care providers should:

- **Adopt a rights-based approach:**

As GBV/SV is a violation of human rights, health workers should adopt a rights-based approach in the prevention of such form of violence. Indeed, human rights are a cross-cutting element and it is therefore essential to raise human rights issues with regard to gender and gender equality and promote the human rights of individuals in prevention strategies and programs.

- **Organize and promote awareness-raising activities:**

Crucial in GBV prevention are efforts to increase gender equality and transformation of gender norms. Consequently, health workers should increase the awareness of all members of the community (men, women, young boys and girls) by conducting household visits, organizing health development army (HDA) meetings and other platforms or public gatherings to create public awareness. These initiatives help to challenge people's perceptions and improve their knowledge, and thereby have the great potential to change attitudes, culture and community norms about gender, the acceptability of gender-based violence (wife beating), and dispel the myth that violence is a family affair.

- **Increase male engagement:**

Health workers should initiate groups of men in the community to talk about male socialization and gender roles and the effect it has on their relationships with women.

It is important for men to critically reflect on the existence of patriarchy, male power and privilege in order to contribute to the prevention of GBV/SV.

Moreover, although GBV/SV continues to disproportionality affect women and girls/children, and men are the major perpetrators of such violence, it is important to realize that gender and GBV/SV is not just "women's business". Indeed, adult and adolescent males can also become victims, making GBV/SV a universal and society wide issue.

- **Make GBV/SV a standing agenda:**

By engaging and facilitating community conversations to make GBV/SV a standing agenda, health workers can help improve the community's knowledge and understanding of relevant concepts and the causes and consequences of GBV/SV. Moreover, these activities can emphasize the dangers of such violence and can show how it can negatively affect the community.

- **Strengthen secondary and tertiary prevention:**

In GBV/SV prevention, an adequate response to survivors of such violence, which meets their rights to protection and access to services (health services but also other social and legal services), is crucial. Therefore, health workers should promote collaboration among service-providing organizations and the broader community.

Furthermore, they should support efforts to improve survivors' access to services by:

- *Actively identifying survivors of GBV/SV:*
 - Taking the opportunity to conduct household visits, mainstream issues related to GBV on family education and prevention messages.
 - Helping families to open up about possible GBV/SV and pass on information regarding services and support care available for survivors.
 - Helping families establish a family forum for routine discussion about healthy family relationships, including the issue of GBV/SV.
 - Informing families about ways of reporting and seeking care once such violence has occurred.

For more information regarding what to do when GBV/SV in a patient presenting to the facility is suspected, please refer to the next section.

Exercise 4.3 Group questions and answers

Your facilitator will divide you into two groups and then ask questions for each group to answer. Each group will appoint a captain who will choose a group member to answer the questions asked by your facilitator. Follow the exercise very attentively; it requires a certain level of discipline and fast answers in a short time (seconds).

This activity will take approximately 20 minutes to complete.

b) Addressing the Impact of GBV/SV on Families and Communities of Victims/Survivors

As seen in Module I, the magnitude of GBV/SV can range from mild to severe physical injuries and psychological problems to death. Regarding the severe consequences that GBV/SV may have, it is important to also address the consequences for the people who are or were close to the victim/survivor, such as family members. Moreover, the effects that GBV/SV can have on a victim's/survivor's community should not be underestimated and should be considered accordingly. These impacts can be immediate, short-term and even inter-generational and therefore need to be addressed in prevention strategies.

- **Effects on the family**

- Divorce/Broken families: In some cases, spouses or partners may abandon survivors of GBV/SV after the assault. This is due to the shame and stigma associated with such forms of violence. Awareness-raising and sensitization programs are therefore very important in order to eliminate stigmatization and limit the negative perception impact that GBV/SV.
- A family's economic and emotional development is endangered.
- If the mother experienced violence during her pregnancy, the baby might be born with health disorders as a result.
- The likelihood of violence against children growing up in households where there is violence is increased.
- Serious consequences for children who witness GBV/SV at home: e.g. withdrawal, low self-esteem, nightmares, self-blame, aggression against peers, family members or property; increased risk of becoming either a perpetrator or victim of GBV/SV themselves.
- The ability of survivors to care for their children might be compromised.
- A GBV/SV survivor might reject or have a negative attitude towards the child resulting from such violence.

Psychosocial Support for Families of Victims/Survivors of GBV

- As GBV/SV is likely to have negative effects on the well-being of families of victims/survivors, psychosocial support for family members must be available. This type of intervention can help mitigate the harmful impact on the family as a whole, while at the same time addressing the wider issue of GBV/SV.

If health extension workers encounter such situations in members of affected families, it is important to promote to seek professional help from health care providers or psychologists.

- **Effects on the community and society**

- GBV/SV can be a burden on health and judicial systems.
- It can interfere with economic growth and stability as victims/survivors of GBV/SV might not be able to contribute to productivity.
- It can be an obstacle to women's participation in development and might decrease their contribution to social and economic development.
- GBV/SV can break down trust in social relationships.
- GBV/SV can weaken support networks on which people's survival strategies depend.
- Networks that are of vital importance in strengthening the capacity of communities in times of stress and upheaval might be strained and fragmented.

These are not the only consequences for the community. However, community support through promoting non-discriminatory approaches and accepting survivors in community initiatives and making them feel part of the community, as well as creating a supportive environment, will boost the recovery of individual victims, the family and the community at large.

4.3.2 Facility Level Interventions

The way cases of GBV/SV are managed by health workers in health facilities, also with regard to the multi-sectoral approach including social and legal support for survivors, is important in the aim of eliminating such form of violence.

Indeed, compassionate and appropriate care can go a long way. It can help to identify and better understand causes and consequences of GBV/SV, and can contribute to eliminating risk factors as well as promoting protective factors.

Health extension workers have to contribute to the promotion of gender equality in the accessing of health services and should be able to properly inform survivors of GBV/SV on the different available (specialized) services which they can access in order to accelerate physical and psychological recovery.

❖ Identifying a Survivor who may be exposed to GBV/SV

It is important for health care providers to be aware that health problems may be caused or made worse by violence.

Survivors, especially women and children subjected to violence in intimate relationships, often seek health care for resultant emotional or physical conditions, including injuries. However, they do not always disclose about the violence due to feelings of shame and guilt or fear of being judged. Moreover, the confidentiality issue and a fear of reprisal can be reasons why survivors prefer to keep silent.

Nevertheless, early identification of survivors of GBV/SV is important in providing adequate care and follow-up. Therefore, health care providers should consider the possibility of GBV/SV to have occurred when clinically assessing and managing patients.

You should feel alerted if a woman comes with any of the following:

- Ongoing emotional health issues, such as stress, anxiety or depression
- Harmful behaviors such as misuse of alcohol or drugs
- Thoughts, plans or acts of self-harm or (attempted) suicide
- Repeated injuries or injuries of which the origin cannot be well explained
- Repeated sexually transmitted infections
- Unwanted pregnancy
- Unexplained chronic pain or conditions (pelvic pain or sexual problems, gastrointestinal problems, kidney or bladder infections, headaches)
- Repeated health consultations with no clear diagnosis

You should also feel alerted if a woman's partner or husband is intrusive during consultations; if she often misses her own or her children's health care appointments; or if her children have emotional and behavioral problems.

It is not recommended to conduct universal screening for violence of women seeking health care. Nevertheless, it is encouraged that health care providers raise the topic of GBV/SV with women who have injuries or conditions that they suspect may not be related to or cannot be explained by accidents.

When GBV/SV is suspected:

- Never raise the issue of partner violence unless a woman is alone. Even if she is with another woman, that woman could be the in-law (mother-in-law or sister-in-law or relative).
- If you do ask about violence, do it in an empathic, non-judgmental manner.
- Use language that is appropriate in and relevant to the culture and community you are working in.

If the survivor discloses the incident(s):

- Provide emergency life support care, treatment of STIs and services to avoid unwanted pregnancy, such as the emergency contraceptive pill (ECP).
- Refer for other services in order for the survivor to access a range of services
 - Facilitate mechanisms for survivors to access safe home/shelters in case of domestic violence.
- Encourage help-seeking behavior by survivors, parents/guardians in case of children or adults who are not able to provide consent.

If you suspect GBV/SV has occurred, but the survivor does not disclose the incident(s):

- Do not pressure her/him, but give him/her time to decide what she/he wants to tell you.
- Discuss the services that are available in case the survivor decides to use them.
- Provide information on the negative effects of violence on the survivor's health and the impact it has on the children.
- Use subsequent household visits to help her/him disclose what happened.

❖ Promotion of Health Education within the Health Facilities

By providing adequate and comprehensive training to health workers, their attitudes, knowledge and skills regarding GBV/SV can be improved. This in turn will positively affect their contribution in the prevention of and response to such violence.

Health education within health facilities can be promoted through the following interventions:

- Making the prevention of GBV/SV a standing agenda during health education sessions at health facilities.
- Raising the following topics to prompt discussion among attendees of health facilities and to critically challenge their understanding:
 - What is your perception of gender?
 - What does "gender equality" mean to you?
 - What is GBV/SV? What is the inter-linkage between gender and violence?
 - What are myths and facts about GBV/SV?
 - What are immediate measures to assist survivors of GBV/SV?
 - What do you know about available GBV/SV related health services? Why do you think a strong referral network is important for survivors?

Summary of Module IV

This module emphasized the importance of (primary) prevention of GBV/SV by identifying and reducing risk factors and by providing adequate response to survivors of such form of violence. The ecological framework for GBV helped to understand the magnitude of GBV and demonstrates how many different levels and factors have to be addressed in prevention strategies. Prevention is better than cure and it is essential to understand how focused and well implemented interventions by the health system can contribute to preventing GBV. These strategies for prevention include community level and facility level interventions and HEWs have a crucial part to play in the implementation of the prevention activities. Moreover, this module showed how early identification of survivors of GBV/SV by health workers can contribute to provide better care to these survivors. However, one should also keep in mind that the community as a whole and the family of the survivors are affected by the consequences of GBV/SV. Therefore, their needs also need to be addressed.

Participant Self-Evaluation

- ❖ What did you learn?

- ❖ What knowledge and skills were you able to improve?

- ❖ What knowledge and skills still need improvement?