Caring for women subjected to violence: A WHO curriculum for training health-care providers

Resources for exercises
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# Supplemental Exercises

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<td>This activity is designed for participants to understand how their own assumptions can influence listening and the response provided.</td>
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<td>Persons and things</td>
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<td>This activity allows for participants to explore the root causes of violence against women.</td>
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Session 2: Exercise 2.1, Option A
Facilitator resource

Myth or Fact

MYTH: Gender-based violence only happens to a certain “type” of person.
FACT: Studies show that gender-based violence can happen among people of all socio-economic, educational and racial backgrounds. Violence may affect our peers, colleagues and friends (1).

MYTH: Most women are abused by strangers.
FACT: Studies consistently show that most women who experience sexual violence are abused by people they know; often the perpetrators are those they trust and love (1). Globally, women’s homicides are six times more likely than men’s to be committed by an intimate partner (2).

MYTH: A woman will finally be safe when she leaves the relationship.
FACT: Violence often continues and may even increase after a woman leaves her partner. In fact, a woman’s risk of being murdered is greatest immediately after separation (3).

MYTH: Women must like the violence; otherwise, they would just leave the abusive relationship.
FACT: There are many barriers preventing women from leaving a violent relationship. These include financial dependence on the abuser for the survival of herself and/or her children, pressure from society and family to maintain the relationship, and a lack of options regarding where to go (1).

MYTH: Men are naturally violent and cannot help themselves.
FACT: Male violence is not genetic. It is enabled by norms around masculinity, which permit and even encourage men to be aggressive. Men are often able to control their violence in certain settings, such as at work, while choosing to be violent at home.

MYTH: Women who experience violence at the hands of their partners “deserve” it. If she had acted differently, it would not have happened.
FACT: It is never the survivor’s fault. As health-care providers, it is important to examine our values and beliefs about gender roles. If you feel that women provoke violence against themselves, you should not identify and respond to violence against women until you
understand that women do not deserve to be physically, emotionally or sexually assaulted under any circumstances.

References


Caring for women subjected to violence: A WHO curriculum for training health-care providers

Session 2: Exercise 2.1, Option B
Facilitator resource

Voting with Your Feet

12 statements for values clarification (pick no more than 4–5 depending on time)

1. Women are just as violent as men in relationships.

   **Points for the facilitator to emphasize:** The few population-based studies that have examined women’s perpetration of violence have found that the level of violence experienced by men at the hands of their female partners is much lower than violence experienced by women at the hands of their male partners. The violence perpetrated by women is less likely to result in physical injuries, and often the violence is in response to violence perpetrated by the men. Violence by men against women is also more likely to include sexual violence.

2. Most women are abused by strangers. Women are safe when they are at home.

   **Points for the facilitator to emphasize:** Studies show that in most settings, the majority of the perpetrators of sexual abuse are known to the survivors. Moreover, intimate partner violence – that is, physical and/or sexual violence – is the most common form of violence experienced by women. Therefore, unfortunately for many women, home is not necessarily a safe space.

3. Women who wear revealing clothing are asking to be raped OR Survivors of intimate partner or sexual violence provoke the abuse through their inappropriate behaviour.

   **Points for the facilitator to emphasize:** There is never any excuse or justification for rape or any type of violence. Women who are abused should never be blamed or told that it is their fault.

4. A woman can say “no” if she does not want to have sex with her husband.

   **Points for the facilitator to emphasize:** Every woman has the right to bodily integrity and the right to refuse sex. In many settings, however, gender norms socialize women and men into believing that once you are married, the man is entitled to have sex with his wife whenever he wants. In fact, in many countries, forced sex with your spouse is not considered
to be rape. However, women always have the right to control their own bodies and sexuality, and this means that they can say “no” to sex with their husbands.

5. Men cannot control themselves. Violence is simply a part of their nature.

**Points for the facilitator to emphasize:** Perpetrating violence is always a choice for the perpetrators. It is not part of their nature or inevitable. Violence is often a learned behaviour. Data show that children who are either subjected to violence themselves or witness violence in their homes are more likely to perpetrate or experience intimate partner violence when they grow up.

6. Violence against women is a private matter and should not be discussed publicly OR Intimate partner violence/domestic violence is a private matter, and outsiders should not interfere.

**Points for the facilitator to emphasize:** Violence against women is a public health issue with grave effects on the health of women and families. There are economic impacts as a result of the need to treat and respond to women’s health impacts, as well as the negative impact on survivors’ economic productivity. There are also compounding effects on children/witnesses of violence who may become violent themselves, drop out of school or otherwise be unable to lead productive lives as a result of the violence to which they were exposed.

7. Men sometimes have a good reason to use violence against their partners.

**Points for the facilitator to emphasize:** There is never any excuse or justification for any type of violence. Any conflict can be resolved without resorting to violence. It should never be used as a form of power or control.

8. As a health care worker, how I respond to a woman who has suffered violence from a partner or sexual abuse is not very important.

**Points for the facilitator to emphasize:** Women subjected to violence often do not disclose their experience of violence to anyone because of fear of being blamed or stigmatized or that no one will believe them. As a health care provider, even if a woman does not disclose violence to you, studies show that such women are more likely to seek health care for a range of related conditions. Hence, you are likely to come into contact with survivors of violence. Women also indicate that an empathic response from a health-care provider can gain their trust for disclosing their experience. Therefore, an empathetic, validating and non-judgmental response to a survivor is very important to the survivor and to putting her on a path to healing.
9. A sex worker cannot be raped.

**Points for the facilitator to emphasize:** The fact that a person sells sex for a living does not mean that she/he is always ready and willing to have sex. Rape is the act of forcing someone to have sex without their consent. Sex workers are often forced to have sex because of the stigma that they are always available for sex. Even clients and potential clients can force sex workers to have sex. If someone has sex with you once, even when you paid for it, she/he does not necessarily have the right to have sex with you again without your consent.

10. If a woman stays with a violent partner, it is her fault.

**Points for the facilitator to emphasize:** There are many reasons why a woman might stay with a violent partner. It is not our place to judge these women. In fact, leaving a violent relationship can result in increased risk of violence from a controlling, violent partner. Other reasons such as economic dependence and social pressures not to break up the family can prevent a woman from leaving her violent partner.

11. Men who have sex with men do not experience gender-based violence.

**Points for the facilitator to emphasize:** Gender-based violence is defined as “An umbrella term for any act, omission, or conduct that is perpetuated against a person’s will and that is based on socially ascribed differences (gender) between males and females”. Men who have sex with men defy the socially ascribed roles for males and females and, as a result, may experience abuse and violence. This is considered a form of gender-based violence, although it is more precisely described as violence on the basis of sexual orientation.

12. If a drunk person is raped, it is partially their fault because they chose to drink.

**Points for the facilitator to emphasize:** There is never any excuse or justification for rape or any type of violence. Although we may encourage people to stay aware of their surroundings and potential risks for being in vulnerable or potentially abusive situations, not doing so does not mean that a person is at fault for experiencing violence.

**Miscellaneous statements** (This exercise can be very personal and uncomfortable for some participants. If you hear discomfort or if group members become upset with one another, use these neutral statements in between the other statements to create a nonthreatening atmosphere.)
1. I would rather ride a bike a mile than walk a mile.
2. I love to cook.
3. I am a good dancer.
4. It makes me feel proud when someone thinks I have done a good job.
5. Babies are cute.
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Session 2

Handout 2.1 B: Voting with your feet

Agree
Disagree
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Session 2: Exercise 2.2, Option A  
Participant handout

Blanketed by Blame Character cards
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Maya – central character

Maya is 35 years old. She has been married for 10 years. She has two children aged 7 and 9. Maya works in a garment factory sewing clothes for a big foreign company. Her husband, Lee, works for an automobile manufacturing factory. Soon after their younger child was born, Lee started beating her and eventually forcing her to have sex. This has continued for many years and has grown worse. Lee’s drinking has also grown worse over the years. One day when she had to stay late to sew clothes for a big order, the garment factory manager dropped her home. Lee saw them together and became jealous and very angry. He beat her so badly that her arm got fractured, and she had a big gash on her forehead, bruises everywhere and a swollen black eye. Her children saw this and became very scared that something would happen to their mother. Maya could not take it any more, as she was afraid for her life, and decided to take some action. She approached her friends, family, a social worker in an NGO, a doctor and the police.

- You wait until all the blankets are on you and until the facilitator asks you: “Maya, why do you put up with all this? Why don’t you just leave?”

- (As Maya sitting under the blankets, you reply non-verbally by attempting to move, but you cannot get up because of the weight of the blankets.)

- Then you wait until all the blankets are removed and the facilitator asks you: “Maya, how do you feel now?” And you reply “Free”.


1. Friend — Anita

Maya tells her closest friend, Anita, about the abuse.

Anita: “Are you telling me that wonderful husband of yours loses his temper, hits you even? Ah, I can’t believe that! He is always so kind and jovial. You must have done something to make him angry.”

(After reading the statement, step forward and cover Maya with a blanket.)

REVERSE — EMPOWERING STATEMENT

11. Friend — Anita

“I’m so glad you told me about this. Breaking the silence is the first step. What he is doing is not acceptable. You don’t deserve this. I will stand with you, Maya.”

(After reading the statement, step forward and remove the blanket.)
2. Maya’s mother – Grace

Maya calls her mother, Grace.

Grace: “Try harder, Maya. You were always the most stubborn one of all your sisters. Their marriages are all fine. They always listen to their husbands. Why did you have to go and work at that factory of yours? You must have neglected your husband. That is why he must be angry.”

(After reading the statement, step forward and cover Maya with a blanket.)

REVERSE – EMPOWERING STATEMENT

10. Her mother – Grace

“Maya, you have tried so hard, but he hasn’t. Your stubbornness is your strength. If I were in your shoes, I don’t know if I would have struggled for so long.”

(After reading the statement, step forward and remove the blanket.)
3. Maya’s neighbour

The neighbours have heard her screams and sobs, the police sirens.

Neighbour: “The walls are pretty thin, Maya. People in the building are talking. These late shifts at work – it must be so frustrating for your husband. The poor guy was telling me that he now has to cook dinner on Wednesdays and Thursdays.”

(After reading the statement, step forward and cover Maya with a blanket.)

REVERSE – EMPOWERING STATEMENT

9. Maya’s neighbour

“Maya, we can help out by watching the children when you have to work late. Let them come over to our apartment, and we’ll cook their favourite noodles. When you come home, there will be some for you too.”

(After reading the statement, step forward and remove the blanket.)
4. HIS (Lee’s) mother, Maya’s mother-in-law – Sandra

Maya’s mother-in-law, Sandra, lives close by, but she is often out of town visiting her other children.

Sandra: “Don’t whine, Maya. You’re the one neglecting my son. Do you know how many times a day I have to text him and make sure he is ok? You are always at that factory. Besides, who’ll believe you now – remember those lies you told about my husband? That he tried to rape you?”

(After reading the statement, step forward and cover Maya with a blanket.)

REVERSE – EMPOWERING STATEMENT

8. HIS (Lee’s) mother, Maya’s mother-in-law – Sandra

“I have worried for the longest time that Lee learned his abusive ways from his dad. I will advise Lee that he must get help. And I’m so sorry that I pretended not to notice that my husband was sexually harassing you.”

(After reading the statement, step forward and remove the blanket.)
5. Community health worker – Miriam

The community health worker has often heard Maya and Lee fighting when she visits their home to talk about health.

Miriam: “Maya, it is good to make peace with Lee. Is it really nice that your children see the two of you fighting? Why don’t you just listen to him and not argue back. He is such a good man – always laughing and talking to everyone in this neighbourhood.”

(After reading the statement, step forward and cover Maya with a blanket.)

REVERSE – EMPOWERING STATEMENT

7. Community health worker – Miriam

“Maya, you don’t deserve to be treated this way. This is abuse, and it’s bad for your health and for the children’s health. I have heard about this woman’s NGO that helps women who face violence. Let me see if I can find out more about this and give you some information. In the meantime, here are some painkillers. They will help with the pain you have in your arm.”

(After reading the statement, step forward and remove the blanket.)
6. Priest

In desperation, Maya confides in the priest at her church, hoping that he will talk to Lee.

Priest: “Maya, marriage is not a contract you can walk away from because you don’t like the terms; it’s a lifelong promise taken in front of God. If you pray harder, things will work out.”

(After reading the statement, step forward and cover Maya with a blanket.)

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REVERSE – EMPOWERING STATEMENT

6. Priest

“As your pastor, I’m here to support you, Maya. I talked to Lee to remind him it’s also his duty to be a caring spouse and father instead of terrifying you and the children. God does not condone a human beating another human.”

(After reading the statement, step forward and remove the blanket.)
7. Child – Maya’s daughter

Maya’s 7-year-old daughter hides under the blankets whenever the violence begins.

Daughter: “Mama, why don’t you cook better so Papa won’t get angry at you? Why can’t we leave here?”

(After reading the statement, step forward and cover Maya with a blanket.)

REVERSE – EMPOWERING STATEMENT

5. Child – Maya’s daughter

“My, Papa’s so mean to you, he’s scaring me. Why doesn’t he stop?”

(After reading the statement, step forward and remove the blanket.)
8. Police

The neighbours hear her screams and call the police. By the time the police come, Lee has left the house to go drinking with his friends.

Police: “Hey, lady, why is there so much commotion? The neighbours are complaining. You shouldn’t fight so much with your husband. The poor man is always working hard to take care of his family. If you want to file a complaint, you can, but let me tell you it’s not our job to come between a husband and wife. This is your private matter, and you should sort it out within the family.”

(After reading the statement, step forward and cover Maya with a blanket.)

REVERSE – EMPOWERING STATEMENT

4. Police

“I have arrested your husband, ma’am. We can keep him overnight. If you wish to file for a restraining order, you can do that, and it will help you stay safe. We will drive by to check that you are ok tomorrow. For tonight you and your children are safe, so rest easy.”

(After reading the statement, step forward and remove the blanket.)
9. Social worker

Maya’s son brings home a brochure from school. Maya sees that it is for an NGO that helps women and calls them. A social worker answers the call.

Social worker: “We have many programmes for women like you. Here is a number of a lawyer who can help you if you agree to leave your husband. But if you won’t leave your husband, it will be difficult to help you.”

(After reading the statement, step forward and cover Maya with a blanket.)

REVERSE – EMPOWERING STATEMENT

3. Social worker

“I can give you some information about what options you have, Maya. But it’s best not to make a big decision when you’re in a crisis. Tell me what would be most helpful to you right now, and then we can discuss some options so that you can decide what you would like to do.”

(After reading the statement, step forward and remove the blanket.)
10. Lawyer

The lawyer hears her story, asks a few questions and then responds.

Lawyer: “These kinds of cases are very difficult. It will cost you a lot of money and time. Have you thought about your children? What will happen to them without their father? I will need a witness or someone else who can verify that you are telling the truth about your husband beating you and forcing you to have sex. Besides, once you get married, legally you have agreed to have sex whenever he wants.”

(After reading the statement, step forward and cover Maya with a blanket.)

REVERSE – EMPOWERING STATEMENT

2. Lawyer

“No one deserves to be treated like this, Maya. While it is the case that the law does not recognize forced sex by your husband as a crime, physical abuse is recognized as a crime. You have several options. First of all, think about whether you want to file a temporary restraining order. This could give you some time to think about what you want to do and what is best for you and your children. I can help you in this process.”

(After reading the statement, step forward and remove the blanket.)
11. Doctor

After two days when her arm is still in pain and she is unable to work, Maya goes to the local clinic. The doctor examines her and tells her there is a fracture.

Doctor: “Your X-ray shows you have a fracture. We will need to put it in a cast. It will heal in a few weeks. Did you say this happened because you fell down the stairs? Well, you need to be more careful next time. Now, don’t cry – you can see I am very busy. I don’t have time for all this emotional stuff. Please go to the nurse. She will get your arm into the cast, and then you can be on your way.”

(After reading the statement, step forward and cover Maya with a blanket.)

REVERSE – EMPOWERING STATEMENT

1. Doctor

“Maya, I can see from your X-ray that you have a fracture. I also see several bruises that are beginning to fade. Once we put your arm in a cast, it will heal in a few weeks. I can give you some pain medicine so that you are more comfortable. I’m concerned about your health, and I’m wondering if everything is ok in your home. I see many women facing problems like you, and they trust me to confide their problems. If you feel comfortable, you can do so as well. I will not tell anyone else. Has Lee done something to hurt you?”

(After reading the statement, step forward and remove the blanket.)
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Session 2: Exercise 2.2, Option B

Facilitator resource: In her shoes¹

Time: 75 min

Learning objectives for the exercise (slide 8)

- Increase awareness of and empathy for the difficulties that women who experience violence face when seeking support.
- Highlight how unequal gender norms and behaviours can affect women’s ability to seek help and obtain care.
- Encourage participants to think about what they can do as providers to offer an empathic response to survivors of violence.

Exercise explanation for facilitator to read (NOT to read out to participants):

In Her Shoes is based on 10 story sets of women who experience violence. Participants will split into groups of 3-5. One person in each group will assume the role of the survivor and the others will take on the role of supporting characters (e.g. friend or neighbor, doctor, NGO, religious leader, family). Each group will each follow a unique story of one of the 10 women survivors where they have to role play and act out the directions in the story.

The first card in each story set is an identity card which gives a short description of a woman whose story is starting to unfold. The participants playing the role of the survivor whose shoes they will be stepping into will follow the instructions for their character card. They will go to the 15 stations that correspond to different places where their story may take them, for example, medical care, her family, a place of worship.

These stations are laid out around the room and participants move around the room between the different stations. At each station, the character of the women experiencing violence will find the next story card which will describe the outcome of her choice and once again give her directions or a choice on which way to walk next.

The other characters in that group will go to the relevant station (e.g. friend or neighbor, clinic, place of worship etc) and follow the directions on their character cards.

Each character will make a new decision at the relevant station and follow the instructions until they reach the end of the story. The decisions the participants make will influence the course of the story.

¹ This exercise is adapted from SASA! In her Shoes. More information can be found in the In her Shoes Toolkit [http://raisingvoices.org/innovation/creating-methodologies/in-her-shoes/](http://raisingvoices.org/innovation/creating-methodologies/in-her-shoes/) (accessed 3 Dec, 2019).
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The participants are welcome to ‘change decisions’ after they are done with the story, however they will notice that the decisions do not necessarily make a difference in the outcome because of how the reactions are at each station. The purpose is for participants to understand the difficult choices that survivors must make, how important the responses are from those who hear about the violence, and how one supportive service provider can make a difference for a survivor.

Instructions for facilitator to set up and explain to participants (slide 9)

- **Print the 10 sets of story cards** (i.e. character cards and the stories for each) from this link [http://raisingvoices.org/innovation/creating-methodologies/in-her-shoes/](http://raisingvoices.org/innovation/creating-methodologies/in-her-shoes/) (click on the “Download In her shoes in English” icon at the bottom of the web page and print all the pdf files). If possible, print these on A4 different coloured paper for different characters.

- **Prepare** the 15 “stations” by writing the following words, each on one piece of paper (A3 or A4 or coloured index cards): Religion, Friends & Neighbours, Violence strikes, Police, Medical care, Family, NGO, Work, Return home, Chance, Cultural leader, Traditional healer, Carry on, Education, and Camp. (There may be other points of contact in your setting that you can add.)

- **Hang these papers** up around the room. Spread them out to facilitate movement of the participants. If possible, add some props to make the “stations” more realistic – for example, pencils and notepad at the “Education” station. Remove any unnecessary items or furniture from the room. The more open space for participants to move freely, the better.

- **Take each story set** and separate the story cards according to which station they belong.

- **Place story cards at their corresponding stations.** In each station, the survivors’ characters will have a short account of what happened in that station and where she goes next. Therefore, at each station, ensure that the different survivors’ characters are next to each other and the same character stories are layered, with the lowest number on top. (For example, at the station “Violence strikes” prepare one stack with: Zola violence strikes 1, and below that, Zola violence strikes 2, etc. Next to that another stack: Betty violence strikes 1, below that Betty violence strikes 2, etc.)

- **Explain:** This exercise will give us the chance to walk in the shoes of a woman who has experienced violence. We will make the kind of decisions that she faces and discuss those decisions.
• **Break the participants** into 10 groups of 3–5 participants each. Ask the group participants who wants to play the role of the survivor and the rest to assume the other characters in the story. If there are more participants, each group can have more than 5 participants.

• **Explain** that this is a guided experience, and each group will make decisions through discussion and consensus.

• **Hand each group** a different story set with the first identity card of the survivor going to the person who assumes the role of the survivor. Ask the others in the group to walk with the survivor. Stagger the start of each story set and group by a few minutes so that each station has only 1 or 2 groups max at the same time.

• **At each station,** ask the survivor to follow instructions at the bottom of the survivor card. The others in the group will find the cards relevant to their character at that station and follow the instructions at the bottom of the card. This will include making a decision based on their character.

• **Each group will go through the different stations** based on the instructions in their character cards and the choices they make until they reach the end of the story. They should remain together as a group till the end.

• Participants have **45 minutes** for this exercise. Then the facilitator should guide a 30-minute discussion in plenary.

**Questions for facilitator to guide plenary discussion after the exercise** (record inputs on a flip chart and refer to the responses later as needed)

Ask:

• How did it feel to walk through the story of this woman? Were you able to put yourselves “in her shoes”?

• How do you feel about the woman’s options for help and about the choices she was able to make?
  
  o **Probe:** Was she always free or did she have the power to make the decision and seek help?
  
  o **Probe:** How much power did she have and how did others use power?

• What made it difficult for the woman to leave violent situations?

• Do you think there were instances of violence which were provoked or justified? What made you feel that way?
  
  o **Probe:** Should we ever blame women for the violence perpetrated against them?

• How did the service providers that she approached respond to the survivor?
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- Probe: What happens when we do not believe woman who seek support when they are experiencing violence?
- Probe: How could the service providers have done this better?

Take-away points for this exercise (slides 10–11)

- This exercise illustrates the challenging decisions that women face in handling violence and how people respond to them.
- Women make important safety decisions all the time, and they are the experts on their own situations. Often, however, they have few, if any, options for seeking help and support. Many factors may prevent a woman from obtaining help, including economic barriers, social stigma, legal obstacles and threats of physical violence.
- When violence against women is considered normal, survivors often feel that they must simply accept it. Many survivors are not believed or are dismissed. Hence, they may feel compelled to stay in violent situations. These situations result from unequal gender norms in our communities.
- Violence against women is never justified. It does not matter whether or not a woman is married, what she wears, how she acts, what her religion is, or any other factor. It is important to NEVER place any kind of blame on the woman.
- Health-care providers can help survivors in several ways on the path to healing. They can:
  - reach out to women who they suspect are experiencing violence and ask them about it
  - listen to survivors’ stories
  - show empathy, which can make a big difference to how a woman feels
  - believe women’s experiences and not blame them for the violence
  - ask them about their needs and concerns, and encourage them to look for options
  - support them to make decisions that are right for them, and respect the survivors’ wishes and choices.

We will come back to these themes throughout the training.

End this exercise by bringing emotional closure: Ask participants to write in their notebooks one hopeful thing that they learned from this exercise.
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Session 5: Exercise 5.1, Option B

Handout for participants posing as the patient: Role play on identification of intimate partner violence

Scenario 1

Instructions to the participant acting as the patient

- Read the entire scenario to yourself. Do not initially share the details with others in your group.
- When instructed by the facilitator, you will only read the information in sections 1–3 to your provider. Your provider’s job is then to interview you and to elicit the rest of the information.

1. **Health-care setting:** Primary care clinic

2. **Demographics:** Woman, 55 years old, living in an urban area

3. **Presenting health issue**
   This is your yearly gynaecological exam. You tell the provider that your back hurts and you would like some medication to help with the back-muscle spasms. You have fading bruises along the outsides of both legs. Your hair is messy, and your clothes seem a bit dirty.

4. **Patient description and concerns**
   You have been married for over 35 years and have five children from 34 to 18 years old. Three of your children live with you; the others have moved away. You are a stay-at-home wife.

   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, and you have also gained a lot of weight. You are feeling ugly, stupid and worthless, and have been having constant suicidal thoughts over the past days.

   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.

5. **Description and history of violence**
   Your husband has abused you in many ways throughout your 35 years of marriage. He often calls you by offensive names and belittles you in front of your children.

   In the past years you have spent the night at a friend or family member’s house three times when your husband was more violent than usual, such as when he broke your arm or he threatened to kill you. You returned to him primarily for financial reasons and because he apologized and promised to stop the violence. He had been nonviolent most of the year until he knocked you down two weeks ago, kicking you on both sides of your legs. You partly blame yourself because your husband recently lost his job and has been too nervous lately, and you have not been able to find a paid job to help cover the family’s expenses.
Scenario 2

Instructions to the participant acting as the patient

- Read the entire scenario to yourself. Do not initially share the details with others in your group.
- When instructed by the facilitator, you will only read the information in sections 1–3 to your provider. Your provider’s job is then to interview you and to elicit the rest of the information.

1. **Health-care setting**: Mental health-care consultation in a district hospital

2. **Demographics**: Woman, 17 years old, living in a rural area

3. **Presenting health issue**

   You were referred to this mental health professional by a family doctor. Your mother has taken you to several health-care appointments in different facilities, but no doctor has been able to provide a clear diagnosis.

   Your mother tells the provider that your behaviour has been very weird for the past months and she does not know what to do. She says you used to be an easy-going girl but that lately you have been easily irritated, that you disappear every day after school without informing anyone of your whereabouts and that you went from being a good student to failing the school year. She decided to take you to see a doctor after a crisis episode in which you started to cry and scream uncontrollably in the middle of the night.

4. **Patient description and concerns**

   You are a student who lives with your mother, your uncle (your mother’s brother), two brothers and a 13-year-old sister.

   You have not told anyone, but 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 have also 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.

5. **Description and history of violence**

   Your uncle has always been a “ladies’ man”, and it seems that women consider him very handsome. He is always in the company of a girlfriend, and actually you believe he may be the father of one or two children in your village, but your family has never discussed this topic. He is admired in your village for being so popular with women. Three months ago, you came back from school a bit early, 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 are always afraid when you are home, so after school you hide by the forest or close to the river. You constantly worry about sexually transmitted diseases or the fact that you could be pregnant.
Scenario 3

Instructions to participants who are acting as the patient:
- Read the entire scenario to yourself. Do not initially share the details with others in your group.
- When instructed by the facilitator, you will only read the information in sections 1–3 to your provider. Your provider's job is then to interview you and to elicit the rest of the information.

1. **Health-care setting:** Antenatal care clinic

2. **Demographics:** Woman, 38 years old, living in a rural area

3. **Presenting health issue**
   You are three months pregnant and complain of a three-day history of vaginal bleeding. Your husband accompanies you to the clinic and seems very concerned. As the health-care provider begins taking the history and conducting a physical examination, you begin sobbing uncontrollably. You are very anxious and afraid, and you say “Please don’t let me lose my baby!” No bruises were visible during the examination.

4. **Patient description and concerns**
   You have been married for 20 years and are a stay-at-home wife living in a large house with eight young children.

   You take care of the children on your own with the help of a housemaid. 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.

   A few months ago, a doctor asked you to take an HIV test, and the result came out positive. You did not receive any counselling, and you are worried about what this implies for you and the baby you are expecting, as well as your other children.

5. **Description and history of violence**
   Your husband comes from a wealthy, traditional family of farmers. 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, which was behind most of your pregnancies. He is an unfaithful, aggressive and possessive husband. You need to ask his permission if you want to see your family or friends; otherwise, he gets very upset. He drinks very heavily, and then the abuse gets worse. When he is drunk, he often pushes you, throws objects at you and sometimes slaps you. 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 visit a friend. When you arrived home, he was very mad and pushed you into the wall. You hit your head very hard, and 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.
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Session 5: Exercise 5.1, Option B

Participant handout: Case reviews on identification of intimate partner violence

Objectives
- To recognize signs and symptoms that suggest violence
- To practise appropriate ways to raise the topic of violence and to ask about violence.

Instructions
1. Work in groups of 4–5 and review the case studies.

2. Answer the following questions:
   - Do you think this person may have experienced violence? What makes you think this?
   - How would you raise the topic? What are the questions you would ask? Please write them down.

3. Work for 10 minutes to review the cases and develop your answers.

4. After you have reviewed the cases, we will discuss them in plenary.

Case studies
1. Rita, 55, comes in and complains about pains in her stomach. When you examine her, you find bruises all over her breasts and belly.

2. Mary, 23, comes in requesting different contraception. She started the contraceptive pill just four months ago and is not experiencing any side-effects.

3. Charity, 18, comes in with her mother. Her mother has taken her to several health care appointments in different facilities, but no doctor has been able to provide a clear diagnosis. Her mother says Charity’s behaviour has been very strange – she used to be an easy-going girl, but now she is easily irritated, and she disappears after school.
Participant handout: Role play scenarios for LIV(ES), part 1

Instructions to PATIENTS and OBSERVERS
1. Read the entire scenario to yourself. Do not initially share the details with others in your group.

2. When instructed by the facilitator, the patient should only read out loud the information in items 1 and 2 to the health-care provider.

3. The job of the health-care provider is to ask questions and provide first-line support/counselling as described in LIV(ES) – Listen, Inquire and Validate.

4. The role of the patient is to describe why you are there or what symptoms you are seeking care for, and to respond to the questions asked by health-care worker.

5. The observer should observe the interaction, take notes and give feedback to the health-care worker at the end of the role play, and also to manage the time.

6. You have 10 minutes to practise the role play with the health-care worker in your group.

7. The observer then should give you feedback on your role play for about 5 minutes.

8. Then switch roles within your group and repeat the exercise using the other scenario.

Exercise 6.1 Scenario 1
1. Demographics: 23-year old woman, married for four years, two children, and pregnant.

2. Presenting health issue at the antenatal clinic: Symptoms include stomach pain, and she is worried because she is four months pregnant. As the health-care provider begins taking the history, she begins sobbing uncontrollably. She is very anxious and afraid and says “Please don’t let me lose my baby!” No bruises were visible during the examination.

3. Patient description and concerns: The woman cares for her two children at home and does not work outside. She has stopped seeing friends and most of her family because of her husband’s jealousy, which has caused many fights. She feels isolated and alone. He comes from a wealthy family, and she feels lucky to have married such a man. He often becomes violent. A few days ago, he arrived home while she had gone out to visit her mother. When she arrived back home, he was very angry and pushed her against the wall. She slammed against the wall with her belly and she has been feeling pain in her stomach ever since.
Instructions to PATIENTS and OBSERVERS

1. Read the entire scenario to yourself. Do not initially share the details with others in your group.

2. When instructed by the facilitator, the patient should only read out loud the information in items 1 and 2 to the health care provider.

3. The job of the health care provider is to ask questions and provide first-line support/counselling as described in LIV(ES) – Listen, Inquire and Validate.

4. The role of the patient is to describe why you are there or what symptoms you are seeking care for, and to respond to the questions asked by health care worker.

5. The observer should observe the interaction, take notes and give feedback to the health care worker at the end of the role play, and also to manage the time.

6. You have 10 minutes to practise the role play with the health care worker in your group.

7. The observer then should give you feedback on your role play for about 5 minutes.

8. Then switch roles within your group and repeat the exercise using the other scenario.

Exercise 6.1 Scenario 2

1. Demographics: Woman, 19 years old, student, unmarried, living with her family, including her parents and grandparents

2. Presenting health issue at a gynaecology outpatient department of the city hospital: The woman comes to the department with complaints that she missed her last period, which was supposed to start two weeks ago. She has also been feeling very tired for about three months. She has bruises on her forearm and bite marks on her upper chest. Speculum examination shows a foul, yellowish discharge.

3. Patient description and concerns: The woman is a student, working hard to become a nurse. Three months ago, she was struggling with some of her studies, and another student offered to help her study in the library. When other people left the library, the other student sexually assaulted her. She tried to stop him, and he became aggressive, causing multiple bruises over her back and her breasts. The sexual and physical assaults have happened several times since. The last time was two days ago. He threatened to kill her if she told anyone, but she is now worried that she might be pregnant and, therefore, has decided to come to the hospital.
Instructions to PATIENTS and OBSERVERS

1. Read the entire scenario to yourself. Do not initially share the details with others in your group.

2. When instructed by the facilitator, the patient should **only read out loud the information in items 1 and 2 to the health care provider**.

3. The job of the **health care provider** is to ask questions and provide first-line support/counselling as described in LIV(ES) – Listen, Inquire and Validate.

4. The role of the **patient** is to describe why you are there or what symptoms you are seeking care for, and to respond to the questions asked by health care worker.

5. The **observer** should observe the interaction, take notes and give feedback to the health care worker at the end of the role play, and also to manage the time.

6. You have 10 minutes to practise the role play with the health care worker in your group.

7. The **observer** then should give you feedback on your role play for about 5 minutes.

8. Then **switch roles** within your group and repeat the exercise using the other scenario.

**Exercise 6.1 Scenario 3**

1. **Demographics**: 55-year-old woman married for over 37 years, with five children aged 34 to 18 years old (three of whom live with her; the others have moved away); a stay-at-home wife

2. **Presenting health issue at a local clinic**: Presents to a local health centre for an examination because of a yellow and bad-smelling vaginal discharge. Her back hurts, and she wants help with the pain. Upon examination, there are fading bruises on her hips from a fall a few days ago. She does not tell provider how she fell because she fears her husband finding out.

3. **Patient description and concerns**: The woman does not have money to pay for medication. Her husband has abused her throughout their marriage, calling her offensive names and belittling her in front of the children. Over the past five years she has spent a night at the local shelter three times when the husband was more violent than usual (e.g. broke her arm and threatened to kill her). She returned to him for financial reasons and because he apologized and promised to stop the violence. A few days ago, he knocked her down and her back went into a spasm. The woman blames herself because he lost his job and is stressed - she is unable to find a job to help with family finances. For the past month she has been agitated and stressed, and her day is ruined by terrible headaches. She is very tired, as she has been unable to sleep well for a month and has gained a lot of weight. She is feeling ugly, stupid and worthless, and has had occasional suicidal thoughts.
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Instructions to PATIENTS and OBSERVERS

1. Read the entire scenario to yourself. Do not initially share the details with others in your group.

2. When instructed by the facilitator, the patient should only read out loud the information in items 1 and 2 to the health care provider.

3. The job of the health care provider is to ask questions and provide first-line support/counselling as described in LIV(ES) – Listen, Inquire and Validate.

4. The role of the patient is to describe why you are there or what symptoms you are seeking care for, and to respond to the questions asked by health care worker.

5. The observer should observe the interaction, take notes and give feedback to the health care worker at the end of the role play, and also to manage the time.

6. You have 10 minutes to practise the role play with the health care worker in your group.

7. The observer then should give you feedback on your role play for about 5 minutes.

8. Then switch roles within your group and repeat the exercise using the other scenario.

Exercise 6.1 Scenario 4

1. Demographics: 30-year-old woman with two daughters (7 and 5 years), married as soon as she completed high school

2. Presenting health issue at a local clinic: Presents for pregnancy care at 3.5 months but wants to terminate the pregnancy. This is her fourth pregnancy in the past six years. She is tired and nauseous and has already had one miscarriage in the past. She has come with her husband and in-laws.

3. Patient description and concerns: She has been married for 12 years and did not go to college. As soon as she was married, she came under pressure to get pregnant from her husband and in-laws. Her first pregnancy ended in a miscarriage, and it was a year later before she was able to conceive. She gave birth to two girls. After the birth of the second daughter, her husband and in-laws began abusing her because they wanted her to have a son. Her husband beats her regularly and forces her to have sex. Her in-laws also verbally abuse her. She does not want to have any more children, given her situation. She has been scared to tell anyone about this.
Instructions to PATIENTS and OBSERVERS

9. Read the entire scenario to yourself. Do not initially share the details with others in your group.

10. When instructed by the facilitator, the patient should only read out loud the information in items 1 and 2 to the health care provider.

11. The job of the health care provider is to ask questions and provide first-line support/counselling as described in LIV(ES) – Listen, Inquire and Validate.

12. The role of the patient is to describe why you are there or what symptoms you are seeking care for, and to respond to the questions asked by health care worker.

13. The observer should observe the interaction, take notes and give feedback to the health care worker at the end of the role play, and to manage the time.

14. You have 10 minutes to practise the role play with the health care worker in your group.

15. The observer then should give you feedback on your role play for about 5 minutes.

16. Then switch roles within your group and repeat the exercise using the other scenario.

Exercise 6.1 Scenario 5

1. Demographics: A 12-year-old boy who has just arrived at a refugee camp with his mother after fleeing their village when it was attacked by government soldiers

2. Presenting health issue at a local clinic: The boy was sexually abused by the soldiers and has been in pain and bleeding from his anus. He has not slept or eaten since arriving at the camp two days ago and has had nightmares about the attack.

3. Patient description and concerns: The boy was living with his family in a village on the border between two countries that are at war. Four days ago the village was attacked by government soldiers who killed his father and raped him and his mother. The two of them escaped and crossed over into the neighbouring country and arrived at a refugee camp. Initially he refuses to talk to the doctor when asked about his symptoms because he is too ashamed and worried that he will be made fun of and rejected if people find out. His mother is also traumatized and being treated by another doctor, but she is also ashamed about what happened to her and her son, and unable to comfort him.
Instructions to PATIENTS and OBSERVERS

17. Read the entire scenario to yourself. Do not initially share the details with others in your group.

18. When instructed by the facilitator, the patient should only read out loud the information in items 1 and 2 to the health care provider.

19. The job of the health care provider is to ask questions and provide first-line support/counselling as described in LIV(ES) – Listen, Inquire and Validate.

20. The role of the patient is to describe why you are there or what symptoms you are seeking care for, and to respond to the questions asked by health care worker.

21. The observer should observe the interaction, take notes and give feedback to the health care worker at the end of the role play, and also to manage the time.

22. You have 10 minutes to practise the role play with the health care worker in your group.

23. The observer then should give you feedback on your role play for about 5 minutes.

24. Then switch roles within your group and repeat the exercise using the other scenario.

Exercise 6.1 Scenario 6

1. Demographics: A 17-year-old student in high school living with her mother, her uncle (father’s brother) and siblings (a 14-year-old brother and 10-year-old sister); she has a boyfriend in school with whom she has had sex several times

2. Presenting health issue at a local clinic: Her mother brought her to the local hospital because she has not been eating or sleeping and has been crying uncontrollably and screaming whenever her mother has asked her to do something. She is having intense headaches and constantly feeling sad and anxious in the house.

3. Patient description and concerns: Her uncle is considered to be a “ladies man”, and one day when she came back from school early and no one was at home, her uncle came to her room and started kissing her. She refused, but he threatened to tell her mother and hurt her younger sister, so she did not resist. A week later he came back and forced her to have sex by blackmailing her. She is afraid at home and is worried about becoming pregnant. Whenever her mother is at home, her uncle is well behaved, but she can see the threat in his eyes if she tells anyone. This has caused her to become anxious. One day when her mother asked her to accompany her uncle to the shop, she refused and became angry and started crying and screaming. Her mother became worried and brought her to the hospital.
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Session 7: Exercise 7.1

The Web of Referrals Character Cards
You are Rose, a 28-year-old woman who has been experiencing physical and sexual abuse from your boyfriend for the last six months. You don’t know what to do, so you go to your sister for support and advice.
Listen to Rose, talk to her, and then send her to the community/religious leader for advice.
Community /religious leader

Listen to Rose, talk to her, and then send her to the women’s group for support.
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Women’s group

Listen to Rose, talk to her, and then send her to the doctor/health clinic for health care.
Listen to Rose, talk to her, and then send her to the police #1 for an official medical reporting form.
Police #1

Listen to Rose, talk to her, and then send her back to the doctor/clinic #2 (doctor 1 is not available). Explain that no charges can be filed without medical proof.
Listen to Rose, talk to her, take her history, perform a medical examination and then send her back to the police #2 with medical details.
Police #2

Listen to Rose, talk to her, and then send her to a legal aid lawyer.
Legal aid

Ask Rose to tell her story, ask for all the documents, prepare her case and make her practise telling her story in court again.
Welcome Rose and instruct her to tell her story again in court.
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Session 7: Exercise 7.2

Participant handout: Drawing the ideal referral pathway

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**Step 1:** Identify likely points of entry within the health system & who will provide front-line care.

- Hospitals/Polyclinics: Secondary & tertiary care
- Government agencies: Public health
- Private sector: Specialty care
- Non-governmental organizations (NGOs)
- Support groups

**Step 2:** Identify entry points via referrals/engages with other sector agencies and services.

- Police
- Forensic
- Gynaecologist
- Ob/Gyn
- A&E
- Lab
- STI/HIV
- ENT
- Social worker
- Family planning

**Step 3:** Identify the person/unit responsible for coordinating access to care and services and the contact details.

*See Annex 4 for coordinator’s role and responsibilities including terms of reference/col description.

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**Step 4:** Specify roles and responsibilities, name, contact details, and forms to be used between referring and receiving unit.

**Role of referring unit (e.g., Health Facility):**
- Maintains an updated referral directory with contact details of referral services.
- Identifies client.
- Provides ongoing troubleshooting.
- Refers client for services not provided onsite.
- Follows up with client and receiving organization.
- Documents referral activity.

**Role of receiving unit:**
- Receives client.
- Provides service.
- Documents service.
- Refers clients to other needed services.

**Role & Responsibilities can be formalized in an MDU® or protocol/SCPs.

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**Step 5:** Specify the sequence in which referrals will be provided to other services (e.g., for sexual assault survivors— from accidents and emergencies to coordinator to gynaecologist to forensic unit to police. See example below). This sequence may be different for survivors of intimate partner violence.

**Step 6:** Specify the forms that will be shared/processed between services (e.g., police/forensic forms, referral slips, forms).

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1 Adapted from: Souchay, Training manual on domestic violence response for health care providers. Mumbai: St. John’s Hospital and CHW Mumbai, 2013.
2 See Annex 5 for a sample referral directory.
3 See Annex 6 for a sample register that includes space to document referrals provided.
4 See Annex 7 for a sample MDU.
Steps for developing your referral pathways for care of women subjected to violence

**Step 1:** Identify likely points of entry within the health system & who will provide front-line care.

**Hospitals/Polyclinics: Secondary & tertiary care**

**Step 2:** Identify entry points from & referral linkages with other sector agencies and services.

**Government agencies**

**Coordinator**
(for example, victim advocate, social worker/family protection unit)

**Step 3:** Identify the person/unit responsible for coordinating* access to care and services and the contact details.

**Private-sector organizations/services (for example, NGOs)**
Step 4: Specify roles and responsibilities, name, contact details, and forms to be used between referring and receiving unit.

Role of referring unit (i.e. Health Facility)

Role of receiving unit

Roles & Responsibilities can be formalized in an MOU[^4] &/or protocols/SOPs
Step 5: Specify the sequence in which referrals will be provided to other services (for example, for sexual assault survivors — from accidents and emergencies to coordinator to gynaecologist to forensic unit to police. See example below.) This sequence may be different for survivors of intimate partner violence.

Step 6: Specify the forms that will be shared/passed between services (for example, police/medico-legal forms, referral slips/forms).
Instructions to PATIENTS and OBSERVERS
1. Read the entire scenario to yourself. Do not initially share the details with others in your group.

2. When instructed by the facilitator, the patient should only read out loud the information in items 1 and 2 to the health-care provider.

3. The job of the health-care provider is to ask questions and provide first-line support/counselling as described in (LIV)ES – Enhance safety and Support.

4. The role as patient is to describe why you are there or what symptoms you are seeking care for and to respond to the questions asked by the health-care worker.

5. The observer should observe the interaction, take notes and give feedback to the health-care worker at the end of the role play, and also manage the time.

6. You have 10 minutes to practise the role play with the health-care worker in your group.

7. The observer then should give you feedback on your role play for about 5 minutes.

8. Then switch roles within your group and repeat the exercise using the other scenario.

Exercise 8.1 Scenario 1
1. Demographics: 23-year-old woman, married for four years, two children, and pregnant.

2. Presenting health issue at the antenatal clinic: Symptoms include stomach pain, and she is worried because she is four months pregnant. As the health-care provider begins taking the history, she begins sobbing uncontrollably. She is very anxious and afraid and says “Please don’t let me lose my baby!” No bruises were visible during the examination.

3. Patient description and concerns: The woman cares for her two children at home and does not work outside the home. She has stopped seeing friends and most of her family because of her husband’s jealousy, which has caused many fights. She feels isolated and alone. Her husband comes from a wealthy family, and she feels lucky to have married such a man. He often becomes violent. A few days ago, he arrived home while she had gone out to visit her mother. When she arrived back home, he was very angry and pushed her against the wall. She slammed against the wall with her belly and has been feeling pain in her stomach ever since.
Instructions to PATIENTS and OBSERVERS

1. Read the entire scenario to yourself. Do not initially share the details with others in your group.

2. When instructed by the facilitator, the patient should only read out loud the information in items 1 and 2 to the health-care provider.

3. The job of the health-care provider is to ask questions and provide first-line support/counselling as described in (LIV)ES – Enhance safety and Support.

4. The role as patient is to describe why you are there or what symptoms you are seeking care for and to respond to the questions asked by the health-care worker.

5. The observer should observe the interaction, take notes and give feedback to the health-care worker at the end of the role play, and also manage the time.

6. You have 10 minutes to practise the role play with the health-care worker in your group.

7. The observer then should give you feedback on your role play for about 5 minutes.

8. Then switch roles within your group and repeat the exercise using the other scenario.

Exercise 8.1 Scenario 2

1. Demographics: Woman, 19 years old, student, unmarried, living with her family, including her parents and grandparents

2. Presenting health issue at a gynaecology outpatient department of the city hospital: The woman comes to the department with complaints that she missed her last period, which was supposed to start two weeks ago. She has also been feeling very tired for about three months. She has bruises on her forearm and bite marks on her upper chest. Speculum examination shows a foul, yellowish discharge.

3. Patient description and concerns: The woman is a student, working hard to become a nurse. Three months ago, she was struggling with some of her studies, and another student offered to help her study in the library. When other people left the library, the other student sexually assaulted her. She tried to stop him, and he became aggressive, causing multiple bruises over her back and her breasts. The sexual and physical assaults have happened several times since. The last time was two days ago. He threatened to kill her if she told anyone, but she is now worried that she might be pregnant and, therefore, has decided to come to the hospital.
Instructions to PATIENTS and OBSERVERS
1. Read the entire scenario to yourself. Do not initially share the details with others in your group.

2. When instructed by the facilitator, the patient should only read out loud the information in items 1 and 2 to the health-care provider.

3. The job of the health-care provider is to ask questions and provide first-line support/counselling as described in (LIV)ES – Enhance safety and Support.

4. The role as patient is to describe why you are there or what symptoms you are seeking care for and to respond to the questions asked by the health-care worker.

5. The observer should observe the interaction, take notes and give feedback to the health-care worker at the end of the role play, and also manage the time.

6. You have 10 minutes to practise the role play with the health-care worker in your group.

7. The observer then should give you feedback on your role play for about 5 minutes.

8. Then switch roles within your group and repeat the exercise using the other scenario.

Exercise 8.1 Scenario 3
1. Demographics: 55-year-old woman married for over 37 years, with five children aged 34 to 18 years old (three of whom live with her; the others have moved away); a stay-at-home wife

2. Presenting health issue at a local clinic: Presents to a local health centre for an examination because of a yellow and bad-smelling vaginal discharge. Her back hurts, and she wants help with the pain. When you examine her, there are fading bruises on her hips from a fall a few days ago. She does not tell the provider how she fell because she fears her husband finding out.

3. Patient description and concerns: The woman does not have money to pay for medication. Her husband has abused her throughout their marriage, calling her offensive names and belittling her in front of the children. Over the past five years she has spent a night at the local shelter three times when the husband was more violent than usual (e.g. broke her arm and threatened to kill her). She returned to him for financial reasons and because he apologized and promised to stop the violence. A few days ago, he knocked her down and her back went into a spasm. The woman blames herself because he lost his job and is stressed- she is unable to find a job. For the past month she has been agitated and stressed, and her day is ruined by terrible headaches. She is very tired, as she has not been able to sleep well and has gained a lot of weight. She is feeling ugly, stupid and worthless, and has had occasional suicidal thoughts.
Instructions to PATIENTS and OBSERVERS

1. Read the entire scenario to yourself. Do not initially share the details with others in your group.

2. When instructed by the facilitator, the patient should **only read out loud the information in items 1 and 2 to the health-care provider**.

3. The job of the **health-care provider** is to ask questions and provide first-line support/counselling as described in (LIV)ES – Enhance safety and Support.

4. The role as **patient** is to describe why you are there or what symptoms you are seeking care for and to respond to the questions asked by the health-care worker.

5. The **observer** should observe the interaction, take notes and give feedback to the health-care worker at the end of the role play, and also manage the time.

6. You have 10 minutes to practise the role play with the health-care worker in your group.

7. The **observer** then should give you feedback on your role play for about 5 minutes.

8. Then **switch roles** within your group and repeat the exercise using the other scenario.

**Exercise 8.1 Scenario 4**

1. **Demographics**: 30-year-old woman with two daughters (7 and 5 years), married as soon as she completed high school

2. **Presenting health issue at a local clinic**: Presents for pregnancy care at 3.5 months but wants to terminate the pregnancy. This is her fourth pregnancy in the past six years. She is tired and nauseous and has already had one miscarriage in the past. She has come with her husband and in-laws.

3. **Patient description and concerns**: She has been married for 12 years and did not go to college. As soon as she was married, she came under pressure from her husband and in-laws to get pregnant. Her first pregnancy ended in a miscarriage, and it was a year later before she was able to conceive. She gave birth to two girls. After the birth of the second daughter, her husband and in-laws began abusing her because they wanted her to have a son. Her husband beats her regularly and forces her to have sex so that she can give his parents a grandson. Her in-laws also verbally abuse her. She does not want to have any more children, given her situation. She has been scared to tell anyone about this.
Instructions to PATIENTS and OBSERVERS

1. Read the entire scenario to yourself. Do not initially share the details with others in your group.

2. When instructed by the facilitator, the patient should only read out loud the information in items 1 and 2 to the health-care provider.

3. The job of the health-care provider is to ask questions and provide first-line support/counselling as described in (LIV)ES – Enhance safety and Support.

4. The role as patient is to describe why you are there or what symptoms you are seeking care for and to respond to the questions asked by the health-care worker.

5. The observer should observe the interaction, take notes and give feedback to the health-care worker at the end of the role play, and also manage the time.

6. You have 10 minutes to practise the role play with the health-care worker in your group.

7. The observer then should give you feedback on your role play for about 5 minutes.

8. Then switch roles within your group and repeat the exercise using the other scenario.

Exercise 8.1 Scenario 5

1. Demographics: A 12-year-old boy who has just arrived at a refugee camp with his mother after fleeing their village when it was attacked by government soldiers

2. Presenting health issue at a local clinic: The boy was sexually abused by the soldiers and has been in pain and bleeding from his anus. He has not slept or eaten since arriving at the camp two days ago and has had nightmares about the attack.

3. Patient description and concerns: The boy was living with his family in a village on the border between two countries that are at war. Four days ago the village was attacked by government soldiers who killed his father and raped him and his mother. The two of them escaped and crossed over into the neighbouring country and arrived at a refugee camp. Initially he refuses to talk to the doctor when asked about his symptoms because he is too ashamed and worried that he will be made fun of if people find out. His mother is also traumatized and being treated by another doctor, but she is also ashamed about what happened to her and her son, and unable to comfort him.
Caring for women subjected to violence: A WHO curriculum for training health-care providers

Instructions to PATIENTS and OBSERVERS
1. Read the entire scenario to yourself. Do not initially share the details with others in your group.

2. When instructed by the facilitator, the patient should only read out loud the information in items 1 and 2 to the health-care provider.

3. The job of the health-care provider is to ask questions and provide first-line support/counselling as described in (LIV)ES – Enhance safety and Support.

4. The role as patient is to describe why you are there or what symptoms you are seeking care for and to respond to the questions asked by the health-care worker.

5. The observer should observe the interaction, take notes and give feedback to the health-care worker at the end of the role play, and also manage the time.

6. You have 10 minutes to practise the role play with the health-care worker in your group.

7. The observer then should give you feedback on your role play for about 5 minutes.

8. Then switch roles within your group and repeat the exercise using the other scenario.

Exercise 8.1 Scenario 6

1. Demographics: A 17-year-old student in high school living with her mother, her uncle (father’s brother) and siblings (a 14-year-old brother and 10-year-old sister); she has a boyfriend in school with whom she has had sex several times

2. Presenting health issue at a local clinic: Her mother brought her to the local hospital because she has not been eating or sleeping and has been crying uncontrollably and screaming whenever her mother has asked her to do something. She is having intense headaches and constantly feeling sad and anxious in the house.

3. Patient description and concerns: Her uncle is considered to be a “ladies man”, and one day when she came back from school early and no one was at home, her uncle came to her room and started kissing her. She refused, but he threatened to tell her mother and hurt her younger sister, so she did not resist. A week later he came back and forced her to have sex by blackmailing her. She is afraid at home and is worried about becoming pregnant. Whenever her mother is at home, her uncle is well behaved, but she can see the threat in his eyes if she tells anyone. This has caused her to become anxious. One day when her mother asked her to accompany her uncle to the shop, she refused and became angry and started crying and screaming. Her mother became worried and brought her to the hospital.
### Handout: History taking form for exercise 9.1

#### DESCRIPTION OF INCIDENT

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

Could you tell me what happened, please?

Has something like this happened before?  □ Yes  □ No

If “yes”: When was that? DD / MM / YY

Was the same person responsible this time?  □ Yes  □ No

#### Physical violence

<table>
<thead>
<tr>
<th>Type</th>
<th>Describe type and location on body</th>
</tr>
</thead>
<tbody>
<tr>
<td>(beating, biting, pulling hair, strangling, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

Use of restraints

Use of weapon(s)

Drugs/alcohol involved

#### Penetration

<table>
<thead>
<tr>
<th>In cases of sexual assault</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Describe (oral, vaginal, anal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finger</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ejaculation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condom used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Actions after assault

After this happened, did you …

<table>
<thead>
<tr>
<th>Action</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomit?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Urinate?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Defecate?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Brush your teeth?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rinse your mouth?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Change your clothes?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wash or bathe?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use a tampon or pad?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Session 9: Exercise 9.1

Scenarios for role play on history-taking for sexual assault

Facilitator: Separate these descriptions of the three characters and give one to each participant in each group of three.

Character: Client/patient
You are Elena, an 18-year-old student. You were raped 13 hours ago by someone from school as you were returning home from school. You do not know whether the perpetrator used a condom. You come to the health-care facility with your mother. She is not aware that you are sexually active and that you had sex with your boyfriend 24 hours (one day) ago. Since the rape you have urinated but not taken a shower. Concerning your medical history, you had a tonsillectomy at the age of 5, and you are healthy. You have a regular menstrual cycle, and your last period was two weeks ago. You and your boyfriend use condoms.

Character: Client’s/patient’s mother
You are Jacky, Elena’s mother. Your daughter is 18 years old. Last night, when she returned home from school, she was crying and upset. When you asked her what happened, she told you that she was raped by someone on the way home from school. You were immediately worried about what could happen to your daughter. However, since it was evening, you decided to wait until this morning to bring her to the health facility. This morning you brought her to the doctor for a check-up. You are concerned about her getting pregnant and what people would say if she does. You are worried about your daughter and want to remain with her throughout the consultation. You think she needs your support, and you will not be happy to leave the consulting room if asked by the health-care provider. If you are allowed to stay in the consulting room, you keep trying to answer questions on Elena’s behalf.
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Session 9a: Exercise 9a.1

Decision-making on forensic evidence collection

Instructions for facilitator
- Assign each group one of the four scenarios so that all the scenarios are covered by at least one group, depending on the number of groups.

Instructions for participants
1. Work in small groups (6–8 persons).

2. Read the scenario assigned to you.

3. Based on the description, discuss in your group responses to the following questions:
   - What type of information would you need or what questions would you ask to decide whether or not to do a forensic examination?
   - What forensic evidence would you collect, and why?

Exercise 9a.1 Scenario 1

Bernice is a 12-year-old girl. She was brought in by her older sister, who found her crying at home. For several months now their 35-year-old uncle has been coming home in the evening to spend time with the family. Several times he has found Bernice alone while her parents have gone out in the evening to run errands. Bernice usually stays at home to finish her homework. Her older sister is in college and comes home late. Her uncle has been sexually abusing Bernice for some months. First it started as touching, then he kissed her and forced her to watch him masturbate. He threatened to harm her if she told her parents or sister. A few weeks ago, he forced her to have oral sex, and last evening he raped her vaginally. She has been facing sleepless nights, anxiety and nightmares but has been terrified to say anything, fearing he would hurt her. Finally, she told her sister the previous evening because she is experiencing pain in her vagina. Her sister brought her to the doctor first thing in the morning. She did not say anything to their parents because the man is their father’s brother. Bernice and her sister are afraid of going to the police.
Instructions for participants
1. Work in small groups (6–8 persons).

2. Read the scenario assigned to you.

3. Based on the description, discuss in your group responses to the following questions:
   - What type of information would you need or what questions would you ask to decide whether or not to do a forensic examination?
   - What forensic evidence would you collect, and why?

Exercise 9a.1 Scenario 2

Cham is a 70-year-old woman who lives with her daughter and son-in-law. She takes care of her grandchildren when her daughter and son-in-law are at work. There has been renovation work in the house, which has now been completed. Five days ago, on the last day of the renovation work, one of the workers entered her bedroom and forced her to perform oral sex while the children were playing outside. She has come to the clinic complaining of pain in her throat. She says she may want to go to the police.
Instructions for participants
1. Work in small groups (6–8 persons).

2. Read the scenario assigned to you.

3. Based on the description, discuss in your group responses to the following questions:
   • What type of information would you need or what questions would you ask to decide whether or not to do a forensic examination?
   • What forensic evidence would you collect, and why?

Exercise 9a.1 Scenario 3

Helen is a 38-year-old woman living with her partner and three children. She recently suffered an accident and broke her leg. She is now using crutches to get around. While she was coming back from the market, a group of five men surrounded her and raped her repeatedly. They threatened her with a knife. She has pain in her abdomen, neck and pelvic area. They broke her crutch, but luckily a friendly woman who passed afterwards helped her home. She is afraid, but her husband accompanied her to the doctor two days after it happened. She may want to report it to the police when she is feeling better again. Her clothes were torn, but they brought them along. She has washed since it happened.
Instructions for participants
1. Work in small groups (6–8 persons).

2. Read the scenario assigned to you.

3. Based on the description, discuss in your group responses to the following questions:
   - What type of information would you need or what questions would you ask to decide whether or not to do a forensic examination?
   - What forensic evidence would you collect, and why?

Exercise 9a.1 Scenario 4

Omar is a 9-year-old boy living with his mother and older brother. They are refugees who left their home country when war broke out. At present they are living with a family in the host country. The family has agreed to take them in temporarily until Omar’s mother, Noor, finds a job. The three of them and the host family live in a small, crowded home in the city not far from the border. They are lucky to have found shelter with this family because many others who left their homes are living in camps. One day Omar was at home while Noor had gone out in search of work. The host family has an 18-year-old son, Zaid. Omar was alone with Zaid. Zaid and his classmates were hanging out and decided to tease and bully Omar. Eventually Zaid raped Omar, while his classmates watched and egged Zaid on. Omar was terrified and didn’t say anything to anyone for nearly a week because he was afraid that he and his family would be thrown out of their host’s house. Zaid has been taunting him whenever he thought no one would hear or see. Omar has become withdrawn, not speaking much, crying out with nightmares at night. Last night he had a fever, and finally his mother became anxious and brought him to a doctor in the camp who examined him. The doctor in the camp suspected something more, but because she was busy, she referred him to a nearby hospital. It has been a week since this incident happened.
### Table to document responses

Scenario: _____

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Explanation why</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What type of information would you need or what questions would you ask to determine how to proceed with the examination?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. What forensic evidence would you collect, and why?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Caring for women subjected to violence:  
A WHO curriculum for training health-care providers

Session 10: Exercise 10.1

Participant handout: Sexual assault treatment decisions

Case study 1 (10 minutes)

An adult woman survivor comes to the clinic 36 hours after being raped. She states she wants all available treatment. She says she has no allergies that she knows of.

The treatment offered to the woman should include:

<table>
<thead>
<tr>
<th></th>
<th>Do you provide</th>
<th>Yes</th>
<th>No</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV post-exposure prophylaxis (PEP)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency contraception?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI presumptive treatment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other? Specify.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Which tests are required before you can prescribe the above treatment?

What other care and treatment would you provide to her?

What other services would you refer her to?
A girl of 18 years was brutally raped by five perpetrators four days ago. Her mother has brought her in and is very worried that the girl will get pregnant and bring shame on the family. On examination you find multiple bruises on her breasts, healing lacerations around her genitals and anal tears. When she takes off her skirt you see that she has wet herself.

Treatment offered to the girl should include:

<table>
<thead>
<tr>
<th>Do you provide</th>
<th>Yes</th>
<th>No</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV post-exposure prophylaxis (PEP)?</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other? Specify.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Which tests are required before you can prescribe the above treatment?

What other care and treatment would you provide to her?

What other services would you refer her to?
Case study 3

A 15-year-old boy comes to the clinic 70 hours after being raped. His mother states she wants all available treatment. He says he has no allergies that he knows of.

Therefore, the treatment offered to the boy should include:

<table>
<thead>
<tr>
<th>Do you provide</th>
<th>Yes</th>
<th>No</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV post-exposure prophylaxis (PEP)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency contraception?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI presumptive treatment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other? Specify.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Which tests are required before you can prescribe the above treatment?

What other care and treatment would you provide to him?

What other services would you refer him to?
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Case study 4

A 42-year-old woman comes to the clinic. She was severely beaten and raped multiple times by an armed perpetrator two days ago. The perpetrator was unable to achieve sufficient erection for vaginal penetration. The survivor was also forced to perform oral sex on the perpetrator. On examination she has multiple bruises around the face and legs and abdomen. There is a laceration on her forehead, and abrasions on her elbows. She is very emotional and very concerned about pregnancy.

Treatment offered should include:

<table>
<thead>
<tr>
<th>Do you provide</th>
<th>Yes</th>
<th>No</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV post-exposure prophylaxis (PEP)?</td>
<td></td>
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<tr>
<td>Emergency contraception?</td>
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<td>STI presumptive treatment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other? Specify.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Which tests are required before you can prescribe the above treatment?

What other care and treatment would you provide her?

What other services would you refer her to?
Session 13: Exercise 13.1a

Participant handout: Case review for family planning setting

Scenario 1: Family planning (read aloud and give 5 minutes to read)

Mary is 27 years old and comes to a health worker as she does not want to get pregnant. She has two children, and her youngest is just 1 year old. Five months ago she started taking the pill because she had come in stating that she did not like condoms and wanted to use something different. Mary has now come back and says she absolutely wants something different again, because she does not like the pill. She does not say why, but she really does not want to use the pill and insists on preventing pregnancy another way.

Questions to ask the group (10-minute discussion)
Record answers on a flip chart.

- On what basis in this scenario will you suspect that the family planning client might be experiencing violence at home?
- What questions would you ask to determine whether the family planning client might be refusing or choosing a method because of abuse at home?
- What choices will you discuss with her regarding contraceptives that address her concerns about a violent partner?
- What are the pros and cons of each method in terms of promoting safety and her ability to use the contraceptive method of her choice?
Session 13: Exercise 13.1

Participant handout: Case review for HIV setting

Scenario 2: HIV (read aloud and give 5 minutes to read)

Rita, a 20-year-old student, has come to you as a health worker because she wants to take an HIV test. She says her boyfriend sent her to take the test because he says he does not trust her. Rita says that she is worried about taking the test because, although she is faithful, she is afraid the test may be positive. Her boyfriend has cheated on her even though he denies this. He becomes very angry if she talks about it. She looks very afraid and nervous, and when you try to take the blood she pulls away. When you finally do the test, the results come back positive. She is devastated and does not want to talk about the results. She is afraid of what people, especially her boyfriend, will say.

Questions to ask the group (10-minute discussion)
Record answers on a flip chart.

- What questions will you ask to determine whether your client who has received an HIV test is afraid of violence if she discloses her status?
- On what basis would you advise your client to a) disclose; b) support her to plan for safe disclosure; or c) not disclose?
- Given your client’s situation, what advice would you give to enhance her safety when she discloses her HIV status?
Session 13: Exercise 13.1b

Participant handout: Case review for mental health

Scenario 3: Mental health (read aloud and give 5 minutes to read)

Sojung is a 53-year-old woman who has come to you because she is feeling very anxious, upset and nervous all the time. As her primary doctor, you ask her questions about how is she sleeping, eating and doing her daily routine. She complains of headaches all the time and says that when that happens she just sleeps in her room and doesn’t come out for a couple of days except to go to the bathroom or drink and eat something. She also says that she does not feel like eating much. Her children are in college, so it is just her and her husband. Her husband works in a factory nearby and is often out drinking with his friends – at least two or three times a week. She says that she is unhappy about his drinking.

Questions to ask the group (10-minute discussion)
Record answers on a flip chart.

• On what basis would you suspect that there is something going on with your client and her husband in terms of marital conflict?
• What would make you suspect that there may be violence in this relationship?
• What questions would you ask to establish whether Sojung’s husband is abusing her?
• What treatments would you give her for the signs and symptoms she is describing, and what advice would you give her regarding her situation with her husband?
Session 13: Exercise 13.1

Participant handout: Case review for humanitarian setting

Scenario 4: Humanitarian setting (read aloud and give 5 minutes to read)

Tariq is an 11-year-old boy who has just arrived at a refugee camp in Jordan near the border with Syria. Tariq had to leave his hometown in Syria because of ISIS. His family – parents and two older sisters – packed some belongings and made their way to Jordan because they had relatives in a camp there already. On the way his sisters were kidnapped by ISIS, and Tariq and his mother were separated from his father, who went in search of his sisters. He and his mother continued to Jordan. One evening, armed men attacked the group he and his mother were with. Women and children were separated, and the men raped him and his mother. Traumatized but alive, he and his mother somehow made it across the border to arrive at this camp, where his mother took him to see the camp doctor. Tariq is in pain, cannot sleep or eat and still remembers his mother’s screams when they were raped. He won’t let anyone come near him and does not want to be touched by anyone. The camp doctor has seen many such cases and tries to help Tariq.

Questions to ask the group (10-minute discussion)
Record answers on a flip chart.

- What should the doctor do to help Tariq talk and understand better what happened so that he can provide care?
- What should the doctor do if Tariq refuses to be examined but indicates that he is in pain in his genital area and unable to sit?
- What are the main treatments that need to be given to Tariq?
- What can the doctor say and do to address the trauma that Tariq is experiencing?
Supplemental exercises
Caring for women subjected to violence: A WHO curriculum for training health-care providers

Supplemental exercise: Facilitator resource

The Space Between Us

Learning objectives

1. Create a higher awareness of how power has shaped our lives and experiences.
2. Understand gender equality and gender equity.

Time: 60 minutes

Preparation

- Have a copy of the resource sheet The Space Between Us: Statements printed for your use.

Note to facilitator

This exercise is best conducted with both women and men. If you do not have at least three women and three men in your group, you will need six blank name tags and to provide some participants with pretend identities (provided at the end of this exercise). Be prepared to read the identity descriptions, in case pretend identities are required.

This is an intense exercise that requires participants to feel safe. Do not conduct this exercise if you feel there is tension or disrespect in your group.

Instructions for facilitators

1. Set the tone of this session carefully with participants. It is a serious exercise that requires sensitivity. Introduce the session:
   - “This session is designed to help participants recognize that a person’s sex deeply influences their experiences and choices in life. It goes on to explore the impact of this on our enjoyment of human rights as women and men.”
2. Explain to participants:
   - “In a few moments, I am going to ask you to line up in the middle of the room and hold hands with each other. I will then read a series of statements about life experiences.”
   - “After each one of the statements you will move one space forward, backward or stay where you are, based on your life experiences. If you begin moving in the opposite direction of the people you are holding hands with, you will have to let go.”

Note to facilitator
If someone is in a wheelchair, instead of taking a step, they can move/roll the equivalent.

- “If you haven’t heard a statement clearly, call ‘Repeat.’”
- “This is a silent exercise. Please do not comment on your own or others’ movements.”

3. Ask participants to line up side-by-side across the middle of the room, with sufficient and equal space both behind and in front of them. Ask them to all face one way (toward a wall or a line drawn on the floor) and to hold hands with the people on either side of them.

4. If you do not have at least three women and three men, ask for volunteers to take on the pretend identity of a woman or man. For any participant receiving a pretend identity, give her/him a name tag and read the description of her/his pretend identity to the group. Choose an identity with a profession different than the actual profession of the participant. Participants will maintain the given identity throughout the exercise and make decisions based on their pretend identity.

5. Ask if there are any questions. Remind participants that this is a silent exercise.

6. Read the statements on the resource sheet, *The Space Between Us: Statements*, provided at the end of these instructions. Ask the participants to move after each statement.

7. When you have finished reading all the statements, pause. Ask the participants to remain where they are. If some participants are still holding hands, they can now let go of each other.
8. Ask the participants to look around to see where they are standing and where others around them are standing. Ask them to take a moment to reflect on their own position and the position of others.

9. Tell the group to face forward again and instruct: “When I say ‘go,’ race to the wall/line in front of you.” You can also go and stand at the ‘line’ you are referring to.

10. Give participants a few seconds to get ready (some may want to tie shoe laces, remove shoes, etc.) and count, “One, two, three, GO!”

11. Gather everyone back in the large circle and debrief the exercise.

   Ensure that neither you nor the participants speak specifically about another participant’s experiences, as revealed through the exercise. This behavior creates a lack of safety in the group. Let everyone speak for her or himself. Make sure that both women and men are contributing their thoughts and that everyone feels safe and respected throughout the discussion.

12. Probe as follows:
   a. “How did you feel doing this exercise?”
      i. How did you feel at the beginning when you were all in the straight line?
      ii. How did it feel to move forward? To move backward?
      iii. How did it feel to release the hands of your neighbours?
   b. “What did you notice about each other’s reactions as the exercise progressed?”
      (Probe: “Did the tone of the game change from playful to serious?”)
   c. “What did you think or feel when you saw where everyone was standing at the end of the game? Was there anything that surprised you about people’s positions?”
   d. “Did any of you adjust the size of your steps (that is, making them smaller or larger) as the game continued on? Why?”
   e. “Did anyone want or choose to not be honest in the exercise? Why? What does this tell us about our experiences?” (Probe: “Is there shame or stigma attached to our experiences of power?”)
f. “What was your first reaction when I asked you to race to the wall?” (Contributions could include: too far, too close, ran very hard, knew I couldn’t win, what was the point, etc.)
g. “What does this exercise teach us about the power imbalances between women and men?”
h. “What did you learn about your own power? The power of those around you?”

13. Explain that there are several terms related to the word “gender” that also need to be explained. Ask the group if they have ever heard the term “gender equality.” Ask them what they think it means. Allow plenty of time for discussion.

14. After getting their feedback provide the following definition:

   a. **Gender equality** means that men and women enjoy the same status, with the same opportunities to fully realize their human rights and to contribute and benefit from all aspects of society, including equal social, cultural, economic and political participation (education, participation, holding a job, earning an income).

15. Ask the group if the definition makes sense. Allow them to ask questions.

16. Ask the group to discuss whether or not they think gender equality exists in their community or in the country.

   a. As the discussion proceeds, write down any statements that explain why women do not share equal status with men in different aspects of society. Be sure to include some of the following points if they are not mentioned by the group:

      i. Women in our communities are more likely than men to experience sexual and domestic violence.

      ii. Men are in more positions of power within government and businesses.

      iii. Women bear a greater burden of the HIV epidemic; more women are infected by the virus than men, and they also provide most of the care and support for family members living with HIV.

      iv. Men are decision-makers, especially regarding health issues.
17. Ask the group if they have ever heard the term “gender equity.” Ask them what they think it means and how it is different from gender equality. Allow plenty of time for discussion. After getting their feedback provide the following definition:

a. **Gender equity** is the process of being fair to men and women. Gender equity leads to gender equality. For example, a policy that provides increased support to businesses started by women may increase gender equity because it promotes opportunities for women to own and run businesses just as men do.

18. After clarifying the definitions of gender equality and gender equity, ask the group the following questions:

a. “What benefits does gender equality bring to men’s lives? Women’s lives?”

b. “How does gender inequity contribute to HIV infection?”

c. “How can gender equity contribute to preventing HIV?”

d. “Should men work towards achieving gender equality? What can they do? What can women do?”

**Take-aways points for the exercise**

- In our community, women typically have less power than men. This is a social norm – something that is considered normal in our community.

- The power imbalances between women and men mean that women are at a disadvantage. Gender-based violence directed towards women is one way this power imbalance is allowed to continue.

- It is unjust that women and men do not move through life equally. It is within our power to take actions to support gender equality.
The Space Between Us: Statements

1. If you were raised in a community where the majority of police, government workers and politicians were not of your sex, move one step back.

2. If it is generally accepted for you to make sexual jokes in public about the other sex, move one step forward.

3. If a teacher has ever promised you better school results in exchange for sexual favors, move one step back.

4. If you have never been harassed or disrespected by police because of your sex, move one step forward.

5. If you could be beaten by your partner with little or no reaction from others, move one step back.

6. If most doctors, lawyers, professors, or other “professionals” are of the same sex as you, move one step forward.

7. If people of your sex often fear violence in their own relationship or homes, move one step back.

8. If people of your sex can beat a partner because of unfaithfulness and with general acceptance of this behavior from others, move one step forward.

9. If you were denied a job or a promotion because of your sex, move one step back.

10. If your sex has ever been considered by scientists as inferior, move one step back.

11. If people of your opposite sex are often paid for sexual favors, move one step forward.

12. If you were discouraged from pursuing activities of your choice because of your sex, move one step back.

13. If you commonly see people of your sex in positions of leadership in business, in court and in government, move one step forward.

14. If you fear being attacked if you walk home alone after dark, move one step back.

15. If you could continue school while your siblings of the opposite sex had to stop, move one step forward.
16. If you share childrearing responsibilities with your partner, move one step forward.
17. If you have never worried about being called a prostitute, move one step forward.
19. If you must rely on your partner to pay for your clothes and food, move one step back.
20. If you have never been offered presents for sexual favors, move one step forward.
21. If you have ever worried about how to dress to keep yourself safe, move one step back.
22. If people of your sex can have different partners and that is generally accepted, move one step forward.
23. If you have taken care of your partner while she or he is sick, move one step forward.
24. If your religious leaders are the same sex as you, move one step forward.
25. If you have ever feared rape, move one step backward.
26. If your name or family name can be given to your children, move one step forward.
27. If you have been touched inappropriately by a stranger in public, against your will, move one step back.
28. If you cannot always expect the same kind of respect from women as from men, move one step back.
29. If you have ever been refused rest by your partner while you were feeling weak, move one step back.
30. If your sex is the one who usually makes the decisions about household expenditures, move one step forward.
31. If you have never been whistled or hooted at in public by the opposite sex, move one step forward.
Pretend male identities¹:

1. Name tag: male nurse

Identity description: My name is Juma, and I am 25. I work in the local clinic as head of the clinic. I did not have any major difficulties reaching this position. I have never been sexually harassed in my life.

2. Name tag: male shop keeper

Identity description: My name is Ali, and I am 40. When I was young, I started as a public transport conductor. I did not like the job, so as soon as I had saved enough money, I bought a small stall from where I could sell clothes. Now I have a real shop with clothes.

3. Name tag: male local government representative

Identity description: My name is Henry, and I am 55. I was born from a father with quite a bit of land. He gave me some, so I started working on it. I have always liked social contacts and everyone in the village knows me. It was logical for me to go into politics. I am now a local leader.

Pretend female identities:

1. Name tag: female nurse

Identity description: My name is Aminah, and I am 25. I work in the local clinic as head of the clinic. I had to work hard to reach this position, because my male colleague was also aiming for it. For a short while when I was a child, my parents lacked the money to pay my school fees, although my brothers continue to attend. As an adolescent I was very beautiful and smart, which the teachers definitely noticed.

2. Name tag: female shop keeper

Identity description: My name is May, and I am 40. I went to school, but never did very well, because I was always busy with chores at home. When I was young, I started working as a food vendor. I often had to work late, and sometimes men would harass me. It took me much time to save money, because my husband didn’t like that I was earning and often took my earnings from me. I finally saved enough money, and I bought a small stall for selling clothes. Now I have a real shop with clothes.

3. Name tag: female local government representative

Identity description: My name is Fatma, and I am 50 years old. I was born from a father with quite a bit of land. He gave me some, so I started working on it. I have always liked social contacts and everyone in the village knows me. It was logical for me to go into politics, but this was seen as inappropriate by many men. I had to organize many events to explain my good intentions. It was hard campaigning while also raising children, but I finally got elected the third time I was on the list.
Factors that perpetuate violence against women

Learning objective for the exercise

• Describe the various factors that contribute to the perpetuation of intimate partner and sexual violence from an ecological perspective.

Time: 25 minutes

Preparation

1. Reproduce the diagram below on a blank flip chart page (do not include the definitions of the various levels).

2. Make one copy of Facilitator resource: Character statements and cut out enough character statements for each participant (one statement per participant). Make sure that Benja’s and Betty’s statements are among the statements to be distributed to participants. Ensure you have at least three-character statements from each level (“C”, “R” and “S”). After you have cut out the statements, fold them in half.

3. Organize chairs in a semi-circle.

Instructions for facilitator

Introduction (5 minutes)

1. Open the activity by stating that intimate partner violence occurs within a broad social, cultural, economic and political environment in which factors that drive intimate partner violence operate. Explain to participants that in this activity they will have the opportunity to explore the various factors that contribute to perpetuating violence, as well as the various levels from which these factors exert their influence.

2. Randomly distribute one character statement to each participant. As you distribute the statements, tell participants that they may read what is written on their piece of paper but should not show it to anyone else.

1 Adapted from:

3. Ask for the participant who received Betty’s statement, and the participant who received Benja’s statement to come and stand in the middle of the room. Then, introduce both participants by explaining that Betty is a woman and Benja is a man. Next, ask both participants to introduce themselves to the group by reading the statements written on the pieces of paper they received.

4. Once the two participants have read their respective statements, ask for the participants who received papers labelled “Level R” to form a circle around Betty and Benja.

5. Once the first circle is formed around Betty and Benja, ask for participants who received papers labelled “Level C” to form a circle around the first circle. Then ask those who received papers labelled “Level S” to form a third circle around the second circle. In the end, there should be three circles of people around the characters of Betty and Benja (see illustration below).
Activity (15 minutes)
1. Next, explain to participants that you will ask a participant to introduce her- or himself by reading the statement on her/his piece of paper. After the person has introduced her- or himself, they will then tap the shoulder of the person next to them, and that person will read their statement. That person will in turn tap the shoulder of the participant next to them.

2. Ensure that everyone has understood the instructions, and randomly choose a participant located in the innermost circle (the “R” circle) to introduce her- or himself by reading the statement on her/his piece of paper. Ask the participants to proceed with reading their statements as instructed. After all of the persons in the “R” circle have read their statements, repeat the same process for circles “C” and “S”. (Spend no more than 7 minutes on these steps.)

3. Next, with participants still standing in their positions, facilitate a 5-minute debrief using the following questions:
   - Which circle do you think has the most influence on Betty and Benja? Why?
   - Are there any circles that do not have an influence on Betty and Benja? Which ones? Why?
   - What does this exercise tell us about community norms?
   - How can this exercise inform our efforts to address violence?

4. Next, ask each participant to transform their statement into a positive one such that their character takes action to help Betty and/or Benja. Start with circle “R”, and end with circle “S”. For example, instead of “I am a health care provider. I take care of your injuries but don’t ask anything. It is not my business”, one can say “I am a health care provider. I recognize signs of violence, help you develop plans to stay safe and refer you to key services for violence against women.” (Spend no more than 7–8 minutes on this step.)

5. After each participant has reframed their statement, ask everyone to return to their seats, and offer the following take-away points.

Take-away points for the exercise
- There are various levels at which social norms exercise an influence on individuals’ lives.
- Violence against women can be perpetrated by any number of actors – intimate partners, family and community members, and the State.
- While the sociocultural and political environment is important for understanding why violence against women occurs, we should not excuse it.
- Likewise, however, various individuals – including health care providers – can also play a role in preventing violence against women. In fact, all individuals in the community can play a role in preventing violence against women.
Facilitator resource: Character statements

My name is Betty. I am married to Benja. We used to be okay, but nowadays Benja shouts at me a lot and even sometimes hits me. It’s especially bad when he’s been drinking. I’m scared of him, and so are my children. But my mother endured the same fate as well.

My name is Benja. I am married to Betty. For some time now things at home have not been so good. My wife annoys me, and I have no choice but to shout at her. Sometimes I even beat her. I guess this is what happens in marriage.

Level: R
I am a relative of Benja’s. We were raised knowing that men can discipline women. This is how things should be.

Level: R
I am a friend of Benja’s. We go out drinking together. I see how you drink and then go home angry. But it is normal for men.

Level: R
I am a friend of Betty’s. You and I discuss everything together. My relationship is similar to yours – men are head of the house, and we have to endure.

Level: R
I am Betty’s mother-in-law. If you didn’t disrespect my son so much, he wouldn’t hit you. You are to blame for the violence!

Level: R
I am Betty’s mother. Your father and I care very much for you, but it would be a disgrace to the family if you were to leave your husband. As a woman, it is important to be patient and tolerant.

Level: R
I am Benja’s brother. After hearing the way your wife spoke back to you the last time I came to visit, it is no wonder you punish her. My wife would never speak to me that way!
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Level: C
I am an elder. You respect me and follow my advice. Men have to make all the decisions for a family.

Level: C
I am your neighbour. I hear your fights at night but say nothing. It’s not my business.

Level: C
I am an adolescent. I keep silent when I see the violence happening. What can I do?

Level: C
I am a priest/imam. I keep silent about violence. God/Allah will take care of things.

Level: C
I am a health care provider. I take care of your injuries but don’t ask anything. It’s not my business.

Level: C
I am a food seller. I see her bruises but keep silent.

Level: C
I am a police officer. Men sometimes can’t avoid using a small amount of violence at home. It is a domestic issue.

Level: C
I am a farmer. I think a woman is not equal to a man. A woman should obey her husband.

Level: C
I am a taxi driver. I think violence should be used against a woman once in a while. Otherwise, women start thinking they can do anything.

Level: C
I am a market seller. Women and men are not equal. If a man wants to show that he has more power, then that is a woman’s fate.
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Level: C
I am a local leader. Violence in relationships is a domestic issue – I don’t have time for it!

Level: C
I am a pharmacist. You buy things from me and ask for my advice. I think women must be patient and endure.

Level: C
I am a teacher. Making jokes about girls is just for fun; it doesn’t do any harm.

Level: C
I am your doctor. I advise you on many issues but don’t see how violence and HIV/AIDS are connected.

Level: C
I am a social welfare officer. I see violence in the community, but I mostly focus on children, as violence between women and men is normal.
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**************************************************************************
Level: S
I am a judge. Sometimes women file cases just for simple violence. I dismiss the cases.

**************************************************************************
Level: S
I am a parliamentarian. There are no laws in my country specifically about intimate partner violence – that’s a private matter!

**************************************************************************
Level: S
I am a donor. I fund AIDS prevention programmes in Africa. I only fund ABC programmes – they’re the best!

**************************************************************************
Level: S
I am a radio announcer. You hear my messages every day. We joke about women and violence – what’s the harm?!

**************************************************************************
Level: S
I am a United Nations official. I monitor countries’ progress on international conventions, but I don’t see the connection between violence against women and HIV/AIDS.

**************************************************************************
Level: S
I am a Minister of Health. I decide which services are available at the health centres. Women’s rights issues don’t belong in clinics – we prescribe drugs!

**************************************************************************
Level: S
I am a newspaper editor. I show explicit photos of women in my paper, because it sells!
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Supplemental exercise: Facilitator resource

Personal beliefs and different listening experiences

Learning objective for the exercise

- To understand how participants’ own assumptions can influence listening and the response provided.

Time: 45 minutes

Preparation

- Copy scenarios 1 and 2 with side A on one side and side B on the other side of the paper.

Instructions for facilitators

1. Ask participants to form pairs with their neighbour, and hand out the scenarios, one page per pair (5 minutes). (Please note there are different versions.)

2. Ask one of the persons in the pairs to read the scenarios on side A to the other person and discuss their feelings and assumptions about the patient and how they would respond to a patient coming in and telling the story (10 minutes).

3. Ask the pairs to switch roles, read side B and discuss their feelings and assumptions about the patient and how they would respond to a patient coming in and telling this story.

4. Ask the pairs to notice the difference in how they felt and responded between the story on side A and the story on side B (15 minutes).

5. Ask a few volunteers to share their experiences in reading the scenarios from different perspectives (10 minutes).

6. Share with the participants how personal attitudes and assumptions can influence how health care providers respond to survivors of violence against women (5 minutes).

Take-away points for the exercise

- We all need to be aware of our personal beliefs and attitudes and how they can influence our care of survivors.
- We need to try our best to respond neutrally and listen with empathy.
Scenario 1

Side A
1. Sibongile is 20 years old. She lives with her mother and older sisters in a shack settlement. Sibongile attends university. Late one afternoon, returning home from class, Sibongile has to cross a deserted field. She is stopped by a man from her settlement, who rapes her. She escapes when her attacker is surprised by a passer-by.

Side B
1. Sibongile is 20 years old. She lives with her mother and older sisters in a shack settlement. Sibongile attends university. Late one afternoon, returning from class, Sibongile has to cross a deserted field dressed in a short dress, as she is on her way to meet her boyfriend. She is stopped by a man from her settlement, who rapes her. She escapes when her attacker is surprised by a passer-by.

Scenario 2

Side A
2. Mosidi is a 55-year-old married woman who runs her own catering business from home. One day, while working at home alone, she is visited by her brother-in-law. He makes sexual overtures to her, and when she turns him down, he overpowers her and rapes her. Mosidi is very distressed, particularly because this was a relative whom she trusted. She feels guilty and confused.

Side B
2. Mosidi is an 18-year-old single woman who runs her own catering business from home. One day, while working at home alone, she is visited by her sister’s husband. He makes sexual overtures to her, and when she turns him down, he overpowers her and rapes her. Mosidi is very distressed, particularly because this was a relative whom she trusted. She feels guilty and confused.
Persons and things

Learning objectives for the exercise

- To increase awareness about the existence of power in relationships and its impact on individuals and relationships.
- To introduce participants to the various types of power.

Time: 1 hour, 20 minutes (80 minutes)

Preparation

1. Refer to the handout Expressions of Power and write each of the four expressions of power on four individual sheets of flip chart paper (one flip chart page for each expression of power).

2. Print one copy of the handout Expressions of Power for each participant.

Note to trainer

Some participants might not feel comfortable with the role play in this activity. It is important to be sensitive to how participants react to being assigned the role of “persons” or “things” and to be prepared to make the necessary accommodations or changes. For example, rather than asking the participants to actually carry out the role play, the facilitator might invite them to discuss in pairs how “persons” might treat “things” and the feelings this might generate for the “persons” and “things”. The facilitator should also be prepared to make referrals to counselling or other services for participants who might be especially affected by the activity.

Instructions for facilitator

Introduction

Open the session by explaining to participants that they will spend some time exploring the concept of inequality and its influence on relationship dynamics.

Persons and things (35 minutes)

1. Divide the participants into two groups.

2. Tell the participants that the name of this activity is “Persons and Things”. Choose, at random, one group to be the “things”, and another to be the “persons”.

1 Adapted from: Gender 101 staff training. New York: EngenderHealth; 2015.
3. Read the following directions to the group:
   - **THINGS**: You cannot think, feel or make decisions. You have to do what the “person” tells you to do. If you want to move or do something, you have to ask the person for permission.
   - **PERSONS**: You can think, feel and make decisions. Furthermore, you can tell the “thing” what to do.

4. Assign each “person” a “thing” and tell them that they can do what they want with them (within the space of the room). Tell them they should have fun with this activity and be creative (but of course not ask the “thing” to do something that can put them at risk of harm or humiliate them). As examples, you can ask them to jump around, sing, move around, dance, carry things, get coffee, shake hands with others.

   **Note to trainer**
   If there is an uneven number of participants and it is not possible to pair all participants, explain that participants who have not been paired with a partner will act as observers. They will observe the dynamics between the “persons” and the “things”.

5. Give the group five minutes for the “people” and “things” to carry out their designated roles.

6. After five minutes, tell the persons and things that there has been a revolution! The things have taken over! They will switch, and now the “persons” will be “things”, and “things” will be “persons”. Give them another five minutes to carry out the new roles.

7. Finally, ask the participants to go back to their places in the room, and use the questions below to facilitate a 15-minute discussion:
   - How did your “person” treat you? What did you feel? Did you feel powerless? Why or why not?
   - How did you treat your “thing”? How did it feel to treat someone this way? Did it make you feel powerful? Why or why not?
   - Why did the “things” obey the instructions given by the “persons”?
   - In your daily lives, do others treat you like “things”? Who? Why?
   - In your daily lives, do you treat others like “things”? Who? Why?
   - Why do people treat each other like this?
   - In what ways is power different between women and men?
Exploring power (40 minutes)

1. Transition to the next section of the session by asking:
   - What does this exercise tell us about power? How would you define it?

2. Allow participants to discuss this question for five minutes. Then ask the following question:
   - Do you think power is only control over others?

3. Allow participants to discuss this question for five minutes.

4. Next, explain that not all expressions of power are harmful; power can be used positively. Tell participants that you will quickly look at the different types of power that exist.

5. On the wall, post the four prepared flip chart sheets, each with an “Expression of power”. One by one, read the four expressions of power. After reading each description, ask the group to think of examples of this type of power, and write their examples on the flip chart pages. Examples may come from families, workplaces, communities or other countries. Spend no more than 15 minutes explaining the different expressions of power.

6. After the group has completed a list of examples for each category, facilitate a 10-minute discussion about whether the group considers the examples to be a “positive” or a “negative” use of power. For each example, ask participants whether it is an appropriate use of power or an abuse of power. Explain that the definition of “positive” or “negative” is debatable; it depends on the circumstances and on one’s perspective. For example, is a teacher’s use of authority “positive” or “negative”? It depends on what the teacher is actually doing, and whether you are the teacher or the student! This is a good moment to clarify that the nature of “power” is not necessarily “good” or “bad”, because it can be either.

7. Distribute the handout Expressions of Power.

Closing (5 minutes)

Take-away points for the exercise
- One of the main points of this exercise is that power is just power; it is not necessarily good or bad, although it can be used both constructively and destructively. Categorizing power as either “positive” or “negative” is debatable; it depends on the circumstances and on one’s perspective.
• There are many types of relationships in which one person might have more power than another. However, unequal power balances between men and women in intimate relationships can have serious repercussions for the risk for STIs, HIV and unplanned pregnancy. For example, a woman often does not have the power to say if, when and how sex takes place, including whether a condom is used. This is because of long-standing beliefs that men should be active in sexual matters and women should be passive (or that women “owe” sex to men).

• There are other examples of power relationships in our lives and communities. Think of relationships between youths and adults, students and teachers, employees and bosses. Sometimes, the power imbalances in these relationships can lead one person to treat another person like an object.

• As we reflect on gender and relationships between men and women, it is important to remember the connection between how you might feel oppressed or treated like an “object” in some of your relationships and how you, in turn, might treat others, including women, like “objects”. Thinking about these connections can help motivate you to construct more equitable relationships in your homes and communities.

• As we saw in the last part of this exercise, not all power is used to oppress others; sometimes power can be used for positive change, to motivate others. Understanding the many varieties of power is essential for promoting gender equality and social justice.

• We sometimes assume that power is something outside us. We may perceive that someone else controls us and the choices we are able to make. All of us, however, have power at different moments in our lives. We negotiate power balances all of the time with the people around us.
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Supplemental exercise: Facilitator resource

Violence in our daily life

Learning objective for the exercise

- To reflect on the pervasiveness and normalization of violence and how it impacts all individuals.

Time: 40 minutes

Instructions for facilitator

Sharing our stories (35 minutes)

1. Explain to participants that they will spend some time reflecting on their individual experiences with violence through a listening exercise during which they will reflect on their personal experiences with violence.
2. Be aware that this exercise may bring up uncomfortable feelings or cause distress to some participants. Explain that if anyone is distressed or uncomfortable they can stop participating with no prejudice. Be prepared to refer those who may feel they would like to talk to someone about their experiences.
3. Explain that they will complete three rounds of active listening. During each round, participants will be paired with a different partner, and they will spend 4 minutes with their partner discussing personal experiences with violence. During the pair work, each person will have the opportunity to be a listener and a speaker.

Facilitator notes

Tell participants that they should only share what they are comfortable sharing. Remind participants of the various forms of violence (for example, emotional, economic, sexual, physical), and explain that they can share personal experiences with any of the various forms of violence.

During this activity, you may notice that it is easier for participants to talk about violence they have suffered outside their homes than the violence they have suffered inside their homes, or the violence they have used against others. They may not wish to go into detail about these experiences, and it is important that you do not insist they do.

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4. Explain that during their work in pairs, it is important for the person listening to truly listen to her/his partner and to avoid interrupting them with questions. Instruct participants not to take notes while their partner is speaking.

5. Next, ask participants to stand and find a partner. Once each person has been paired, ask participants to find a comfortable place in the room to sit and talk.

**Facilitator note**
If you have an even number of women and men, instruct the women to pair up with women and the men to pair up with men.

6. Once everyone is seated, state that each person will have 2 minutes to answer two questions; after 2 minutes, the pairs will be asked to switch so that the person who listened has the opportunity to answer the same questions. Tell the participants that if the person speaking finishes answering the questions before the 2 minutes are up, they should not switch; they should just sit quietly until the facilitator asks them to switch. (Spend no more than 5 minutes on steps 1–5.)

7. Next, ask participants to quickly decide who will speak first. Then, read the following questions out loud:
   - Describe an experience where you or someone you know was a witness to violence.
   - How did that experience impact you/them?

8. Instruct participants to begin. After 2 minutes, call time and ask participants to stop and switch roles. The person who was speaking becomes the listener, and the person who was listening becomes the speaker. State that the new speaker will have 2 minutes to answer the same questions. Repeat the questions aloud if needed.

9. After 2 minutes, ask participants to stop and to stand. Instruct participants to move around the room and identify a different partner.

10. When each participant has identified a partner, ask the pairs to find a comfortable place to sit and speak. Once the pairs are seated, ask them to quickly agree on who will speak first. Remind participants of the guidelines and then read the following questions out loud:
    - Describe an experience where you or someone you know was a victim of violence.
    - How did that experience impact you/them?
11. After 2 minutes, call time and ask participants to switch roles so that the person listening becomes the speaker, and the person who was speaking becomes the listener. State that the new speaker will have 2 minutes to answer the same questions. Repeat the questions aloud if needed.

12. After 2 minutes, call time again and ask all participants to stand and to find another partner.

13. Once each person has identified a partner, ask the pairs to find a comfortable space to sit and speak. Then ask them to quickly agree who will speak and who will listen. Remind the group of the guidelines once more and then read the following questions out loud:
   - Describe an experience where you or someone you know was a perpetrator of violence
   - How did that experience impact you/them?

14. After 2 minutes, call time and ask participants to switch roles so that the person listening becomes the speaker, and the person who was speaking becomes the listener. State that the new speaker will have 2 minutes to answer the same questions. Repeat the questions aloud if needed.

15. After 2 minutes, call time again and ask all participants to return to their original seats in the large circle.

16. Facilitate a 10-minute debrief by asking if anyone would like to share what they spoke about with their partner. Be sure to emphasize that they should only share what they said and not what their partner said.

### Facilitator notes
Before proceeding with the debrief, remind participants of the group’s agreement about confidentiality – what is said in the room stays in the room.

Do not force participants to share what they spoke about with their partners. Make it clear to participants that they should only share if they feel comfortable doing so. If no one wants to share, it is okay to move on to the group discussion.

17. After participants have shared, thank everyone for being open and willing to share personal things.

18. Next, facilitate a 10-minute group discussion using the questions below:
   - What is the most common type of violence in our community?
   - Where do we learn violence?
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- How does violence affect those who experience it? Those who perpetrate it? Those who witness it?
- In general, when we are violent or when we suffer violence, do we talk about it? Do we report it? Do we talk about how we feel? If we do not, why not?
- If people generally do not talk about violence, how likely is it that a survivor will report violence? How do you think she feels when speaking about violence to others, including health care providers?

Closing (5 minutes)

Take-away points for the exercise
- Violence or the threat of violence is an everyday fact for women. Because most men do not live with the daily threat of violence, they do not realize the extent of the problem that women face. Men usually do not understand how violence – actual and threatened – is such a regular feature of women’s daily lives. However, men’s lives are also damaged by violence against women. It is men’s sisters, mothers, daughters, cousins and colleagues who are targeted. Women whom men care about are being harmed by violence every day.

- Social acceptance of violence against women gives men permission to treat women as unequal, and it makes it even harder to report experiences of violence.
Forms, root causes and consequences of violence against women

Learning objectives for the exercise

- To discuss various forms of violence against women.
- To identify ways in which violence against women can affect individuals.
- To identify the root causes of violence against women.

Time: 1 hour, 10 minutes (70 minutes, total)

Preparation

1. Review the exercise to be certain you understand the content, methodology and timing.

2. Organize the participants’ chairs in a semi-circle.

3. Print the handout Violence against women problem tree (below, at the end of the file) for each participant.

4. Prepare note cards to be used during group work. Either use Post-It notes or cut pieces of paper into six small pieces. You will need 68 note cards.

5. Prepare four flip charts. Label them as follows:
   - Flip chart 1: Physical violence
   - Flip chart 2: Emotional/psychological violence
   - Flip chart 3: Sexual violence
   - Flip chart 4: Economic violence.

6. Post two flip chart papers vertically on the wall. Draw a large diagram of a tree on the flip chart papers. Label the parts of the tree as follows:

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7. Write each of the following sentences on a note card (one sentence per card). These cards are your example cards.

**Root causes:**
- Unequal position of women
- Shame and secrecy about sex and sexuality
- Normative use of violence by people in positions of power (government, law, etc.)

**Consequences:**
- Perpetrators are not held accountable for their actions
- Depression
- Unwanted pregnancy

**Contributing factors:**
- Absence of income/employment
- Drug/alcohol use by the abuser
Instructions for facilitators

**Step 1: Introduction and large group work** (15 minutes)
1. Explain to the participants that this activity will focus on the forms, causes and consequences of violence against women. This activity will include large and small group work, followed by a discussion.

2. Direct the participants’ attention to the flip charts labelled “Physical violence”, “Emotional/psychological violence”, “Sexual violence” and “Economic violence”. Explain that to identify the causes and consequences of violence against women, there must be a shared understanding of the different tactics used by perpetrators to cause harm.

3. Ask the participants to help you develop a comprehensive list of tactics used to cause harm for each type of violence. Allow 10 minutes total for this portion of the activity. Refer to the handout *Violence against women problem tree* for example lists.

**Step 2: Large group discussion** (15 minutes)
1. Explain that to address this epidemic, we must understand what is causing the epidemic in the first place.

2. Refer to the tree diagram on the wall. Explain the following:
   - The trunk of the tree represents the problem – violence against women (that is, the lists the participants just created in Step 1).
   - The roots of the tree represent the root causes of violence against women.
   - The leaves of the tree represent the consequences of violence against women.

3. Share your definition of a root cause.

   *A root cause is an underlying cultural or social norm that promotes or permits the occurrence of violence against women. Cultural and social norms are comprised of our attitudes, beliefs, values and behaviours, and shape the rules and expectations for how groups of individuals are supposed to act within the larger social group.*

4. Explain that the easiest way to identify if something is a root cause of violence against women is to ask oneself the following question, “Does this happen/exist on a societal or community level?” If the answer is no, then it is likely not a root cause of violence against women.

5. Help the participants understand the difference between root causes and consequences by working through the examples. Gather and shuffle your cause and consequence example note cards (set aside the contributing factor cards). Hold one card at a time, read it aloud to the group and ask the participants to say if they believe the example to be a cause or a
consequence. Enquire about any disagreements. Post the card in the respective place on the tree. Work through all of the example cards.

6. Finally, hold up the two contributing factor cards, and ask the group if they believe it to be a cause or a consequence. They will likely identify the example as a “cause”. Remind the group that root causes fall on the societal/community level, as opposed to the individual level. Therefore, the examples might contribute to increased levels of violence against women, but they do not cause the problem. Provide the participants with the following analogy to help them grasp the concepts of root causes and contributing factors.

_Think about what a tree needs to grow. A tree needs a proper climate to grow big and strong. Rain, temperature and soil are what feeds a tree. In the case of the violence against women tree, contributing factors are equivalent to rain, temperature and soil. Contributing factors feed the problem of violence against women; they strengthen the violence against women tree._

**Step 3: Small group work** (15 minutes)

1. Divide the group into three small groups. Distribute 20 note cards to each group.

2. Explain that the small group will have 15 minutes to identify at least five additional root causes of violence against women, and five additional consequences of violence against women (one idea per card). Encourage them to identify more if they have time.

3. Inform the group when they have 3 minutes remaining in the activity. Ask them to begin to post their causes and consequences in the correct area on the tree diagram.

**Step 4: Large group discussion** (20 minutes)

1. Read aloud the root causes and consequences that have been posted on the tree diagram.

2. Make a note to yourself of any cards that seem to be placed in the wrong part of the tree (root cause versus consequence). Refer to the handout _Violence against women problem tree_ for examples.

3. Make a note to yourself of any cards that seem to be wrong or which reinforce a negative attitude. (For example, if someone wrote “Women need to learn their place” or “Men can’t control their anger” as a cause of violence against women, then you should seek to discuss and rephrase or remove that card.)

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4. Ask the large group for feedback on the information you have shared using the following discussion questions:
   • Do you agree with the information that has been shared? Why or why not? Are there any adjustments that need to be made?
   • Ask them about the cards which you noted might be misplaced (if no one raises the issue in response to the first discussion question).
   • Ask them about any cards which seem to reinforce negative norms (if no one raises the issue in response to the first discussion question). Ask the group what they think about the card(s), and seek consensus to either remove or rephrase that card.
   • Which of the root causes and consequences are new to you – something you have not considered before?
   • Why is this information important for us to analyse?
   • Which of the root causes and consequences do you feel equipped (using current knowledge and skills) to address? Which of the root causes and consequences do you feel unequipped to address?

5. If you have additional time remaining, pose the following discussion questions:
   • In what ways do community-based programmes reinforce harmful social gender norms? What are some of the consequences of such an environment for survivors of violence?

<table>
<thead>
<tr>
<th>Training tip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer the following points:</td>
</tr>
<tr>
<td>• Gender norms are socially assigned roles and responsibilities for women and men.</td>
</tr>
<tr>
<td>• How we are raised – how we are “socialized” – has a tremendous impact on how we understand our roles and responsibilities and on our attitudes and behaviours.</td>
</tr>
<tr>
<td>• Men are socialized at an early age to be powerful, controlling, unemotional and aggressive. This results in a social acceptance of men being dominant, and exercising violence as a means of demonstrating and maintaining dominance. Or, if men become survivors of violence, they are deemed as weak.</td>
</tr>
<tr>
<td>• Women are socialized at an early age to be nurturing, passive, submissive and emotional. This reinforces the notion that women are weak and powerless and need to depend on someone else.</td>
</tr>
<tr>
<td>• Adolescent girls and young women are given specific messages about their bodies and their sexuality.</td>
</tr>
<tr>
<td>• The socialization of men and women results in an unequal power balance in society, in the home and outside the home.</td>
</tr>
</tbody>
</table>
Step 5: Closure and transition (5 minutes)

1. Ask the participants if they have any final thoughts to share.

2. Distribute the handout Violence against women problem tree (three pages, total).

3. Leave the participants with the following take-away messages.

Take-away points for the exercise
- To stop violence against women, we must address the root causes of the problem. We must seek to change the social norms that promote and permit violence against women.
- Changing social norms can feel like a daunting task, and we can anticipate that it will take a long time. However, as you learn more about the issue and how to support survivors, you are becoming part of the solution. By committing to providing compassionate and comprehensive services to survivors, you are helping to create safer spaces for survivors.
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Participant handout: Violence against women problem tree
Example list: Forms of violence against women (not an exhaustive list)

<table>
<thead>
<tr>
<th>Physical violence</th>
<th>Emotional/psychological violence</th>
<th>Sexual violence</th>
<th>Economic violence³</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hitting</td>
<td>1. Intimidating</td>
<td>1. Criticizing sexual performance</td>
<td></td>
</tr>
<tr>
<td>2. Kicking</td>
<td>2. Threatening physical harm to self, victim and/or family/friends</td>
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<td></td>
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<tr>
<td>3. Slapping</td>
<td>3. Isolating victim from support network</td>
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<td></td>
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<tr>
<td>4. Punching</td>
<td>4. Undermining/compromising victim’s personal relationships</td>
<td></td>
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<tr>
<td>5. Grabbing</td>
<td>5. Harassment</td>
<td>2. Forced intercourse (vaginal, oral or anal rape)</td>
<td></td>
</tr>
<tr>
<td>6. Cutting</td>
<td>6. Spreading untruths about the victim</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Pinning</td>
<td>7. Name-calling</td>
<td>3. Unwanted touch or sexual advances</td>
<td></td>
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<tr>
<td>9. Pinching</td>
<td>9. Crazy-making (rendering the victim confused about what is actually happening)</td>
<td></td>
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<tr>
<td>11. Arm-twisting</td>
<td>11. Denying that abuse is happening</td>
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<tr>
<td>12. Stabbing</td>
<td>12. Threatening to out the survivor’s sexuality, gender, sexual orientation</td>
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<td></td>
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<tr>
<td>13. Hitting with objects</td>
<td>13. Threatening to out the survivor’s activity to parents (example: violence in youth relationships)</td>
<td></td>
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<tr>
<td>14. Withholding or denying basic needs (food, water, medication, shelter, transportation)</td>
<td>14. Guilt-tripping (making the victim feel as if they are responsible for the abuse)</td>
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<tr>
<td>15. Forcing the use of drugs or alcohol</td>
<td>15. Invading privacy</td>
<td></td>
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<tr>
<td>16. Strangling</td>
<td>16. Withholding or denying basic needs (food, water, medication, shelter, transportation)</td>
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</tr>
</tbody>
</table>

³ Many surveys include some of these acts as part of emotional/psychological violence rather than economic violence.
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### Root causes and consequences of violence against women (not an exhaustive list)

<table>
<thead>
<tr>
<th>Root causes</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gender inequality – unequal power relations between husbands and wives,</td>
<td>• Asthma</td>
</tr>
<tr>
<td>partners, boyfriends and girlfriends</td>
<td>• Bladder/kidney infections</td>
</tr>
<tr>
<td>• Lack of awareness about human rights</td>
<td>• Circulatory conditions</td>
</tr>
<tr>
<td>• Rigid and inequitable gender norms</td>
<td>• Cardiovascular disease</td>
</tr>
<tr>
<td>• Weak laws and/or enforcement of laws related to violence against women</td>
<td>• Fibromyalgia</td>
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<tr>
<td>• Common view that it is acceptable for husbands to beat their wives</td>
<td>• Irritable bowel syndrome</td>
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<tr>
<td></td>
<td>• Chronic pain</td>
</tr>
<tr>
<td></td>
<td>• Central nervous system disorders</td>
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<td></td>
<td>• Gastrointestinal disorder</td>
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<tr>
<td></td>
<td>• Pain syndromes</td>
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<tr>
<td></td>
<td>• Migraines/ headaches</td>
</tr>
<tr>
<td><strong>Reproductive health conditions</strong></td>
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<tr>
<td>• Gynaecological disorders</td>
<td></td>
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<tr>
<td>• Pelvic inflammatory disease</td>
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<tr>
<td>• Sexual dysfunction</td>
<td></td>
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<tr>
<td>• STIs and HIV</td>
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<tr>
<td>• Miscarriages and premature births/ Unintended pregnancy</td>
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<tr>
<td>• Complicated birth</td>
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<tr>
<td><strong>Psychological</strong></td>
<td></td>
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<tr>
<td>• Anxiety</td>
<td></td>
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<tr>
<td>• Depression</td>
<td></td>
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<tr>
<td>• Post-traumatic stress disorder</td>
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<tr>
<td>• Suicidal thoughts</td>
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<tr>
<td>• Low self-esteem</td>
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<tr>
<td>• Inability to trust others</td>
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<tr>
<td>• Fear of intimacy</td>
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<tr>
<td>• Emotional detachment</td>
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<tr>
<td>• Sleep disturbances</td>
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<td>• Eating disorders</td>
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<tr>
<td>• Eating disorders</td>
<td></td>
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<tr>
<td>• Nightmares</td>
<td></td>
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<tr>
<td><strong>Social</strong></td>
<td></td>
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<tr>
<td>• Restricted access to services</td>
<td></td>
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<tr>
<td>• Strained relationship with friends, family, employer, etc.</td>
<td></td>
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<tr>
<td>• Isolation from support networks</td>
<td></td>
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<tr>
<td>• Homelessness</td>
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</tbody>
</table>

4 Gender inequality is the main root cause, and it might be reflected in various other related examples, such as: Men want to dominate women and use force to maintain their control; inequality allows men to treat their wives with contempt and leads to violence; women are not respected and recognized by society, and they are stigmatized; men think it is acceptable to express anger through physical and emotional violence; and women are treated as inferior/subservient to men, which makes them vulnerable to abuse.
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Consequences of violence against women

Violence against women

Root causes of violence against women