

Health Response to Gender-Based Violence

Competency Based Training Package for
Blended Learning and On-the-Job-Training

Facilitators' Guide



Government of Nepal
Ministry of Health
National Health Training Center
2016

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Government of Nepal
 Ministry of Health & Population
 Department of Health Services
National Health Training Centre

Phone: 4-255892
 4-262161
 Fax: 977-1- 4-261817

Ref. No.:



Pachali, Teku
 Kathmandu, Nepal

Date:

Subjects:-

Acknowledgment



Gender-based violence (GBV) is a widespread problem in Nepal, contributing to negative impact on the GBV survivor's health, sense of equality, and personal peace and development. GBV mainly affects women and children; GBV especially impacts the growth and development of children. The government of Nepal has developed policies and strategies to address GBV against women and children, but it has faced challenges in their implementation.

To overcome some of these challenges, the government of Nepal has found training health care providers to be very essential. According to the 2011 Nepal Demographic and Health Survey, 22% of women 15 to 49 years of age had experienced physical GBV, and 12% of women in this age group had experienced sexual GBV at least once in their lives. Many women experiencing GBV may seek health services without reporting the abuse. Thus, it is critical that health care providers are aware of the signs of GBV when evaluating women's health.

This training package is for doctors, nurses, and paramedics to build their capacities to provide quality services to GBV survivors. The training package consists of a Reference Manual, titled *Clinical Protocol on Gender-Based Violence*; Facilitators' Guide; and a Learners' Guide. The training incorporates a blended learning approach, such as on-the-job training, self-paced learning, and group-based training. The training will be offered to health care providers at different types of health facilities (hospitals, primary health care centers, and health posts). I am sure that the training will enable health care providers to offer appropriate services and case management to GBV survivors seeking health services.

The National Health Training Center acknowledges the contributions of representatives from many hospitals and the following organizations for their valuable input in developing this training package: Population Division; Family Health Division; National Health, Education, Information and Communication Center; Management Division; Department of Forensic Medicine; Institute of Medicine; Department of Women and Children; Paropakar Maternity and Women's Hospital; Nepal Police; Lawyers; National Women Commission; United Nations Population Fund (UNFPA); World Health Organization (WHO); United Nations Children's Fund (UNICEF); Nepal Society of Obsteterians and Gynaecologists (NESOG); Suaahara Project/ Save the Children; Nepal Nursing Association; Nepal Health Sector Support Program and Jhpiego. The National Health Training Center also acknowledges the guidance and technical input from Dr. Kusum Thapa, Technical Advisor with Jhpiego, and from UNFPA: Dr. Shilu Adhikari, Reproductive Health Specialist; Ms. Sudha Pant, Program Officer; Ms. Marte Solberg, former Program Officer and Ms. Marina Gutmann, Gender-based Violence Programme Analyst.

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SKB
 Shree Krishna Bhatta
 Director

Contributors List

Mr.	Achyut Lamichhane	Former Director, National Health Training Center
Mr.	Anup Poudel	International Organization for Migration
Dr.	Arun Raj Kunwar	Kanti Children's Hospital
Ms.	Beki Prasai	United Nations Children's Fund
Ms.	Bhawana Shrestha	Dhulikhel Hospital
Dr.	Bimal Prasad Dhakal	United Nations Population Fund
Ms.	Bindu Pokharel Gautam	Suaahara, Save
Ms.	Chandra Rai	Jhpiego Nepal
Dr.	Harihar Wasti	Department of Forensic Medicine, Institute of Medicine
Mr.	Hem Raj Pandey	Family Health Division
Dr.	Iswor Upadhyay	National Health Training Center
Ms.	Jona Bhattarai	Jhpiego
Ms.	Kamala Dahal	Department of Women and Children
SSP	Krishna Prasad Gautam	Nepal Police
Dr.	Kusum Thapa	Jhpiego
Mr.	Madhusudan Amatya	National Health Training Center
Ms.	Marte Solberg	United Nations Population Fund
Ms.	Mina Bhandari	Sunsari Hospital
Dr.	Mita Rana	Tribhuvan University and Teaching Hospital
Mr.	Mukunda Sharam	Population Division
Ms.	Myra Betron	Jhpiego
Mr.	Parba Sapkota	Population Division
Dr.	Rakshya Joshi	Obstetrician and Gynecologist
Ms.	Rekha Rana	Nepal Health Sector Support Program/Ministry of Health and Population
Dr.	Rijen Shrestha	Department of Forensic Medicine, Institute of Medicine
Mr.	Robert J Lamburne	UK Department for International Development
Ms.	Sabita Bhandari	Lawyer
Ms.	Sandhya Limbu	Jhpiego
Dr.	Saroja Pandey	Paroparkar Maternity and Women's Hospital
Ms.	Shakuntala Prajapati	Management Division
Ms.	Suku Lama	Paroparkar Maternity and Women's Hospital
Dr.	Shilu Aryal	Family Health Division
Dr.	Shilu Adhikari	United Nations Population Fund
Mr.	Sunil Raj Sharma	National Health, Education, Information and Communication Center
Mr.	Sitaram Prasai	Nepal Health Sector Support Program/Ministry of Health and Population
Dr.	Smriti Maskey	KIST Medical College Teaching Hospital
Ms.	Sudha Pant	United Nations Population Fund
Ms.	Sujita Subba	United Nations Population Fund
Ms.	Tara Pokharel	Nepal Nursing Association
Dr.	Zainab Naimy	World Health Organization

Abbreviations

3TC	Lamivudine
ANC	antenatal care
ANM	auxiliary nurse midwife
APO	Area Police Office
ATV/r	atazanavir/ritonavir
CBC	complete blood count
COC	combined oral contraceptive
CPO	Circle Police Office
CTC	care and treatment clinic
DHO	district health office
DPO	District Police Office
DRV/r	darunavir/ritonavir
EFV	efavirenz
EC	emergency contraception
FIR	First Information Report
GBV	gender-based violence
GOs	Government Offices
HA	health assistant
HBsAg	surface antigen of the Hepatitis B
HBIG	hepatitis B immune globulin
IPV	intimate partner violence
LPV/r	lopinavir/ritonavir
ME	medical examiner
IOM	Institute of Medicine
IUCD	intrauterine contraceptive device
LDHF	low-dose, high-frequency
MoHP	Ministry of Health and Population
NDHS	Nepal Demographic and Health Survey
OCCM	One-Stop Crisis Management Center
OJT	on-the-job training
OSCE	Objective Structured Clinical Examination
PEP	post-exposure prophylaxis
PHQ	Police Headquarter
POP	progestin-only pill
PPT	PowerPoint
PTSD	post-traumatic stress disorder
RAL/r	raltegravir/ritonavir
RPO	Regional Police Office
SBM-R®	Standards-Based Management and Recognition
STI	sexually transmitted infection
TDF	tenofovir disoproxil fumarate
UNFPA	United Nations Population Fund

USG	Ultrasonography
VAC	violence against children
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organization
WCSC	Women and Children Service Center
WCSD	Women and Children Service Directorate
WPO	Ward Police Office
ZPO	Zonal Police Office

Introduction

Background

Studies in Nepal have documented the prevalence of sexual violence in women from 12% to 50%.^{1,2,3,4} Empirical studies in Nepal⁵ have shown that among women 15 to 49 years of age, 22% had experienced physical violence and 12% had experienced sexual violence at least once in their lives. According to Nepal Demographic and Health Survey (NDHS) 2011, 3% of the women seek help from health care providers (doctor or other medical personnel).

Among married women, one-third had experienced emotional, physical, or sexual violence from their spouses. Another study has reported that nearly half of Nepalese women experienced violence at some point in their lives, and three-quarters of the perpetrators were the intimate partners, including husbands. The study also found that more than 15% of the women had experienced sexual violence from their intimate partners, predominantly being forced to have sex against their will.⁶ Likewise, the Sexual Violence Assessment in Seven Districts of Nepal study⁷ drew attention to adolescent girls: 1 in 10 (9.8%) girls 15–19 years of age reportedly experienced sexual violence.

In the 2011 NDHS, women who had ever been married (ever-married) were asked about instances when they were the instigator of spousal violence. Overall, 3% of ever-married women reported that they had initiated physical violence against their husbands, and 1% had done so in the past 12 months. One in 10 young, married men (11.1%) reported sexual violence by wives at some point in their lives, and 8% reported experiencing sexual violence in the past 12 months.

A 2008 study of sexual abuse among Kathmandu street children showed that more than one-fifth, almost all boys, had been abused through oral sex or penetration.⁸ According to State of the Rights of the Child in Nepal 2002, an annual report published by the Child Workers in Nepal Concerned Centre (CWIN), out of the 223 recorded cases of rape among women and children, 174 (78%) occurred in girls below 16 years of age. These CWIN findings suggest that child sexual abuse is a serious problem in Nepali society, meriting further study and action.

¹ SAATHI, The Asia Foundation. 1997. A situational analysis of violence against women and girls in Nepal. Online Library: Addressing Child Trafficking website.

http://www.childtrafficking.com/Docs/situation_analysis_violence_womenngirls_070402.pdf. Accessed May 2, 2016.

² Women's Rehabilitation Centre (WOREC): Breaking the Silence: Needs Identification of Victims of Gender-based Violence. Kathmandu, Nepal 2002.

³ Deuba AR, Sana PS, SAMANATA, et al. 2005. *A Study on Linkage between Domestic Violence and Pregnancy*. Kathmandu: SAMANTA-Institute for Social and Gender Equity.

⁴ Puri M, Forst M, Tamang J, et al. 2012. The prevalence and determinants of sexual violence against young married women by husbands in rural Nepal. *BMC Research Notes*. 5(1):291.

⁵ Nepal Ministry of Health and Population, New ERA, ICF International. 2012. Nepal demographic and health survey 2011. DHS Program website. <http://dhsprogram.com/pubs/pdf/FR257/FR257%5B13April2012%5D.pdf>. [Published March 2012.] Accessed May 2, 2016.

⁶ Government of Nepal of Office of the Prime Minister and Council of Ministers. 2012. A study on gender-based violence conducted in selected rural districts of Nepal. The Asia Foundation website. <https://asiafoundation.org/resources/pdfs/OPMCMGECUGBVRResearchFinal.pdf>. [Published November 2012.] Accessed May 2, 2016.

⁷ Himalayan Human Rights Monitors/PPCC, Enabling State Programme (ESP/DFID). 2012. Sexual violence assessment in seven districts in Nepal: A study conducted in Kanchanpur, Kailali, Bardiya, Banke, Dang, Parsa, and Bara. Himalayan Human Rights website. http://www.himrights.org/download/12_1633811810.pdf. [Published December 2012.] Accessed May 2, 2016.

⁸ Child Protection Centers and Services (CPCS), Voice of Children. 2008. The abuse of street children in Kathmandu. CPCS website. http://cpcs.international/wordpress/wp-content/uploads/2014/12/the-abuse-of-street-children-in-kathmandu_en_2008.pdf. [Published June 2008.] Accessed May 2, 2016.

Although women survivors do not disclose the associated violence or abuse to others, they often express the violence perpetrated against them to health care providers, who are in the position to offer appropriate support and information to the survivors. International research has consistently indicated that abused women use health care services more often than non-abused women do, even if they do not disclose the violence or abuse. According to NDHS 2011, 1 out of 4 women in Nepal who have ever experienced any form of physical or sexual violence has sought help from a source offering social or medical care.

Therefore, it is important that health care providers have the required knowledge and competencies to respond to women, men, and children in health settings and that the health care system be equipped to provide the best possible care for gender-based violence (GBV) survivors. To date, there is no national competency training package on how health care professionals should respond to GBV survivors in Nepal. This document, *Health Response to Gender-Based Violence*, is the first national competency-based training package that can be used to train the health workers.

Training Package

This *Health Response to Gender-Based Violence* training package uses blended learning approaches and encompasses two types of training sessions:

- Four weeks of self-paced learning followed by 4 days of group-based learning at training sites

During the self-paced learning period, learners from different sites will be enrolled. The facility in-charge will act as the supervisor and ensure each learner's eligibility to attend group-based training after completing the self-paced learning.

- On-the-job training (OJT) package for 1 month

Trainers from the respective sites will facilitate the OJT for participants from the same site.

The *Health Response to Gender-Based Violence* training package comprises the:

- *Clinical Protocol on Gender-Based Violence, Government of Nepal, Ministry of Health and Population, Population Division, 2072—Reference Manual*;
- Facilitator's Guide for Blended Learning;
- Learner's Guide for Blended Learning Approach (Self-Paced and Group-Based Training); and
- Health Response to Gender-Based Violence—Animation Video.

The *Clinical Protocol on Gender-Based Violence Reference Manual* provides information about the needs of and essential health care that should be provided to GBV survivors who come to the health facility to seek care. The competency-based approach is designed to train health workers on: identifying survivors; performing clinical assessments; and providing appropriate treatment, including gathering evidence, providing counseling, referring the survivor to an appropriate facility, recording findings, and reporting the case to an appropriate level.

The Learner's Guide for Blended Learning Approach comprises exercises, knowledge questionnaires, Skills Assessment checklists, role-plays, and case scenarios.

The Facilitator's Guide for Blended Learning comprises technical content and lesson plans, including a Knowledge Assessment Questionnaire with answer key, Skills Assessment

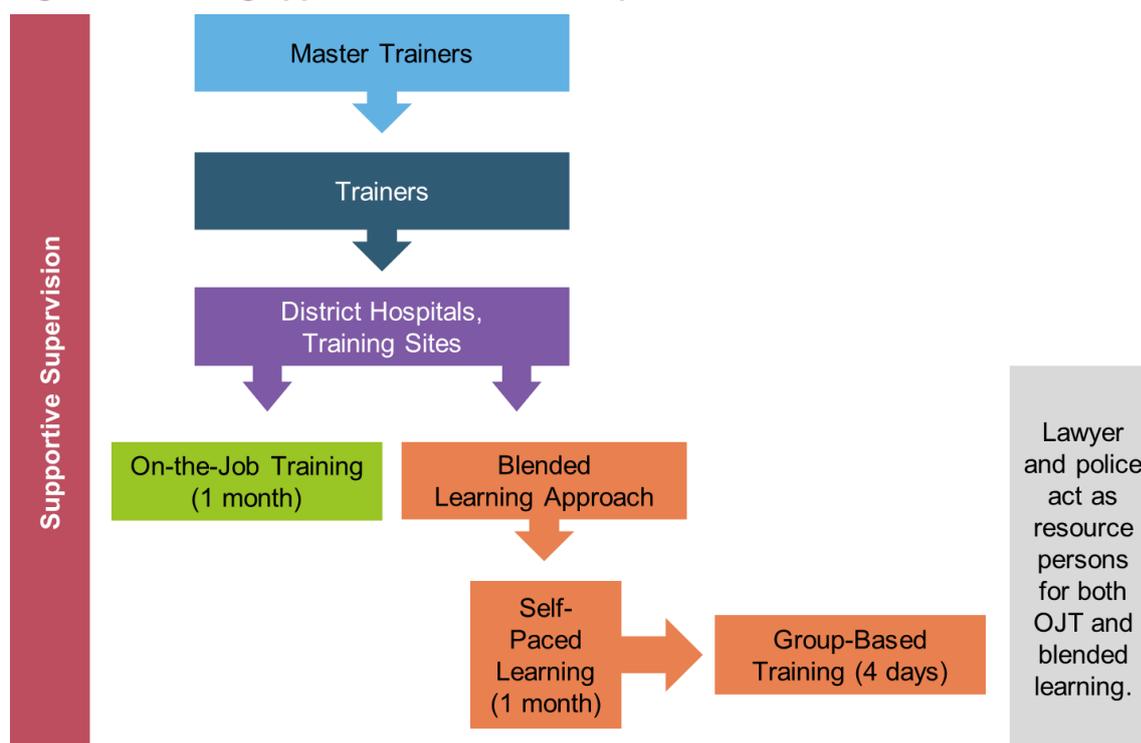
checklists, direction on how to conduct role-play, and answer keys for case studies and exercises.

Training Approach

This *Health Response to Gender-Based Violence* training package is designed to improve the capacity of health workers for improving the quality of services provided to GBV survivors at all levels of health facilities—health posts, primary health centers, district hospitals, and referral hospitals.

As GBV is a very sensitive issue and learners will have limited hands-on practice with clients to build competency, this training uses the low-dose, high-frequency learning approach with a variety of teaching and learning methods such as case studies, role-plays, animation with exercises, and use of anatomic models. Therefore, this training package is designed in such a way that learners will acquire competency through working with anatomic models and real persons—the latter, whenever feasible.

Figure 1. Training approach for health care providers



Information On Facilitator's Guide

The Facilitator's Guide for Blended Learning has three sections:

- Section 1: Learner's Guide for Blended Learning Approach
- Section 2: OJT Course Outline
- Section 3: Group-Based Training Schedule, Session Plans, Answer Keys for Exercises, Case Studies, Case Scenarios, and Knowledge Questionnaire

Section 1: Learner's Guide for Blended Learning Approach

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ACKNOWLEDGMENT

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Course Syllabus

Training Goal

The goal of the training is to improve clinical care and general treatment of gender-based violence (GBV) survivors by providing quality care in the form of identification and management, including psychosocial counseling and appropriate referral.

Course Description

1. Blended learning approach: Self-paced learning for 4 weeks followed by 4 days of group-based training

This training is designed for health care providers from rural health facilities. The learners will participate in self-paced learning for 4 weeks under supervision and come to the training site to receive 4 days of group-based training.

Note: This training will certify doctors to gather forensic evidence and serve as expert witnesses in court. The training will also certify nurses and paramedics to identify GBV survivors, provide survivors psychosocial counseling, and offer survivors emergency management that includes physical examination, medical management, documentation, and appropriate referral as permitted by their facilities. Nurses and paramedic will also be able to assist doctors in performing forensic services.

Facilitator Selection Criteria

Medical doctors and staff nurses who are involved in providing health care services to GBV survivors are eligible to facilitate this training. Facilitators should have completed the *Training of Trainers* and *Training Skills Course*.

Learner Selection Criteria

Individuals who can participate in this training include: medical doctors, nurses, auxiliary nurse midwives, health assistants, and community medical assistants.

These providers should be committed to delivering services and working as a team.

Training Site

Training sites are selected hospitals that have been accredited by the National Health Training Center.

Learning objectives

Table 1. Learning objectives

Session	Session title	Objectives
A	Introduction	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Understand the objective of the training; • Assess knowledge regarding GBV; and • Experience sharing of the self-study.
B	Overview of GBV	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Demonstrate understanding of GBV and its implications for the work, which include: <ul style="list-style-type: none"> – Explaining the concept of GBV; – Describing the magnitude of the problem of GBV in Nepal; – Describing the different classifications of GBV typically experienced in Nepal; – Explaining the risk factors and consequences of GBV; and – Describing the role of the health care provider.
C	Guiding Principles for Working with Survivors and Identification	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Apply guiding principles and practices when working with clients, focusing on informed consent; • Recognize signs of abuse in adults and children; and • Identify a GBV survivor in a clinical setting.
D	Health Response—Physical Examination	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Conduct a detailed physical examination of the GBV survivor according to protocol; and • Document results of the physical examination in appropriate forms.
E	Forensic Services	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Define the meaning of forensic evidence; • Explain the procedures for collecting and handling specimens and other relevant information for medicolegal evidence; • Explain the procedures for the storage and transportation of samples of forensic evidence; • Describe how to document forensic evidence; and • Complete the chain of custody form.

Session	Session title	Objectives
F	Health Response— Investigation and Treatment	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Identify investigations needed, on behalf of the GBV survivor; • Refer GBV survivor to services as appropriate; • Provide pregnancy test and refer, as appropriate, to services for HIV and other sexually transmitted disease; and • Provide post-exposure prophylaxis.
G	Health Response— Child Survivor	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Provide services to a child GBV survivor, which include: <ul style="list-style-type: none"> – Explaining the concept of child abuse; – Examining the child; – Managing the case; and – Providing psychosocial care.
H	Health Response— Psychosocial Counseling	At the end of the session, the learner will be able to: <ul style="list-style-type: none"> • Screen clients for mental health issues; • Provide basic psychosocial counseling; and • Provide social support and referral, as appropriate.
I	Nepal's Legal Framework for Working with GBV Survivors	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Explain how Nepal's legal framework for GBV guides the work with clients.
J	Medical Examiner as an Expert Witness in the Court	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Attend court to give evidence as an expert witness.
K	The Role of the Police in GBV	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Understand the role of police and the Nepal Police's Women and Children Service Center to support GBV survivors; and • Understand the process carried out by the police to investigate, prepare, document, and maintain a database on crime-related cases where women and children are the victims.
L	Beyond the Clinic, Self-Care of the Health Care Provider and Safety Plan for GBV Survivor	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Develop a safety plan for the survivor; and • Develop a safety plan for the health care provider.

Session	Session title	Objectives
M	Quality Improvement in Relation to GBV Services and Action Plan	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Understand quality improvement in relation to GBV services, and identify gaps; • Make action plans to implement services at the work site; • Strengthen the capacity of service providers to plan, implement, and monitor high-quality services to support GBV survivors; and • Prepare a referral directory for his or her health facility.
N	Skills Assessment	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Demonstrate skills on collecting evidence and preparing a report of medical examination of the GBV survivor.

Teaching Methods

- Interactive presentations
- Demonstrations
- Discussions
- Case studies and role-plays
- Skills-practice with coaching and feedback
- Video

Methods of Assessment

- Knowledge assessment by using a questionnaire
- Skills assessment by using a checklist
- Attitude (professionalism) assessment by using role-plays
- Decision-making assessment by using case studies

Facilitator-to-Learner Ratio

- Blended learning approach: self-paced with 4 days of group-based training
 - Three facilitators (doctor or nurse)
 - One lawyer and 1 police officer as resource persons
 - 10 participants for each blended learning session
- On-the-job training
 - Three facilitators (doctor or nurse)
 - One lawyer and 1 police officer as resource persons
 - Eight to 10 participants for each blended learning session

Self-Paced Course Outline

Using the Self-Paced Course Outline

The self-paced course is structured for self-study and supported by your supervisor (in-charge). Activities are listed in a suggested weekly schedule; however, learning should be done whenever you have the opportunity. You may not be able to complete all activities in the suggested week, and this is all right. Try to make use of the meeting with your supervisor to get answers to your questions and clarify information to help you provide necessary services to survivors of gender-based violence (GBV).

Make sure your supervisor signs off on your self-paced course outline at the end of each week.

Roles and Responsibilities of the Supervisor

1. The supervisor ensures that learners are sensitive to GBV and are ready to provide services based on the guiding principles and human rights.
2. The supervisor ensures that learners are aware of the multisectoral services and referral pathway.
3. The supervisor will ensure that all learners complete their weekly schedule and answer any queries that the learners may have or refer them to a facilitator.
4. Suggest the names of appropriate participants for training to the district health office (DHO).
5. The supervisor collects training materials from the DHO and distributes them to the health facility's participants.
6. The supervisor supports participants during the self-paced learning period.
7. The supervisor ensures that participants complete the course in the stipulated time through continuous supportive supervision.
8. The supervisor informs the DHO about the learner's readiness for group-based training once she or he has completed the self-paced course.
9. The supervisor supports health care providers after the training to ensure efficient implementation of GBV services.

Note: During the self-paced learning, learners are expected to complete the exercises and case studies. The answers to these activities will be discussed during group-based training. The learners should bring with them their *Clinical Protocol on Gender-Based Violence* and Learner's Guide for Blended Learning Approach to the group-based training.

Steps to Follow during Self-Paced Learning

1. Receive the training materials from your supervisor.
 - Clinical Protocol on Gender-Based Violence, Government of Nepal, Ministry of Health and Population, Population Division, 2072—Reference Manual
 - Learner's Guide for Blended Learning Approach
2. Meet with your supervisor, as per the requirement.

3. Read all chapters from *Clinical Protocol on Gender-Based Violence*, and complete all exercises and case studies in the Learner's Guide for Blended Learning Approach (in the spaces provided), as instructed in the course outline.
4. If you have any queries, make a note to discuss them with your facilitator during the group-based training.
5. Note that all exercises and case studies are in the Learner's Guide for Blended Learning Approach (after each course outline for each chapter).

Self-Paced Learning Course Outline

Supervisor's Name: _____ Date Course Started: _____

Upon completing each activity in the course outline below, the learner should place a check mark (✓) in the blank provided to the left of the activity's description.

Week 1

Time	Learner's Activities
Day 1	Introduction <input type="checkbox"/> Meet with your supervisor and receive the gender-based violence (GBV) training materials.
	<input type="checkbox"/> Read the Introduction on pages 1–6 in the Learner's Guide for Blended Learning Approach.
Week 1	<input type="checkbox"/> Read Chapter 1: Preface, study Figure 1, and go through Annex 1 (<i>Clinical Protocol on Gender Based Violence</i>).
	<input type="checkbox"/> Complete exercise for Chapter 1 in Learner's Guide for Blended Learning Approach on page 13.
	<input type="checkbox"/> Read Chapter 2: National Provision and Institutional Framework for GBV.
	<input type="checkbox"/> Read Annex 18 on the national legal provisions in clinical protocol.
	<input type="checkbox"/> Complete Case Study 1 (Case of Mrs. A) on page 15 in the Learner's Guide for Blended Learning Approach.
	Activities completed: Supervisor: _____ Date: _____

Individualized Learning Plan

Generic Tools

This section contains tools you will use to identify your learning needs before participating in the group-based practice course.

Learner: _____ Facilitator: _____ Date: _____

Instructions: In the form on the following page, for each of the competencies listed in the first column, assess your level of competency according to the scale shown below. Then, write your self-assessment in the second column as follows: if you feel your level is low for a given competency, then place a mark (X) under “Low” but above the arrow; if your level is moderate, then mark (X) under “Mod” but above the arrow; and if your level is high, then mark (X) under “High” but above the arrow. Next, in collaboration with your facilitator, identify a plan for developing competency in the related skills; document this plan in the third column. After a discussion with you about your progress and the plan associated with each competency, your facilitator will initial it to signify agreement with your plan.

Level of Competency Scale	
Low	Acquiring competence. Learner needs practice and coaching.
Mod	Somewhat competent. Learner is knowledgeable and can perform some skills independently.
High	Competency achieved. Learner can independently provide services.

Exercises for Chapter 1: Preface

1. Match the following terms to the definitions listed in the table below.

- Sexual assault
- Marital rape
- Harmful traditional practice
- Psychological abuse
- Physical assault

Definition	Term
Forced sex	
<i>Chaupadi</i>	
Unwanted kissing	
Slapping	
Humiliation	

2. Verify whether each statement below is true or false.

Statement	True or false
a. Violence against women is an inherent part of maleness or a natural expression of male sexual urges.	
b. Women should tolerate violence to keep the family together.	
c. Most gender-based violence (GBV) is perpetrated by the survivor's close associates or acquaintances.	
d. Domestic violence is due to poverty or lack of education.	
e. There may be no physical or genital injuries in survivors of GBV.	
f. Sex workers cannot be raped.	

3. Rekha, who is recently married, is forced to have sex against her will with her husband every day. He also forced her to leave her job so that she could help his mother with house chores. He abuses her verbally and even beats her daily over trivial matters. He travels often and has sex with commercial sex workers. Discuss the types of violence that Rekha is encountering.

Answer:

4. Provide examples of GBV encountered during these various stages of life:

- Prebirth
- Infancy
- Childhood
- Adolescence
- Reproductive age
- Elderly

Answers:

Case Study

Case Study 1: Right to Privacy (Under Reproductive Health Right): Case of Mrs. A

Mrs. A filed a lawsuit on partition, deed to be void and maintained against her mother and brother. Her mother and brother replied that she was already married to an Indian man and has a daughter too; to prove this, they demanded the court to have Mrs. A's vagina and uterus medically examined. The Kathmandu District Court ordered the medical examination of her vagina and uterus.

Then, Mrs. A went to the Supreme Court to challenge the Kathmandu District Court on the writ of right to privacy.

Question: Do you think the Supreme Court should support the order to have Mrs. A's vagina and uterus examined?

Answer:

Self-Paced Learning Course Outline

Week 2

Time	Learner's Activities
Week 2	_____ Read Chapter 4: Guiding Principles for Working with Survivors in the <i>Clinical Protocol on Gender-Based Violence</i> .
	_____ Complete exercises for Chapter 4 on page 21 in the Learner's Guide for Blended Learning Approach.
	_____ Read Annex 2 in the <i>Clinical Protocol on Gender-Based Violence</i> .
	_____ Read Chapter 5: Health Response to Gender-Based Violence in the <i>Clinical Protocol on Gender-Based Violence</i> .
	_____ Go through Annexes 3–14 in the <i>Clinical Protocol on Gender-Based Violence</i> (recording, treatment, and follow-up of gender-based violence survivors).
	_____ Go through the Checklists for History-Taking (page 35), Examination of the Female (page 37), Male (page 39), and Child Survivors (page 41) in the Learner's Guide for Blended Learning Approach.
	_____ Go through Job Aid 1 (page 47), Job Aid 2 (page 49), and Job Aid 3 (page 51) in the Learner's Guide for Blended Learning Approach.
	_____ Complete the Case Study 2 (page 29) and Case Study 3 (page 31) in the Learner's Guide for Blended Learning Approach.
	_____ Go through Handout 1 on Introduction to Forensic Evidence on page 53 in the Learner's Guide for Blended Learning Approach.
	_____ Go through the Chain of Custody form on page 59 in the Learner's Guide for Blended Learning Approach.
	_____ Go through Handout 2 on Psychosocial Care for Child Survivor on page 61 in the Learner's Guide for Blended Learning Approach.
	_____ Go through Handout 3 on Psychosocial Support on page 63 in the Learner's Guide for Blended Learning Approach.
	_____ Complete Case Study 4 on the child survivor on page 33 in the Learner's Guide for Blended Learning Approach.
	_____ Complete the exercises on page 23 in Chapter 5 in the Learner's Guide for Blended Learning Approach.
	Activities completed: Supervisor: _____ Date: _____

Definitions

An abrasion is a superficial wound in which the top layer of skin (epidermis) is scraped. Abrasions can be caused by sliding, falling onto a rough surface, or scratching.



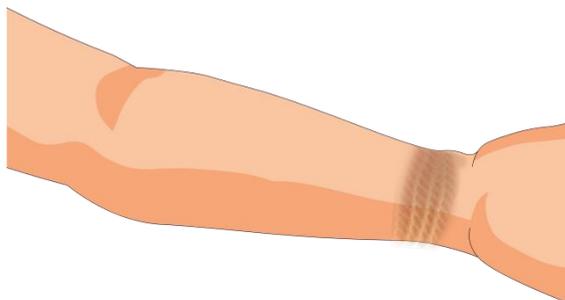
A laceration is a wound where the skin, tissue, or muscle, or all three, is torn, crushed, or avulsed.



A contusion is an injury to the tissue, causing skin discoloration but without breaking the skin. This is also called a bruise: tearing of blood vessels underneath the skin due to blunt force.



Ligature marks are those made on the skin due to the pressure of a material (cord, rope, silk or some such material) used for the purposes of strangulation (squeezing the area).



Exercises for Chapter 4: Guiding Principles for Working with Survivors

1. Choose which of the options below reflects maintaining confidentiality while working with gender-based violence (GBV) survivors.
 - a. A separate room with auditory and visual privacy from other patients is made available for GBV survivors.
 - b. The health worker explains to the GBV survivor that she must tell her story herself to all of her family members.
 - c. The information provided to the health worker can be circulated to people and places the health care provider thinks are appropriate.
 - d. To protect the name and other personal details of the GBV survivor, the health worker should follow the system of coding in a separate registry.
 - e. Confidentiality should be maintained even during follow-up visits, including where and when the survivor would like to be contacted.

2. Match the following terms to the principles listed in the table below.
 - Confidentiality and privacy
 - Gender sensitivity and equality
 - Safety
 - Empowering

Principle	Term or terms
a. The survivor is encouraged to make her own decisions.	
b. Information about the survivor is disclosed only with her consent.	
c. Treatment is not refused based on the color of the survivor's skin, <i>jat</i> (caste, ethnicity), occupation, etc.	
d. Care should be holistic and supportive with a "no-harm" attitude.	

3. What are the four principles of ethics to keep in mind while speaking to a GBV survivor?
Answer:

4. In the documentation of a GBV survivor's history, which of the following statement is true?
- a. Make sure all of the information provided is true; ask questions to reconfirm.
 - b. Ask the survivor's relative to stay, even if the survivor objects, to protect the examiner from any future counterclaims.
 - c. Call your colleagues and senior management to consult about a unique situation (finding, question).
 - d. Note all information provided by the survivor, as stated in her own language, and read back to the survivor all information documented to ensure its correctness.

Exercises for Chapter 5: Health Response

1. Which of the following items are relevant to assess when taking history from a gender-based violence survivor?

Item	Relevant? (Yes or No)	
History about the perpetrator		
Contraceptive use history		
Family history of hypertension		
History about food habits		
History of activities following the incident, such as bathing, changing clothes		
History of recent travel to places		

2. Match each specimen type listed in the table below to how it should be stored.

- Plastic bag
- Paper envelope
- Dried and then placed in paper envelope
- 10% Formalin

Specimen type	Storage of specimen
Biological samples for histopathology	
Wet specimen	
Dry specimen	
Metal evidence	

3. An examinee presents with a history of sexual assault perpetrated by her father-in-law. Examination shows that there are multiple abrasions and contusions present over her genitalia. Microscopic examination shows presence of spermatozoa in vaginal swab. No other significant finding is present.

- a. What is your opinion?

Answer:

- b. Is this rape?

Answer:

4. Examinee presents with history of sexual assault perpetrated by her teacher. Examination shows no significant findings. Her hymen is ruptured and has a healed scar over the 5 o'clock position.

What is your opinion?

Answer:

5. While documenting the chain of custody, who will sign the document?
 - a. Doctor and a witness (e.g., nurse)
 - b. Police and a witness (e.g., nurse)
 - c. Doctor and police
 - d. Doctor only

6. What information must be documented in the chain of custody?

Answer:

7. Draw lines to match the words on the left column to the words on the right column.

Vaginal swabs	Tweezers
Pubic hair	Paper bags
Fingernail scrapings	Comb
Foreign fibers	Toothpick or nail cutter
Clothing	Cotton swab sticks

8. Complete the table below. (The first row has been completed to help you complete the other rows.)

Site	Material	Equipment	Sampling instructions
Blood	<i>Drugs</i>	<i>Appropriate tube</i>	<i>Collect 10 ml of venous blood</i>
	<i>DNA of survivor</i>	<i>Appropriate tube</i>	<i>Collect 10 ml of blood</i>
Anus (rectum)			
Clothing			
Genitalia			
Hair			
Mouth			
Nails			

Site	Material	Equipment	Sampling instructions
Sanitary pads or tampons			
Skin			
Urine			

9. Match each treatment below to the time period listed in the table that follows.

- Post-exposure prophylaxis (PEP)
- Emergency contraception
- Repeat urine pregnancy test, adherence to PEP
- Third dose of hepatitis B vaccine
- Second hepatitis B vaccine

Time period	Treatment
a. 2 weeks follow-up	
b. 1 month follow-up	
c. Within 72 hours	
d. Within 5 days	
e. 6 months	

10. Write down your instructions for PEP in the following conditions.

- a. Perpetrator is HIV-positive or has an unknown status.
- b. HIV status of the survivor is unknown.
- c. HIV status of the survivor is unknown, and she is unwilling to get tested.
- d. Survivor is found to be HIV-positive.
- e. She had been exposed to blood or semen (through vaginal, anal, or oral intercourse; or through wounds or other mucous membranes).
- f. She was unconscious and cannot remember what happened.
- g. She was gang raped.
- h. PEP should be continued for _____ days.

Answers:

11. Indicate whether each statement in the table below is true or false.

Statement	True or false
a. Urine sample should be taken for a pregnancy test and to perform medicolegal analysis of substance abuse or intoxication.	
b. Stains present over clothing and bite marks should be swabbed for collection with a dry cotton swab.	
c. When there is history of resistance from the survivor resulting in physical harm, it is important to collect fingernail scrapings.	
d. Any foreign materials, dirt, or hair should be collected, dried at room temperature, and stored in a paper envelope.	
e. If there is history of genital contact in the last 24 hours, only low- and mid-vaginal swabs should be collected.	

12. Read each statement in the table below, determine when the follow-up should occur, and place a check mark in the correct follow-up box to the right of the statement.

Follow-up after sexual assault	2 weeks	1 month	3 months	6 months
Check that any injury is healing properly.				
Offer HIV testing and counseling if they were not provided before. Make sure that pre- and post-test counseling is available, and refer for HIV prevention, treatment, and care.				
Discuss any test results.				
Assess the patient's emotional state and mental status. If there are any problems, plan to provide the patient psychosocial support and stress management, such as progressive relaxation or slow-breathing.				
Assess the patient's emotional state and mental status. If there are new or continuing problems, plan for psychosocial support and stress management.				
Remind her to return for further hepatitis B vaccinations in 1 month and 6 months and HIV testing at 3 months and 6 months, or remind her to follow up with her usual health care provider.				
Make a routine follow-up appointment for 1 month after the assault.				
Give second hepatitis B vaccination, if needed. Remind her of the 6-month dose.				
Offer HIV testing and counseling. Make sure that pre- and post-test counseling is available, and refer for HIV prevention, treatment, and care.				
Make next routine follow-up appointment for 3 months after the assault.				

Follow-up after sexual assault	2 weeks	1 month	3 months	6 months
Ask her to return for follow-up if emotional and physical symptoms of stress have emerged or become more severe, or if there is no improvement at all 1 month after the event.				
Continue first line support and care.				
Check adherence to PEP if she is taking it.				
Assess the patient's emotional state and mental status. With new or continuing problems, plan for psychosocial support and stress management.				
Assess her emotional state and mental status. Ask if she is feeling better. For new or continuing problems, plan for the provision of psychosocial support and stress management.				
Make a follow-up appointment that occurs 6 months after the assault. Also, remind her of the 6-month dose of hepatitis B vaccine, if needed.				
Test for pregnancy if she was at risk. If she is pregnant, tell her about the options available. If abortion is permitted, refer her for safe abortion.				
Give third dose of hepatitis B vaccine, if needed.				
Check that the woman has completed the course of medications for sexually transmitted infections.				
For depression, alcohol or substance use, or post-traumatic stress disorder, whenever possible, refer the patient to specialized care and to a specifically trained health care provider with a good understanding of sexual violence.				

13. How would you counsel a gender-based violence survivor to strengthen her and improve her well-being?

Answers:

14. List any five physical and five behavioral indicators that a child has been sexually abused.

Physical indicators	Behavioral indicators

15. What are the danger signs in child survivors (more than 3 months and less than 3 months of age) that need to be treated urgently after they are admitted to the hospital?

Answers:

Less than 3 months of age:

More than 3 months of age:

Case Study

Case Study 2: Requesting for Investigations and Sample Collection for Acute Gender-Based Violence Survivor

The parents of Rama, a 19-year-old girl, found her unconscious in her room and rushed her to the emergency room. Upon arriving in the emergency room, she gained consciousness but complained of dizziness; she mentioned that two boys had attacked her in her room. Her last menstrual period was 2 weeks before, and she had regular cycles. Her pulse rate was 120 beats/minute, blood pressure was 80/60 mmHg, and respiratory rate was 16 breaths/minute. Detailed examination revealed bite marks on her neck and imprint bruising around her wrists; her abdomen was soft, not tender. However, her underclothes were soaked with blood and careful examination revealed loosely matted pubic hair, a linear tear of 4 cm in the vaginal wall, at the 7 o' clock position, with active bleeding, and there was soiling around the perianal area.

1. What is the first step the service provider should perform?

Answer:

Her parents are confused and suspect of an attack by some of the young boys who rent rooms in the same house.

2. What samples would you collect for medicolegal purposes?

Answer:

3. What other investigations would you request for her?

Answer:

4. What are your treatment plans for Rama after her vitals stabilize?

Answer:

She immediately vomits all of the four combined oral contraceptive pills.

5. What do you suggest for her?

Answer:

Case Study

Case Study 3: Treatment of the Pregnant Survivor of Gender-Based Violence

A 25-year-old woman from the far west, who was forced to get married 1 year ago by her parents, presents in the gynecology outpatient department with complaints of amenorrhea for 2 months, foul-smelling vaginal discharge, and extreme tiredness for 3 months. The health care provider notices bruises on her forearm along and bite marks on her upper chest. The health care provider suspects abuse. On examination, there are multiple bruises over the back and breasts; speculum examination shows foul, yellowish discharge. When she is asked again, she confesses that her husband, who is a truck driver, forcefully had sex with her and abused her physically and threatened to kill her if she complained.

1. How do you confirm her pregnancy, and what other blood tests do you order to rule out sexually transmitted infections?

Answer:

2. What drugs should she be prescribed to treat the foul-smelling discharge if she were not pregnant?

Answer:

She discovers that her HIV test is positive, and she is not ready to continue the pregnancy. She is extremely distressed by the news and is thinking about ending her life after bringing her husband to court for justice.

3. What is the next step the health care provider should take?

Answer:

4. How do you arrange for her safety plan, specifically with respect to medical referrals once she returns home?

Answer:

Case Study

Case Study 4: Health Response to a Gender-Based Violence Survivor Who Is a Child

Nanu is a 7-year-old girl who lives with her dad, mom, and 12-year-old brother. The parents have intellectual disabilities and their speech is not understandable. Nanu was brought to a hospital with complaints of burning micturition. She was seen by a health worker who suspected that she has been sexually abused, and she was referred to you for further evaluation.

1. How will you proceed to evaluate this child for possible sexual abuse?

Answer:

2. How will you physically examine this child?

Answer:

3. After the examination, you suspect that the child may have a sexually transmitted disease. How will you proceed?

Answer:

4. You conclude that the child has been sexually abused, but she doesn't tell you who the perpetrator is. How will you proceed?

Answer:

5. She is back for a follow-up, and her guardians tell you that she is staying home most of the time. She is isolating herself and refusing to go to school. How will you proceed?

Answer:

Checklist

Checklist for History-Taking and Counseling Skills

(To be Used by the Learner and Facilitator)

Rate the performance of each step or task observed using the following rating scale:

- | | |
|----------------------------|--|
| 1. Needs improvement: | Step or task is performed incorrectly, out of sequence, or omitted. |
| 2. Competently performed: | Step or task is performed correctly and in the proper sequence, but the participant does not progress efficiently from step to step. |
| 3. Proficiently performed: | Step or task is performed efficiently, precisely, and in the proper sequence. |

Name: _____ Date: _____

Steps and tasks	Cases			
1. Welcomes and greets the survivor.				
2. Introduces oneself to the survivor.				
3. Makes survivor feel comfortable, safe, and secure.				
4. Explains about the consent form, and, if survivor agrees, has the person sign the consent form.				
5. <i>In the case of a minor, gets consent from a guardian or concerned authority, keeping in mind the accompanying adult could be the perpetrator.</i>				
6. Rules out life-threatening emergencies requiring immediate resuscitation and hospital admission. If needed, makes appropriate referrals.				
7. Allows only few people in the room, as per the survivor's consent.				
8. Uses clear language and has good positioning and body language.				
9. <i>In the case of a minor, avoids asking leading questions (yes or no).</i>				
10. Shows respect, warmth, and empathy.				
11. Explains to the survivor that she is in control of the pace, timing, and components of the interview (interview will be stopped whenever the survivor wants).				
12. Helps the survivor express the problem, and reassures the survivor about the confidentiality of the findings.				
13. Gathers general information about the survivor (name, address, age, ethnicity, marital status, parity, education, date, and time of the examination).				
14. Asks the survivor for information about the perpetrator (number of perpetrators, age, sex, relationship, occupation, and identification marks).				
15. Collects information related to the referral mechanism (from where and how the survivor came to the health facility).				
16. Asks the survivor to describe the incident (who; when; where; how; use of threat, pain, detention, enticement, drugs, or weapons; type of abuse—sexual, physical, or both; and injuries perceived by the survivor).				

Steps and tasks	Cases			
17. Obtains gynecological history (last menstrual period; prior sexual contacts; prior testing for HIV, sexually transmitted infections, and pregnancy; use of contraceptives; history of vaginal bleeding, discharge, or pain while voiding or defecating; and urinary or fecal incontinence).				
18. Takes a brief mental health history as indicated in Annex 7. <ul style="list-style-type: none"> - Past psychiatric history - Substance abuse and abuse history - Current psychological complaints - Appearance - Behavior - Mood - Speech and thoughts 				
19. Enquires about past medical and surgical histories, including allergies, vaccination (tetanus toxoid), and use of alcohol and drugs.				
20. Asks about events following the incident (voiding; defecating; bathing; brushing teeth; rinsing mouth; changing or washing clothes, genital area, or anal area; and use of tampon or pad).				
Performs skills satisfactorily.				

Skills Evaluation: Satisfactory Unsatisfactory

Facilitator's Signature: _____ Date: _____

Checklist

Checklist for the Examination of a Female Survivor

(To be Used by the Learner and Facilitator)

Rate the performance of each step or task observed using the following rating scale:

- | | |
|----------------------------|--|
| 1. Needs improvement: | Step or task is performed incorrectly, out of sequence, or omitted. |
| 2. Competently performed: | Step or task is performed correctly and in the proper sequence, but participant does not progress efficiently from step to step efficiently. |
| 3. Proficiently performed: | Step or task is performed efficiently, precisely, and in the proper sequence. |

Name: _____ Date: _____

Steps and tasks	Cases			
1. Explains to the survivor what is going to happen, and answers her queries if she has any.				
2. Takes informed consent and documents it.				
3. Assesses the general condition of the survivor and her vitals (pulse, blood pressure, respiratory rate, and temperature).				
4. Inspects the hands and wrists, and looks for injuries and ligature marks. If indicated, collects fingernail scrapings.				
5. Inspects the forearms and the arms and axilla for defense injuries, such as abrasion, laceration, incised wound, swelling, color change, tenderness, petechial bruising, any puncture sites, tattoos, or physical deformities.				
6. Inspects the face for: black eye; subconjunctival hemorrhage; nasal bleeding; bruising or tenderness over orbital and jaw margin; oral examination to see petechial hemorrhage, bruising, abrasion, broken tooth, torn frenulum; or shadow-bruising behind the ear. If indicated, takes oral swab.				
7. Inspects and palpates the scalp for swelling, tenderness, and hair loss.				
8. Inspects the neck for imprint bruising, suction-type bruising, or ligature marks. If indicated, takes swabs from bite marks.				
9. Offers the survivor a gown and asks her to take off her clothes from the upper half of her body for the examination of breasts and trunk; reassures her if she has any hesitation. Observes the clothes taken off for any stains, tear, foreign materials, and collects swabs if needed and submits these evidence to the police.				
10. Inspects the back and shoulders—side by side. Then inspects the upper chest and breast for bruises or evidence of blunt trauma.				
11. Covers her upper half with dignity and inspects the abdomen for bruising, abrasions, and lacerations. Palpates for tenderness, guarding, rigidity, or to rule out pregnancy.				
12. Inspects the front of the legs, inner thighs, knees, feet, ankle, and sole for bruising, abrasion, and signs of restraint.				

Steps and tasks	Cases			
13. Inspects the back of the legs and buttocks. Collects any evidence as warranted.				
14. Inspects the pubic hair for secondary sexual characteristics and for matted and loose hair. Collects foreign or loose hair if any.				
15. Evaluates the external genitalia for injuries, foreign material, discharge, and bleeding.				
16. Inspects the hymen.				
17. Notes any injury, abrasion, contusion, and laceration according to the position of the clock.				
18. Observes for signs of swelling, tenderness, and redness to indicate whether the injury is fresh, completely healed, or in the process of healing.				
19. Inspects the anal area for injuries, reflex anal dilatation, lubricant, blood, seminal stain, fecal soiling, or foreign material.				
20. Inserts speculum, and adjusts it gently to view the vaginal walls and cervix.				
21. Notes presence of bleeding, discharge, or foreign body.				
22. Uses a clean swab to collect perineal, low-vaginal, mid-vaginal, high-vaginal, and perianal specimens.				
23. Removes the speculum.				
24. Records the information in an appropriate gender-based violence medical record form, and ensures the data's safety, privacy, and availability.				
Performs skills satisfactorily.				

Skills Evaluation: Satisfactory Unsatisfactory

Facilitator's Signature: _____ Date: _____

Checklist

Checklist for the Examination of the Male Gender-Based Violence Survivor

(To be Used by the Learner and Facilitator)

Rate the performance of each step or task observed using the following rating scale:

- | | |
|----------------------------|--|
| 1. Needs Improvement: | Step or task is performed incorrectly, out of sequence, or omitted. |
| 2. Competently Performed: | Step or task is performed correctly and in the proper sequence, but the participant does not progress efficiently from step to step. |
| 3. Proficiently Performed: | Step or task is performed efficiently, precisely, and in the proper sequence. |

Name: _____ Date: _____

Steps and tasks	Cases		
1. Explains to the gender-based violence (GBV) survivor about what is going to happen and answers his queries, if any.			
2. Takes informed consent and documents it.			
3. Assesses general condition of the survivor and his vitals (pulse, blood pressure, respiratory rate, and body temperature).			
4. Inspects the hands and wrists, and look for injuries and ligature marks. If indicated, collects fingernail scrapings.			
5. Inspects the forearms, arms, and axilla for defense injuries, like abrasion, laceration, incised wound, swelling, color change, tenderness, and petechial bruising. Looks for any puncture sites, tattoos, or physical deformities.			
6. Inspects the face for a black eye, subconjunctival hemorrhage, nasal bleeding, bruising, or tenderness over orbital and jaw margin. Performs an oral examination to see petechial hemorrhage, bruising, abrasion, broken tooth, and torn frenulum. Looks behind the ear for shadow-bruising. If indicated, takes an oral swab.			
7. Inspects and palpates the scalp for swelling, tenderness, and hair loss.			
8. Inspects the neck for imprint bruising, suction type bruising, or ligature marks. If indicated, takes swabs from bite marks. <ul style="list-style-type: none"> – <i>Moistens the swab with normal saline or distilled water.</i> – <i>Swabs the area.</i> – <i>Lets the swab dry naturally in room temperature (or in the shade), and packs it in a paper envelope.</i> 			
9. Inspects the chest and the trunk area for any injuries. Observes the clothes taken off for any stains, tear, or foreign materials. Collects swabs if needed, and submits the evidence to the police. <ul style="list-style-type: none"> – <i>If the specimen is dry, collects it and packs it in a paper envelope.</i> – <i>If the specimen is wet, lets it dry naturally in room temperature (or in the shade), and packs it in a paper envelope.</i> 			
10. Inspects the abdomen for bruising, abrasions, and lacerations. Palpates for tenderness, guarding, and rigidity.			

Steps and tasks	Cases		
11. Inspects the front of the legs, inner thighs, knees, feet, ankles, and soles for bruising, abrasion, and signs of restraint.			
12. Inspects the back of the legs and buttocks. Collects any evidence present.			
13. Inspects the pubic hair for secondary sexual characteristics and for matted and loose hair. Collects foreign or loose hair, if any. <ul style="list-style-type: none"> - <i>Uses a comb or a tweezer to collect foreign hair.</i> - <i>Packs the hair specimen in a paper envelope.</i> 			
14. Evaluates the external genitalia (shaft, prepuce, corona, glans and urethral meatus, scrotum, testes, epididymis, and cords) for injuries, foreign material, discharge, bleeding, scars (e.g., vasectomy scars), or any disease. Takes swabs if indicated.			
15. Inspects the anal area for injuries, reflex, anal dilatation, lubricant, blood, seminal stain, fecal soiling, and any foreign material.			
16. Records all information in appropriate GBV medical record forms and ensures their safety, privacy, and availability.			
Performs skills satisfactorily.			

Skills Evaluation: Satisfactory Unsatisfactory

Facilitator's
Signature:

Date:

Checklist

Checklist for the Examination of a Child Survivor

(To be Used by the Learner and Facilitator)

Rate the performance of each step or task observed using the following rating scale:

- | | |
|----------------------------|--|
| 1. Needs Improvement: | Step or task is performed incorrectly, out of sequence, or omitted. |
| 2. Competently Performed: | Step or task is performed correctly and in the proper sequence, but the participant does not progress efficiently from step to step. |
| 3. Proficiently Performed: | Step or task is performed efficiently, precisely, and in the proper sequence. |

Name: _____ Date: _____

Steps and tasks	Cases			
1. Explains to the gender-based violence (GBV) survivor or guardian, or both, about what is going to happen, and answers any queries posed.				
2. Takes informed consent and documents it. <ul style="list-style-type: none"> – Takes informed consent from parent or legal guardian to examine and collect forensic evidence (unless he or she is the suspected offender). If the parent or guardian is suspected to be the offender, a representative from the police, community support services, or court may sign the form. – Adolescent minors may be able to give consent themselves. – The child should never be examined against his or her will, whatever the age, unless the examination is necessary for medical care. 				
3. Examines a small child while she or he is seated in the mother's lap. Examines an older child while she or he is seated in the mother's lap or chair or is lying on the bed.				
4. Records height, weight, and pubertal age. Watches for: irritability, restlessness, aggressiveness, eating or sleeping disorders, convulsions, persistent vomiting, stridor in a calm child, lethargy or unconsciousness, and inability to drink or breastfeed. In children younger than 3 months, watches for fever, low body temperature, bulging fontanelle, grunting, chest in-drawing, and a respiratory rate of more than 60 per minute.				
5. Inspects the hands and wrists, and looks for injuries and ligature marks. If indicated, collects fingernail scrapings.				
6. Inspects the forearms, arms, and axilla for defense injuries, like abrasion, laceration, incised wound, swelling, color change, tenderness, petechial bruising, any puncture sites, tattoos, and physical deformities.				
7. Inspects the face for a black eye, subconjunctival hemorrhage, nasal bleeding, bruising, or tenderness over orbital and jaw margin. Performs oral examination to see petechial hemorrhage, bruising, abrasion, broken tooth, and torn frenulum. Looks behind the ear for shadow-bruising. If indicated, takes an oral swab.				
8. Inspects and palpates the scalp for swelling, tenderness, and hair loss.				

Steps and tasks	Cases			
9. Inspects the neck for imprint bruising, suction type bruising, or ligature marks. If indicated, takes swabs from bite marks.				
10. Offers the survivor or guardian a gown, and asks the guardian to remove the survivor's clothes. Observes the clothes taken off for any stains, tears, and foreign materials. Collects swabs if needed and submits the specimens to the police.				
11. Inspects the back and shoulders side-by-side, followed by an inspection of the upper chest and breasts for bruises or evidence of blunt trauma.				
12. Covers her upper half with dignity, and inspects the abdomen for bruising, abrasions, and lacerations. Palpates the upper half of the body for tenderness, guarding, rigidity, or to rule out pregnancy.				
13. Inspects the front of the legs, inner thighs, knees, feet, ankles, and soles for bruising, abrasion, and signs of restraint.				
14. Inspects the survivor's back of the legs and buttocks. Collects any evidence present.				
15. Inspects the pubic hair for secondary sexual characteristics and for matted and loose hair. Collects any foreign loose hair.				
16. Evaluates the external genitalia for injuries, foreign material, discharge, and bleeding. <i>For boys, checks for injuries to the frenulum of the prepuce and for anal or urethral discharge. Takes swabs if indicated.</i>				
17. Inspects the hymen.				
18. Notes for any injury, abrasion, contusion, and laceration according to the position of the clock.				
19. Observes for signs of swelling, tenderness, and redness to indicate whether the injury is fresh, completely healed, or in the process of healing.				
20. Inspects the anal area for injuries, reflex anal dilatation, lubricant, blood, seminal stain, fecal soiling, and foreign material. 21. <i>For a child, examines him or her in the supine or lateral position. Avoids the knee-to-chest position, as assailants often use it. Does not carry out digital examination.</i>				
22. Notes for presence of bleeding, discharge, and foreign body.				
23. Uses a clean swab to collect each of the following specimens: perineal, low-vaginal, mid-vaginal, high-vaginal, and perianal.				
24. Does not carry out a digital examination. – Does not use a speculum to examine prepubertal girls. (A speculum may be used only when you suspect a penetrating vaginal injury and internal bleeding.)				
25. Records all information in appropriate GBV medical record forms, and ensures their safety, privacy, and availability.				
Performs skills satisfactorily.				

Skills Evaluation: Satisfactory Unsatisfactory

Facilitator's Signature: _____ Date: _____

Checklist

Checklist for the Collection of Vaginal Swabs

(To be Used by the Learner and Facilitator)

Rate the performance of each step or task observed using the following rating scale:

- | | |
|----------------------------|--|
| 1. Needs Improvement: | Step or task is performed incorrectly, out of sequence, or omitted. |
| 2. Competently Performed: | Step or task is performed correctly and in the proper sequence, but the participant does not progress efficiently from step to step. |
| 3. Proficiently Performed: | Step or task is performed efficiently, precisely, and in the proper sequence. |

Name: _____ Date: _____

Steps and tasks	Cases			
1. Prepares the necessary equipment.				
2. Establishes rapport and explains confidentiality.				
3. Reassures the woman that she is ready to listen, and makes sure that the woman is okay.				
4. Helps the woman feel as comfortable as possible.				
5. Lets the survivor know when and where she will be touched.				
6. Helps the woman to lie on her back with her legs bent, knees comfortably apart.				
7. Places a sheet over the woman's body and draws the sheet up at the time of the examination.				
8. Works systematically. Has a good light source to view injuries.				
9. Tells the woman what she is going to do at each step. Encourages the woman to ask questions and listen to what the woman has to say.				
10. Washes hands thoroughly with soap and water and dries them with a clean, dry cloth or lets them air-dry.				
11. Puts on new examination or high-level, disinfected gloves on both hands.				
12. Selects speculum, and warms the blade.				
13. Takes first swab from the introitus.				
14. Gently inserts index finger of one hand just inside the vaginal opening and pushes down firmly on perineum towards rectum.				
15. Holds the closed speculum with another hand so that the blades are vertical and at a slightly oblique angle.				
16. Advances the speculum while gently rotating the blades into a horizontal position with the handles down.				
17. Gently opens the blades until the cervix is in full view.				
18. Evaluates the vaginal walls.				
19. Evaluates at cervix and cervical opening.				

Steps and tasks	Cases			
20. Takes swabs with two long swab sticks. <ul style="list-style-type: none"> - Takes first swab from the middle part of the vaginal canal. - Takes second swab from the high part of the vaginal canal and from the area of the posterior fornices. 				
21. Smears the content of each swab in three glass slides, labeling each slide with the area from where the specimen was taken.				
22. Dries the swabs and slides in room temperature.				
23. Unlocks the speculum blades.				
24. Places the speculum in 0.5% chlorine solution for 10 minutes to decontaminate it.				
25. Informs the woman about the collection of the evidence.				
26. Helps the woman to get off the examination bed.				
27. Completes the chain of custody form.				
Performs skills satisfactorily.				

Skills Evaluation: Satisfactory Unsatisfactory

Facilitator's Signature: _____ Date: _____

Caste or Ethnicity

Use this table to complete the ethnicity or caste data in the medical examination forms.

Code	Group		Caste/Ethnicity
		Hill	1. Biswokarma (Kami, Sunar, Od, Chunara, Parki, Tamata), 2. Pariyar (Damai, Darjee, Suchikar, Nagarchi, Hudrake), 3. Sarki (Mijar, Charmakar, Bhul), 4. Gandharwa (Gaine), 5. Badi
1	Dalit	Terai	6. Kalar, 7. Kakaihiya, 8. Kori, 9. Khatik, 10. Khatwe (Mandal, Khadga), 11. Chamar (Ram, Mochi, Harijan, Rabidas), 12. Chidimar, 13. Dom (Marik), 14. Tatma (Tati, Das), 15. Dushad (Paswan, Hajara), 16. Dhobi (Rajak) Hindu, 17. Pattharkatta, 18. Pasi, 19. Batar, 20. Mushahar, 21. Mestar (Halkhor), 22. Sarbhanga (Sarbariya), 23. Sonar, 24. Lohar, 25. Natuwa
2	Janajati	Hill	1. Sherpa, 2. Bhote (Bhutia), 3. Thakali, 4. Nyansi, 5. Wallng, 6. Chhairotan, 7. Dolpo, 8. Tangbe, 9. Tin Gaule Thakali, 10. Topkehola (Dhokpya), 11. Bara Gaunle Thakali, 12. Matphali Thakali, 13. Mugali, 14. Lhopa, 15. Lhomi (Shingsawa), 16. Siyar (Chumba), 17. Thudam, 18. Magar, 19. Tamang, 20. Newar, 21. Rai, 22. Gurung, 23. Limbu, 24. Bhujel, 25. Sunuwar, 26. Chepang, 27. Thami, 28. Yakkha, 29. Pahari, 30. Chhantyal, 31. Jirel, 32. Dura, 33. Lepcha, 34. Hayu, 35. Yehlmo, 36. Kushbadia, 37. Kusunda, 38. Phree (Free), 39. Bankaria, 40. Baramo. Baramu, 41. Larke, 42. Surel, 43. Kumal, 44. Majhi, 45. Danuwar, 46. Darai, 47. Bote, 48. Raji, 49. Raute
		Terai	50. Tharu, 51. Dhanuk (Rajbanshi), 52. Rajbansi (Koch), 53. Satar/Santhal, 54. Jhagar/Jhangar, 55. Cangai, 56. Dhimal, 57. Tajpuriya, 58. Mehce (Bodo), 59. Kisan.
3	Madhesi		1. Yadav, 2. Teli, 3. Kalwar, 4. Sudhi, 5. Koiri, 5. Kurmi, 7. Kanu, 8. Haluwai, 9. Hajam/Thakir, 10. Badhae, 11. Rajbhar, 12. Kewat, 13. Mallah, 14., Nuniya, 15., Kumhar, 16., Kahar, 17. Lodha, 18. Binna (Bing/Binda), 19. Gaderi/Bhediyar, 20. Mali, 21. Kamar, 22. Dhunia, 23. Barae, 24. Munda, 25. Badai, 26. Panjabi, 27. Bangali, 28. Marwadi, 29. Nurang, 30. Kayastha, 31. Rajput, 32. Jaine, 33. Brahman (Terai), 34. Baniya, 35. Amat, 36. Kathawaniya, 37. Rajdhob, 38. Kushbaha
4	Muslim		1. Muslim, 2. Churaute
5	Brahman/Chhetri		1. Brahman (Hill), 2. Chhetri (Hill)
6	Others		1. Thakiru, 2. Sanyasi/Dasnami, etc.

Source: Health Management Information System (HMIS) 2072

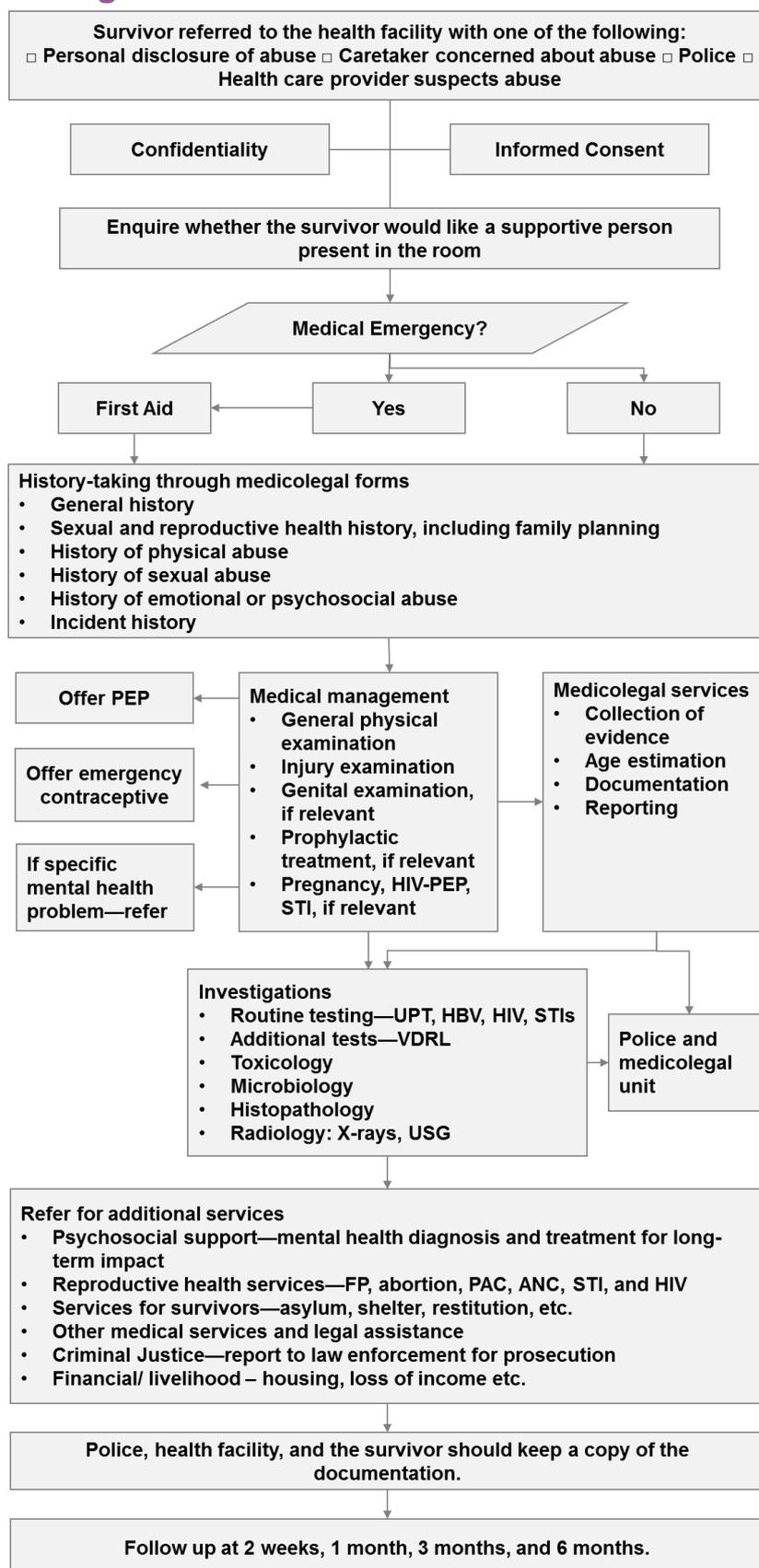


Job Aid 1: Identification of Gender-Based Violence Survivors

Suspect that a woman has been subjected to violence if she has any of the following symptoms:

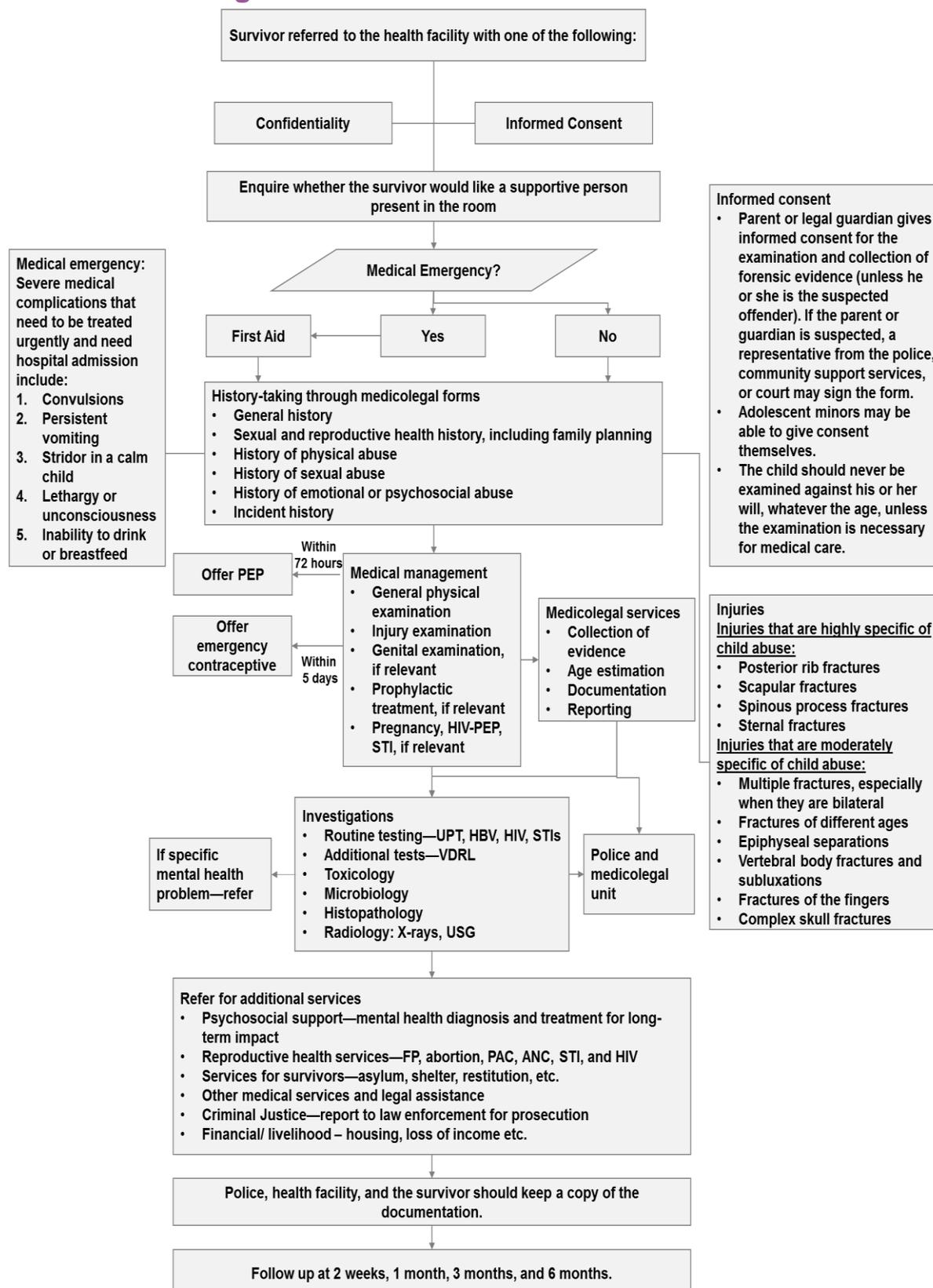
Symptoms	√ / X
• Symptoms of depression, anxiety, post-traumatic stress disorder, or sleep disorders	
• Suicidal tendency or ideation or self-harm	
• Alcohol or other substance use	
• Unexplained chronic gastrointestinal symptoms	
• Unexplained reproductive symptoms, including pelvic pain and sexual dysfunction	
• Adverse reproductive outcomes, including multiple unintended pregnancies or terminations, or both, delayed pregnancy care, or adverse birth outcomes	
• Unexplained genitourinary symptoms, including frequent bladder or kidney infections or other	
• Repeated vaginal bleeding and sexually transmitted infections	
• Chronic pain (that is unexplained)	
• Traumatic injury, particularly if repeated and with vague or implausible explanations	
• Problems with the central nervous system—headaches, cognitive problems, or hearing loss	
• Repeated health consultations with no clear diagnosis	
• Intrusive partner or husband in consultations	

Job Aid 2: Management of Adult Survivors



Notes: antenatal care (ANC), hepatitis B virus (HBV), family planning (FP), postabortion care (PAC), post-exposure prophylaxis (PEP), sexually transmitted infection (STI), urine pregnancy test (UPT), ultrasonography (USG), and Venereal Disease Research Laboratory (VDRL) test,

Job Aid 3: Management of Children and Adolescent Survivors



Medical emergency: Severe medical complications that need to be treated urgently and need hospital admission include:

1. Convulsions
2. Persistent vomiting
3. Stridor in a calm child
4. Lethargy or unconsciousness
5. Inability to drink or breastfeed

Informed consent

- Parent or legal guardian gives informed consent for the examination and collection of forensic evidence (unless he or she is the suspected offender). If the parent or guardian is suspected, a representative from the police, community support services, or court may sign the form.
- Adolescent minors may be able to give consent themselves.
- The child should never be examined against his or her will, whatever the age, unless the examination is necessary for medical care.

Injuries

Injuries that are highly specific of child abuse:

- Posterior rib fractures
- Scapular fractures
- Spinous process fractures
- Sternal fractures

Injuries that are moderately specific of child abuse:

- Multiple fractures, especially when they are bilateral
- Fractures of different ages
- Epiphyseal separations
- Vertebral body fractures and subluxations
- Fractures of the fingers
- Complex skull fractures

Notes: antenatal care (ANC), family planning (FP), hepatitis B vaccine (HBV), post-exposure prophylaxis (PEP), sexually transmitted infection (STI), postabortion care (PAC), urine pregnancy test (UPT), ultrasonography (USG), and Venereal Disease Research Laboratory (VDRL) test

Handout 1: Introduction to Forensic Evidence

Definitions

- Evidence is defined as a piece of information indicating whether a belief is true or valid to establish facts in a legal investigation and to determine if the facts are admissible as testimony in a court of law.
- Forensic evidence is collected and processed by applying the principles of forensic sciences and forensic medicine for court purpose. Forensic evidence includes biological materials such as blood, hair, urine, sperm and seminal stains, nails, and DNA where available, which can be used in court to link the suspect to the crime.
- Crime is an act that constitutes a serious offence against an individual or the state and is punishable by law. An act of omission can also be a crime.
- Physical evidence is an exhibit in the form of objects, material, or substances (e.g., condoms, ropes, cigarette butts, or masks), which support the investigation process in identifying the suspect who perpetrated the crime. Physical evidence also establishes facts about the occurrence of the incident.
- Witness is a person who has seen, heard, perceived, or examined a fact about the crime.
- Expert witness is a person, with qualification, training, and experience, authorized to perform some professional work or activity and capable of providing opinion on the facts or findings from the examination. Health professionals who are authorized to examine a case of gender-based violence (GBV) document the findings and prepare the complete report so that it is usable in a court of law; these professionals are also considered as expert witnesses. An expert witness is summoned by a court of law for an expert witness testimony.
- Chain of custody of the evidence refers to the process of obtaining, processing, and conveying evidence, whereby movement of evidence is traceable through the different persons involved in the chain of sample collection, analysis, investigation, and legal action.

Purpose of Forensic Evidence

- Forensic evidence is used to link the suspect to the crime (or unlink the suspect to the crime) to ascertain that violence occurred and help in collecting data on the perpetrator.
- There are two types of evidence:
 1. Evidence to confirm that assault has occurred, for example:
 - Evidence of penetration (torn hymen)
 - Bruises, abrasions, tears, and cuts on the body or around the genitalia or anus
 - Stained, scratched, or torn clothes
 2. Evidence to link the alleged perpetrator to the assault, for example:
 - Perpetrator's torn clothes
 - Used condoms
 - Grass and blood stains

- Scratches and bite marks on the victim or perpetrator
- Eye witness testimony
- Hairs and fibers transferred from perpetrator to victim or vice versa

Forensic Materials to Be Collected:

- Mouth swab
- Urine of both the victim and the suspect
- Pubic or head hairs
- Foreign fibers, grass, or soil
- Blood
- Seminal stains
- Scrapings or clippings from fingernails
- Bite marks

NOTE: Different materials can be collected from objects, the body, or from the scene of the incident. Material collected can be from the suspect, victim, or crime scene.

Principles of Forensic Evidence Collection:

A. Before collecting forensic evidence, it is very important to

- Identify who is going to collect the specimen.
- Determine other key people (e.g., police, social worker, or family member) who might be important to have present during the process.
- All necessary materials to be used for collection, storage, transport, or analysis should be present and ready for use.
- Ensure that activities that may reduce the quality of the evidence are not performed (e.g., taking a bath after rape). If they were already performed, document them.
- Seek written informed consent from the survivor. Respect the survivor's choice if she or he chooses not to allow the collection of evidence.
- Plan for transport of the evidence to a laboratory where the analysis can be completed.
- Be aware that the preferred time for collecting specimens from the victim or the accused is during the medical examination.

B. Collection of Forensic Evidence

- Collect specimens during the physical examination, so the survivor does not have to undergo multiple examinations that are invasive and might be experienced as traumatic.
- Strictly adhere to the following principles when collecting specimens for forensic analysis:
 3. **Avoid contamination:** Ensure that specimens are not contaminated by other materials. Store each exhibit separately using clean containers and ensuring protection from weather and other contamination. Wear gloves at all times for your own protection and also to ensure that the exhibit is not contaminated.

4. **Collect early:** Try to collect forensic specimens as soon as possible after the assault. The likelihood of collecting evidentiary material decreases with the passing of time. Ideally, specimens should be collected within 24 hours of the assault. After 72 hours, yields are reduced considerably.
5. **Handle appropriately:** Ensure that specimens are packed, labeled, stored, and transported correctly. As a general rule, some fluids (e.g., urine) should be refrigerated; anything else should be kept dry. In some instances, blood can be dried on a gauze pad and stored as such. Biological evidence material (e.g., body fluids or soiled clothes) should be packaged in paper envelopes or bags after drying. Avoid the use of plastic bags.
6. **Label accurately:** All specimens must be clearly labeled with the survivor's code and date of birth, the health care worker's name, the specimen type, and the date and time of collection. It is good to mention for what purpose the specimen is collected.
7. **Ensure security:** Specimens should be packed to ensure that they are secure and tamperproof. Only authorized people should be entrusted with handling specimens.
8. **Maintain continuity:** Once a specimen has been collected, its subsequent handling should be recorded. Details of the transfer of the specimen between individuals should also be recorded. Maintain an exhibit and evidence register at each facility. Ensure that the survivor does not move any samples taken from one facility to another for any analysis.
9. **Document collection:** It is good practice to compile an itemized list in the survivor's medical notes and reports of all specimens collected, including details of when and to whom the specimens were handed over and where they were transferred.

General Considerations for the Collection of Various Forensic Materials

- If specimens are collected within 72 hours of the incident, injuries should be documented.
- Samples collected during this period, such as stains of semen or saliva, may help to support the survivor's story and identify the perpetrator.
- After 72 hours of the incident, the amount and type of evidence that can be collected will depend on the situation.
- When using swabs for the collection of various materials for forensic analysis:
 - Use only sterile, cotton swabs (or swabs recommended by your laboratory).
 - Do not place the swabs in media as this will result in bacterial growth and destruction of the specimen collected by the swab. Swabs placed in media can only be used for the collection of bacteriological specimens.
 - Moisten swabs with sterile water or saline when collecting material from dry surfaces (e.g., skin or anus).
 - If microscopy is going to be performed (e.g., to check for the presence of spermatozoa), prepare a microscopic slide. Label slide and, after collecting the swab from body surface or vagina, smear the specimen to the glass slide by rotating the tip of the swab stick onto the slide. Both swab stick and slide should be sent to the laboratory for analysis.
 - Dry all swabs and slides before sealing them in appropriate transport containers. A hole or cut may be made in the swab sheath to allow drying to continue.

Foreign Material Attached to a Survivor's Skin

- There are a number of ways in which foreign material attached to a survivor's skin or clothing can be collected.
- If there is a possibility that foreign materials have adhered to the survivor's skin or clothing, she or he should be asked to undress over a large sheet of paper. Any loose material will fall onto the paper and can either be collected with a pair of tweezers or the entire sheet of paper can be folded into itself and sent to the laboratory.
- Alternatively, the survivor's clothing can be collected and sent to the laboratory. If the clothing is wet, however, it should be dried before being packaged up or sent to the laboratory without delay.

Scalp and Pubic Hair

- Collection of scalp hair is rarely required, but may be indicated if hair is found at the scene. About 20 hairs can be plucked or cut. Ask for guidance from the laboratory regarding the preferred sampling techniques to collect scalp hair.
- The survivor's pubic hair may be combed if you are looking for the assailant's pubic hair. The combings should be transported in a sterile container.

Materials from the Mouth

- Firmly wiping a cotton swab on the inner aspect of a cheek (i.e., a buccal swab) will collect enough cellular material for analysis of the survivor's DNA. Alternatively, blood may be taken. Buccal swabs should be dried after collection.
- Buccal swabs for DNA should not be collected if there is any possibility of foreign material being present in the survivor's mouth (e.g., if ejaculation into the survivor's mouth occurred).

Toxicological Analysis

- This analysis may be indicated if there is evidence that a survivor may have been sedated or intoxicated for the purpose of the sexual assault. In cases where the survivor presents within 12–14 hours after possible drug administration, blood samples should be taken. Urine samples are appropriate when there are longer delays.
- Seek the advice of the laboratory regarding suitable containers for specimens of this type.

Other Materials

- If the survivor scratched the assailant, material collected from under the survivor's nails may be used for DNA analysis.
- Sanitary pads or tampons should be air-dried if possible. They should then be wrapped in tissue and placed in a paper bag.

NOTE

- All GBV and violence against children (VAC) registers, including those that contain laboratory results, should be kept locked up and only be accessible to authorized health facility personnel, as a measure to preserve confidentiality.
- The above tests can be carried out on the survivor and also on the perpetrator.

- With regard to the perpetrator, the court can order that certain specific samples be collected.

Procedures for the Storage and Transportation of Samples for Forensic Evidence

- Forensic evidence must be stored in a manner that ensures its integrity and maintains its availability while criminal investigations and judicial proceedings continue.
- Each item should be properly filled and marked.
- Biological samples should be dried before packaging to minimize sample degradation.
- Packing in paper is preferred, but liquid samples should be packed in glass or plastic containers.
- Dry samples of stains, swabs, hairs, cloths, and nails are stored at room temperature.
- Wet samples and DNA extracts are stored frozen.
- During transportation, avoid keeping evidence in a vehicle for a long time. Heat, cold, and humidity can damage and destroy the evidence.

Documentation of Forensic Evidence

- In general, every effort should be made to document evidence that can corroborate the survivor's account in a court of law.
- Pictorial documentation is best to describe findings of physical examination, laboratory investigations, and results.
- All test and results should be recorded in a laboratory form and register that contains information on: name, registration number, date, age, sex, investigations done, evidence collected, and results. Also, there should be a place on the form and register for anyone who takes possession of a specimen to sign, in order to maintain a chain of custody of evidence.
- The laboratory register must be locked away and only accessible to authorized health facility personnel, as a measure toward preserving confidentiality and protecting the exhibit.
- Evidence should be released to the authorities only if the survivor decides to proceed with a legal case.

Key Points

- Forensic evidence is used to: 1) determine whether an instance of GBV or VAC has happened, and 2) link the perpetrator to the crime (or unlink a suspect from a crime).
- Service providers must handle, store, and transport evidence in an appropriate manner.
- Health care providers and social welfare officers have the responsibility to give their evidence-based opinions in the court of law.
- Survivors should sign a written informed consent voluntarily before collecting forensic evidence.

Adapted from: The United Republic of Tanzania Ministry of Health and Social Welfare. 2013. Module 3, Session 3.5: Medical-legal services for gender-based violence and violence against children. In: The United Republic of Tanzania Ministry of Health and Social Welfare. *Training Package for Health Care Providers and Social Welfare Officers; Facilitator's Guide—GBV and VAC for Health Care and Social Workers.*

Form

Chain of Custody Form

The item or items described below were obtained as evidence by the undersigned during an official investigation of the rape, murder, or traffic accident, etc.				
Description of exhibit				
Exhibit number	Name of exhibit	Recovered or obtained from	Date of recovery	Remarks
1. 2. 3.				
Printed name of investigator or scene of crime officer (SOCO):				Signature of investigator or SOCO:
Case number:		Police station or health institution:		
Temporary disposition of item or items (where stored)				
Released by (printed name and signature):	Released to (printed name and signature):	Date and time:	Official stamp:	
Temporary disposition of item or items (where stored)				
Released by (printed name and signature):	Released to (printed name and Signature):	Date and time:	Official stamp:	
Temporary disposition of item or items (where stored)				
Released by (printed name and signature):	Released to (printed name and signature):	Date and time:	Official stamp:	

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Temporary disposition of item or items (where stored)			
Released by (printed name and signature):	Released to (printed name and signature):	Date and time:	Official stamp:
Temporary disposition of item (where stored)			
Released by (printed name and signature):	Released to (printed name and signature):	Date and time:	Official stamp:

Handout

Handout 2: Psychosocial Care for Child Survivors

Expected Psychological Changes

- Young children of ages 3–5 years may react to trauma in the following ways:
 - Have changes in behavior (more irritability, temper tantrums, crying)
 - Become more clingy or withdrawn
 - Regress in skills
 - Ask questions repeatedly, as they may not fully understand what happened
 - Demand more attention from others
- Children of ages 6–10 years may react in these ways:
 - Regress in skills
 - Demand more attention from others
 - Have problems with attention or concentration, or both
 - Have more behavior problems
 - Have problems with homework, schoolwork, or chores, or all three
 - Feel helpless fear and guilt about what happened
- Older children and youth of ages 11–19 years may react in the following ways:
 - Withdraw into silence and isolation (including depression)
 - Become more irritable with peers and family, often starting arguments
 - Have feelings of guilt and shame about the event
 - Express physical pains with no medical cause
 - Have brief decline in school performance
 - Engage in high-risk behaviors, such as alcohol or drug use

Specific Symptoms: Aggression

- Is seen across all age groups
- Includes verbal or physical outbursts, or both, towards siblings and adults

Specific Symptoms: Regressive Behavior

- Is seen across all age groups
- Includes crying, clinginess, helplessness
- Has regression of toileting habits
 - Bedwetting
 - Diaper dependence

Long-Term Symptoms

- Has post-traumatic stress disorder
- Has anxiety disorder
- Has depression disorder

Post-Traumatic Stress Disorder

- Has nightmares
- Has flashbacks
- Is emotionally detached or numb
- Has insomnia
- Is hypervigilant
- Is irritable
- Has memory loss

Anxiety Disorder in Children

- Worries constantly about something bad happening to self or others close to the child
- Refuses to go to school
- Has frequent pain: abdominal, headaches; vomiting or fainting attacks
- Is irritable or angry
- Has sleep problems
- Avoids crowds and places

Depression in Children

- Feels sad or depressed or is irritable a lot
- Is not able to enjoy things
- Lacks motivation or energy
- Experiences academic failure or has academic difficulties
- Has sleep or appetite problems
- Gains or loses weight
- Has frequent pain: abdominal, headaches; vomiting or fainting attacks

Handout 3: Psychosocial Support

Assessment of Moderate-Severe Depressive Disorder

Does the survivor have moderate-severe depressive disorder? Assess for the following:

- A. The survivor has had any of the following core symptoms of depressive disorder for at least 2 weeks:
 - Persistent depressed mood (for children and adolescents: either irritability or depressed mood)
 - Markedly diminished interest in or pleasure from activities, including those that were previously enjoyable
- B. The survivor has had several of the following additional symptoms of depressive disorder to a marked degree or many of the listed symptoms to a lesser degree for at least 2 weeks:
 - Disturbed sleep or sleeping too much
 - Significant change in appetite or weight (decrease or increase)
 - Beliefs of worthlessness or excessive guilt
 - Fatigue or loss of energy
 - Reduced ability to concentrate and sustain attention on tasks
 - Indecisiveness
 - Observable agitation or physical restlessness
 - Talking or moving more slowly than normal
 - Hopelessness about the future
 - Suicidal thoughts or acts
- C. The survivor has considerable difficulty functioning in personal, family, social, occupational, or other important areas of life.
 - Ask about different aspects of daily life, such as work, school, domestic or social activities. If A, B, and C—all three—are present for at least 2 weeks, then moderate-severe depressive disorder is likely.

Basic Psychosocial Support

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

- Offer first-line support at each meeting.
- Explain that she or he is likely to feel better with time.
- Explain it is not her or his fault but the fault of the perpetrator since guilt and stigma are major psychosocial challenges.
- Help strengthen her or his positive coping methods.
- Explore the availability of social support.
- Make regular follow-up appointments for further support.

Strengthening Her Positive Coping Methods

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

- Build on her strengths and abilities. Ask what is going well currently and how she has coped with difficult situations in the past.
- Continue normal activities, especially ones that used to be interesting or pleasurable.
- Engage in relaxing activities to reduce anxiety and tension.
- Keep a regular sleep schedule and avoid sleeping too much.
- Engage in regular physical activity.
- Avoid using self-prescribed medications, alcohol, or illegal drugs to try to feel better.
- Recognize thoughts of self-harm or suicide, and come back as soon as possible for help if they occur.
- Encourage her to return if these suggestions are not helping.

Explore the Availability of Social Support

Good social support is one of the most important protections for any survivor suffering from stress-related problems. When a survivor experiences abuse or violence, she often feels cut off from normal social circles or is unable to connect with them. This may be because a lack of energy or feeling ashamed. You can ask:

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

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

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

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

- Community centers, shelters, safe houses
- Self-help and support groups
- Income-generating activities and other vocational activities
- Formal or informal education

Adapted from: World Health Organization (WHO). 2014. Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook—field-testing version. WHO website. <http://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/>. [Published November 2014.] Accessed May 2, 2016.

Self-Paced Learning Course Outline

Week 3

Time	Learner's Activities
Week 3	_____ Read Chapters 6–9: Beyond the Clinic, Self-Care of the Health Care Provider, Recording and Reporting, and Directives of Ministry of Health and Population.
	_____ Go through Annex 16 (Reporting Format) in the <i>Clinical Protocol on Gender-Based Violence</i> .
	_____ Complete the Chapter 6 exercise on page 67 in the Learner's Guide for Blended Learning Approach.
	_____ Complete the Case Study 5 on Safety Plan for Survivors, on page 71, in the Learner's Guide for Blended Learning Approach.
	_____ Go through Handout 4 about Evidence in Court as Expert Witness, on page 75, in the Learner's Guide for Blended Learning Approach.
	_____ Go through Health Care Provider Self-Care and Safety Plan on page 73, and complete the form in the Learner's Guide for Blended Learning Approach.
	_____ Complete the Chapter 7 exercise on page 69.
	Activities completed: Supervisor: _____ Date: _____

Exercises for Chapter 6

1. Meena is 28 years old, a mother of three children, widowed, and living with her in-laws. She comes to the health care provider alone for treatment of injuries sustained during an attempted rape from which she had managed to escape. She is very nervous and worried. What are the safety plans you prepare for her before you send her from the outpatient department? Enumerate your plans.

Answers:

2. Suntali, a 26-year-old female patient, comes to the Sundarpur health post for medical examination. She is interviewed by the health worker of the health post. There is a deep cut near her right eye, which she reports was due to a fall while fetching grass for cattle. Then she is examined by the health worker and, in the process, numerous other bruises are also found on other areas of her body. The health worker suspects that the injuries and the bruises could be due to gender-based violence but, even after probing and encouraging, Suntali keeps silent and returns home. Elaborate on the responsibility of the health worker in such a situation.

Answer:

Exercise for Chapter 7

1. What do you understand by burnout? What may be the signs and symptoms of burnout in the health care provider?

Answers:

Signs and symptoms of burnout:

Case Study

Case Study 5: Safety Plan for Survivors

Ms. X, who is 30 years old and a mother of two children, comes to the health facility complaining that her husband comes home drunk every day and beats her.

1. As a health care provider, what will you do?

Answer:

This has been happening for the last 2 years but has increased in the last 6 months, and he has even threatened to kill her. Sometimes he is violent toward his children.

2. As a health worker, what advice will you give her?

Answer:

3. What will you do next? Answer in the table below.

Elements of a safety plan for intimate partner violence	Questions to ask yourself when making the safety plan

Health Care Provider Self-care and Safety Plan

Dear health care provider:

Your emotional and mental health can be affected by the difficult cases you will encounter as a provider of services for survivors of gender-based violence. Regular exposure to these cases can be upsetting, and it may be difficult for you to leave your thoughts about them at work. This is normal. Knowing about this and preparing for it can help you maintain your emotional balance. Having a self-care and safety plan is a first step. Use this form to document information that may be helpful, and save it where you can find it easily. Be sure to save important names and phone numbers in your cell phone.

1. Warning signs (thoughts, images, mood, situation, or behavior) that a personal crisis may be developing:
 - i. _____
 - ii. _____
 - iii. _____
2. Coping strategies: things I can do to take my mind off my problems and concerns *without* contacting another person (relaxation techniques or physical activity):
 - i. _____
 - ii. _____
 - iii. _____
3. People I know who can provide a distraction:
 - i. Name _____
Phone _____
 - ii. Name _____
Phone _____
4. Social settings that can provide a distraction:
 - i. Place _____
 - ii. Place _____
5. People whom I can ask for help:
 - i. Name _____
Phone _____
 - ii. Name _____
Phone _____
 - iii. Name _____
Phone _____

6. Professionals or agencies I can contact for help:
 - i. Name _____
 Phone _____
 Pager or emergency contact number _____
 - ii. Name _____
 Phone _____
 Pager or emergency contact number _____
7. Places I can go to if I do not feel safe at my facility or in my home are:
 - i. _____
 - ii. _____
 - iii. _____
8. Safe forms of transportation that I can use to get to my safe places are:
 - i. _____
 - ii. _____
 - iii. _____
9. The things that are most important to me and worth living for are:

10. Other ideas that I have for taking care of my emotional and mental health are: _____

Adapted from: Stanley B, Brown GK. 2008. Safety plan template. Suicide Prevention Resource Center website. <http://www.sprc.org/sites/sprc.org/files/SafetyPlanTemplate.pdf>. Accessed May 2, 2016.

Handout

Handout 4: Providing Evidence in a Court of Law as an Expert Witness

A medical professional who examines and documents the history of and findings regarding the survivor is considered as expert witness by law and practice.

The examiner must attend the court for testimony when there is a summons from the court.

A summons means a letter in the language of order from the court to examiner (expert) to attend court and follow the court procedures to provide an expert witness testimony. The medical examiner must go to court with a letter from the hospital or primary health clinic. If the medical professional examined the survivor outside of a health care facility, then the medical examiner must go to court in an individual capacity.

Court procedures are:

- a. Oath-taking
- b. Chief examination
- c. Cross-examination
- d. Reexamination
- e. Question by the judge

Oath-Taking

There will be no question and answer session while taking the oath. This step is just a formality to sign the statement that is written: I speak the truth, only the truth, and nothing but the truth.

Chief Examination

In this step, there will be questions posed by the government attorney or prosecution's lawyer. The questions are about the report, which was prepared and submitted by examiner (expert) immediately after examining the survivor (victim). Questions are general and descriptive in type. For example, what are the findings on the body of the victim to result in such opinion about the causation of injuries or age of the injuries?

Cross-Examination

There is another lawyer from the side of the accused—the defense lawyer—who cross examines the expert by asking any number of questions and from various angles. The defense lawyer is seeking answers related to the facts in the report or is otherwise concerned with the case. Sometimes, this cross-examination may cause irritation for the expert, but the expert should not lose his or her patience.

Reexamination

This step is a repetition of the Chief Examination if there is some new version of a fact or to explore a new set of facts. The prosecution lawyer may pose additional questions about the new fact.

Questions from the Judge

There may be questions from the Judge who is observing and following the court testimonies. Lastly, the expert witness reads the written document from this procedure and signs it.

Some Important Points to Remember

Medical examiners may neither be aware of nor oriented to these court procedures, so it is possible for these experts to feel some sort of humiliation or irritation during the process. They are reluctant to answer court summons. They may not know how to prepare and present their expertise in a court testimony. Ultimately, this may result in denial of justice to survivors.

Self-paced learning Course Outline

Week 4

Time	Learner's Activities
Week 4	<p>_____ Read Chapter 3: Facility Readiness. Review Handout 5 about the Quality Improvement (QI) Tool, on page 79, in your Learner's Guide for Blended Learning Approach. Review the QI Tool in Annex 17 in <i>Clinical Protocol on Gender-Based Violence</i>, and fill in standards 1–17 by visiting the facility.</p> <p>Note: Document the findings in the master copy of the QI Tool. Coordinate with your supervisor before completing the QI Tool. Bring the completed QI Tool with you to the group-based training for discussion.</p>
	<p>_____ Discuss with your team and make a sample referral directory as shown on page 87.</p>
	<p>_____ Review the list of supplies and rape kit on pages 95–96, and discuss with your in-charge about the availability of all supplies needed.</p>
	<p>Activities completed:</p> <p>Supervisor _____ Date _____</p>

Handout

Handout 5: Quality Improvement Tool

The Quality Improvement (QI) Tool is developed with input and support from hospital staff, stakeholders, and government officials; the tool is to be used to ensure and sustain high-quality clinical skills. The purpose of the QI Tool is to ensure and sustain high-quality service delivery in government health facilities.

Tool	Area	Total standards
	Gender-based violence	17

The QI Tool has a detailed set of standards that define quality. For example, as shown in Annex 17 in *Clinical Protocol on Gender-Based Violence*, there are 17 standards that define quality in providing care to gender-based violence (GBV) survivors. For each standard listed in a tool, there are verification criteria that can be used to observe and assess whether standards have been met.

Consistent use of the tool and implementation of the QI process will achieve and maintain the highest level of performance. This tool is a part of an overall process in providing quality services; this process is the Standards-Based Management and Recognition (SBM-R®), which aims to improve and maintain quality at the service delivery site. As shown in Figure 2, standards are essential to the SBM-R process (explicitly in Steps 1 and 2).

Figure 2. Standards-Based Management and Recognition: How standards are used in the performance improvement process



The QI Tool is meant to be used while observing actual services at a site—that is, by actively walking through wards and training facilities to collect data about the standards.

- *Facility observations*: observing the clinical facility set-up, systems and procedures, equipment and supplies, services offered, and cleanliness
- *Record reviews*: reviewing types and quality of records kept, e.g., recording of services provided to GBV survivors, as per Annex 17 in the *Clinical Protocol on Gender-Based Violence*
- *Client care observations*: observing providers perform procedures while they are actually providing care to clients

Instruction to Complete Each QI Tool and Summary Form

1. While observing the facility, observing client care, or reviewing records, complete the QI Tool by recording “Y” for yes or “N” for no for each verification criteria in the performance standard; record “NA” for steps that are not applicable for that health facility. In the “Remarks” column, document any comments you had during the observation.

2. Score each performance standard as follows:
 - a. If you record “Y” for ALL of the verification criteria in a particular standard, then this standard has been met. Award one point for each standard that is met.
 - b. If ANY of the verification criteria is missing or not performed correctly, then the standard has not been met. Because the listed verification criteria are the minimum required for quality, ALL must be present to meet the standard. No partial credit is given for completing some or most of the verification criteria.
3. Refer to the scoring sheets for the tools, located at the bottom of each QI Tool, to record the standards met and related percentage.
4. Add the scores for all standards in a tool, and record the number on the Summary Form. Divide the total possible score for the standard into the actual score to calculate the percentage score. For example, if the site has only successfully met six of the eight service standards, divide the obtained standard by the total number of standards (denominator would be the total number of standards), e.g., $6 \div 8 \times 100$, and the score would be 75% on that particular service. The Summary Form helps to track progress over time.
5. After completing all of the tools and the Summary Form, refer to the Action Plan instructions (page 84) and the Sample Action Plan (page 85) for every standard where you recorded “N;” complete an action plan to address how this standard can be improved or met in the future. Give careful thought to underlying causes for standards that are not met. Site staff can work as a team on this task to improve clinical services and training.

Sample Scoring Sheet

Tool: Health Response For Gender-Based Violence

Training site (name, place):	
Assessment dates:	1 Jan 21, 2015 2 3 4
Individual observer:	1 Ganga 2 3 4

Scoring key: Y = yes; N = no; NA = not applicable

Serial number	Performance standards	Definition (verification criteria)	Y/N	NA	Remarks
1	The facility has an adequate physical infrastructure.	Observe that the center has:			
		• Three rooms	Y		
		• Two beds for admission of GBV survivors referred from the emergency room, outpatient department, or safe shelter homes and other organizations	Y		
		• A separate room with information and communication facilities	Y		
		• Essential laboratory instruments, materials, and medications for forensic examination	Y		
		• Necessary forms and guidelines for recording and reporting	Y		
		• Training guidelines	N		
		• Treatment protocols	N		
		• Information to disseminate (printed and electronic)	N		
				0	
2	The facility has an appropriate One-Stop Crisis Management Center (OCMC), as outlined by the government of Nepal's Policy—Operational Manual 2067.	Observe that the facility has:			
		• Operational network of OCMC (safe home services, police offices, health facility, nongovernmental organizations—international and national—civil society organizations, local bodies, medicolegal services, legal aids services, and referral hospitals)	NA		
		• Presence of coordination committee	NA		
		• Case management committee	NA		
		– Medical officer			
		– Representative officer of the district attorney			
		– Women's and children's officer			
		– Police representative			
– Staff nurse, counselor, or focal person					
		NA			
3	The facility has a client-friendly counseling area.	Observe if the area where counseling is conducted:			
		• Is set up so that other waiting clients cannot hear what is being said, OR has a door or partition that can be closed or drawn	Y		
		• Has a desk to place counseling kit and information, education, and communication materials	Y		

Serial number	Performance standards	Definition (verification criteria)	Y/N	NA	Remarks
		<ul style="list-style-type: none"> • Has chairs for client, provider, and companion 	Y		
		<ul style="list-style-type: none"> • Has educational material on display 	Y		
		<ul style="list-style-type: none"> • Has different audiovisual aids and educational materials 	Y		
		<ul style="list-style-type: none"> – Posters 			
			1		
4	The facility has an examination and procedure room.	Observe that:			
		<ul style="list-style-type: none"> • Room is clean and equipment kept in place 			
		<ul style="list-style-type: none"> • Room is well-ventilated 	Y		
		<ul style="list-style-type: none"> • The examination and procedure room provides privacy for the client 	Y		
		<ul style="list-style-type: none"> • Curtains or screen prevent seeing the examination area from the door 	Y		
		<ul style="list-style-type: none"> • Hand washing facilities are inside or nearby: area for hand washing; running water facility or bucket with tap 	Y		
		<ul style="list-style-type: none"> • Buckets and safety boxes for waste segregation and disposal 	Y		
		<ul style="list-style-type: none"> • There is phone service 	Y		
			1		
5	The facility has adequate equipment for examination	Observe that the health facility has a complete examination set, which includes:			
		<ul style="list-style-type: none"> • Examination table with mattress of adequate height 	Y		
		<ul style="list-style-type: none"> • Good light source or torch light 	N		
		<ul style="list-style-type: none"> • Curtains for privacy 	N		
		<ul style="list-style-type: none"> • Sheet to cover the patient 	Y		
		<ul style="list-style-type: none"> • Bucket 	Y		
		<ul style="list-style-type: none"> • 0.5% chlorine solution, prepared daily per the infection prevention guideline; ensure the solution is in the procedure room 	N		
		<ul style="list-style-type: none"> • Foot ladder 	Y		
		<ul style="list-style-type: none"> • Sphygmomanometer 	Y		
		<ul style="list-style-type: none"> • Stethoscope 	Y		
		<ul style="list-style-type: none"> • Tongue depressor 	Y		
		<ul style="list-style-type: none"> • Weighing machine 	Y		
		<ul style="list-style-type: none"> • Cheatle forceps with jar 	Y		
		<ul style="list-style-type: none"> • Instrument pan and cover 	Y		
		<ul style="list-style-type: none"> • Cotton swabs 	Y		
		<ul style="list-style-type: none"> • Lignocaine jelly or K-Y jelly 	Y		
		<ul style="list-style-type: none"> • Povidone iodine 	Y		
		<ul style="list-style-type: none"> • Gloves of sizes 5, 6, and 7 	Y		
		<ul style="list-style-type: none"> • Cusco's bivalve speculum 	Y		

Serial number	Performance standards	Definition (verification criteria)	Y/N	NA	Remarks
		<ul style="list-style-type: none"> • Sims speculum 	Y		
		<ul style="list-style-type: none"> • Slides 	Y		
		<ul style="list-style-type: none"> • Ayer's spatula 	Y		
			0		
6	The facility has counseling services.	Observe if the health care provider:			
		<ul style="list-style-type: none"> • Greets the client warmly 	Y		
		<ul style="list-style-type: none"> • Keeps the door or partition closed 	Y		
		<ul style="list-style-type: none"> • Offers the client a seat 	Y		
		<ul style="list-style-type: none"> • Introduces himself or herself and the services available 	Y		
		<ul style="list-style-type: none"> • Assures the client of confidentiality 	N		
		<ul style="list-style-type: none"> • Asks the client's name, and calls her by her name 	Y		
		<ul style="list-style-type: none"> • Obtains or confirms personal information (name, address, etc.) 	Y		
		<ul style="list-style-type: none"> • Confirms purpose of the visit 	Y		
		<ul style="list-style-type: none"> • Assures necessary privacy during the visit: 	Y		
		<ul style="list-style-type: none"> – Says that the information disclosed during the visit will not be shared with anyone, except when required by the court of law 			
		<ul style="list-style-type: none"> – Restricts people coming in and out of the room during the visit 	N		
		<ul style="list-style-type: none"> – Asks the client about her reproductive health needs, provides options, books follow-up visits, and refers the client to appropriate places 	Y		
			0		

Tool	Total number of standards: 6
Total standards met at each assessment	2
Percent achievement	40%

Action Plan

The action plan for the site is a simple problem-solving and planning process presented in a table format. The staff should develop a separate action plan to monitor the actual performance and to find out specific gaps so that interventions can be developed for each gap. This action plan should be prepared by sitting with the staff of the health facility.

After completing the QI Tool and Summary Form, complete one of the action plans that follows:

1. For each standard, identify the criteria that were not met. Write the criteria that were not met in Column 1 of the action plan for that tool.
2. For Column 2, you can use a simple “Why? Why?” exercise to determine the cause of the poor performance on the criterion. For example:
 - a. If you answered “No” to performance standard on Tool: Infection Prevention, ask “Why are instruments not properly decontaminated?” Then, for each response, ask “Why?” again.
 - b. For example, the response may be that instruments are not properly decontaminated because staff do not know how to mix a 0.5% chlorine solution, how often to prepare the solution, and how long to soak instruments in the solution.
 - c. Ask “Why?” again. Why don’t staff know this information? “Because they are newly hired and haven’t been oriented to the job aids on this aspect of infection prevention.”
 - d. Why haven’t they been oriented? “Because the wall chart job aids are being re-printed.” Ask “Why?” until you have exhausted all influencing factors.
 - e. This process will lead you to the appropriate solution or solutions to improve performance on the standard.
3. Sometimes, there is more than one response to the “Why?” question.
 - a. In the example above, one response to the question, “Why are instruments not properly decontaminated?,” might be: “Because there are not enough containers to have one in each of the places where they are needed.”
 - b. Why are there insufficient quantity of containers? “Because an equipment order hasn’t been placed in 6 months.”
 - c. “Why hasn’t an equipment order been placed?” “Because . . .” And so forth.
 - d. Be sure to explore all possible factors that may be influencing the health facility’s ability to achieve the standard.
4. In Column 3, list possible solutions and steps needed to achieve the solution, including any external support that the hospital may need. In Column 4, assign a responsible person. In Column 5, indicate the deadline. Be certain that the person identified as responsible is included in the discussion. Finally, in Column 6, indicate the status of the actions taken.
5. Use the Action Plan Format (page 86) to prepare an action plan for the gaps identified at the health facility. Organize a meeting with the health facility management committee to prepare the action plan.
6. Once you have your action plan in place, provide one copy to the management committee of the health facility so that they can monitor and update the status of actions periodically, and keep one copy at your unit to address the gaps identified for improvement.

Sample Action Plan for Tool: Health Response for Gender-Based Violence

District: Kathmandu Name of the health facility: Tara Hospital Dates of QI assessment: Jan 21, 2015, _____, _____, _____

Column 1: Standard and criterion or step not performed well (problem)	Column 2: Cause of deficiency (root cause of problem)	Column 3: Actions or next steps (solutions)	Column 4: By whom (responsible person)	Column 5: By when	Column 6: Status
The facility has an adequate physical infrastructure.	Training guideline, treatment protocol, and materials related to information dissemination are not available in the hospital.	Coordinate with the District of Public Health Office for the materials.	Prabha	Feb 20	
The facility has adequate equipment for examination.	Support staff do not know how to prepare daily the 0.5% chlorine solution, per the infection prevention guideline, so the solution is not available in the procedure room.	Coordinate with management to provide infection prevention training for support staff.	Devi	Feb 20	
	There are no curtains for privacy.	Coordinate with management to procure and install curtains.	Devi	Jan 30	
The facility has counseling services.	The staff missed the step of assuring the client of confidentiality.	Keep the QI Tool during counseling so that the steps are not missed.	Prabha	Jan 22	

Action Plan Format

District: _____ Name of the health facility: _____ Action plan timeframe date: _____

Problem	Root cause of problem	Solutions	By when	Responsible person	Status

Prepared by: _____ Approved by: _____

Name: _____ Name: _____

Designation: _____ Designation: _____

Referral Directory

Make a sample referral directory that contains a list of social organizations, legal and paralegal services, and the names of security or other coordinating bodies in your community. For each entity, include the following information:

- a. Name and contact address or hotline number
- b. Services available
- c. Hours of operation
- d. Cost of services
- e. Safe home

Case Scenario for Documentation Exercise

Case Scenario 1

Maya Tamang is a 17-year-old girl studying in grade nine at the local school in Rasuwa, a 1-hour walk from her home. She is a healthy young girl who attained menarche 3 years ago and has regular cycles. She has a light brown bruise on her left cheek. With the help of her parents, she has filed a complaint against her class teacher who abused her physically and sexually 2 days ago at school during the extra-classes period in the afternoon, i.e., around 3 pm. When she came to the health post, along with her father Ram Bahadur Tamang, she stated that she was told by her class teacher to stay back for extra-classes while he sent her other friends home. In the classroom, he locked her in, forcefully pushed her and abused her. She could not fight him at that time. She went home and changed her clothes after taking a bath but before her parents came home. She was very anxious and complained of lower abdominal pain. She had a swollen right forearm, abrasions on her neck, two bite marks on her upper chest and left breast and a 4 cm laceration with mild bleeding on her left thigh. The genital examination revealed a few coarse, matted hairs in the pubic area and mild bleeding, at 7 o'clock position, from the torn hymen. The perianal area was within normal limits.

Complete the documentation form to record the medical examination's findings for Maya.

Case Scenario 2

Ram Chandra Danwar, a 10-year-old boy, is brought to your health facility by his mother and father. They are complaining of a physical assault by the factory owner where he worked 1-hour ago. He has a mole over his nose on the right side; he is crying and bleeding from the nose. His clothes are torn and covered in dust; his hair is messy. He gave a piece of cloth from his left arm (which is not his cloth), and his left arm is swollen with restricted mobility. He has pain in the left abdomen. There are multiple wounds on both knees with active bleeding.

Complete the documentation form to record the medical examination's findings for Ram Chandra.

Role-Play

Role-Play 1: Taking History from a Gender-Based Violence Survivor Who Has Recently Experienced an Abusive Incident

Sunlaxmi is a 22-year-old widow who lives with her father-in-law, mother-in-law, and brother-in-law; she lost her husband last year in a truck accident. She was reported to be missing since 5 pm the day before. She is brought by the police, along with her father-in-law, after she was found near the village's rice mill this morning; her clothes are torn apart, and she has a black eye and messy hair. She is very anxious and crying continuously while her father-in-law appears furious, hurling abusive words to her about her character.

The learners are given the roles of the survivor, father-in-law, police, health care provider, and an observer.

Points to be addressed while taking history from the survivor are:

1. Greeting and introducing oneself to Sunlaxmi and her father-in-law
2. Allowing only those who the survivor wishes in the room
3. Obtaining consent from the survivor
4. Reassuring and calming the survivor
5. Explaining her about her safety and confidentiality, and empowering her with regard to the time and pace of the interview
6. Providing information about legal provisions and need for medicolegal documentation
7. Documenting general information about the survivor
8. Documenting detailed history of the incident, enabling the survivor to maintain as much of her dignity as possible, and documenting the acts following the incident
9. Obtaining the gynecological, past, and surgical histories, along with contraceptive, vaccination, drug and alcohol use, HIV status, and hepatitis B virus vaccination status
10. Gathering information about the general mental status of the survivor by asking open-ended questions

Role-Play 2: Psychosocial Counseling

Your name is Bhagawati, and you now work as a primary school teacher in a village. A soldier who is your former classmate and now works in the barracks has come to his home village (the village where you are working and living) for a vacation. One evening, he visited you. He proposed sexual intimacy, but you refused. Then he jumped on you and undressed you and then forced you to have sexual intercourse. He was able to penetrate you against your will. You have now come to the clinic psychologically traumatized and complaining of genital pain. You also fear that you might be pregnant.

Script for the Health Care Provider or Social Worker

You, as the health care provider, have just found out that the survivor has come for the first time to the reproductive and child health clinic. You are going to counsel her.

Role-Play 3: Expert Witness in Court

Miss A, a 20-year-old girl working in the carpet factory, was brought by the police to Dr. X on January 3, 2015, for a medicolegal review, following an alleged sexual assault by an unidentified person on December 29, 2014. She was not speaking much but gave informed consent to Dr. X to perform a physical examination. On examination, the positive findings were as follows:

- Upper arms: multiple oval- or round-shaped, greenish-colored bruises over the inner and outer aspects of both upper arms
- Thighs and feet: multiple abrasions with scabs starting to break and fall
- Genital area: a laceration of around 2 cm at the 6 o'clock position in the posterior part of the hymen, which is in the process of healing

That same day, Dr. X submitted the report after documentation. There was a summons from the Kathmandu District Court for Dr. X to appear on July 28, 2015. He requested the hospital administration to write a letter and went to the court at 10:30 am on July 28. After showing the letter to the receptionist, he was taken inside the courtroom for expert witness testimony. Enact the role-play as described below with one learner as the government attorney (GA), one as the defense lawyer, one as the judge, and one as Dr. X.

- An officer of the court started to ask questions to Dr. X.
- The officer first wrote a statement: in the name of God, I speak only the truth here.

Question from the officer: What is your name, age, address, and official address, name of your father's or grandfather's doctor?

Doctor X: My name is X. I am 32 years old. I live in Kathmandu Metro City, and my address is 34 Baneshwar. I work at the Maternity Hospital in Thapathali, Kathmandu.

Question from the officer: Why you are here now?

Doctor X: Per the summons letter from this court, I am here.

Question from the officer: Have you ever been penalized for providing a false statement to the court?

Doctor X: No

There are other people, such as the GA and defense lawyer, who are sitting beside the doctor. Also, the accused, in handcuffs, is at one corner of the big room. The Judge is sitting higher up on a platform, watching the procedure. The GA started to ask questions to the doctor.

Question from the GA: Did you perform the medicolegal examination of Ms. A on January 3, 2015, and submit the medicolegal report with your opinions, doctor?

Doctor X: Yes, I did.

Question from the GA: What is the basis for this opinion you gave: "The injuries present on the upper arms are produced by blunt force, such as by hands, and the age of the injuries is consistent with alleged time of infliction?"

Doctor X: The injuries were mainly contusions and were in groups of more or less of similar sizes. The injuries were oval or roundish in shape, present on the inside and outside of the upper arms, and consistent with an imprint made by fingertips; the history provided by the examinee, which states she was forcefully held by the assailant's hand, corroborates this

finding. Also, the greenish color of the bruises corresponds to the bruise being present for 6 days.

Question from the GA: What other findings did you make during the examination?

Doctor X: There were a few abrasions over her thighs and feet, as I described in my report. I also found a recent laceration in the posterior aspect of the hymen, which was at the stage of healing.

Question from the GA: I have no more questions.

The following are questions posed by the defense lawyer in the cross-examination.

Question from the Defense Lawyer: May I know your qualification and experience in examining sexual assault cases?

Doctor X: I received my MBBS from the Institute of Medicine, and I have been working in the hospital for 2 years. I have examined, and prepared reports about, 10–12 cases of alleged sexual assault.

Question from the Defense Lawyer: As you have answered in a previous question, how can a doctor say injuries were produced by grabbing a person by the arms?

Doctor X: I described in my answer that as a doctor, I could corroborate the information provided by the survivor with the matching physical effects on her body. The nature, site, and size of the injuries looked consistent with the history provided in this case.

Question from the Defense Lawyer: Are there other reasons or causes that can injure the hymen?

Doctor X: Yes, there are other causes that can produce injuries to the hymen, such as by riding a bicycle, practicing an acrobatic sport, having a local infection, and so on, etc. Again, the injuries should be corroborated against the history of the case, time of the incident, and age of the injury. If all the facts match, then most likely, the injuries are from the particular incident of sexual abuse.

After reading the doctor's testimony, the judge also may ask some questions.

Question from the Judge: Doctor, within which time limit would a vaginal swab analysis identify the spermatozoa?

Doctor X: International guidelines suggest collecting vaginal swabs for spermatozoa within 4 days of the incident, but there may be a negative report if the assailant had not ejaculated inside the vagina, either because the assailant had a vasectomy or was azoospermatic.

Supplies for Service Delivery

Examination and Procedure Room

1. Medical emergency set
 - Resuscitation set
 - Ambu bag
 - Mask
 - Emergency drugs
 - Injectable hydrocortisone
 - Injectable adrenaline
 - Injectable Avil
 - Intravenous cannula
 - Intravenous set
 - Injectable Ringer's lactate or normal saline
 - Oxygen cylinder
 - Foley's catheter
 - Urobag
2. Drugs
 - Tablet: Azithromycin 500 mg
 - Tablet: Cefixime 200 mg
 - Tablet: Metronidazole 400 mg
 - Capsule: Doxycycline 100 mg
 - Tablet: Paracetamol
 - Post-exposure prophylaxis for HIV*
 - Post-exposure prophylaxis for surface antigen of the hepatitis B virus**
 - Tetanus immunoglobulin**
 - Local anesthetic drugs (injectable Xylocaine)
 - Injectable Ranitidine 150 mg
 - Injectable Tetanus Toxoid
 - Antiemetics
 - Sedatives
3. Test kit
 - Urine pregnancy test (UPT) kit
 - HIV testing kit***
4. Emergency contraceptive
 - Combined oral contraceptive pills
 - Intrauterine contraceptive device
5. Infection prevention
 - Disposable and utility gloves
 - Gown
 - Goggles
 - Mask
 - Cap

- Boot
 - Waste disposal bucket
 - Virex
 - Puncture-proof container
 - Soap
 - Autoclave for sterilization
6. For sample collection
- Stainless steel tray
 - Gloves
 - Masks
 - Cap
 - White sheet
 - Gown for survivor
 - Measuring tape
 - Toothpick
 - Plastic tweezers
 - Nail cutter
 - Torch light
 - Tongue depressor
 - Disposable syringes
 - Normal saline
 - Swab sticks (long and short)
 - Glass slides
 - Specula (small, medium, and large)
 - Labeling tape
 - Permanent marker
 - Paper envelopes (small and big)
 - Comb
 - UPT kit
 - Lighter
 - Vial and test-tube for blood and urine collection
 - Cotton
 - *Laha chap*
 - Candle
 - Plastic apron

Note:

* Available in antiretroviral therapy centers

** In case of suspect, refer to higher-level care center.

*** Available in HIV testing service

Group-Based Training Schedule

Day 1	Day 2	Day 3	Day 4
<p>AM</p> <p>Session A: Start of Training Session</p> <ul style="list-style-type: none"> • Registration • Welcome and objectives • Overview of the training and learning materials • Introduction • Participants' expectation • Knowledge assessment • Individual learning plan • Experience sharing self-study • Value clarification game 	<p>AM</p> <p>Review agenda</p> <p>Review previous day's activities</p> <p>Session C: Guiding Principles for Working with Survivors and Identification</p> <ul style="list-style-type: none"> • Role-play <p>Session D: Health Response to Gender-Based Violence—Physical Examination</p> <ul style="list-style-type: none"> • Review of checklists for examination • Animation video • Review of documentation forms 	<p>AM</p> <p>Review agenda</p> <p>Review previous day's activities</p> <p>Session G: Health response to Gender-Based Violence—Child</p> <ul style="list-style-type: none"> • Review of exercise • Brainstorming • Discussion • Review of handout • Review of case study <p>Session H: Psychosocial Counseling</p> <ul style="list-style-type: none"> • Review of exercise • Illustrated lecture • Discussion • Group work 	<p>AM</p> <p>Review agenda</p> <p>Review previous day's activities</p> <p>Session K: Role of Police</p> <ul style="list-style-type: none"> • Illustrated lecture <p>Session L: Beyond Clinic, Self-Care of Health Care Provider and Safety Plan for Gender-Based Violence Survivor</p> <ul style="list-style-type: none"> • Review of exercises • Brainstorm • Review of health care provider's self-care and safety plan <p>Session M: Overall Summary of the Training</p> <ul style="list-style-type: none"> • Discuss quality improvement process and action plan preparation • Review referral directory
1–1:30 LUNCH	1–1:30 LUNCH	1–1:30 LUNCH	1–1:30 LUNCH
<p>PM</p> <p>Session B: Overview of Gender-Based Violence</p> <ul style="list-style-type: none"> • Review of exercises • Brainstorming • Group work • Discussing the role of health care providers <p>Session C: Guiding Principles for Working with Survivors and Identification</p> <ul style="list-style-type: none"> • Review of exercises • Group work • Consent exercise • Quiz <p>Summary of the day</p>	<p>PM</p> <p>Session E: Forensic Services:</p> <ul style="list-style-type: none"> • Review of exercises • Demonstration and redemonstration <p>Session F: Management of the Adult Survivor</p> <ul style="list-style-type: none"> • Review of exercises • Group work • Illustrated lecture • Case study • Discussion <p>Discussion on the Knowledge Assessment</p> <p>Summary of the day</p>	<p>PM</p> <p>Session H: Psychosocial Counseling</p> <ul style="list-style-type: none"> • Role-play • Do's and Don'ts game <p>Session I: National Provision and Institutional Framework for Gender-Based Violence</p> <ul style="list-style-type: none"> • Brainstorm • Game • Case study <p>Session J: Medical Examiner as an Expert in the Court</p> <ul style="list-style-type: none"> • Illustrated lecture • Role-play <p>Summary of the day</p>	<p>PM</p> <p>Session N: Skills Assessment</p> <p>Closing</p> <ul style="list-style-type: none"> • Overall summary • Course evaluation • Complete registration form • Review participants expectations • Review knowledge and Skills Assessment • Closing
<p>Assignment: Complete exercises and case studies for discussion the following day</p>	<p>Assignment: Complete exercises and case studies for discussion the following day</p>	<p>Assignment: Complete exercises and case studies for discussion the following day</p>	

Evaluation of Health Response to Gender-Based Violence Training

(To Be Completed by the Learner)

Please indicate your opinion regarding the training using a 1–4 scale. Each number in the scale is defined below:

4 = Excellent 3 = Very good 2 = Needs improvement 1 = Unsatisfactory

Content	Rating
1. I understand the meaning of gender-based violence (GBV).	
2. I understand my responsibilities in providing services to a GBV survivor.	
3. I am confident in my ability to identify GBV survivors among patients in a clinical setting.	
4. I am confident in my ability to provide counseling and support to GBV survivors (adults and adolescents).	
5. I am confident in my ability to provide counseling and support to GBV survivors (children).	
6. I am confident in my ability to take detailed history of GBV survivors (adults).	
7. I am confident in my ability to take detailed history of GBV survivors (children).	
8. I am confident in my ability to perform head-to-toe examination (adult).	
9. I am confident in my ability to perform head-to-toe examination (child).	
10. I am confident in my ability to provide treatment to the survivor (adult).	
11. I am confident in my ability to provide treatment to the survivor (child).	
12. I am confident in my ability to collect samples for forensic evidence.	
13. I am confident in my ability to support the survivors in creating safety plans to ensure their safety.	
14. I am confident in my ability to assess the mental health of the GBV survivor.	
15. I am confident in my ability to create a safety plan to ensure my own safety.	
16. I am confident in my ability to maintain records and reports and provide them to relevant facilities.	
17. I am confident in my ability to coordinate with different services (stakeholders) to provide what the survivor needs.	
18. I am confident in my ability to make appropriate referrals.	

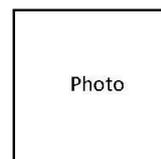
Please write your suggestion to improve this training course, if any.

Participant Registration Form



2069/12/22

Government of Nepal
 Ministry of Health and Population
 National Health Training Center
TRAINING REGISTRATION FORM



Training Name :- Participant Trainer / Co-Trainer/co-ordinator

Training Site :- Region :-

Starting Date :-..... Ending Date:-..... Fiscal Year:-.....

PERSONAL INFORMATION

Name (in Block Letter) :-

नेपालीमा :

Sex :- Male Female Other

Date Of Birth (yyyy/mm/dd) (BS):-

<u>CURRENT HOME ADDRESS</u>	<u>CASTE:-</u>
District :-	<input type="checkbox"/> Dalit
VDC/Municipality :-..... Ward No. :-.....	<input type="checkbox"/> Disadvantaged Janjati
Phone No.:-	<input type="checkbox"/> Disadvantaged Non Dalit Terai Caste Group
Email:-	<input type="checkbox"/> Religious Minorities
	<input type="checkbox"/> Relatively advantaged Janjatis
	<input type="checkbox"/> Upper Caste Groups

<u>Cadre</u>	<u>Sponsor:-</u>
1. Medical :-	<input type="checkbox"/> Government
2. Nursing :-	<input type="checkbox"/> Non Government (Specify) :-
3. Public Health :-.....	<input type="checkbox"/> Semi Government (Specify) :-
4. Paramedics :-	<input type="checkbox"/> Self :-
5. AHW/ANM:-.....	<input type="checkbox"/> Others (Specify) :-
6. Others :-	

<u>WORKING PLACE</u>	
Working Organization :-	
District :-	VDC/Municipality :-..... Ward No. :-.....
Phone No.:-	Fax:-.....Post :-Level:-
Civil S. Reg No(सिस्टरोल नं.):- HuRIC No.:-..... Citizenship No.:-..... Council Reg. No:-	

.....
 Participant Sign. Trainer Name & Sign.

Knowledge Assessment Questionnaire

Choose the one best answer and circle it.

Chapter 1

1. Acid attacks or other attacks that cause physical pain, discomfort or injury are examples of a:
 - a. Physical assault
 - b. Sexual assault
 - c. Emotional abuse
 - d. Harmful traditional practice
2. One of the following may have been the direct consequence of gender-based violence (GBV):
 - a. Alcohol and substance abuse
 - b. Cancer
 - c. Diabetes
 - d. Renal failure
3. The government of Nepal has identified which the following centers to provide integrated services to GBV survivors:
 - a. Primary health center
 - b. Ministry of law and justice
 - c. One-stop crisis management centers
 - d. Ministry of women, children, and social welfare

Chapter 2

4. Abortion is considered illegal if the pregnancy is:
 - a. < 9 weeks and with a woman's consent
 - b. Up to 18 weeks and is the result of rape or incest with woman's consent
 - c. 18 weeks along and sex of the child has been determined
 - d. A threat to the woman's physical and mental health
5. A GBV survivor shall be liable to a fine or imprisonment if:
 - a. She, out of anger, strikes using a weapon, stick (lathi), or stone during her rape
 - b. The offender dies at the site within 1 hour of his (or her) pursuit
 - c. The survivor kills the offender after 1 hour
 - d. The survivor attacks the offender within 1 hour

6. If a suit on the matter of rape is not filed within _____ days following the incident, the suit shall not be valid.
 - a. 6 months
 - b. 7 days
 - c. 15 days
 - d. 30 days

Chapter 3

7. The following must be available at the health facility to maintain a GBV survivor's privacy.
 - a. A common examination room for all female patients
 - b. Access to operation theatre
 - c. A separate room with visual and auditory privacy
 - d. An HIV care and treatment clinic
8. The health facility should have the following drugs available for GBV survivors:
 - a. Post-exposure prophylaxis (PEP)
 - b. Oxytocin
 - c. Misoprostol
 - d. Iron and calcium

Chapter 4

9. While dealing with GBV survivors, a health care provider:
 - a. Has right to disclose the survivor's information to anyone
 - b. Should not blame or judge the survivor
 - c. Can hand over the records and reports to the police without the survivor's consent
 - d. Can take consent of the GBV survivor by any means
10. The health care provider should communicate with the survivor by:
 - a. Asking open-ended questions and empathizing with her
 - b. Giving her a small lecture about the rights of women
 - c. Probing about the perpetrator who is known to the provider
 - d. Listing the negative consequences of GBV

11. A support staff at the hospital who overhears the conversation between a survivor and a health care provider:
 - a. Can disclose information to the social worker to help the survivor without her knowledge
 - b. Should keep all the information confidential
 - c. Can report it directly to the police to act upon the guilty person
 - d. Should call his friends to hear the entire story
12. As soon as the health care provider encounters the survivor, he or she should:
 - a. Greet her and assure her of privacy
 - b. Take her to the examination room
 - c. Give her PEP
 - d. Start maintaining records and reports

Chapter 5

13. An unconscious patient is brought by her friend, reporting of sexual abuse. The first step is to:
 - a. Wait for the patient to gain consciousness for informed consent.
 - b. Call the police and forensic expert as soon as possible.
 - c. Rule out medical emergency and resuscitate her.
 - d. Ask her friend about the incident in detail.
14. She awakes after a few minutes, and you introduce yourself. She doesn't want her friend to accompany her for the examination.
 - a. Reassure her that he was the one who brought her, so he should be there.
 - b. Let the friend hide behind the curtain and hear everything.
 - c. Call 5–10 other helpers instead of her friend as supporters.
 - d. Respect her choice, and only allow other people in the examination room with her consent.
15. The first step to perform after obtaining informed consent is to:
 - a. Take detailed history, according to the format.
 - b. Conduct medical management with examination.
 - c. Provide psychosocial and medicolegal support.
 - d. Begin the investigation and sample collection.

16. During the examination, the survivor refuses genital examination. What do you do?
- Go ahead with the examination anyway.
 - Threaten her she may never get justice if she refuses it.
 - Explain the process reassuringly to her, and respect her decision.
 - Seek help of others to restrain her and do the examination.
17. All of the following samples should be collected for forensic examination **except**:
- Blood
 - Hair
 - Fingernail scrapings
 - Stool
18. The best emergency contraception for a survivor presenting within 3 days of the incident is:
- Progesterone only pills
 - Intrauterine contraceptive device
 - Implant
 - Depo-Provera
19. PEP should be initiated within:
- 28 days
 - 72 hours
 - 120 hours
 - 1 month
20. Survivors are at an increased risk of contracting all of the following except:
- Syphilis
 - Gonorrhea
 - Hepatitis A
 - HIV
21. Follow-up visits are recommended at:
- 2 weeks, 1 month, 3 months, and 6 months
 - 3 weeks, 2 months, 6 months, and 1 year
 - 2 weeks, 1 month, 3 months, and 2 years
 - 2 weeks, 3 months, 9 months, and 1 year

22. The health care provider dealing with a GBV survivor is generally:
- Required to be empathetic and respectful
 - Required to be sympathetic
 - Required to be smart and daring
 - Required to be inquiring
23. Common types of psychological disorders due to GBV are:
- Paranoid schizophrenia
 - Anxiety and depressive disorders
 - Bipolar affective disorder
 - Personality disorder
24. A 3-month-old child survivor should be examined:
- In a supine position
 - On the guardian's lap
 - On a chair
 - In lithotomy position
25. Regarding the performance of a speculum examination in prepubertal girls, the following statement is true:
- A must for all girls with history of any abuse
 - Only when suspecting internal bleeding or penetrating injury
 - Can be done without the consent of the child or guardian
 - Should be done after digital examination only
26. The approach to examining a highly agitated child includes:
- Asking the parents to bring her the next day
 - Restraining her and performing the examination
 - Examining the child after giving painkiller and sedatives
 - Taking consent for examination under general anesthesia
27. In a medical management of a child with physical or sexual abuse, or both, the number one priority is to:
- Find out who committed abuse
 - Take detailed history, and record it for medicolegal purpose
 - Improve the health of a child
 - Prevent future abuse

28. A 14-year-old girl was brought with complaints that she has been sexually abused by her neighbor. She also feels that he follows her all the time, and she hears him talking with his friends about her, which her parents deny. What do you do?
- There is no need to perform a detailed examination to rule out sexual abuse, as this girl is probably having a mental health problem.
 - This girl needs a detailed examination to rule out sexual abuse (mental harm).
 - While evaluating the minor with the mental health problem for sexual abuse, it is compulsory to have parents or guardians present.
 - While evaluating a girl with the mental health problem, it is compulsory to have a court order.

Chapters 6–8

29. Planning about financial backup, transport, and support systems are part of:
- The safety plan for GBV survivors
 - Self-care of the health care provider
 - Recording and reporting cases
 - Psychosocial support provided to the survivor
30. The responsibility of maintaining hard copies of consent forms and medicolegal forms belongs to the:
- Survivor
 - Lawyer
 - Health care provider
 - Support person or guardian

Section 2: On-the-Job-Training

On-the-Job Training Course Outline

Using the On-the-Job Training Course Outline

Both you and your facilitator will use an on-the-job training (OJT) course outline that tells you what to do during your gender-based violence (GBV) training. It is structured for self-study with support from your facilitator, subject experts, and a learning partner if you have one. Activities are listed in a suggested weekly schedule; however, learning should be done when you have an opportunity to do so. All activities may not get completed in the suggested week, and this is alright. Try to make use of the meeting with your facilitator and the subject matter experts to clarify your queries that will enable you to provide the necessary services to a GBV survivor.

Your facilitator will ask you to sign the OJT course outline at the end of each week.

Roles and Responsibility of Lead Facilitator as Coordinator

The lead facilitator will coordinate with different subject matter experts during the training period.

On-the-Job Training Course Outline For Providing Care to Survivors of Gender-Based Violence

Facilitator's Name: _____ Date Started Course: _____

Upon completion of each activity in the course outline, the learner should place a check mark next to the completed activity in the blank space provided.

Time	Learner's Activities	Facilitator's Activities
<p>At least 2 weeks prior to the start of the training activities</p>		<p>PREPARATION—before a learner starts the on-the-job training (OJT) course, the facilitator should:</p> <p>Review the Facilitator's Guide for Blended Learning, Learner's Guide for OJT, and the course outline. Note that the facilitators need to use the session plans for group-based training to facilitate each session during the OJT so that the overall training materials are covered during OJT.</p> <p>Set up a training area according to the guidelines in the Facilitator's Guide for Blended Learning, including materials, supplies, and a video player and monitor.</p> <p>Review the <i>Clinical Protocol on Gender-Based Violence</i>. Preview the animation video listed in the Facilitator's Guide for Blended Learning.</p> <p>Review all of the exercises, learning guides, and checklists. If needed, practice specific skills.</p> <p>Ensure that the site is appropriate, and all equipment and supplies for service provision and training are available.</p> <p>Identify an area to facilitate OJT meetings.</p> <p>Ensure that the Mama-U model, comb, glass slides, cotton tip swabs, lab container, specula, gloves, envelopes, <i>Laha chap</i> (wax and stamp), candle, and lighter are available for the training.</p>

Time	Learner's Activities	Facilitator's Activities
Day 1		
	Introduction _____ Read the Introduction on pages 1–6 in the Learner's Guide for OJT	Provide the learners with the Learners' Guide for OJT and the <i>Clinical Protocol on Gender-Based Violence</i> on the first day of the course.
	_____ Meet with your facilitator. _____ Complete the individual learning plan and identify and plan for the course to be completed in the coming days.	Meet with your learners to discuss the OJT course and the goals and objectives. Review the learning package and then discuss the responsibilities of the learner and facilitator. <ul style="list-style-type: none"> • Review individual learning plan and discuss. • Review the OJT course schedule and outline, and explain that the learners should mark and date each step as it is completed. The facilitator will sign off on each section where indicated. • Share a personal story of an encounter with a GBV survivor and the challenges faced. • Share evaluation methodologies used during the course.
	_____ Complete the Knowledge Assessment Questionnaire.	Make copies of the knowledge questionnaire for all learners. Administer the Knowledge Assessment test. Let the learners know that the result will be shared during the next meeting. The facilitators can plan their sessions according to the results (in which sessions learners need more support).
	_____ Complete the participant registration form on the last page in the Learner's Guide for OJT.	Make sure the participants thoroughly complete the participant registration form.
	_____ Participate in the value clarification exercise.	Make sure there is enough space and the learners do a value clarification game, per the instructions given on page 5 of the facilitators' guide, and discuss any questions that arise.
	Activities completed: Facilitator _____ Date _____	When the learner has completed the Knowledge Assessment, sign and date this section.

Time	Learner's Activities	Facilitator's Activities
Week 1		Set up a time to meet with your learners and explain the activities of Week 1, i.e., Chapters 1 and 4.
	<p>_____ Read Chapter 1: Preface and study Figure 1 in the <i>Clinical Protocol on Gender-Based Violence</i>.</p> <p>Note for learners: All chapters to be read are in the <i>Clinical Protocol on Gender-Based Violence</i> and exercises and case studies are in the Learner's Guide for OJT. If you have any queries, make a note to discuss them with your facilitator.</p>	<p>Note: If there are any cases of GBV, participants can observe the clinical examination one at a time, ensuring confidentiality and privacy to the survivor.</p>
	<p>_____ Go through Annex 1 from clinical protocol.</p>	
	<p>_____ Complete the Chapter 1 exercise in the Learner's Guide for for OJT on page 15.</p>	
	<p>_____ Meet with your facilitator to discuss gender versus sex, global scenario of GBV, GBV in Nepal, and risk factors and consequences.</p>	<p>Set up time with the learners. Use Session Plan B for facilitating the meeting.</p>
	<p>_____ Read Chapter 4: Guiding Principles for Working with Survivors.</p>	
	<p>_____ Complete exercises for Chapter 4 in the Learner's Guide for for OJT on page 17 . If you have any queries, make a note to discuss them with your facilitator at the end of the week.</p>	
	<p>_____ Complete exercise for Chapter 5 (question number 1) in the Learner's Guide for OJT on page 19.</p>	
	<p>_____ Go through the checklist of history-taking in the Learner's Guide for OJT on page 21.</p>	
	<p>_____ Review Job Aids 1 and 2 in the Learner's Guide for OJT on page 23 and 25.</p>	
	<p>_____ Meet with your facilitator and participate in group work related to Guiding Principles for Working with Survivors.</p>	<p>Set up a time with the learners for the meeting. Use Session Plan C to facilitate the meeting.</p>
	<p>Activities completed:</p> <p>Facilitator _____ Date _____</p>	<p>When the exercises and activities have been completed, sign and date this section.</p>

Time	Learner's Activities	Facilitator's Activities
Week 2		Set up time to meet with your learners and explain the activities of Week 2, i.e., Chapter 5.
	_____ Read Chapter 5: Health Response to GBV. If you have any queries, make a note _____ to discuss them with your facilitator at the end of the week.	
	_____ Go through the definitions in learners' guide for OJT on page 31.	
	_____ Go through Annexes 3–14 in the <i>Clinical Protocol on Gender-Based Violence</i> .	
	_____ Review the Checklists for the Examination of the Female and Male in the Learner's Guide for OJT on page 33 and 35.	
	_____ Meet with your facilitator to discuss the physical examination.	Set up a time to meet with your learners. Use Session Plan D to facilitate the meeting.
	_____ Go through Handout 1 on the Introduction to Forensic Evidence in the Learner's Guide for OJT on page 39.	
	_____ Go through the Chain of Custody in the Learner's Guide for OJT on page 45.	
	_____ Review the Checklists for the Collection of Vaginal Swabs in the Learner's Guide for OJT on page 47.	
	_____ Complete exercises for Chapter 5 (questions 2–8) in the Learner's Guide for OJT on page 49.	
	_____ Meet with your facilitator to discuss forensic services.	Set up a time to meet with your learners. Use Session Plan E to facilitate the meeting.
	_____ Complete exercises for Chapter 5 (questions 9–12) in the Learner's Guide for OJT on page 52.	
	_____ Complete Case Studies 2 and 3 in the Learner's Guide for OJT on page 55 and 57.	
	_____ Meet with your facilitator to discuss the investigation and treatment of survivors.	Set up a time to meet with your learners. Use Session Plan F to facilitate the meeting.
	Activities completed: Facilitator _____ Date _____	When the exercises and activities have been completed, sign and date this section.

Time	Learner's Activities	Facilitator's Activities
Week 3		Set up time to meet with your learners and explain the activities of Week 3, i.e., Chapters 5–9.
	_____ Go through Job Aid 3 in the Learner's Guide for OJT on page 61.	
	_____ Go through Checklist for the Examination of the Child Survivor in the Learner's Guide for OJT on page 63.	
	_____ Go through Handout 2 on Psychosocial Care for the Child Survivor in the Learner's Guide for OJT on page 65.	
	_____ Complete exercises for Chapter 5 (questions 14–15) in Learner's Guide for OJT on page 67.	
	_____ Complete Case Study 4 for the child survivor in the Learner's Guide for OJT on page 69.	
	_____ Meet with your facilitator and discuss a health response to the child survivor.	Set up a time to meet with your learners. Use Session Plan G to facilitate the meeting.
	_____ Go through Handout 3 on Psychosocial Support in the Learner's Guide for OJT on page 71.	
	_____ Complete exercises for Chapter 5 (question number 13), on page 65, in the Learner's Guide for OJT on page 73.	
	_____ Meet with your facilitator to discuss about psychosocial counseling.	Set up a time to meet with your learners. Use Session Plan H to facilitate the meeting.
	_____ Read Chapter 2: National Provision and Institutional Framework for GBV from clinical protocol. If you have any queries, make a note to discuss them with your facilitator.	
	_____ Read Annex 18 on national legal provisions from clinical protocol.	
	_____ Complete Case study 1 (Decision on the Case of Mrs. A) in the Learner's Guide for OJT on page 77.	
	_____ Go through Handout 4: Evidence in Court as Expert Witness in the Learner's Guide for OJT on page 79.	

Time	Learner's Activities	Facilitator's Activities
	<p>_____ Meet with your facilitator and subject matter expert (lawyer) to review your responses to the case study and queries related to Chapter 2 and Annex 18, and discuss the medical examiner serving as an expert witness in the court.</p>	<p>Set up a time with the learners to meet with the subject matter expert (lawyer). Use Session Plan I to facilitate the meeting.</p> <p>Note for the Facilitator: Discuss the roles and responsibilities of different divisions and organizations. Also, go through Session J with the expert (lawyer) on the same day.</p>
Week 4		Set up a time to meet with your learners and explain the activities of Week 4.
	<p>_____ Meet with your subject matter expert (police) to discuss your queries related to the roles of the police.</p>	Coordinate with the police and arrange for the learners to interact. Use Session Plan K to facilitate the meeting.
	<p>_____ Complete exercises for Chapter 6 and 7 in the Learner's Guide for OJT on page 85 and 87.</p>	
	<p>_____ Complete Case Study 5 (Safety Plan for Survivors) in the Learner's Guide for OJT on page 89.</p>	
	<p>_____ Complete Health Care Provider Self-Care and Safety Plan in the Learner's Guide for OJT on page 91.</p>	
	<p>_____ Meet with your facilitator and discuss developing a safety plan for survivors, as well as developing a health care provider self-care and safety plan.</p>	Set up a time to meet with your learners. Use Session Plan L to facilitate the meeting.
	<p>_____ Go through Handout 5: Quality Improvement Tools in the Learner's Guide for OJT on page 93, and go through Appendix 17 in the <i>Clinical Protocol on Gender-Based Violence</i>. Fill in the QI tools by visiting your health facility, and discuss with your supervisor the gaps identified. Review supplies on page 101 of the Learner's Guide for OJT, and discuss the availability of supplies.</p>	
	<p>_____ Prepare a referral directory, per the guidance in the Learners' Guide for OJT on page 103, by discussing it with your management team and facilitators.</p>	Set up a time to meet with your learners. Use Session Plan M.

Time	Learner's Activities	Facilitator's Activities
	<p>_____ Meet with your facilitator for Skills Assessment and closing of the OJT.</p>	<p>Set up a time to meet with your learners for final Knowledge and Skills Assessment. Make copies of the Knowledge Assessment Questionnaire for all learners. Administer the Knowledge Assessment. Discuss the results with the learners and. Anyone scoring less than 85% will need to retake the Knowledge Assessment.</p> <p>Use Session Plan N for the Skills Assessment.</p>
		<p>Send the completed Participant Registration Form to the National Health Training center for certification. Check the registration form for completeness before sending.</p>

Note to the facilitator: If there are any cases of GBV, participants can observe how the case is clinically managed one person at a time; ensure that the survivor's confidentiality and privacy is maintained while taking history and performing the examination.

Section 3: Group-Based Training

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Group-Based Training Schedule

Day 1	Day 2	Day 3	Day 4
<p>AM</p> <p>Session A: Start of Training Session</p> <ul style="list-style-type: none"> Registration Welcome and objectives Overview of the training and learning materials Introduction Participants' expectation Knowledge assessment Individual learning plan Experience sharing self-study Value clarification game 	<p>AM</p> <p>Review agenda</p> <p>Review previous day's activities</p> <p>Session C: Guiding Principles for Working with Survivors and Identification</p> <ul style="list-style-type: none"> Role-play <p>Session D: Health Response to Gender-Based Violence—Physical Examination</p> <ul style="list-style-type: none"> Review of checklists for examination Animation video Review of documentation forms 	<p>AM</p> <p>Review agenda</p> <p>Review previous day's activities</p> <p>Session G: Health response to Gender-Based Violence—Child</p> <ul style="list-style-type: none"> Review of exercise Brainstorming Discussion Review of handout Review of case study <p>Session H: Psychosocial Counseling</p> <ul style="list-style-type: none"> Review of exercise Illustrated lecture Discussion Group work 	<p>AM</p> <p>Review agenda</p> <p>Review previous day's activities</p> <p>Session K: Role of Police</p> <ul style="list-style-type: none"> Illustrated lecture <p>Session L: Beyond Clinic, Self-Care of Health Care Provider and Safety Plan for Gender-Based Violence Survivor</p> <ul style="list-style-type: none"> Review of exercises Brainstorm Review of health care provider's self-care and safety plan <p>Session M: Overall Summary of the Training</p> <ul style="list-style-type: none"> Discuss quality improvement process and action plan preparation Review referral directory
1–1:30 LUNCH	1–1:30 LUNCH	1–1:30 LUNCH	1–1:30 LUNCH
<p>PM</p> <p>Session B: Overview of Gender-Based Violence</p> <ul style="list-style-type: none"> Review of exercises Brainstorming Group work Discussing the role of health care providers <p>Session C: Guiding Principles for Working with Survivors and Identification</p> <ul style="list-style-type: none"> Review of exercises Group work Consent exercise Quiz <p>Summary of the day</p>	<p>PM</p> <p>Session E: Forensic Services:</p> <ul style="list-style-type: none"> Review of exercises Demonstration and redemonstration <p>Session F: Management of the Adult Survivor</p> <ul style="list-style-type: none"> Review of exercises Group work Illustrated lecture Case study Discussion <p>Discussion on the Knowledge Assessment</p> <p>Summary of the day</p>	<p>PM</p> <p>Session H: Psychosocial Counseling</p> <ul style="list-style-type: none"> Role-play Do's and Don'ts game <p>Session I: National Provision and Institutional Framework for Gender-Based Violence</p> <ul style="list-style-type: none"> Brainstorm Game Case study <p>Session J: Medical Examiner as an Expert in the Court</p> <ul style="list-style-type: none"> Illustrated lecture Role-play <p>Summary of the day</p>	<p>PM</p> <p>Session N: Skills Assessment</p> <p>Closing</p> <ul style="list-style-type: none"> Overall summary Course evaluation Complete registration form Review participants expectations Review knowledge and Skills Assessment Closing
Assignment: Complete exercises and case studies for discussion the following day	Assignment: Complete exercises and case studies for discussion the following day	Assignment: Complete exercises and case studies for discussion the following day	

Session Plan A

Session	Topic	Time
A	Introduction Welcome, objective of the training, introduction, logistics management, Knowledge Assessment, and individual learning plan	150 mins (2 hrs and 30 mins)
	Session Objectives	
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> • Understand the objective of the training; • Assess knowledge regarding gender-based violence (GBV); and • Experience sharing of the self-study process. 	
	Methods and Activities	Materials and Resources
60 mins	<ul style="list-style-type: none"> • Welcome all participants. • Explain the objective of the training. <ul style="list-style-type: none"> – Initiate clinical care and general treatment of survivors of GBV by providing quality care in the form of identification; management, including psychosocial counseling; linkages to legal system; and appropriate referral. • Distribute the participant stationery (notebook, pen, agenda). • Ask the participants to introduce themselves in pairs by giving their names, work sites, and work experience. • Explain the logistics (per diem, management of lunch, tea). • Distribute the Participant Registration Form ask the participants to bring it in completed the next day. • Develop ground rules for the training sessions. • Ask the learners, daily, to volunteer for each activity: serve as officer of the day, review agenda, provide daily warm-up and summary. • Explain about the parking lot. • Explain about the mood chart and how it helps trainers gauge the training's progress and the learners' views each day. It helps the trainers make changes to the training as required. • Assess participants' expectations. • Present the agenda of the day. 	<ul style="list-style-type: none"> • Group-based training agenda • Participant stationery • Participant registration form of National Health Training Center • Flip chart for agenda of the day • Flip chart for ground rules • Flip chart for daily activity chart • Flip chart for parking lot • Flip chart for participant expectations • Mood chart
30 mins	<p>Knowledge Assessment</p> <ul style="list-style-type: none"> • Distribute the Knowledge Assessment Questionnaire to each participant. Instruct them to read it, choose the one best answer, and circle the answer on the questionnaire. Give them 30 minutes to complete the pre-test. Collect the questionnaires and inform the learners that the results will be shared later. <p>Trainer's Note: The participants have completed the Knowledge Assessment Questionnaire during the</p>	Knowledge Assessment Questionnaire

	self-paced learning. Those who scored 85% or higher can be waived from completing the Knowledge Assessment. Those who scored less than 85% need to be provided with additional support, and they need to retake the Knowledge Assessment on the 3rd day.	
20 mins	Individual learning plan <ul style="list-style-type: none"> Review the individual learning plan worksheet, which the participants completed during the self-paced learning. Discuss the individual learning plan. 	Individual learning plan worksheet (laminated flip chart)
10 mins	Experience sharing of self-study <ul style="list-style-type: none"> Ask a few (4–5) participants to volunteer to share their learning experiences in the self-study. 	
30 mins	Facilitate the value clarification game based on the instructions given on page 5 of the Facilitator’s Guide for Blended Learning.	

Instructions for Value Clarification Game

Vote With Your Feet

Objectives

1. To assess the learner's attitudes about gender and gender-based violence (GBV)
2. To help the learner understand the impact of personal attitudes on service delivery

Instructions for the Game

Find a space where participants can easily move around. Designate one side of the space as “**Agree**” and the opposite side as “**Disagree**.”

Read one of the statements listed below out loud. Ask participants to respond by moving closest to the sign (agree or disagree) that corresponds to their opinion. Participants should choose where they stand based on how strongly they agree or disagree with the statement.

The statements listed are examples. Choose a few for the activity, depending on how much time is available. Move slowly through the statements. After each statement, facilitate a discussion about why people chose the response they did. Use questioning to dig deeper into the underlying belief systems. Allow some time for debate between people of differing viewpoints. After a short debate, ask people if they would like to change their position. It is important to maintain a nonjudgmental atmosphere during this exercise. Allow each person to express his or her thoughts without making a judgment about who is right or wrong. These are complicated, emotional issues, and some participants may react strongly to the statement and others' views. Remember, everyone brings his or her own personal perspective to this exercise.

Values Clarification Statements

- Most women are abused by strangers. Women are safe when they are home.
- Women also abuse men just as often as men abuse women.
- Women must like the violence, otherwise they would leave the abusive relationship.
- Women are finally safe when they leave the relationship.
- Violence stops when a woman becomes pregnant.
- If a husband scolds his wife, she should report it to the proper authorities.
- A woman can say “no” if she doesn't want to have sex with her husband.
- Psychological abuse is just as harmful as physical abuse.
- Bride price (dowry) makes women seem like men's property.
- GBV happens more to poor and marginalized women.
- Men cannot control themselves. Violence is simply a part of their nature.
- Survivors of GBV provoke the abuse through their inappropriate behavior.
- Wife-beating is normal and a private matter, so it is not a case of GBV.

After the exercise is complete, facilitate a group discussion using the following questions as a starting point; ask additional probing questions as appropriate. Encourage debate within the group, and be ready to spend some time discussing the issues that arise.

- How did it feel to confront values that you do not share?
- What did you learn from this experience?
- Did you change your opinion about any of the issues?

Adapted from: Cooperative for Assistance and Relief Everywhere, Inc., International Center for Research on Women (ICRW). 2007. ISOFI Toolkit: Tools for learning and action on gender and sexuality. ICRW website. <http://www.icrw.org/files/publications/ISOFI-Toolkit-Tools-for-learning-and-action-on-gender-and-sexuality.pdf>. Accessed May 2, 2016.

Take Away Message

Close the activity by explaining that we want to understand the variety of personal and institutional beliefs, norms, and values related to GBV through the participants' personal reflections. Part of this includes individuals and cultures holding contradictory values—being aware of these contradictions is important when working with GBV survivors. Even though we may be familiar with GBV and the importance of addressing it, some of the issues may be difficult for us to work on. Looking at our socialization and how our cultures feel about violence toward women and girls may influence the way we address this issue in our activities or whether we even address it at all.

Changing mindsets takes time. It is important for people to know that changing their opinion is possible; it is healthy to examine one's attitudes and adjust them if necessary.

Adapted from: Herstad, B. 2009. Mobilizing religious communities to respond to gender-based violence and HIV: A training manual. Health Policy Initiative website. www.healthpolicyinitiative.com/Publications/Documents/1020_1_FBO_GBV_Training_Manual_FINAL_1_27_10_acc.pdf. [Published October 2009.] Accessed May 2, 2016.

Session Plan B

Session	Topic	Time
B	Overview of Gender-Based Violence <ul style="list-style-type: none"> Review of exercises, interactive presentation, and group work 	100 mins (1 hr and 40 mins)
Session Objectives		
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> Demonstrate understanding of gender-based violence (GBV) and its implications for the work, which include: <ul style="list-style-type: none"> Explaining the concept of GBV; Describing the magnitude of the problem of GBV in Nepal; Describing the different classifications of GBV typically experienced in Nepal; Explaining the risk factors and consequences of GBV; and Describing the role of the health care provider. 	
	Methods and activities	Materials and resources
10 mins	Review Chapter 1 exercise, which the learners completed during their self-study course, and discuss any queries.	Learner's Guide for Blended Learning Approach
15 mins	<ul style="list-style-type: none"> Gender versus sex brainstorm and discussion Ask the learners to define gender and sex. Use a flip chart to list the answers given by the learners. Use questions and discussion throughout the presentation, as indicated on slides. Global scenario and GBV in Nepal Write different percentages in the metacard and ask the participants to take one metacard each. Explain to the participants that the percentage is related to GBV in Nepal, relative to the global situation. Ask them to elaborate accordingly. Risk factors and consequences Use the PowerPoint (PPT) slides to generate discussion. Summarize using the PPT slides. 	PPT slides, flip chart paper, metacards, masking tape, and markers
30 mins	Group work <ul style="list-style-type: none"> Divide learners in three groups. Ask them to discuss and write down the consequences of GBV as follows: <ul style="list-style-type: none"> Group 1: Physical trauma Group 2: Psychological trauma and stress Group 3: Fear and control Give 10 minutes for the group discuss and prepare a presentation (on flip chart paper). Give each group 5 minutes to present. After 10 minutes, reassemble the class and ask each group to present their answers using their flip charts. Summarize the session using Figure 1 in the <i>Clinical Protocol on Gender-Based Violence</i>. 	Flip chart paper, markers, masking tape, and <i>Clinical Protocol on Gender-Based Violence</i>

Session	Topic	Time
30 mins	<p>Group work</p> <ul style="list-style-type: none"> • Ask the participants to sit with their own group. Distribute slips with topics, as per Annex 1, to the groups, and ask participants to present on the topics. <ul style="list-style-type: none"> – Group 1: Sexual violence, physical assault, and psychological and emotional abuse – Group 2: Witchcraft, dowry system, denial of resources, opportunities or services <i>badi, chhaupadi</i> – Group 3: Forced marriage, early Marriage, <i>jhuma, deuki</i> • Give the group 10 minutes to discuss and prepare their presentation (on flip chart paper). Give each group 5 minutes to present. • After 10 minutes, reassemble the class and ask each group to present their answers using their flip charts. • Summarize using Annex 1 of the <i>Clinical Protocol on Gender-Based Violence</i>. 	Flip chart paper, markers, masking tape, and <i>Clinical Protocol on Gender-Based Violence</i>
5 mins	Discuss the role of the health care provider using PPT slides.	PPT slides
10 mins	Summarize and review the session using the GBV Tree. Prepare a picture of the tree. Prepare metacards with key words related to types of GBV, contributing factors, and root causes. Provide one metacard to each learner, and ask each learner to stick the metacards where appropriate and summarize the session.	

Answer Key

Exercise for Chapter 1: Preface

1. Match the following terms to the definitions listed in the table below.

Answers:

Definition	Term
a. Forced sex	Rape
b. <i>Chhaupadi</i>	Harmful traditional practice
c. Unwanted kissing	Sexual assault
d. Slapping	Physical abuse
e. Humiliation	Psychological assault

2. Verify whether each statement below is true or false.

Statement	True or False
a. Violence against women is an inherent part of maleness or a natural expression of male sexual urges.	False
b. Women should tolerate violence to keep the family together.	False
c. Most gender-based violence (GBV) is perpetrated by the survivor's close associates or acquaintances.	True
d. Domestic violence is due to poverty or lack of education.	False
e. There may be no physical or genital injuries in survivors of GBV.	True
f. Sex workers cannot be raped.	False

3. Rekha, who is recently married, is forced to have sex against her will with her husband every day. He also forced her to leave her job so that she could help his mother with house chores. He abuses her verbally and even beats her daily over trivial matters. He travels often and has sex with commercial sex workers. Discuss the types of violence that Rekha is encountering.

Answers:

- Marital rape—sex against her will
- Physical assault—beats everyday
- Denial of resources—forced to leave job
- Psychological and emotional abuse—verbal abuse

4. Provide examples of GBV encountered during these various stages of life:

Answers:

- Prebirth—sex-selective abortion
- Infancy—female infanticide, neglect (health care, nutrition)
- Childhood—child abuse, malnutrition, female genital mutilation, child marriage
- Adolescence—forced early marriage, forced prostitution, forced sexual relation, *chaupadi*, sexual harassment, trafficking, forced abortion, pregnancy, childbirth, etc.
- Reproductive age—dowry killings, intimate partner violence, honor killings, denial of resources, marital rape
- Elderly—elder abuse, widow abuse, abuses related to witchcraft

Session Plan B—PowerPoint Slides

Overview of Gender-Based Violence (GBV)



Gender versus Sex

Gender:

- Refers to the economic, social, political, and cultural attributes and opportunities associated with being women and men.
- The social definitions of what it means to be a woman or a man vary among cultures and change over time.
- A sociocultural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality.

Sex:

- Refers to the biological characteristics of males and females and does not vary across societies, cultures, or historical periods.

Introduction

GBV is a grave social and human rights concern.

Definition of GBV:

- “Violence that is directed against a woman because she is a woman or violence that affects women disproportionately. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.”

U.N. Convention for the Elimination of All Forms of Discrimination against Women (1992)

Populations at Particular Risk of GBV



Lesbian, gay, bisexual, and transgendered (LGBT) people are at particular risk of experiencing GBV because they represent a direct challenge to traditional gender norms and roles.

Third Gender in Nepal



LGBT and Single Parents

Surrogacy in Nepal is allowed for people from all backgrounds: Same-sex (Gay) couples, heterosexual couples and singles. Same sex couples can choose to birth, sperm, or come for a fresh cycle.

<http://www.thehimalayantribune.com/stories/164666/lgbt-and-single-parents>



Magnitude of GBV

- Global estimates indicate that **35%** of women are affected by either physical and/or sexual intimate partner violence or non-partner sexual violence.
- One-third (**30%**) of all women who have been in a relationship have experienced physical and/or sexual violence by their **intimate partner**.
- The World Health Organization (WHO) estimated the lifetime prevalence of physical or sexual violence, or both, varied from **15% to 71% in 10 countries**.

Nepal Scenario

The prevalence of sexual violence ranges from 12% to 50%.

The 2011 Nepal Demographic and Health Survey (NDHS) showed that among women (15 to 49 years of age):

- 22% had experienced physical violence
- 12% has experienced sexual violence
- 3% of women had reported their experience of violence to **service providers**

Nepal Scenario, cont.

- **Half** of Nepalese women have experienced violence at some point in their lives, and **three-quarters** of the perpetrators were their intimate partners, including husbands.
- There is a **higher suicide rate** among women of reproductive age.
- Traditional practices like early marriage, *jhooma*, *badi*, *deuki*, *chhaupadi*, polygamy, polyandry, witchcraft, dowries, etc. are still rampant.

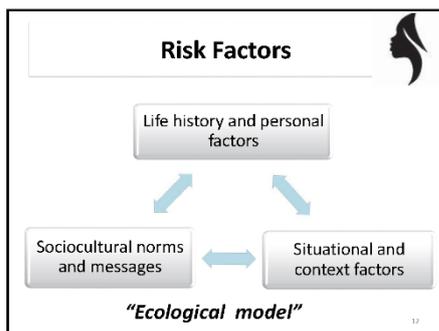
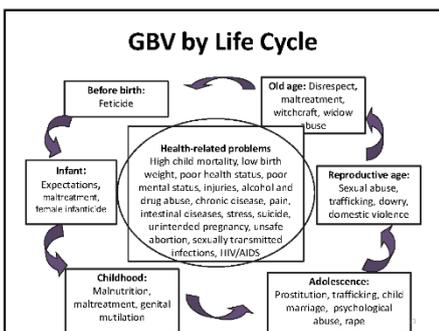
Forms of GBV

- ➔ Rape
- ➔ Sexual assault
- ➔ Physical assault
- ➔ Forced marriage
- ➔ Denial of resources, opportunities, or services
- ➔ Psychological/emotional abuse

SEXUAL VIOLENCE

Forms of GBV, cont.

Sexual violence	Physical violence	Psychological violence	Socio-economic violence
• harassment, rape, incest, trafficking...	• battering, female infanticide, child beating...	• threats, insults, blackmailing, humiliation, oppression...	• discriminatory access to basic health care, inadequate shelter and food, armed conflict...



Risk Factors, cont.

At individual level

- Intimate partner violence as a child, abuse or witness to violence as a child, HIV status, absent or rejecting father...

At relationship level

- Association with gang members, delinquent or patriarchal peers, male control over HIV, multiple partners of the husband, economic hardship, male alcohol/substance abuse...

At social/ community level

- Lack of economic opportunities for men, high neighborhood crime rate...

At institutional/state level

- Cultural norms supporting violence, or male dominance and women's obedience and sexual availability, discriminating policies and laws, women's access and control over resources...

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Consequences

Health Outcomes of Violence against Women and Girls

Nonfatal Outcomes

Physical consequences

- Injuries
- Functional impairments
- Prominent disabilities

Negative health behaviours

- Alcohol and drug abuse
- Smoking
- Sexual risk-taking
- Self-injurious behaviour

(Psycho-)somatic consequences

- Chronic pain syndrome
- Irritable bowel syndrome
- Gastrointestinal disorders
- Urinary tract infections
- Respiratory disorders

Consequences for reproductive health

- Period, gynaecological diseases
- Sexually transmitted diseases
- Unwanted pregnancy
- Pregnancy complications
- Miscarriage/low birth weight

Psychological consequences

- Post-Traumatic Stress Disorder
- Depression, Fear, Panic disorders
- Eating disorders
- Lower self-esteem
- Suicidal tendencies

Fatal Outcomes

- Fatal injuries
- Killing
- Homicide
- Suicide

Role of the Health Worker

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Health Care Provider's Role

- Health care providers may be a person's **“first point of contact.”**
- According to the NDHS 2011:
 - One out of four women in Nepal who have ever experienced any form of physical or sexual violence has sought help from any source.
 - 3% of the women seek help from health care providers (doctors/medical personnel).
- It is important for the provider to be attuned to any sign of violence.

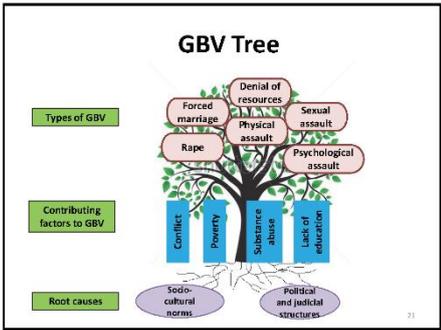
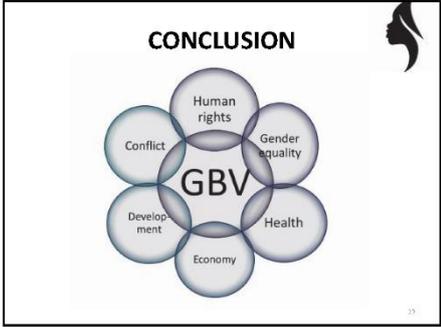
17

Health Care Provider's Role, cont.

It is recommended that the health care provider:

- Identify the violence** (detection and screening).
- Provide care to the survivor** (treatment and psychosocial counseling).
- Make appropriate referrals** (medicolegal information and community networks).
- Coordinate with the different sectors**—health sectors and civil society organizations at central, district, and community levels (safe shelter, rehabilitation, awareness, and prevention).

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Session Plan C

Session	Topic	Time
C	Guiding Principles for Working with Survivors and Identification of Gender-Based Violence Survivor <ul style="list-style-type: none"> Review of exercises, interactive presentation, and role-play 	130 mins (2 hrs and 10 mins)
Session objective		
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> Apply guiding principles and practices when working with clients, focusing on informed consent; Recognize signs of abuse in adults and children; and Identify a gender-based violence (GBV) survivor in a clinical setting. 	
	Methods and activities	Materials and resources
20 mins	<ul style="list-style-type: none"> Review exercises of Chapters 4 and 5 (question 1), which the participants completed during the self-study course. 	PowerPoint slides, Learner's Guide for Blended Learning Approach, and <i>Clinical Protocol on Gender-Based Violence</i>
30 mins	Group work <ul style="list-style-type: none"> Divide the participants into three groups, and ask them to discuss topics given to them and prepare a presentation (flip chart). Give 10 minutes to the group for its discussion and preparation. <ul style="list-style-type: none"> Group 1: Confidentiality and privacy Group 2: Right to information, ensure safety of the survivor, empowering the survivor Group 3: Gender sensitivity and equality <p>Ask the group to present. Give 5 minutes to each group to present.</p>	Flip chart paper, marker, and masking tape
15 mins	Divide the participants into small groups. Distribute a slip to each group. Ask them to discuss and share the response with the bigger group. <p>Note for facilitators: Print the consent exercise, cut it, and distribute it to the groups.</p>	Consent exercise on page 23 in the Facilitator's Guide for Blended Learning
15 mins	Quiz on red flags in the identification of GBV survivors in a clinical setting <ul style="list-style-type: none"> Divide the participants into two groups. Ask the participants to tell one point at a time. Summarize the flags using Job Aid 1. 	Job Aid 1 and Learner's Guide for Blended Learning Approach

Session	Topic	Time
45 mins	<p>Structured role-play using checklist Divide the learners into groups of three. Ask participants to:</p> <ul style="list-style-type: none"> • Review Checklist for History-Taking (page 35 in the Learner’s Guide for Blended Learning Approach), • Review Job Aid 1 (page 47 in the Learner’s Guide for Blended Learning Approach). • Perform Role-Play 1 (on page 91 in the Learner’s Guide for Blended Learning Approach). • Review the consent form (Annex 2 in the <i>Clinical Protocol on Gender-Based Violence</i>). • Ask participants to practice the role-play in their own groups using the checklist, consent form, and Job Aid 1 for 30 minutes. • Ask one of the groups to perform the role-play for all to observe. • Ask other participants to observe the role-play using the Checklist for History-Taking and the points to be followed in the structured role-play. • Provide feedback about the role-play, referring to the points to be addressed and the checklist. <p>Summarize the key points using the first part until history-taking in Job Aid 2 (see Figure 2 about clinical protocol) on page 49 in the Learner’s Guide for Blended Learning.</p>	Learner’s Guide for Blended Learning Approach and <i>Clinical Protocol on Gender-Based Violence</i>
5 mins	Summarize and review the session.	

Consent Exercise

Read aloud the following examples, and ask participants to discuss with their neighbors if informed consent is present or not:

1. A 16-year-old girl needs school fees, and her parents cannot provide them. She goes to the teacher to ask for help, and he says he will help her if she has sex with him. The girl agrees to have sex with him.
2. A woman gets a job at an office as a secretary for an important businessman. She really needs the job, and he knows it. He starts to ask her to have sex with him and touches her in the office. When she resists, he says she will be fired if she does not do what he says. He says he can easily find an obedient employee. The woman agrees to have sex with him.
3. In a very traditional and patriarchal family, the father of a 19-year-old girl tells her that he has arranged for her to marry a certain man. The girl does not know the man very well; he is much older than she is, but she agrees to the marriage.
4. A refugee woman with three children approaches an armed soldier at a checkpoint. The woman has been separated from the rest of her family and community. She is seeking refuge at a town on the other side of the checkpoint. The soldier asks the woman for some money to pay the fee, then he will let her through the checkpoint (there is no fee—he is asking for a bribe). The woman explains she has no money and nothing of value to offer. The soldier tells the woman that he will let her through if she has sex with him. The woman agrees to have sex with him.

Answer:

Consent is very connected to the idea of coercion. Coercion is persuading an unwilling person to do something by force, threat, or trickery. In examples 1 and 2 above, the teacher or the boss coerced the person into having sex. Any coerced sex—sex without informed consent—is abuse.

Answer Key

Chapter 4 Exercises: Guiding Principles for Working with Survivors

1. Choose the options from below that reflect maintaining confidentiality while working with gender-based violence (GBV) survivors:

Answers (in bold type):

- a. **A separate room with auditory and visual privacy than for other patients is made available for GBV survivors.**
- b. The health worker explains to the survivor that she must tell her story herself to all of her family members.
- c. The information provided to the health worker can be circulated to people and places the health care provider thinks are appropriate.
- d. **The health worker should follow the system of coding to protect the name and other personal details of the survivor in a separate registry.**
- e. **Confidentiality should be maintained even during follow-up visits, including where and when the survivor would like to be contacted.**

2. Match the following according to the principle:

Answers (in bold type):

a. The survivor is encouraged to make her own decisions.	Empowering
b. Information of the survivor is disclosed only with her consent.	Confidentiality
c. Treatment is not refused based on the color of the survivor's skin, <i>jat</i> (caste, ethnicity), occupation, etc.	Gender sensitivity and equality
d. Care should be holistic and supportive with a "no-harm" attitude.	Safety

3. What are the principles of ethics to be kept in mind while speaking to a survivor?

Answers (in bold type):

- a. **Confidentiality and privacy**
 - b. **Right to information**
 - c. **Ensure safety of survivor**
 - d. **Empowering the survivor**
4. **To assure gender sensitivity and equality** during documentation of history, which of the following is true?

Answers (in bold type):

- a. Make sure all of the information provided is true, ask questions to re-confirm.
- b. Ask the survivor's relative to stay, even if the survivor objects, to protect the examiner from any future counterclaims.
- c. Call your colleagues and seniors to consult about a unique situation (finding, question).
- d. **Note all information provided by the survivor, as stated in her own language, and read back to the survivor all information documented to its ensure correctness.**

Answer Key

Chapter 5 Exercise: Health Response (History-Taking)

5. Which of the following items are relevant to assess when taking history from a gender-based violence survivor?

Answers (in bold type)::

Item	Relevant? (Yes or No)	
History about the perpetrator	Yes	
Contraceptive history	Yes	
Family history of hypertension		No
History about food habits		No
History of activities following incident, such as bathing, changing clothes	Yes	
History of travel to recent places		No

Identification of Intimate Partner Violence (IPV)

Universal screening NOT recommended but...

❖ Evidence does not support "screening" and where prevalence is high and referral options limited, may bring little benefit to women and overwhelm providers; however, certain sites (e.g., mental health, HIV testing and counseling, antenatal care) may consider screening provided that certain requirements are met.

❖ Clinical enquiry is recommended—providers should know when and how to ask.

❖ Written information on IPV should be made available in health care settings—posters, pamphlets, leaflets made available in private areas such as women's washrooms.



1

Asking about IPV

Minimum requirements:

- A protocol/standard operating procedure



- Training on how to ask and first-line response

- Private setting

- Confidentiality ensured

- System for referral in place



Red Flags of Suspected GBV



- Symptoms of depression, anxiety, post-traumatic stress disorder (PTSD), sleep disorders
- Suicidal tendencies or self harm
- Alcohol and other substance use
- Unexplained chronic gastrointestinal symptoms
- Unexplained reproductive health symptoms, including pelvic pain, sexual dysfunction

2

Red Flags of Suspected GBV, cont.

- Adverse reproductive outcomes, including multiple unintended pregnancies and/or terminations, delayed pregnancy care, adverse birth outcomes
- Unexplained genitourinary symptoms, including frequent bladder or kidney infections or other
- Repeated vaginal bleeding and sexually transmitted infections (STIs)
- Chronic pain (unexplained)

3

Red Flags of Suspected GBV, cont.

- Traumatic injury, particularly if repeated and with vague and irrelevant explanations
- Problems with the central nervous system—headaches, cognitive problems, hearing loss
- Repeated health consultations with no clear diagnosis
- Intrusive partner or husband in consultations

4

High-Risk Individuals

- Unaccompanied women
- Lone female heads of household
- Children and young adults
- Children in foster care
- Physically and mentally disabled men and women
- The homeless or poor

5

High-Risk Individuals, cont.

- Individuals in prison or held in detention
- Individuals with a past history of rape or sexual abuse
- Individuals in an abusive intimate or dependent relationship
- Victims of war or armed conflict situations

7

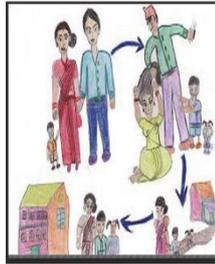
Clinical Conditions Associated with IPV

Box 1 Examples of clinical conditions associated with intimate partner violence*

- Symptoms of depression, anxiety, PTSD, sleep disorders
- Suicidality or self-harm
- Alcohol and other substance use
- Unexplained chronic gastrointestinal symptoms
- Unexplained reproductive symptoms, including pelvic pain, sexual dysfunction
- Adverse reproductive outcomes, including multiple unintended pregnancies and/or terminations, delayed pregnancy care, adverse birth outcomes
- Unexplained genitourinary symptoms, including frequent bladder or kidney infections or other
- Repeated vaginal bleeding and sexually transmitted infections
- Chronic pain (unexplained)
- Traumatic injury, particularly if repeated and with vague or implausible explanations
- Problems with the central nervous system – headaches, cognitive problems, hearing loss
- Repeated health consultations with no clear diagnosis
- Intrusive partner or husband in consultations

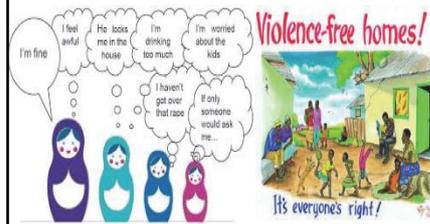
* Adapted from Black M.C. Intimate partner violence and adverse health consequences: implications for clinicians. *American Journal of Lifestyle Medicine*, 2011, 5:428–439.

Injuries on areas of the body covered by clothing usually have ...
a story to tell.



8

Thank you!



Session Plan D

Session	Topic	Time
D	Health Response—Physical Examination <ul style="list-style-type: none"> Video show 	100 mins (1 hr and 30 mins)
Session objective		
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> Discuss and conduct a detailed physical examination of the gender-based violence survivor according to protocol; and Document results of the physical examination in appropriate forms. 	
	Methods and activities	Materials and resources
50 mins	Brainstorm with the participants about the 11 steps in the physical examination (according to 5.1.6: Examination in the <i>Clinical Protocol on Gender-Based Violence</i>), and explain to them that the video demonstrates these 11 steps. <p>Video</p> <ul style="list-style-type: none"> Show the video about the physical examination of GBV survivors, along with the exercises. <p>Notes</p> <ul style="list-style-type: none"> After slide 10 in the video, the trainer should explain that the scenario is of a recent incident. After slide 17 in the video, stop and review steps 1–5 in the Checklist for the Examination of the Female Survivor in the Learner’s Guide for Blended Learning Approach (page 37). After slide 29 in the video, stop and review steps 6–8 in the checklist referenced above. After slide 36 in the video, stop and review steps 9–10 in the checklist referenced above. After slide 41 in the video, stop and review steps 11–13 in the checklist referenced above. After slide 45 in the video, stop and review steps 14–18 in the checklist referenced above. After slide 49 in the video, stop and review steps 19–24 in the checklist referenced above. Show rest of the slides in the video. 	LCD, laptop, speakers, video, and Clinical Protocol on Gender-Based Violence
10 mins	<p>Discussion</p> <ul style="list-style-type: none"> Ask the participants if they have any queries regarding the physical examination of the adult (male or female). 	
30 mins	<p>Review the documentation forms</p> <ul style="list-style-type: none"> Ask the participants to review Annexes 3 and 4 in the <i>Clinical Protocol on Gender-Based Violence</i>. Ask the participants to complete the forms in Annexes 3 and 4 using Case Scenario 1 on page 89 in the Learner’s Guide for Blended Learning. 	Clinical Protocol on Gender-Based Violence and Learner’s Guide for Blended Learning Approach
5 mins	Summarize and review the session.	

Session Plan E

Session	Topic	Time
E	Health Response—Forensic Services <ul style="list-style-type: none"> Interactive presentation, demonstration, redemonstration 	130 mins (2 hrs and 10 mins)
Session objective		
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> Define the meaning of forensic evidence; Explain the procedures for collecting and handling specimens and other relevant information for medicolegal evidence; Explain the procedures for the storage and transportation of samples of forensic evidence; Describe how to document forensic evidence; and Complete the chain of custody form. 	
	Methods and activities	Materials and resources
10 mins	<ul style="list-style-type: none"> Review Chapter 5 exercises (questions 2–7), which the participants completed during the self-study course. 	Learner's Guide for Blended Learning Approach
10 mins	<ul style="list-style-type: none"> Review the participants' understanding on how to collect forensic evidence, per Handout 1 (Introduction to Forensic Evidence) on page 53 in the Learner's Guide for Blended Learning Approach. Make sure to cover principles A and B in collecting forensic evidence. 	Learner's Guide for Blended Learning Approach
45 mins	<ul style="list-style-type: none"> Demonstration and redemonstration <ul style="list-style-type: none"> First demonstrate the steps for collecting vaginal swab sample for forensic investigation using the checklist on page 43 in the Learner's Guide for Blended Learning Approach. Demonstrate the steps to prepare the swab and paper container in which to store the swab. Complete the Chain of Custody Form on page 59 in the Learner's Guide for Blended Learning Approach. Complete the form in Annex 16. 	Demonstration materials listed on page 27 in the Facilitator's Guide for Blended Learning
10 mins	<ul style="list-style-type: none"> Grab-bag game <ul style="list-style-type: none"> Divide the participants into two groups. Provide instructions for the game. Each group will be given a bag containing different materials. The winner will be the one that matches the most number of pairs of items in the bag, e.g., comb and pubic hair, clothing and paper bag, toothpick and nails, etc. Provide one bag to each group. Allow 5 minutes for the game, and announce the winner after counting the number of pairs each group made. Ask the participants to review question 8. <p>Note for facilitator: Facilitators need to prepare two bags with materials, as per question 8 in Chapter 5.</p>	
60 mins	<ul style="list-style-type: none"> Redemonstrate the steps to the participants on how to collect evidentiary samples 	
5 mins	Summarize and review the session.	

List for Demonstration

Item	Number needed
Mama U	3
Large envelope	24
Small envelope	24
Stainless steel tray with lid	3
Sponge forceps	3
Cotton	1 small roll
Swab stick	24
Torch light	3
Wrapper	6 (1 x 1 meter)
Disposable gloves	1 packet
Disposable mask	24
Disposable cap	24
Waste disposal bucket	3
Puncture proof container	3
Soap	3 bars
White sheet	3
Measuring tape	3
Tooth pick	1 packet
Plastic tweezers	3
Nail cutter	3
Syringes	24
Normal saline (small bottle)	3
Glass slide	1 box
Speculum	1 small, 1 medium, and 1 large
Labeling tape	1 roll
Permanent marker	3
Comb	3
Lighter	3
<i>Laha chap</i>	3
Candle	3
Plastic apron	3

Answer Key

Chapter 5 Exercise: Health Response (Forensic Services)

2. Match each specimen type listed in the table below to how it should be stored.

Answers (in bold type):

Specimen type	Storage of specimen
Biological samples for histopathology	10% Formalin
Wet specimen	Dried and then put in paper envelope
Dry specimen	Paper envelope
Metal evidence	Plastic bag

3. An examinee presents with a history of sexual assault perpetrated by her father-in-law. Examination shows that there are multiple abrasions and contusions present over her genitalia. Microscopic examination shows presence of spermatozoa in vaginal swab, and no other significant finding is present.
- What is your opinion?
 - Is this rape?

Answers (in bold type):

- The findings correlate with history of recent sexual intercourse.**
 - Yes**
4. Examinee presents with history of sexual assault perpetrated by her teacher. Examination shows no significant findings. Hymen is ruptured and has healed scar over the 5 o'clock position. What is your opinion?

Answers (in bold type):

- There are no significant findings that indicate recent sexual intercourse. However, the lack of evidence indicating recent sexual intercourse cannot prove the absence of sexual activity, especially in sexually habituated females.**

5. While documenting the chain of custody, who will sign the document?

Answer (in bold type):

- Doctor and a witness (e.g., nurse)
- Police and a witness (e.g., nurse)
- Doctor and police**
- Doctor only

6. What information must be documented in the chain of custody?

Answers (in bold type):

- a. **Name of the person submitting and receiving the evidence**
 - b. **Designation**
 - c. **Date**
 - d. **Signature**
 - e. **Official stamp**
7. Draw lines to match the words on the left column to the words on the right column.

Answers (in bold type):

Vaginal swabs	Cotton swab sticks
Pubic hair	Comb
Finger nail scrapings	Toothpick or nail cutter
Foreign fibers	Tweezers
Clothing	Paper bags

8. Complete the table below. (The first row has been completed to help you complete the other rows.)

Answers (in bold type):

Site	Material	Equipment	Sampling instructions
Blood	<i>Drugs</i>	<i>Appropriate tube</i>	<i>Collect 10 ml of venous blood</i>
	<i>DNA of survivor</i>	<i>Appropriate tube</i>	<i>Collect 10 ml of blood</i>
Anus (rectum)	Semen and lubricant	Cotton swabs	For semen collection, use swabs and slides to collect the samples. For lubricant, use swabs and dry them before packing.
Clothing	Foreign materials (semen, blood, hair, fibers)	Paper bags	Clothing should be placed in a paper bag or bagss. Wet items should be bagged separately.
Genitalia	Semen	Cotton swabs and slides	Use separate swabs and slides to collect and plate material collected from the introitus, middle part of vaginal canal, and the posterior fornix. Lubricate the speculum with water, not lubricant, or collect a blind vaginal swab.
Hair	As control to compare other hair found on the scene	Sterile container	Cut approximately 20 strands of hair and place them in a sterile container.

Site	Material	Equipment	Sampling instructions
Mouth	Semen	Cotton swabs, sterile container	Swab multiple sites in the mouth with one or more swabs. To obtain a sample of oral washings, ask the survivor to rinse her or his mouth with 10 ml of water, and collect the rinse in a sterile container.
	DNA (survivor)		
Nails	Skin, blood, fibers, etc.	Sterile toothpick or nail cutter	Use the toothpick to collect material from under the nails; or cut the nails, and the clippings can be stored in a sterile container.
Sanitary pads or tampons	Foreign material (semen, blood, hair)	Sterile container	Collect if the pad or tampon was used during or after vaginal or oral penetration.
Skin	Semen	Cotton swab	Swab sites where semen may be present.
	Saliva, blood	Cotton swab	Dry the swab after collecting the sample.
	Foreign matter (matted hair, grass, etc.)	Swab or tweezers	Place the material in a sterile container (e.g., envelope or a bottle).
	Injuries	Pictogram or photograph	Record when there is evidence of physical harm or injuries.
Urine	Drugs	Sterile container	Collect approximately 100 ml of urine.

Session Plan F

Session	Topic	Time
F	Health Response—Investigation and Treatment of Survivors <ul style="list-style-type: none"> Group work, interactive presentation, case study 	90 mins 1 hr and 30 mins
Session objectives		
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> Identify investigations needed, on behalf of the gender-based violence (GBV) survivor; Refer GBV survivor to services, as appropriate; Provide pregnancy test and refer, as appropriate, to services for HIV and other sexually transmitted disease; and Provide post-exposure prophylaxis. 	
	Methods and activities	Materials and resources
10 mins	<ul style="list-style-type: none"> Review the exercises for Chapter 5 (questions 9–12), which the participants completed during the self-paced learning. Review Job Aid 2, up to the investigation section. 	Learner's Guide for Blended Learning Approach
20 mins	Group work <ul style="list-style-type: none"> Divide participant into three groups. Ask them to discuss among themselves and document on flip chart paper the management of the following topics. Ask them to present their notes using the flip chart. <ul style="list-style-type: none"> Group 1: Post-exposure prophylaxis Group 2: Family planning and emergency contraception Group 3: Sexually transmitted infections <p>Give the groups 10 minutes to discuss and prepare their presentation. After 10 minutes, reassemble the class, and ask each group to present their work using the flip chart. Give 5 minutes to each group to present.</p>	Flip chart papers, markers, masking tape, Learner's Guide for Blended Learning Approach
10 mins	Rapid fire game <p>Divide the learners into two groups. Group 1 is given 2 minutes to answer the Questions 1–10. Group 2 is given 2 minutes to answer Questions 11–20. The facilitator reviews the answers.</p>	Use questions on page 43 of the Facilitator's Guide for Blended Learning
10 mins	Four-corner activity for follow-up <ul style="list-style-type: none"> Place four flip chart papers in four corners. On one flip chart paper, write 2 weeks; on the second, write 1 month; on the third, write 3 months; and on the fourth, write 6 months. Ask the participants to walk to each corner of the room and write the activities that needs to be done in the stated time period. Ask participants to not repeat what is already written. Ask four participants to volunteer, assign a flip chart to each volunteer, and ask the volunteers to present each timeline. 	Prepared flip chart papers, markers, masking tape

25 mins	<p>Case study Review Case Study 2 (Requesting for Investigations) on page 29, and review Case Study 3 (Treatment of Pregnant Survivor of Gender-Based Violence) on page 31 of the Learner’s Guide for Blended Learning Approach. The participants completed both case studies during the self-study portion of the course.</p>	Learner’s Guide for Blended Learning Approach
5 mins	Summarize and review the session.	

Questions for Rapid Fire Game

1. HAART stands for highly active, antiretroviral therapy. **(True)**
2. Antiretroviral therapy (ART) increases the chance of transmitting HIV virus from unsafe sex. **(False)**
3. Post-exposure prophylaxis (PEP) reduces the risk of HIV infection only after exposure to unsafe sex. **(False)**
4. PEP is the short term use of ART drugs to prevent HIV transmission. **(True)**
5. Antiretroviral prophylaxis given immediately after exposure can stop the virus from infecting the individual. **(True)**
6. PEP should be provided if the exposure occurred more than 72 hours ago. **(False)**
7. PEP is not provided for chronic exposure due to repeated, unprotected sex. **(True)**
8. The current recommended duration of PEP is 28 days, and the first dose should be offered within 72 hours of the exposure. **(True)**
9. HIV testing should be performed 3 and 6 months after the exposure. **(False)**
10. People who are HIV positive should receive PEP. **(False)**
11. PEP can be taken during pregnancy and lactation. **(True)**
12. Preferred regime for PEP in adults and adolescents is: Tenofovir disoproxil fumarate (TDF) + lamivudine (3TC) + lopinavir/ritonavir (LPV/r) or atazanavir/ritonavir (ATV/r). **(True—Reference: HIV Guideline 2014)**
13. Preferred regimen for PEP in children ≤ 10 years of age is: AZT+3TC+LPV/r. **(True)**
14. A high degree of adherence to PEP is necessary to reduce risk of transmitting HIV. **(True)**
15. Emergency contraceptive should be provided within 5 days after the sexual intercourse. **(True)**
16. Hepatitis B vaccine should be offered to the survivor within 28 days of the exposure. **(False)**
17. Hepatitis B immune globulin (HBIG) and hepatitis B vaccine are not contraindicated in pregnancy. **(True)**
18. If a perpetrator has acute hepatitis B infection, survivor should receive HBIG. **(True)**
19. A repeat pregnancy test is needed at 6 weeks if emergency contraception is not received by survivor. **(False)**
20. Injection of tetanus diphtheria (TD) should be given to all survivors. **(False)**

Answer Key

Chapter 5 Exercise: Health Response (Management of the Adult Survivor)

9. Match each treatment below to the time period listed in the table that follows.

Post-exposure prophylaxis (PEP)

Emergency contraception

Repeat urine pregnancy test, adherence to PEP

Third dose of hepatitis B vaccine

Second hepatitis B vaccine

Answers (in bold type):

Time period	Treatment
a. 2 weeks follow-up	Repeat urine pregnancy test, adherence to PEP
b. 1 month follow-up	Second hepatitis B vaccine
c. Within 72 hours	PEP
d. Within 5 days	Emergency contraception
e. 6 months	Third dose of hepatitis B vaccine

10. Write down your instructions for PEP in the following conditions.

- Perpetrator is HIV-positive or of unknown status.
- HIV status of the survivor is unknown.
- HIV status of the survivor is unknown, and she is unwilling to get tested.
- Survivor is found to be HIV-positive.
- She had been exposed to blood or semen (through vaginal, anal, or oral intercourse; or through wounds or other mucous membrane)
- She was unconscious and cannot remember what happened.
- She was gang raped.
- PEP should be continued for _____ days.

Answers (in bold type):

- Give PEP.**
- Offer HIV testing and counseling.**
- Give PEP and make follow-up appointment.**
- Do not give PEP.**
- Give PEP.**
- Give PEP.**
- Give PEP.**
- Give PEP for 28 days.**

11. Indicate whether each statement in the table below is true or false.

Answers (in bold type):

Statement	True or False
a. Urine sample should be taken for a pregnancy test and to perform medicolegal analysis of substance abuse or intoxication.	True
b. Stains present over clothing and bite marks should be swabbed for collection with a dry cotton swab.	False
c. When there is history of resistance from the survivor resulting in physical harm, it is important to collect fingernail scrapings.	True
d. Any foreign materials, dirt, or hair should be collected, dried in room temperature and stored in a paper envelope.	True
e. If there is history of genital contact in the last 24 hours, only low- and mid-vaginal swabs should be collected.	False

12. Read each statement in the table below, determine when the follow-up should occur, and place a check mark in the correct follow-up box to the right of the statement.

Answers (in bold type):

Follow-up after sexual assault	2 weeks	1 month	3 months	6 months
Check that any injuries is healing properly.	✓			
Offer HIV testing and counseling if they were not provided before. Make sure that pre- and post-test counseling is available, and refer for HIV prevention, treatment, and care.				✓
Discuss any test results.	✓			
Assess the patient's emotional state and mental status. If there are any problems, plan to provide the patient psychosocial support and stress management, such as progressive relaxation or slow-breathing.	✓			
Assess the patient's emotional state and mental status. If there are new or continuing problems, plan for psychosocial support and stress management.				✓
Remind her to return for further hepatitis B vaccinations in 1 month and 6 months and HIV testing at 3 months and 6 months, or remind her to follow up with her usual health care provider.	✓			
Make a routine follow-up appointment for 1 month after the assault.	✓			
Give second hepatitis B vaccination, if needed. Remind her of the 6-month dose.		✓		
Offer HIV testing and counseling. Make sure that pre- and post-test counseling is available, and refer for HIV prevention, treatment, and care.			✓	

Follow-up after sexual assault	2 weeks	1 month	3 months	6 months
Make next routine follow-up appointment for 3 months after the assault.		✓		
Ask her to return for follow-up if emotional and physical symptoms of stress have emerged or become more severe, or if there is no improvement at all 1 month after the event.	✓			
Continue first line support and care.	✓	✓	✓	✓
Check adherence to PEP if she is taking it.	✓			
Assess the patient's emotional state and mental status. With new or continuing problems, plan for psychosocial support and stress management.			✓	
Assess her emotional state and mental status. Ask if she is feeling better. For new or continuing problems, plan for the provision of psychosocial support and stress management.		✓		
Make a follow-up appointment that occurs 6 months after the assault. Also, remind her of the 6-month dose of hepatitis B vaccine, if needed.			✓	
Test for pregnancy if she was at risk. If she is pregnant, tell her about the options available. If abortion is permitted, refer her for safe abortion.	✓			
Give third dose of hepatitis B vaccine, if needed.				✓
Check that the woman has completed the course of medications for sexually transmitted infections.	✓			
For depression, alcohol or substance use, or post-traumatic stress disorder, whenever possible, refer the patient to specialized care and to a specifically trained health care provider with a good understanding of sexual violence.		✓	✓	✓

Answer Key

Case Study 2: Requesting for Investigations and Sample Collection for Acute Gender-Based Violence Survivor

The parents of Rama, a 19-year-old girl, found her unconscious in her room and rushed her to the emergency room. Upon arriving in the emergency room, she gained consciousness but complained of dizziness; she mentioned that two boys had attacked her in her room. Her last menstrual period was 2 weeks before, and she had regular cycles. Her pulse rate was 120 beats/min, blood pressure was 80/60 mmHg, and respiratory rate was 16 breaths/minute. Detailed examination revealed bite marks on her neck and imprint bruising around her wrists; her abdomen was soft, not tender. However, her underclothes were soaked with blood and careful examination revealed loosely matted pubic hair, a linear tear of 4 cm in the vaginal wall, at the 7 o' clock position, with active bleeding, and there was soiling around the perianal area.

1. What is the first step the service provider should perform?

Answers (in bold type):

- **Resuscitate the patient (intravenous fluids, oxygen) from shock, and collect samples.**
- **Inform the police about suspicion of sexual abuse.**
- **Explain to her parents about her condition and your suspicion.**
- **Take informed consent from Rama.**

Her parents are confused and suspect an attack by some of the young boys who rent rooms in the same house.

2. What samples would you collect for medicolegal purposes?

Answers (in bold type):

- **Stained clothing**
- **Swabs from bite marks of the neck, after wetting the swab with distilled water or normal saline**
- **Loose, matted pubic hair**
- **Perineal swab**
- **Low-vaginal, mid-vaginal, and high-vaginal swabs**
- **Perianal swab**
- **Document and complete the chain of custody form**

3. What other investigations would you request for her?

Answers (in bold type):

- **Urine for a pregnancy test**
- **HIV test after HIV testing and counselling**
- **Blood test for hepatitis B and hepatitis C**
- **Venereal Disease Research Laboratory (VDRL) test for syphilis**

- **Blood for hemoglobin and Grouping and typing (if bleeding)**

4. What are your treatment plans for Rama after her vitals stabilize?

Answers (in bold type):

- **Provide psychosocial counseling.**
- **Give tetanus toxoid and hepatitis B vaccine, as needed.**
- **Give antibiotics and analgesics, as needed.**
- **Arrange blood transfusion and other necessities to repair vaginal wall tear. Refer if no facilities are available.**
- **Give her post-exposure prophylaxis after counseling.**
- **Provide emergency contraceptive pills.**
- **Provide prophylaxis for sexually transmitted infection.**

She immediately vomits all the four combined oral contraceptive pills.

5. What do you suggest for her?

Answers (in bold type):

- **Counsel her about the possible side effects and efficacy of emergency contraception.**
- **Substitute with progestin-only pills if available, or repeat the course of combined oral contraceptives.**
- **Explain the need to repeat the urine pregnancy test at the 2-weeks follow-up period.**

Answer Key

Case Study 3: Treatment of the Pregnant Survivor of Gender-Based Violence

A 25-year-old woman from the far west, who was forced to get married 1 year ago by her parents, presents in the gynecology outpatient department with complaints of amenorrhea for 2 months, foul-smelling vaginal discharge, and extreme tiredness for 3 months. The health care provider notices bruises on her forearm along and bite marks on her upper chest. The health care provider suspects abuse. On examination, there are multiple bruises over the back and breasts; speculum examination shows foul yellowish discharge. On asking her again, she confesses that her husband, who is a truck driver, forcefully had sex with her and abused her physically and threatened to kill her if she complained.

1. How do you confirm her pregnancy and what other blood tests do you order to rule out sexually transmitted infections?

Answers (in bold type):

- **Urine pregnancy test**
 - **HIV, surface antigen of the Hepatitis B, Venereal Disease Research Laboratory test for syphilis**
2. What drugs should she be prescribed to treat the foul-smelling discharge if she were not pregnant?

Answers (in bold type):

- **Cefixime, 400 mg, oral stat; or Ceftriaxone 250 mg/IM stat plus**
- **Doxycycline, 100 mg, oral, twice a day for 14 days plus**
- **Metronidazole, 400 mg three times a day for 14 days**
- **Follow-up in 3–7 days; if not improved, refer to nearby hospital**
- **4 “Cs”**

She discovers that her HIV test is positive, and she is not ready to continue the pregnancy. She is extremely distressed by the news and is thinking about ending her life after bringing her husband to court for justice.

3. What is the next step the health care provider should take?

Answers (in bold type):

- **Counsel her about the provision of antiretroviral therapy (ART); refer her to the ART center.**
- **Provide her with information about safe abortion services.**
- **Provide her with psychosocial support, or refer her to this service if needed.**
- **Provide her with information about medicolegal provisions.**

4. How do you arrange for her safety plan, specifically with respect to medical referrals once she returns home?

Answers (in bold type):

- **Inform the police.**
- **Identify a safe place to stay.**
- **Identify a confident supporter nearby (neighbor or family member) who can provide immediate help when needed.**
- **Provide her with information about support groups (local committees, shelters, legal organizations, police contacts).**
- **Provide her with family planning counseling and contraceptive advice.**

Session Plan F—PowerPoint Slides

Health Response to GBV

Treatment

General medical care:

- Analgesics for pain management
- Antibiotics for infection prevention
- Tetanus toxoid and hepatitis B vaccination as needed
- Sutures for tears, abrasions, and cuts (if required and after cleaning)
- Anxiolytics for severe distress

Tetanus Toxoid

Table 2: Guide for administration of tetanus toxoid and tetanus immunoglobulin to people with wounds^a

History of tetanus immunization (number of doses)	If wounds are clean and <8 hours old or minor wounds		All other wounds	
	TT ^b	TIG	TT ^b	TIG
Uncertain or <3	Yes	No	Yes	Yes
3 or more	No, unless last dose >10 years ago	No	No, unless last dose >5 years ago	No

^aFor children less than 7 years old, DTP or DT is preferred to tetanus toxoid alone. For persons 7 years and older, TT is preferred to tetanus toxoid alone.

Hepatitis B Vaccine

- If the patient presents within **14 days** of vaginal or rectal penetration, a course of hepatitis B vaccine should be offered.
- If the perpetrator is known to have acute hepatitis B, the survivor should receive hepatitis B immune globulin (HBIG).
- HBIG or hepatitis B vaccine is not contraindicated in pregnancy.

Treatment Guidelines

Patient immunization status	Treatment guidelines
Never vaccinated	First dose: day 1 Second dose: 1–2 months after first dose Third dose: 4–6 months after first dose
Incomplete vaccination	Complete the series as scheduled
Completed	No need to revaccinate

Post-Exposure Prophylaxis (PEP) Guidelines

- Pre- and post-test counseling should be provided for HIV test.
- PEP should be started **within 72 hours** and for a duration of **28 days** if initial test is negative and repeat tests done at follow-up visits (at four weeks, three months, and six months).
- Referral should be made to an HIV care and treatment clinic (CTC) if the result is positive.

PEP Guidelines

Inform client about the risks of acquiring HIV, potential side effects of PEP, and the need for follow-up and tests.

High risks for HIV transmission:

- Anal penetration
- Vaginal or anal trauma
- Ejaculation
- High viral load of semen
- Presence of STIs or genital lesions in either the survivor or perpetrator
- High prevalence of HIV in that geographical area

7

PEP Guidelines

- Nausea and vomiting, common side effects that can be treated with antiemetics, will decrease over time.
- Patient liver enzymes and complete blood count (CBC) should be measured at baseline and then monitored.
- PEP is safe for pregnant survivors and reduces the risk of mother-to-child transmission of HIV.

8

PEP Guidelines

Adults and adolescents (>10 years)

Preferred regimen	TDF+3TC+LPV/r (or ATV/r)
Alternative regimen	TDF+3TC*+EFV (or RAL/r OR DRV/r)

*AZT+3TC in case of intolerance or contraindication to TDF+3TC, as per national protocols
Abbreviations expanded: Tenofovir disoproxil fumarate (TDF); lamivudine (3TC); lopinavir/ritonavir (LPV/r); atazanavir/ritonavir (ATV/r); efavirenz (EFV); raltegravir/ritonavir (RAL/r); darunavir/ritonavir (DRV/r)

9

Pregnancy Prevention and Family Planning (FP)

- A baseline pregnancy test should be provided to all female GBV survivors of childbearing age.
- Emergency contraception (EC) should be prescribed to all GBV survivors who are not pregnant as early as possible (**within 120 hours**), as per national protocols.
- A repeat pregnancy test should be conducted six weeks after the incident during a follow-up visit (regardless of EC intake).

10

Pregnancy Prevention and FP, cont.

- Methods: combined oral contraceptives (COCs), progestin-only pills (POPs), and intrauterine contraceptive devices (IUCDs)
- Side effects of drugs: transient nausea, vomiting, headache, vaginal spotting or bleeding, and breast tenderness
- If the patient vomits within one hour of taking the dose, the patient must repeat the dose.

11

Pregnancy Prevention and FP, cont.

- Explore current FP use.
- Provide appropriate counseling and contraceptive advice.
- For pregnant patients who seek services late:
 - Explore the circumstances surrounding the pregnancy and overall physical and mental health.
 - Provide appropriate services including antenatal care (ANC), prevention of mother-to-child transmission of HIV (PMTCT) and safe abortion services, as per national protocols.

12

Prevention of STIs

- Risk of chlamydia, gonorrhea, syphilis, trichomoniasis, human papilloma virus, herpes simplex type 2, hepatitis virus
- Syndromic management, as per national protocols (Annex 11)

13

Session Plan G

Session	Topic	Time
G	Health Response—Child Survivor <ul style="list-style-type: none"> Interactive presentation, case study 	120 mins (2 hrs)
Session objective		
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> Provide services to a child gender-based violence survivor, which include: <ul style="list-style-type: none"> Explaining the concept of child abuse; Examining the child; Managing the case; and Providing psychosocial care. 	
	Methods and activities	Materials and resources
5 mins	<ul style="list-style-type: none"> Review exercises of Chapter 5 (questions 14–15), which the participants have completed during self-paced learning. 	Learner’s Guide for Blended Learning Approach
5 mins	<p>Being blind</p> <ul style="list-style-type: none"> Start the session with this statement, and one that is projected on a flip chart: “Your eyes do not see what your mind does not know.” 	
10 mins	<ul style="list-style-type: none"> Provide each participant with one metacard. Ask the participants to write down two thoughts in answer to: “Where can a child be abused?” Ask them to stick their metacards on the flip chart, one by one. Read aloud and explain that children are a vulnerable group and can be abused anywhere, in order to sensitize the participants about the fact of child survivors. <p>Note for facilitators: The answers could be home, school, play area, workplace, tuition, etc.</p>	Metacards and markers
10 mins	<p>Brainstorming on identifying child abuse</p> <ul style="list-style-type: none"> Ask participants to list the types of child abuse. Discuss each type. Distribute metacards that contain the consequences of abuse, and ask participants to stick each metacard on the flip chart, where appropriate. <p>Note for facilitator: Prepare flip chart in which “physical abuse” or “behavioral” is written, so that the participants can stick the consequence metacard where they think is appropriate.</p>	Meta cards, masking tape, and flip chart paper
45 mins	<p>Discussion</p> <ul style="list-style-type: none"> Discuss Job Aid 3 (Child and Adolescent) on page 51 in the Learner’s Guide for Blended Learning Approach. Follow Checklist for Examination of the Child Survivor on page 41 of the Learner’s Guide for Blended Learning Approach. Discuss creating a child-friendly environment <ul style="list-style-type: none"> Introducing yourself to the child Sitting eye level with the child, and maintaining 	Learner’s Guide for Blended Learning Approach

Session	Topic	Time
	<p>eye contact</p> <ul style="list-style-type: none"> – Assuring the child that he or she is not in any trouble – Asking a few questions about neutral topics, e.g., school, friends, who the child lives with, favorite activities, etc. – Ensuring that you do not try to rush the child; giving the child time to become comfortable with you 	
20 mins	<ul style="list-style-type: none"> • Review Handout 2 (Psychosocial Care for Child Survivors) on page 61 of the Learner’s Guide for Blended Learning Approach. 	Learner’s Guide for Blended Learning Approach
20 mins	<p>Case study</p> <ul style="list-style-type: none"> • Review Case Study 4 on child abuse (page 33 in the Learner’s Guide for Blended Learning Approach), which the participants completed during self-study course. • Discuss and clarify the case. 	Learner’s Guide for Blended Learning Approach
5 mins	Summarize and review the session.	

Answer Key

Chapter 5 Exercise: Health Response to Gender-Based Violence (Child)

1. List any five physical and five behavioral indicators that a child has been sexually abused.

Answers (in bold type):

Physical indicators	Behavioral indicators
1. Unexplained genital injury	1. Regression in behavior or in the attainment of developmental milestones
2. Recurrent vulvovaginitis	2. Problems at school: academic deterioration; refusal in and avoidance of going to school
3. Vaginal or penile discharge	3. Isolation
4. Bed wetting and fecal soiling beyond the usual age	4. Restlessness, irritability, and aggressive behavior
5. Anal complaints (e.g., fissures, pain, bleeding)	5. Acute traumatic response, such as clingy behavior and irritability in young children
6. Pain on urination	6. Sleep disturbances
7. Recurrent Urinary tract infection	7. Eating disorders
8. Sexually transmitted infections	8. Depression
9. Pregnancy or presence of sperm	9. Poor self-esteem
	10. Inappropriate sexualized behaviors
	11. Suicidal or homicidal thoughts

2. What are the danger signs in child survivors (more than 3 months and less than 3 months of age) that need to be treated urgently after they are admitted to the hospital?

Answers (in bold type):

Less than 3 months of age:

- **Low body temperature**
- **Bulging fontanelle**
- **Grunting, chest in-drawing, and respiratory rate greater than 60 breaths/min**

More than 3 months of age:

- **Convulsions**
- **Persistent vomiting**
- **Stridor in a calm child**
- **Lethargy or unconsciousness**
- **Inability to drink or breastfeed**

Case Study 4: Health Response to a Gender-Based Violence Survivor Who is a Child

Nanu is a 7-year-old girl who lives with her dad, mom, and 12-year-old brother. The parents have intellectual disabilities and their speech is not understandable. Nanu was brought to a hospital with complaints of burning micturition. She was seen by a health worker who suspected that she has been sexually abused, and she was referred to you for further evaluation.

1. How will you proceed to evaluate this child for possible sexual abuse?

Answers (in bold type):

- **Clarify who should give consent. A parent should give consent; if he or she can't, the legal guardian should give consent.**
- **Child should be made comfortable, and she or he can be examined while seated in a parent's lap or lying on the bed.**

Note to facilitator: Make sure participants start with open-ended questions and avoid leading questions to get detail history of the child.

2. How will you physically examine this child?

Answers (in bold type):

- **Examine specific injuries; be aware of injuries suggestive of abuse.**
- **Examine genital areas for both boys and girls.**
- **Examine anal areas for both boys and girls.**
- **Avoid a digital examination (rectal).**

3. After the examination, you suspect that the child may have sexually transmitted disease. How will you proceed?

Answers (in bold type):

- **Take swabs of discharge or pus, and send them for investigation.**
- **Address treatment of sexually transmitted infections.**
- **Do not provide pregnancy prophylaxis.**

4. You conclude that the child has been sexually abused, but she doesn't tell you who the perpetrator is. How will you proceed?

Answers (in bold type):

- **You have to evaluate the risk of abuse happening again.**
- **Address safety planning.**

5. She is back for a follow-up, and her guardians tell you that she is staying home most of the time. She is isolating herself and refusing to go to school. How will you proceed?

Answers (in bold type):

- **Make sure she is not experiencing any infection or other medical complication.**
- **Check her mental state and evaluate her for mental health problems.**
- **If you suspect mental health problems, refer her to an appropriate facility.**
- **Explore why she is not going to school and the possibility of abuse or other problems at school. Also address stigma-related issues.**

Session Plan H

Session	Topic	Time
H	Health Response—Psychosocial Counseling <ul style="list-style-type: none"> Interactive presentation, role-play 	120 mins (2 hrs)
Session objective		
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> Screen clients for mental health issues; Provide basic psychosocial counseling; and Provide social support and referral, as appropriate. 	
	Methods and activities	Materials and resources
5 mins	<ul style="list-style-type: none"> Review exercises of Chapter 5 (question 15), which the participants completed during the self-paced learning. 	Learner's Guide for Blended Learning Approach
15 mins	Illustrated lecture using PowerPoint slides <ul style="list-style-type: none"> Definition Psychological effects of gender-based violence Components of mental health assessment 	PowerPoint slides and metacards
15 mins	Discuss participants' understanding about assessing moderate-severe depressive disorder, as described in Handout 3 on page 63 of the Learner's Guide for Blended Learning Approach.	Learner's Guide for Blended Learning Approach
25 mins	Group work <ul style="list-style-type: none"> Divide the group into three groups. Ask each group to review the documents they are given, and prepare a presentation. Give each group 15 minutes to review the documents and prepare the presentation. Give 5 minutes to each group to present. <ul style="list-style-type: none"> Group 1: Basic psychological support (see page 61 in the Learner's Guide for Blended Learning Approach) Group 2: Strengthening her positive coping methods (see page 64 in the Learner's Guide for Blended Learning Approach). Group 3: Explore the availability of social support (see page 64 in the Learner's Guide for Blended Learning Approach). 	Learner's Guide for Blended Learning Approach, flip chart papers, markers, and masking tape
45 mins	Role-Play 2 <ul style="list-style-type: none"> Divide the participants into three groups. Ask the participants to read Role-Play 2 on page 92 of the Learner's Guide for Blended Learning Approach. Provide 30 minutes for the groups to practice the role-play, and ask them to follow the counseling skills in the History-Taking Checklist, i.e., steps 1–3 and 5–10. Ask the participants to review Annex 7 to record the mental health of the survivor. Ask one group to perform the role-play to the bigger group. Ask the participants to observe the role-play, provide feedback, and encourage discussion. 	Learner's Guide for Blended Learning Approach

<p>10 mins</p>	<p>Game on Do's and Don'ts</p> <ul style="list-style-type: none"> - Distribute one metacard to each participant and ask them to read the card and respond. Post the flip chart papers with Do's and Don'ts written on them. Ask each participant to stick their metacard on the flip chart. <p>Note for Facilitators: Prepare 10 meta cards with Do's and Don'ts and one flip chart in which Do's and Don'ts are written (from the <i>Clinical Protocol on Gender-Based Violence</i>).</p>	<p>Flip chart paper and metacards (do's and don'ts written on the cards)</p>
<p>5 mins</p>	<p>Summarize and review the session.</p>	

Answer Key

Exercises for Chapter 5: Health Response (Psychosocial Counseling)

13. How would you counsel a gender-based violence survivor to strengthen herself to improve her well-being?

Answers (in bold type):

- **Continue regular activities, especially ones that used to be interesting or pleasurable.**
- **Engage in relaxing activities to reduce anxiety and tension.**
- **Engage in regular physical activity, such as jogging or exercising.**
- **Keep a regular sleep schedule and avoid sleeping too much.**
- **Avoid using self-prescribed medications, alcohol, or illegal drugs to try to feel better.**
- **Encourage the survivor to return if she or he is finding any difficulty in becoming stronger or is having thoughts of self-harm or suicide.**

Session Plan H—PowerPoint Slides

Psychosocial Well-Being and Counseling in Gender-Based Violence (GBV)

1

Definition of Mental Health

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

(WHO, 2014)

2

Stress

- Stress is a normal and natural response designed to protect, maintain, and enhance life. If our ways of managing stress are adaptive and healthy, we may find stress to be a positive thing. Stress that we cannot manage well is experienced more negatively. This is sometimes known as distress.

Source: International Rescue Committee. 2014. *Clinical Care for Sexual Assault Survivors: Psychosocial Toolkit*. Accompanying Resource to the CCAS Multimedia Training Tool.

3

Mental Health Conditions in GBV

Anxiety disorders:

- Acute stress reaction
- Acute stress disorder (ASD)
- Post-traumatic stress disorder (PTSD)
- General anxiety disorders
- Social phobia
- Agoraphobia

Mood disorders

Substance use disorders

4

Psychological Effects of GBV

- GBV can lead to other common emotional traumas such as depression, anxiety, panic attacks, substance abuse, and PTSD.
- GBV exacerbates existing mental health conditions.
- Abuse can trigger suicide attempts, psychotic episodes, homelessness, and slow recovery from mental illness.
- These factors can make it difficult for survivors to mobilize resources.

5

Psychological Effects of GBV, cont.

- Many GBV survivors do not need mental health treatment and many symptoms resolve once the survivor is safe and receives support.
- For other GBV survivors, treatment may be necessary for recovery.

6

Components of the Mental Health Assessment

1) Appearance and behavior	<ul style="list-style-type: none"> Does she take care of her appearance? Are her clothing and hair cared for or in disarray? Is she distracted or agitated? Is she restless or is she calm? Are there any signs of intoxication or misuse of drugs?
2) Mood, both what you observe and what she reports	<ul style="list-style-type: none"> Is she calm, or crying, or angry, or anxious, or very sad, or without expression?
3) Speech	<ul style="list-style-type: none"> Is she silent? How does she speak (clearly or with difficulty)? Too fast/ too slow? Is she confused?
4) Thoughts	<ul style="list-style-type: none"> Does she have thoughts about hurting herself? Are there bad thoughts or memories that keep coming back? Is she seeing the event repeatedly in her mind?
<small>(Source: World Health Organization. 2013. <i>World Health Organization Assessment Instrument for Mental Health Systems</i>.)</small>	

Counseling

Counseling is a process of intervention between the counselee and counselor to assist the counselee to alter, improve, or resolve present behavior, difficulty, or discomfort. It is about strengthening the counselee's ability to deal with problems, feelings, and worries, and to discover and develop coping mechanisms.

Definitions:

Counselor: One who provides counseling
Counselee/client: One who receives counseling

Basic Counseling Skills

- Active listening
- Non-verbal communication
- Verbal communication

Non-Verbal Communication Skills

SOLER

S—Sitting position
 Sitting in an "L" or 90-degree position and at the same level is considered appropriate sitting position for counseling.

O—Open posture
 Crossed arms and legs give sign of less involvement. Open posture shows that the counselor is open to the client and to what she or he has to say.

L—Lean forward
 A slight inclination toward a person may indicate, "I am with you, I am interested in what you have to say."

SOLER, cont.

E—Eye contact
 Frequent and soft eye contact make the client feel that the counselor is being attentive. The counselor should not make as frequent eye contact during the initial session, but should increase and more eye contact can be maintained with rapport and progression of session. Cultural practice should be maintained with this behavior.

R—Relaxed
 Seeing a relaxed counselor helps the client to feel relaxed, and if the counselor is relaxed, he or she can think, focus, and understand the client better.

Verbal Communication Skills

Verbal communication skills are exchanges of messages through **words** or **phrases**.

Skills:

- Rapport-building
- Questioning
- Empathy
- Paraphrasing
- Repeating key words
- Reflection of feeling
- Summarizing

13

Rapport-building

Rapport-building is the initial step and most important counseling skill. The counselor takes the initiative to talk, become familiar, and build trust with his or her patient.

Questioning

Questioning is a major component of active listening. It provides a systematic way of understanding and accepting, feeling by exploring, clarifying and further defining some issues of client.

Basically three types of questions are used in counseling:

- Closed questions
- Open questions
- Suggestive questions

Note: "Why?" questions are not recommended.

14

Empathy

The ability to identify with or understand the perspective, experiences, or motivations of another individual and to comprehend and share another individual's emotional state

Paraphrasing

Paraphrasing is when the counselor repeats a client's statement in his or her own words. This technique invites the client to confirm the statement, thus enabling the counselor to check whether he or she understood the content correctly. It focuses on immediate statements without adding or altering the meaning of a client's statement.

15

Repeating key words

The counselor repeats words or part of a sentence that the client has just said. This repetition should be done when the client discusses emotionally charged or important content. Repeating key words encourages the client to continue talking and helps to give emphasis to a particular topic.

Reflection of feeling

The counselor listens and carefully observes a client's expressed and unexpressed feelings, and reflects his or her understanding back to client.

16

Summarizing

Summarizing is when the counselor repeats a client's words at greater length and includes more information.

The counselor summarizes the key themes and points from the conversation.

Summarizing helps to maintain a dialogue, ensure clarity, and check that the counselor has understood the client correctly.

17



Session Plan I

Session	Topic	Time
I	Nepal's Legal Framework for Working with Gender-Based Violence Survivors <ul style="list-style-type: none"> Interactive presentation, group work, and case study on Nepal's legal framework 	60 mins (1 hr)
Session objective		
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> Explain how Nepal's legal framework for gender-based violence (GBV) guides the work with clients. 	
	Methods and activities	Materials and resources
10 mins	Brainstorm <ul style="list-style-type: none"> Brainstorm about participants' understanding of the importance of legal provisions for GBV survivors. 	
30 mins	Jeopardy game <ul style="list-style-type: none"> Divide the participant into two groups, and explain the rule of the game. After finishing the game, discuss the correct answers so that participants know the correct answer. 	LCD, laptop, flip chart paper, masking tape, and markers
15 mins	Case study <ul style="list-style-type: none"> Discuss Case Study 1 (Case of Mrs. A on page 15 in the Learner's Guide for Blended Learning Approach) in reference to the answer key. <ul style="list-style-type: none"> Ask the participants to share and discuss their views, per their understanding of the case. 	Case Study and Learner's Guide for Blended Learning Approach
5 mins	Summarize and review the session.	

Instructions for Jeopardy Game

1. Divide the participants into two groups.
2. Use PowerPoint to proceed with the game.
3. Explain to the participants the rule of the game, i.e., the group can select any one number at a time. The number the group chooses will be the point they score if the answer is correct; if the group makes a mistake, it will not score any points.

Answers (in bold type):

Question for 1 point

Under the constitution of Nepal 2072: Right to equality:

- a. The state shall discriminate citizens on the grounds of financial status.
- b. All children have equal right to ancestral property.**
- c. All citizens shall not be equal before the law.
- d. The state shall discriminate on ground of language or religion.

Question for 2 points

Which of the following is NOT correct?

- a. Domestic violence has been defined as physical, mental, sexual, and economic harm inflicted upon one person.
- b. Sexual torment, in terms of sexual misconduct and insult, is sexual harm.
- c. If someone is denied participation in an employment opportunity, it is not economic harm.**
- d. Threatening and terrorizing a victim with physical harm is also domestic violence.

Question for 3 points

This statement is true: The offender is liable for imprisonment of five years if he or she rapes a girl who is below 10 years of age.

False (The correct answer is: The punishment is 10–15 years.)

Question for 4 points

Regarding Muluki Ain-Country Code:

- a. Rape is said to have been committed if a person enters sexual intercourse with her permission.
- b. Permission taken by force, threat, or kidnapping is not considered rape.
- c. Rape is said to have been committed if a person enters sexual intercourse with a girl, who is below the age of 16 years, with her permission.**
- d. If a person is committing rape with a kin, it is not rape.

Question for 5 points

Which of the following is correct?

- a. If a woman is gang raped, the offender is held in prison for an additional 5 years.**
- b. If a woman is pregnant, the offender is held in prison for an additional 2 years.
- c. If a woman is gang raped, the offender is held in prison for an additional 10 years.
- d. If a woman is disabled, the offender is held in prison for an additional 3 years.

Question for 6 points

Complaint of grievous hurt to the body should be filed within 4 months; if additional harm is caused, the complaint should be filed within 35 days.

False (The correct answer is: It is within 3 months.)

Question for 7 points

Regarding domestic violence:

- a. The act is not punishable by law.
- b. Both oral and written complaints should be filed against the perpetrator.
- c. It is not necessary to provide the medical report to the police.
- d. Oral or written complaint can be filed against the perpetrator.**

Question for 8 points

If the victim wants to reconcile with the perpetrator after the act of domestic violence:

- a. It should be done within 30 days of registering the complaints, with the help of police or local official body.**
- b. It should be done within 20 days of registering the complaints, with the help of the police or local official body.
- c. It should be done within 30 days of registering the complaints, and the police should not be involved.
- d. Local official bodies should not be involved in the reconciliation process.

Question for 10 points

List at least five punishments allowed by the country's code regarding child marriage.

- 1. If a female under 10 years of age is married, then a fine of NPR 1,000–10,000 is imposed, as is imprisonment of 6 months to 3 years.**
- 2. If a female older than 10 years of age but below 14 years of age is married, then a fine up to NPR 5,000 is imposed, as is imprisonment of 3 months to 1 year.**
- 3. If a female older than 14 years of age but below 18 years of age is married, then a fine up to NPR 10,000 is imposed, as is imprisonment of 6 months.**
- 4. If a male below 20 years of age is married, then a fine of up to NPR 10,000 is imposed, as is imprisonment of 6 months.**
- 5. Imprisonment of 1 month and fine up to NPR 1,000 is imposed on the priest who performs a child marriage as described above.**
- 6. There is no punishment if someone marries or is made to marry in ignorance.**

Answer Key For Case Study

Case Study 1: Right to privacy (Under Reproductive Health Right): Case of Mrs. A

Mrs. A filed a lawsuit on partition, deed to be void and maintained against her mother and brother. Her mother and brother replied that she was already married to an Indian man and has a daughter, too; to prove this, they demanded the court to have Mrs. A's vagina and uterus medically examined. The Kathmandu District Court ordered the medical examination of her vagina and uterus.

Then, Mrs. A went to the Supreme Court to challenge the Kathmandu District Court on the writ of right to privacy.

Question: Do you think the Supreme Court should support the order to have Mrs. A's vagina and uterus examined?

Answers (in bold type):

The Supreme Court gave the following verdict: The Right to Privacy, established in Article 28 of the Constitution of Nepal 2072, with the provision of not allowing the invasion of private parts without permission is clearly stated. Therefore, invading the private parts even if it is a court order can be seen clearly as debridement of the Right to Privacy.

There is no difference for the person if his or her privacy is invaded by the court order or some stranger. Thus, the Supreme Court's order to have Mrs. A's vagina and uterus inspected or examined by a gynecologist would be a clear violation of and opposition to the Right to Privacy.

Source: Annex 18: Right to Privacy

Session Plan J

Session	Topic	Time
J	Medical Examiner as an Expert Witness in the Court <ul style="list-style-type: none"> Interactive presentation, role-play 	60 mins (1 hr)
Session objective		
By the end of the session, the participant will be able to: Attend court to give evidence as an expert witness.		
Methods and Activities		Materials
15 mins	Mini-Lecture <ul style="list-style-type: none"> Explain about the court procedure and expert witness in reference to Handout 4 on page 75 in the Learner's Guide for Blended Learning Approach. 	Learner's Guide for Blended Learning Approach
40 mins	Role-play <ul style="list-style-type: none"> Ask five learners to volunteer for the role-play. Ask one learner to become the judge and the other to become the witness. Ask them to perform Role-Play 3 according to the instructions on page 93 of the Learner's Guide for Blended Learning Approach. 	Learner's Guide for Blended Learning Approach
5 mins	Summarize and review the session.	

Note for Facilitators

In this section, it is essential to explain that doctors can only testify based on his or her medical observation and should avoid providing personal opinions. If there are no findings that confirm rape, then it means that there are “no findings confirming rape”—**not** that no rape occurred. It would be good to give examples of medical witness formulations for both cases when the doctor found or did not find evidence for rape.

It is also important to remember the doctor's moral commitment to GBV survivors, in spite of the social pressure exerted by relatives, community members, etc.

Session Plan K

Session	Topic	Time
K	Role of the Police in Gender-Based Violence <ul style="list-style-type: none"> Interactive presentation 	60 mins (1 hr)
Session objective		
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> Understand the role of police and the Nepal Police's Women and Children Service Center (WCSC) to support gender-based violence (GBV) survivors; and Understand the process carried out by police to investigate, prepare, document, and maintain database on crime-related cases where women and children are the victims. 	
	Methods and activities	Materials and resources
10 mins	<ul style="list-style-type: none"> Illustrated lecture about the Introduction of Women and Children Service Directorate and WCSC using PowerPoint (PPT) slides and discussion 	PPT, LCD, and laptop
20 mins	<ul style="list-style-type: none"> Illustrated lecture on the role of police in GBV control using PPT 	PPT, LCD, and laptop
20 mins	Discuss the role of police in handling GBV survivors.	
10 mins	Summarize and review the session.	

Session Plan K—PowerPoint Slides

Role of Police on GBV Case Management

Objectives

- Discuss role of police and WCSC (Women and Children Service Centre) of Nepal Police on GBV survivor support.
- Investigate, prepare document and maintain database on crime related cases to women and children.
- Analyze the crime pattern, related to women and children.
- Raising public awareness to control SGBV.
- Hold Coordination and network with concerned Stakeholders.

Introduction of WCSD

- Establishment of Women Cell as a pilot project – 1996 (According to recommendation of “Police Reform Commission -1995”) (PHQ -1, DPO- 4, Kathmandu, Lalitpur, Kaski and Morang)
- Nepal Police, Central Women And Children Service Center has been upgraded as Women and Children Service Directorate in 2009.

WCSD

Vision:

Ensure the **fair and special treatment** inline of the best interest of women and children, whenever they need.

Mission:

To provide friendly environment and accessibility **to justice for women and children.**



Roles and responsibilities of police

- To perform coordination activities with:
 - district attorneys and women and children office for better legal aid
 - local NGOs for better support to survivor regarding rehabilitation, if needed
 - district administration office for providing proper compensation to survivor
- To provide adequate security to victim
- To provide security to health facilities/centre as well as medical staff

Roles and responsibilities of police

The main responsibility of the police is to :

1. Produce proof of the crime during the course of availing justice to the survivor.
2. Coordinate to provide necessary services to the survivor.

Roles and responsibilities of police

- To provide legal support to survivor to write FIR, take statement
- To report or inform to district command when GBV survivor visits hospital and other health centres
- To provide legal consultancy ,she/he may not be aware that GBV is crime
- To provide assistance in evidence collection and preservation

Roles and responsibilities of police

- To provide first aid and psycho-social counselling to survivors by trained female officer
- Assure wellbeing of the survivor's :
 - Health
 - Life
 - Accommodation
 - Reputation

9

Roles and responsibilities of police

- Every police office should display the following information of the office, तालुक कार्यालय and the chief district officer at easily accessible places: the phone number, fax number, address
- Provide the contact number of any concerned offices without hesitation when required

10

Roles and responsibilities of police

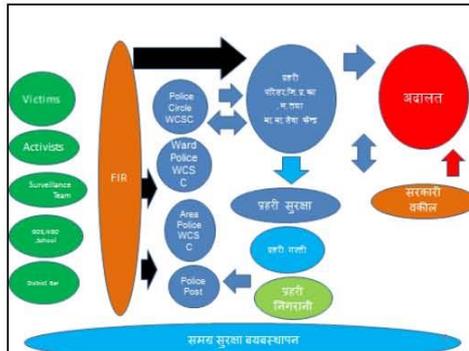
- Police offices should display the “nagarik badapatra” and the complaint box at easily accessible place
- Legal treatment of the complaint
- Do not refuse to register the complaint without reason

11

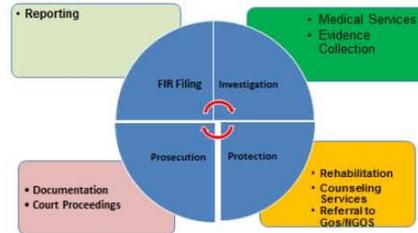
A crime has been reported - what happens next?

1. [What is the investigation process?](#)
2. [How should I expect to be treated as a victim?](#)
3. [How should I expect to be treated as a witness?](#)
4. [Will I have to give a statement?](#)
5. [Will I have to go to court?](#)
6. [Will I be kept informed about the offender after the court case has finished?](#)
7. [How do I get further support?](#)
8. [Can I claim for compensation?](#)
9. [How do I arrange a follow up visit ?](#)

12



Process of investigation and support



14

When the police is informed about GBV

- To take the survivor immediately to a health centre as police is the first body to start investigation
- To inform to the hospital or health centre about the incident and to request for keeping evidences safe
- To prepare documents along with the help of health provider during the course of treatment

15

- Coordinate with the concerned authorities for rehabilitation
- Protect the survivor and her family members
- Coordinate with district administration for compensation
- Coordinate with district attorney for legal help
- Coordinate with district women and children office

16

When the hospital is informed about GBV

- Immediate treatment of the survivor
- Inform the police
- Keep the information about the survivor confidential
- Inform the district administration office and district women and children office
- Help the police in safeguarding the evidence for legal action

17

Responsibility to inform the police

- On several occasions, the survivor herself comes to the health facility and either does not disclose the truth or requests the health provider not to inform the police owing to social stigma.

18

• पिडितले प्रहरीकोमा खबर नगर्ने अनुरोध गरेको भएता पनि पिडित स्वयम्को न्यायको लागि पिडित स्वयम् राज्यको नागरिक हुदा नागरिकले कानून को पालना गर्ने पनि दायित्व हुन्छ साथै राज्यले पनि कानून को संरक्षण गर्ने प्रमुख जिम्मेवारी हो तसर्थ स्वास्थ्यकर्मी ले यस तर्फ विशेष सतर्कता अपनाउनु पर्छ

- Although the survivor requests not to inform to the police, the health provider should be cautious regarding revealing the information for the survivor's own justice and the survivor herself being a member of the state, bears the responsibility of following the law; and it is the responsibility of the state to protect the law.

19

Considerations for health providers at OCMC to provide overall protection to the survivor

- When the survivor comes to the health centre, the health providers should treat them and also immediately inform the police and safely collect available evidence to handover to the police.
- The police tests these evidences from the forensic laboratory as needed to prove the crime.

20

Considerations for health providers at OCMC to provide overall protection to the survivor

- While taking history from the survivor, it is advisable to do so in the presence of a female police as far as possible
- The police becomes alert in time to provide necessary security to the survivor as soon as informed about the history.

21

- Illegal abortion may be a consequence of gender based violence ;so, health providers should be cautious when such cases come to the OCMC
- There should be no delay in treating the survivor related to financial or other problems.
- Ensure privacy and confidentiality for all information gathered during the process of treating the survivor and inform only to the investigator.

22

Security challenges

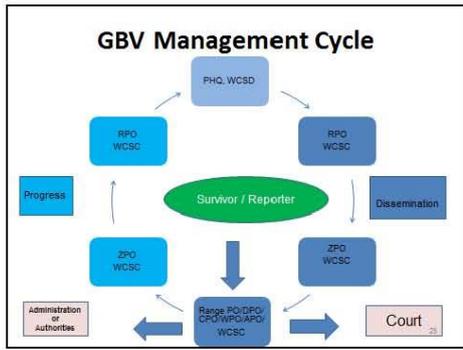
- Strike, protests and manhandling at the hospital by the survivor's relatives/ neighbours/ locals.
- Threats / attacks on the health providers by the perpetrators
- Attacks on the survivor at the health centre

23

Services provided by the police

- Appointment of police at government and private hospitals of all districts
- Provision of well-equipped female police officer and other police in OCMC districts
- Provision of police mobile patrol near the hospital for the security of the hospital and the health providers

24



Legal considerations for health workers

- सरकारी मुद्दा सम्बन्धि ऐन २०४९ (स.मु.स.ऐन) को अनुसूची १ मा उल्लेख भएका मुद्दाहरूमा व्यक्ति स्वयम पिडित भए पनि त्यस प्रकारका मुद्दाहरूमा राज्य पक्ष लाई पनि पिडितको पक्ष मानिन्छ अर्थात नागरिक को जिउ धन को सुरक्षा गर्नु राज्यको दायित्व भएकोले राज्य पक्षलाई पनि पिडित को संरक्षकको संज्ञा दिई राज्य पक्ष बाट कानून को संरक्षण र कार्यान्वयन को लागि राज्य पक्ष जिम्मेवार भइ उक्त मुद्दा हरुको अनुसन्धान पुरोवाह शुरु भइ सरकारी वकिल माफत अभियोजन को कार्य गरि सम्मानित अदालत सम्म मुद्दालाई पेश गरिन्छ

Session Plan I

Session	Topic	Time
L	Beyond the Clinic, Self-Care of the Health Care Provider and Safety Plan for the Gender-Based Violence Survivor <ul style="list-style-type: none"> Interactive presentation, discussion 	50 mins
Session objective		
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> Develop a safety plan for the survivor; and Develop a safety plan for the health care provider. 	
	Methods and activities	Materials and resources
25 mins	<ul style="list-style-type: none"> Divide the participants into three groups. Ask each group to choose one metacard (with Exercise 6, Exercise 7, and Case Study 5 written on it). Ask the participants to review their answers and prepare their presentation. Give the groups 10 minutes to review and prepare their presentation. Give each group 5 minutes to present. 	Learner's Guide for Blended Learning Approach and <i>Clinical Protocol on Gender-Based Violence</i>
15 mins	<ul style="list-style-type: none"> Distribute metacards with key points about safety planning for survivors (Chapter 6, Sections 6.1, 6.2, 6.3, 6.4, and 6.5 in the <i>Clinical Protocol on Gender-Based Violence</i>) and Selfcare of health care providers (Chapter 7, Sections 7.1, 7.2, and 7.3 in the <i>Clinical Protocol on Gender-Based Violence</i>). Post a flip chart in which safety plan for survivors is written on one side and safety plan for health care providers is written on the other side. Ask the participants to stick their metacards on the flip chart as appropriate. Discuss the points. Brainstorm about the signs and symptoms of burnout. 	Meta card, flip chart paper, and masking tape
5 mins	<ul style="list-style-type: none"> Review the Health Care Provider Self-Care and Safety Plan format, which the participants completed during the self-paced learning (page 73 in the Learner's Guide for Blended Learning Approach). Discuss any questions that arise. 	Learner's Guide for Blended Learning Approach
5 mins	Summarize and review the session.	

Chapter 6 Exercise

1. Meena is 28 years old, a mother of three children, widowed, and living with her in-laws. She comes to the health care provider alone for treatment of injuries sustained during an attempted rape from which she had managed to escape. She is very nervous and worried. What are the safety plans you prepare for her before you discharge her from the outpatient department? Enumerate your plans.

Answers (in bold type):

- a. **Inform the police**
 - b. **Safe place**
 - c. **Plan for children**
 - d. **Transport**
 - e. **Financial issues**
 - f. **Items to take (documents, keys, other belongings)**
 - g. **Support of neighbors or close ones**
2. Suntali, a 26-year-old female patient, comes to the Sundarpur health post for medical examination. She is interviewed by the health worker of the health post. There is a deep cut near her right eye, which she reports was due to a fall while fetching grass for cattle. Then she is examined by the health worker and, in the process, numerous other bruises are also found on other areas of her body. The health worker suspects that the injuries and the bruises could be due to gender-based violence but, even after probing and encouraging, Suntali keeps silent and returns home. Elaborate on the responsibility of the health worker in such a situation.

Answer (in bold type):

The health worker must inform the local police about her suspicion, as Suntali's life may be in danger even though she refuses to tell the health worker her true story; this communication enables the police to take necessary steps to safeguard and protect her, whether or not she wishes to proceed with legal complaints.

Answer Key

Chapter 7: Exercise

1. What do you understand by burnout? What may be the signs and symptoms of burnout in the health care provider?

Answers (in bold type):

Health care providers may experience trauma, frustration, exhaustion, and depression after hearing and dealing with cases of gender-based violence (GBV) for either prolonged periods. Health care providers may experience an inability to cope with past experience of violence that they have experienced themselves. This is called burnout.

Signs and symptoms of burnout:

- **Feelings of anxiousness**
- **Impatience with the GBV survivor**
- **Disassociation when listening to the survivor**
- **Identifying with the perpetrator**
- **Feelings of sadness**
- **Extreme worry about safety**
- **Not wanting to go to work or inability to function**
- **Chronic fatigue**
- **Physical consequences: muscular pain, rapid heartbeat, stomach pains, tightness in the chest, trembling, feeling tired all the time, headaches, and other aches and pains**
- **Sleep problems**
- **Recurring physical illnesses**
- **Frustration**
- **Irritation**
- **Depression**

Answer Key

Case Study 5: Safety Plan for Survivors

Ms. X, who is 30 years old and a mother of two children, comes to the health facility complaining that her husband comes home drunk every day and beats her.

1. As a health care provider, what will you do?

Answers (in bold type):

- **Ensure the application of key guiding principles when working with gender-based violence (GBV) survivors, including confidentiality; ensuring the safety, respect and integrity of the survivor; and empowering the survivor to make informed decisions to help them leave their violent situations.**
- **Assess the survivor’s level of risk by asking questions to assess the danger felt by the survivor about her health, evidence about GBV, and information about her husband. Use sample questions, such as those in the “Sample Danger Assessment Questions” about intimate partner violence in Chapter 5 in the *Clinical Protocol on Gender-Based Violence*.**
 1. **Has the physical violence increased in frequency over the past year?**
 2. **Has the physical violence increased in severity over the past year?**
 3. **Does he ever try to choke you?**
 4. **Is there a gun, khukuri, or another weapon in the house?**
 5. **Has he ever forced you to have sex when you did not wish to do so?**
 6. **Does he use drugs?**
 7. **Does he threaten to kill you or do you believe he is capable of killing you, or both?**
 8. **Is he drunk every day or almost every day? (In terms of quantity of alcohol he drinks)**
 9. **Does he control most or all of your daily activities? For instance, does he tell you who you can be friends with or how much money you can take with you when you go shopping?**
 10. **Have you ever been beaten by him while you were pregnant?**
 11. **Is he violently and constantly jealous of you? (For instance, does he say, “If I can’t have you, no one can.”)**
 12. **Have you ever threatened or tried to commit suicide?**
 13. **Has he ever threatened or tried to commit suicide?**
 14. **Is he violent toward your children?**
 15. **Is he violent outside of the home?**

This has been happening for the last 2 years but has increased in the last 6 months, and he has even threatened to kill her. Sometimes he is violent towards his children.

2. As a health worker, what advice will you give her?

Answer (in bold type):

- **As the survivor responds yes to the sample danger questions, discuss with her that these responses indicate that she may be at grave risk for extreme physical harm or that her life may even be at risk.**

3. What will you do next? Answer in the table below.

Answers (in bold type):

Safety planning for intimate partner violence:

Elements of a safety plan for intimate partner violence	Questions to ask yourself when making the safety plan
Safe place to go	If you need to leave your home in a hurry, where could you go?
Planning for children	Would you go alone or take your children with you?
Transport	How will you get there?
Items to take with you	Do you need to take any documents, keys, money, clothes, or other things with you when you leave? What is essential? Can you put together items in a safe place or leave them with someone, just in case?
Financial	Do you have access to money if you need to leave? Where is it kept? Can you get it in an emergency?
Support of someone close by	Is there a neighbor you can tell about the violence who can call the police or come with assistance for you if they hear sounds of violence coming from your home?

Document the referral in the case record.

Source: World Health Organization (WHO). 2014. Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook—field-testing version. WHO website. <http://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/>. [Published November 2014.] Accessed May 2, 2016.

Session Plan M

Session	Topic	Time
M	Quality Improvement in Relation to Gender-Based Violence Services and Action Plan <ul style="list-style-type: none"> PowerPoint (PPT) presentation, action plan preparation 	60 mins
Session objective		
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> Understand quality improvement in relation to gender-based violence (GBV) services, and identify gaps; Make action plans to implement services at the work site; Strengthen the capacity of service providers to plan, implement, and monitor high-quality services to support GBV survivors; and Prepare a referral directory for his or her health facility. 	
	Methods and activities	Materials and resources
45 mins	Illustrated lecture on the quality improvement (QI) process using PPT slides <ul style="list-style-type: none"> Discuss the process of Standard-Based Management and Recognition, focusing on gap analysis and action plan development. Start with a low hanging fruit. Ask the participants to review the QI tools (Master QI Tool, which the learners have brought from their health facility and which they completed during self-paced learning), and ask them to make an action plan on how they will start the service in their health facilities. Also discuss about supplies for service delivery (page 95 in the Learner's Guide for Blended Learning Approach). <p>Note for facilitator: The health facility in-charge would have received an orientation on the process for completing the QI tools. One master copy of the QI Tool is provided to each health facility to document the assessment. Therefore, the participants will bring the Master QI Tool when they come for the training so that their progress can be reviewed and necessary feedback can be provided.</p>	PPT, Learner's Guide for Blended Learning Approach, and action plan format
15 mins	<ul style="list-style-type: none"> Review the referral directory, which the learners prepared during the self-paced learning (page 87 in the Learner's Guide for Blended Learning Approach). 	Learner's Guide for Blended Learning Approach

Session Plan M—PowerPoint Slides

Quality Improvement for Health Service Delivery in GBV

1

Objectives

- To understand quality improvement regarding GBV services.
- To strengthen capacity of service providers to plan, implement, and monitor high-quality services to support GBV survivors.

2

Why focus on quality?

- ↑ Best practices
- ↑ Health outcomes
- ↑ Client satisfaction
- ↑ Access
- ↑ Provider satisfaction
- ↓ Resources



Prevalence of Hospital-Acquired Infections

- According to the Centers for Disease Control and Prevention, in the United States, there are more than two million nosocomial infections and more than 90,000 infection-related deaths each year.
- Financial loss is above \$30 billion per year.

Source: World Health Organization. 2002. *Prevention of hospital-acquired infections: a practical guide, 2nd edition.*

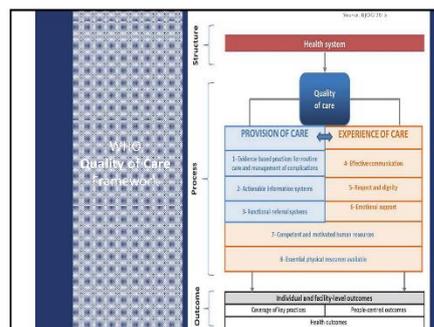
3

Most Important Tool to Prevent Hospital-Acquired Infections

Handwashing



4



Eight Domains of Quality

1. Evidence-based best practices for routine care and management of complications
2. Actionable information systems
3. Functional referral systems
4. Effective communication (with patients)
5. Respect and dignity (for patients)
6. Emotional support (for patients)
7. Competent and motivated human resources (health care workers)
8. Availability of essential physical resources

What is Standards-Based Management and Recognition (SBM-R)?

- Practical management approach for improving the delivery and quality of health services
- Based on use of operational, observable performance standards for on-site assessment
- Must be tied to reward or incentive program
- Consists of four basic steps

The Four Steps of SBM-R



Step One: Setting Performance Standards



Steps for Setting Standards

- Identify the services to be improved.
- Develop performance standards based on international guidelines, national policies or guidelines, and site-specific requirements:
 - The standards tell providers not only **what to do**, but also **how to do** a particular task; and
 - Based on use of operational and observable performance standards.
- Consider providers' input and clients' preferences.



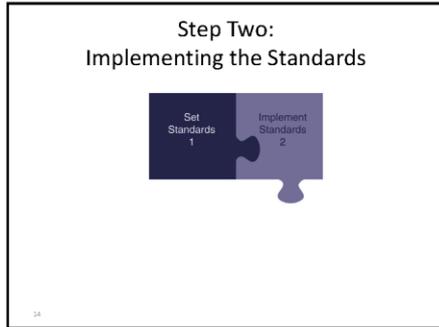
Total Standards for GBV

AREAS	STANDARDS
GBV	17

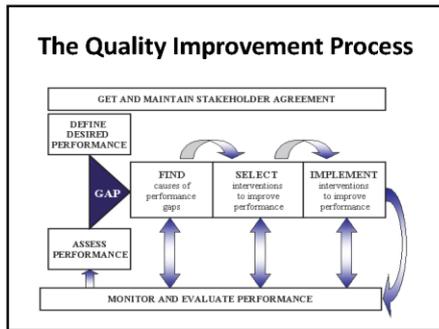


Sample Performance Assessment Tool

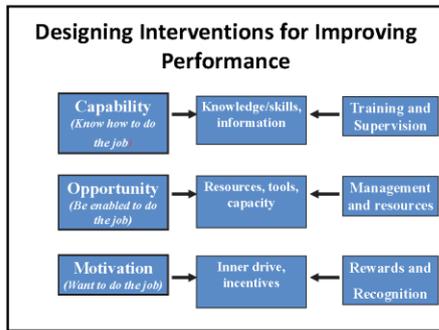
S. No	PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N	NA	Remarks
1	The facility has an adequate physical infrastructure	Observe that the center has: <ul style="list-style-type: none"> Three rooms Two beds for admission of GBV survivors referred from the emergency room, outpatient department, or safe shelter homes and other organizations A separate room with information and communication materials Essential laboratory instruments, materials, and medications for forensic examination Necessary forms and guidelines for recording and reporting Training guidelines Treatment protocols Information dissemination materials (printed and electronic) 			



- ### Steps for Implementing Standards
- Conduct a baseline assessment.
 - Identify performance gaps.
 - Identify causes of gaps and interventions to correct them.
 - Implement interventions.
 - Begin and support change process.



- ### Job Performance
- To carry out his or her job, the performer should:**
- Know how to do the job
 - Be enabled to do the job
 - Want to do the job



Change Management Strategy

- The standards in the tools represent easy and hard challenges.
- Changes start with the “low-hanging fruit.”
- Managers and providers start with the easiest tasks and then move to more difficult tasks, developing and increasing their change management skills.
- The change process should be observed to identify new developments, initiatives, and behaviors.

19

Step Three: Measuring Progress



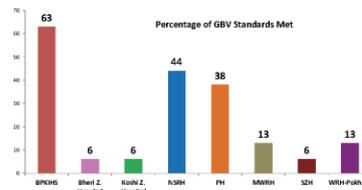
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Steps for Measuring Progress

- Encourage providers to self-assess.
- Measure progress (internal monitoring).
- Bring facilities together to share challenges and successes.

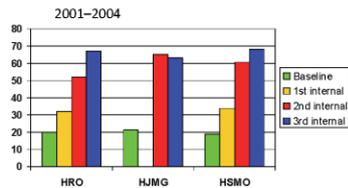
21

Example of Baseline 2014



22

Example: Total Results by Hospital



23

Ways to Provide Recognition

Recognition may be provided through:

- Feedback
- Social recognition
- Material recognition

24

Summary

SBM-R:

- Is a four-step process.
- Is not as complicated as it may sound.
- Puts the power in the hands of local providers and managers.
- Requires multiple sources of supervision and support.

25

Session Plan N

Session	Topic	Time
N	Skills Assessment <ul style="list-style-type: none"> Skills assessment 	90 mins (1 hr and 30 mins)
Session objective		
	By the end of the session, the participant will be able to: <ul style="list-style-type: none"> Demonstrate skills on collecting evidence and preparing a report of medical examination of the gender-based violence survivor. 	
	Methods and activities	Materials and resources
	Skills assessment Objective Structured Clinical Examination (OSCE): <ul style="list-style-type: none"> Prepare OSCE stations for evaluating skills on: <ul style="list-style-type: none"> Collection of Vaginal swab Review following case scenario for the collection and documentation of vaginal swab. Rama is 25 years of age. She was sexually assaulted, and her history has been documented. She was brought to the health facility by a police officer. Now, a health care provider is going to perform her vaginal examination, collect samples, and document the findings. The health care provider also needs to fill in the chain of custody form and Annex 16. Fill in the chain of custody form. Document in Annex 16 in the <i>Clinical Protocol on Gender-Based Violence</i>. Ask the participants to prepare the report of the medical examination in Annex 3, using the Case Scenario on page 85 of the Facilitator’s Guide for Blended Learning. Note for facilitators: <ul style="list-style-type: none"> Discuss the Case Scenario for the collection and documentation of a vaginal swab. Allow one facilitator in each station. Observe the skills using the checklist for each learner. Provide feedback after they complete the Skills Assessment for collecting vaginal swabs, fill in the chain of custody form in Annex 16, and prepare the report of the medical examination form, i.e., Annex 3. 	As per list on page 35 of the Facilitator’s Guide for Blended Learning: <ul style="list-style-type: none"> Copies of Case Scenario for vaginal swab collection Copies of Checklist for Vaginal Swab Collection Copies of Chain of Custody Form Copies of Annex 16 Copies of Case Scenario for Documentation Copies of Annex 3

Case Scenario for Final Assessment for Documentation

Chandra Kala, a 25-year-old school teacher, is brought to the hospital by few local villagers who had found her lying unconscious, by the riverside, early in the morning. Upon regaining consciousness she complains of pain over her lower abdomen. When asked, she doesn't remember how she got to the riverside and what happened. She only remembers meeting a few old friends in the local tea shop on her way back home. On examination, her vitals are stable, but she has a small laceration above her lips and fingertips, and bruises around her neck. There is slight bleeding from the vaginal area, and both labia are swollen though she had her menses

10 days ago. On detailed examination, there is a 2 cm tear in the posterior vaginal wall near the fourchette and some discharge as well.

Prepare the documents for Chandra Kala based on this information provided.

Session Plan O

Session	Topic	Time
O	Closing	90 mins (1 hr and 30 mins)
90 mins	<ul style="list-style-type: none"> • Overall summary—bringing it all together • Questions and comments • Course evaluation • Complete participant registration form • Review participants expectations • Review Knowledge Assessment result using matrix • Review Skills Assessment results 	Evaluation form
	Closing	

Answer Key

Knowledge Assessment Questionnaire

Choose the one best answer and circle it.

[Facilitators, all answers are in bold type.]

Chapter 1

1. Acid attacks or other attacks that cause physical pain, discomfort or injury are examples of a:
 - a. **Physical assault**
 - b. Sexual assault
 - c. Emotional abuse
 - d. Harmful traditional practice

2. One of the following may have been the direct consequence of gender-based violence (GBV):
 - a. **Alcohol and substance abuse**
 - b. Cancer
 - c. Diabetes
 - d. Renal failure

3. The government of Nepal has identified which the following centers to provide integrated services to GBV survivors:
 - a. Primary health center
 - b. Ministry of law and justice
 - c. **One-stop crisis management centers**
 - d. Ministry of women, children, and social welfare

Chapter 2

4. Abortion is considered illegal if the pregnancy is:
 - a. < 9 weeks and with a woman's consent
 - b. Up to 18 weeks and is the result of rape or incest with woman's consent
 - c. **18 weeks along and sex of the child has been determined**
 - d. A threat to the woman's physical and mental health

5. A GBV survivor shall be liable to a fine or imprisonment if:
 - a. She, out of anger, strikes using a weapon, stick (lathi), or stone during her rape
 - b. The offender dies at the site within 1 hour of his (or her) pursuit
 - c. **The survivor kills the offender after 1 hour**
 - d. The survivor attacks the offender within 1 hour

6. If a suit on the matter of rape is not filed within _____ days following the incident, the suit shall not be valid.
 - a. **6 months**
 - b. 7 days
 - c. 15 days
 - d. 30 days

Chapter 3

7. The following must be available at the health facility to maintain a GBV survivor's privacy.
 - a. A common examination room for all female patients
 - b. Access to operation theatre
 - c. **A separate room with visual and auditory privacy**
 - d. An HIV care and treatment clinic

8. The health facility should have the following drugs available for GBV survivors:
 - a. **Post-exposure prophylaxis (PEP)**
 - b. Oxytocin
 - c. Misoprostol
 - d. Iron and calcium

Chapter 4

9. While dealing with GBV survivors, a health care provider:
 - a. Has right to disclose the survivor's information to anyone
 - b. **Should not blame or judge the survivor**
 - c. Can hand over the records and reports to the police without the survivor's consent
 - d. Can take consent of the GBV survivor by any means

10. The health care provider should communicate with the survivor by:
 - a. **Asking open-ended questions and empathizing with her**
 - b. Giving her a small lecture about the rights of women
 - c. Probing about the perpetrator who is known to the provider
 - d. Listing the negative consequences of GBV

11. A support staff at the hospital who overhears the conversation between a survivor and a health care provider:
 - a. Can disclose information to the social worker to help the survivor without her knowledge
 - b. **Should keep all the information confidential**
 - c. Can report it directly to the police to act upon the guilty person
 - d. Should call his friends to hear the entire story

12. As soon as the health care provider encounters the survivor, he or she should:
 - a. **Greet her and assure her of privacy**
 - b. Take her to the examination room
 - c. Give her PEP
 - d. Start maintaining records and reports

Chapter 5

13. An unconscious patient is brought by her friend, reporting of sexual abuse. The first step is to:
 - a. Wait for the patient to gain consciousness for informed consent.
 - b. Call the police and forensic expert as soon as possible.
 - c. **Rule out medical emergency and resuscitate her.**
 - d. Ask her friend about the incident in detail.

14. She awakes after a few minutes, and you introduce yourself. She doesn't want her friend to accompany her for the examination.
 - a. Reassure her that he was the one who brought her, so he should be there.
 - b. Let the friend hide behind the curtain and hear everything.
 - c. Call 5–10 other helpers instead of her friend as supporters.
 - d. **Respect her choice, and only allow other people in the examination room with her consent.**

15. The first step to perform after obtaining informed consent is to:
- Take detailed history, according to the format.**
 - Conduct medical management with examination.
 - Provide psychosocial and medicolegal support.
 - Begin the investigation and sample collection.
16. During the examination, the survivor refuses genital examination. What do you do?
- Go ahead with the examination anyway.
 - Threaten her she may never get justice if she refuses it.
 - Explain the process reassuringly to her, and respect her decision.**
 - Seek help of others to restrain her and do the examination.
17. All of the following samples should be collected for forensic examination **except**:
- Blood
 - Hair
 - Fingernail scrapings
 - Stool**
18. The best emergency contraception for a survivor presenting within 3 days of the incident is:
- Progesterone only pills**
 - Intrauterine contraceptive device
 - Implant
 - Depo-Provera
19. PEP should be initiated within:
- 28 days
 - 72 hours**
 - 120 hours
 - 1 month
20. Survivors are at an increased risk of contracting all of the following except:
- Syphilis
 - Gonorrhea
 - Hepatitis A**
 - HIV

21. Follow-up visits are recommended at:
- 2 weeks, 1 month, 3 months, and 6 months**
 - 3 weeks, 2 months, 6 months, and 1 year
 - 2 weeks, 1 month, 3 months, and 2 years
 - 2 weeks, 3 months, 9 months, and 1 year
22. The health care provider dealing with a GBV survivor is generally:
- Required to be empathetic and respectful**
 - Required to be sympathetic
 - Required to be smart and daring
 - Required to be inquiring
23. Common types of psychological disorders due to GBV are:
- Paranoid schizophrenia
 - Anxiety and depressive disorders**
 - Bipolar affective disorder
 - Personality disorder
24. A 3-month-old child survivor should be examined:
- In a supine position
 - On the guardian's lap**
 - On a chair
 - In lithotomy position
25. Regarding the performance of a speculum examination in prepubertal girls, the following statement is true:
- A must for all girls with history of any abuse
 - Only when suspecting internal bleeding or penetrating injury**
 - Can be done without the consent of the child or guardian
 - Should be done after digital examination only
26. The approach to examining a highly agitated child includes:
- Asking the parents to bring her the next day
 - Restraining her and performing the examination
 - Examining the child after giving painkiller and sedatives**
 - Taking consent for examination under general anesthesia

27. In a medical management of a child with physical or sexual abuse, or both, the number one priority is to:
- Find out who committed abuse
 - Take detailed history, and record it for medicolegal purpose
 - Improve the health of a child**
 - Prevent future abuse
28. A 14-year-old girl was brought with complaints that she has been sexually abused by her neighbor. She also feels that he follows her all the time, and she hears him talking with his friends about her, which her parents deny. What do you do?
- There is no need to perform a detailed examination to rule out sexual abuse, as this girl is probably having a mental health problem.
 - This girl needs a detailed examination to rule out sexual abuse (mental harm).**
 - While evaluating the minor with the mental health problem for sexual abuse, it is compulsory to have parents or guardians present.
 - While evaluating a girl with the mental health problem, it is compulsory to have a court order.

Chapters 6–8

29. Planning about financial backup, transport, and support systems are part of:
- The safety plan for GBV survivors**
 - Self-care of the health care provider
 - Recording and reporting cases
 - Psychosocial support provided to the survivor
30. The responsibility of maintaining hard copies of consent forms and medicolegal forms belongs to the:
- Survivor
 - Lawyer
 - Health care provider**
 - Support person or guardian

Knowledge Questionnaire—Matrix

Number of questions	Number of participants												Relevant chapter	
	1	2	3	4	5	6	7	8	9	10	11	12		
														Chapter 1: Preface
														Chapter 2: National Provision and institutional Framework for GBV
														Chapter 3: Facility Readiness
														Chapter 4: Guiding Principles for Working with Survivors
														Chapter 5: Health Response to GBV

