GENDER-BASED VIOLENCE
Training Manual

Training on Gender-based Violence for Healthcare Providers in Afghanistan
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Training on Gender-Based Violence for Healthcare Providers in Afghanistan

October 2011
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<td>BPHS</td>
<td>Basic Package of Health Services</td>
</tr>
<tr>
<td>ESD</td>
<td>Extended Service Delivery</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>HSSP</td>
<td>Health Services Support Project</td>
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<td>IGWG</td>
<td>Interagency Gender Working Group</td>
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<tr>
<td>MOPH</td>
<td>Ministry of Public Health</td>
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<tr>
<td>PPT</td>
<td>Power Point</td>
</tr>
<tr>
<td>RHRC</td>
<td>Reproductive Health Response in Conflict</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Developement</td>
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<td>WHO</td>
<td>World Health Organization</td>
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FOREWORD


The Ministry of Public Health is an active member of the High Council of Prevention of Violence Against Women since its establishment and has had a significant role in implementing the commission’s orders and instructions.

Article Fourteen of the Law on Prevention of Violence Against Women obliges the Ministry of Public Health (MoPH) to provide quality and effective treatment and counseling services to the victims of violence. Therefore, in the light of laws, commitments and the mentioned documents the Gender Directorate within the MoPH, in cooperation with other relevant departments of the MoPH and national and international counterparts, developed this standard curriculum to respond to this requirement. The MoPH acknowledges the work of its Gender Directorate and other counterparts in preparing and designing this curriculum. Our special thanks go to the Health Service Support Project (HSSP), which assisted us with technical and financial support in preparing this curriculum. We hereby wish their further prosperities from Almighty Allah.

Gender based violence (GBV) is not solely a health problem; rather, it is also both driven by and exacerbates economic, social and cultural problems. Preventing GBV requires inter-sectoral cooperation from all different levels and requires short, medium and long-term strategies. Preparation of this curriculum is considered the primary step for provision of quality services. I hereby highly recommend that people involved in health sector to observe and abide by this curriculum and I expect them to cooperate with the Gender Directorate in the implementation of the curriculum so that with common cooperation, we improve the quality services.

My Best Wishes,
Dr. Suraya Dalel

October 15, 2011
Acting Minister of Public Health
Kabul, Afghanistan
ACKNOWLEDGMENT

Gender Directorate has had many accomplishments since its establishment in 2006. This Directorate has developed numerous curriculums such as (Gender and Health Rights Curriculum for Managers and Policy Makers, Gender and Health Rights Curriculum for Health Services Providers, Gender Mainstreaming Curriculum for the health services personnel and Gender Mainstreaming Curriculum for the Management of Emergency Events) with technical and financial cooperation of aiding organizations and has conducted more than 40 training programs for approximately 1200 health personnel.

As it is clear to everyone (despite the actual figures that show the scale of gender based violence at national level is not available), gender based violence is not only a health problem in our country, but it is also a significant health problem in various countries over the world for which billions of dollars are spent each year. On the other hand, timely treatment of the victims of the gender based violence is an assurance of high quality health services.

It would be appropriate to offer our gratitude to all counterparts (listed below) that contributed to the preparation of this curriculum. Our special thanks go to HSSP that assisted us with their technical and financial cooperation in preparing this curriculum.

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Head, Gender Directorate
Ministry of Public Health

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Gender-based Violence Training Manual
INTRODUCTION

To assist Afghanistan in improving access to and the quality of health services at the Basic Package of Health Services (BPHS) service delivery level, the U.S. Agency for International Development (USAID) established the ACCESS Support for Service Delivery and Quality of Basic Services in Afghanistan: Health Services Support Project (HSSP). One of HSSP’s goals is to integrate gender awareness and practices into BPHS service delivery.

To acknowledge and address the impact of GBV in Afghanistan, particularly in relation to women’s health, HSSP collaborated with the MoPH to develop and pilot this training manual. This manual is designed to guide trainers in conducting workshops for Afghan healthcare providers on GBV. The overall objective of the training is to raise awareness of healthcare providers of GBV and its relation to women’s health. At the end of the workshop, participants should be better able to understand

- gender, GBV, and gender-related concepts;
- gender-related challenges and barriers women face in accessing health services;
- myths and realities, forms, and life cycles of GBV;
- concepts of human rights, especially in relation to women;
- causes and factors related to GBV in Afghanistan and
- roles and responsibilities of healthcare providers in addressing GBV.

Below is a sample agenda for the training; however, the training can be adapted to meet the specific priorities and needs of participants.

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<th>Sample Agenda</th>
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<td>Day 3</td>
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DAY ONE

TRAINING OVERVIEW (55 minutes)

Materials
- Flipchart
- Markers
- Tape
- Handout: Pre-test

Preparation
- Flipchart with the following written:
  - Name
  - Where they work
  - Experience with gender
- Flipchart with training objective and agenda written
- Photocopy handouts, one per participant

Daily Objectives
- Participants will better understand gender, gender-based violence, and gender-related concepts.
- Participants will better understand the gender-related challenges and barriers women face in accessing health services.

Welcome and Purpose of Training (10 minutes)

1. Begin with welcoming the group to the training.

2. Explain that the Ministry of Public Health (MOPH) is committed to integrating gender and gender issues into reproductive health programs and services. The focus of this training will be to introduce gender-based violence to health service providers in Afghanistan to raise their awareness of the issue and its relation to women’s health.

3. To begin the training, explain that you would like to have participants fill out a pre-test. This will be anonymous—participants will just need to put a number in the space provided on the test (as directed by the facilitator). They will then need to use the same number when they fill out a post-test at the end of the training. Distribute the pre-test and ask participants to take five minutes to fill out. Answers to the test can be found in Annex B and used for scoring.
**Introductions**

(35 minutes)

1. Divide the group into pairs and ask them to find out the following about each other:
   - Name
   - Where they work
   - Experience with gender

   Provide this information on a flipchart and tell participants that they have 10 minutes to talk with each other.

2. After 10 minutes, ask the pairs to briefly introduce each other to the larger group. As participants are introduced, note any similarities in experience or unique experiences.

**Review of Training Objective and Agenda**

(10 minutes)

1. Review the training objective and agenda on a flipchart. The training objective is to
   - Raise healthcare providers’ awareness of gender-based violence and its relation to women’s health.

2. Ask participants if they have any questions on the objective and agenda for the training.
SESSION 1: SETTING THE CONTEXT (80 minutes)

Materials
- Flipchart
- Markers
- Tape
- Pieces of paper with proverbs from “Match the Proverbs”
- Index cards

Preparation
- Using the “Match the Proverbs” Activity Sheet as a guide, write down half of each proverb on a separate piece of paper (see Activity Sheet 1).
- On a flipchart, write out the definition of gender as found in Activity 1 below.
- On a flipchart, write out the definitions of the following: sex, gender equity, health equity, gender equality, gender discrimination, gender empowerment, reproductive rights (definitions found in Activity 1 below).

Activity 1: Understanding Key Concepts—Gender Statements: Match the Proverbs
(20 minutes)

1. Tell participants that you’ll be starting the training with discussing key concepts that are important to understand when exploring gender-based violence. To begin, you will start with talking about gender.

2. Shuffle the papers that have half of the proverbs written on them and hand one piece of paper to each participant. If there are more participants than pieces of paper, give one piece of paper to a pair of participants. Tell the participants the proverbs have been split into two halves and mixed up. Ask participants to “find” the other half of their proverb.

3. After participants have joined in pairs to complete their proverb, discuss as a group what participants think the statements mean. Explain the statements if they have not guessed them correctly. Engage participants in a brief discussion of what countries these proverbs come from and how these proverbs illustrate cultural beliefs regarding men and women.

4. Tell the participants that you’ll now move into a discussion of definitions of gender terms.

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1 Adapted from: Reproductive Health Response in Conflict Consortium (RHRC), no date, Communication Skills in Working with Survivors of Gender-based Violence: A Five-Day Training Curriculum.
ACTIVITY 2: Defining Gender and Related Concepts  (60 minutes)

1. Distribute large index cards to each participant. Tell them to take 2-3 minutes to write down a word or phrase that they think of when they hear the word “gender.” When they are done, ask them to tape the cards up on the wall.

2. Using the words and phrases participants wrote on the index cards, explain gender using the definition below, adding additional information if necessary. Take the cards with the relevant words and phrases and group them on one side of the wall. The cards that contain words and phrases that do not apply to the definition of gender should be placed on the other side.

3. Display the flipchart with the definition of gender. Explain to the group that gender is defined in many different ways, as displayed by their words, but for our purposes today, we are going to use the definition below:

| **Gender** refers to the economic, social, political, and cultural attributes and opportunities associated with being female and male. The social definitions of what it means to be female or male vary among cultures and changes over time. |
| In Afghanistan, the working definition of gender is “Roles and responsibilities of men and women in society.” |

4. Next, facilitate a brief discussion defining the following related terms for the group. First, ask the group how they would define the term, then display the terms and their related definitions. Be sure to use the words/phrases they shared at the beginning of the activity, if applicable.

| **Sex** refers to the biological differences between women and men. Sex differences are concerned with women and men’s physiology. |
| **Gender equity** means fairness and justice in the distribution of benefits, power, resources, and responsibilities between women and men according to their needs. It recognizes that women and men have different needs, access to, and control over resources. |
| **Health equity** refers to the absence of unfair, avoidable, or preventable differences in health among different population groups. |
| **Gender equality** permits women and men equal enjoyment of human rights, socially valued goods, opportunities, resources, and the benefits from development results. It includes the following:  
  - Same opportunities to access and control social resources for men and women, girls and boys.  
  - Same opportunity to access education, health services, and politics for men and women, girls and boys.  
  - Same opportunities between men and women and girls and boys to achieve health, contribute to health development, and benefit from the results. |
| Source: MoPH Gender Mainstreaming Curriculum |

5. Ask the group if they have any further questions and/or comments.
SESSION 2: WHY IS GENDER IMPORTANT IN AFGHANISTAN?  
(1 hour, 30 minutes)

Materials:
- Flipchart
- Index cards
- Markers
- Tape
- LCD projector
- PowerPoint (PPT) presentation: “Why is Gender Important in Afghanistan?”
- Handouts of the PPT presentation: “Why is Gender Important in Afghanistan?”
- Handout: Masoma’s Story (Activity Sheet 1)
- Handout: Evaluation of Day 1

Preparation
- Set up projector to show the PPT presentation
- Prepare hard copies of the PPT presentation
- Photocopy handouts

ACTIVITY 1: Why is Gender Important in Afghanistan?  
(45 minutes)

1. Introduce the PPT presentation saying that you will be reviewing gender in relation to Afghanistan. This presentation will include mention of international commitments to gender, women’s health data, and a brief review of qualitative data on gender-based violence in Afghanistan. Note that not much research has been done on this issue in Afghanistan and that existing research is qualitative.
2. Deliver the PPT presentation.
3. Following the presentation, ask the participants to volunteer at least one thing that they found interesting in the presentation. Based on the responses, facilitate a brief discussion of the issues they would like to discuss. As appropriate, ask the participants if they feel that the information presented is accurate within their context in Afghanistan.

ACTIVITY 2: Masoma’s Story—Identifying Gender Issues in a Case Study  
(45 minutes)

1. Tell the participants that in this next activity, they will apply what they have learned so far in reading and discussing a case study. Distribute the case study “Masoma’s Story” (Activity Sheet 1) to the participants. Give them 15 minutes to read it.
2. Once the 15 minutes are up, divide the participants into a group(s) of women and men. Ask them to discuss the following questions in their small groups:
   - Why do you think Khalil abuses his wife?
   - Do you think the men in Masoma’s life are relieved of responsibility for their violent actions? Why or why not?
   - Why do women blame other women for men’s violent behavior toward them?
   - What can this family do to improve their relationships with one another?
3. After participants have had a chance to discuss, bring them back together and have a brief discussion of their responses.
SESSION 3: DEFINING GENDER-BASED VIOLENCE  

(35 minutes)

Materials
- Flipchart
- Markers
- Tape
- Index cards

Preparation
- Write the definition of gender-based violence on the flipchart, as found in Activity 1

ACTIVITY 1: What is Gender-based Violence?  

(30 minutes)

1. Divide participants into three small groups. Give each group a piece of flipchart paper. Tell the group to discuss the question, “What is gender-based violence?” and to come to a consensus definition. Ask the groups to write their definitions on the flipchart paper and post it on the wall. They will have 5-10 minutes to do so.

2. After all of the definitions have been posted, review each definition and ask the larger group if they agree. Ask the participants if they believe all of the elements of GBV have been covered. Generate responses.

3. Share the following definition of gender-based violence on the flipchart:

   Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual, and psychological harm...It includes that violence which is perpetuated or condoned by the state. –United Nations Population Fund (UNFPA) Gender Theme Group

4. Compare this definition with those written by the participants. Without citing individuals in the group, point out elements that are not part of the definition of GBV and why. Ask the participants if they have any questions. Explain to the group that gender-based violence is defined in many different ways, but for our purposes today, we are going to use a definition adapted from UNFPA’s definition.

ACTIVITY 2: Daily Evaluation  

(5 minutes)

1. Hand out the Day 1 evaluation and ask the participants to fill it out.

2. Collect the evaluations, thank participants for their involvement throughout the day, and dismiss them.
OVERVIEW: HANDOUT

Pre-test

Anonymous Number: __________________________

1. What is gender?

__________________________________________________________________________________

2. How is gender different from sex?

__________________________________________________________________________________

3. What is gender-based violence?

__________________________________________________________________________________

4. Select “True” or “False” for each statement below:

<table>
<thead>
<tr>
<th>No</th>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gender-based violence is a serious violation of women’s human rights.</td>
<td></td>
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<tr>
<td>2</td>
<td>Men cannot control themselves. Violence is simply part of their nature.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Studies consistently show that most women who experience GBV are abused by people they know; often the perpetrators are those they trust and love.</td>
<td></td>
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<tr>
<td>4</td>
<td>Women who have experienced physical intimate partner violence are more likely to have complications during delivery.</td>
<td></td>
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<tr>
<td>5</td>
<td>Children of abused women may be more likely to die before the age of five.</td>
<td></td>
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<tr>
<td>6</td>
<td>Women who experience gender-based violence provoke the abuse through their inappropriate behavior.</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Women have a right to say “no” if they don’t want to have sex with their husband.</td>
<td></td>
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<tr>
<td>8</td>
<td>Violence stops when a woman becomes pregnant.</td>
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<tr>
<td>9</td>
<td>Most women are abused by strangers. Women are safe when they are home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>If a woman tries to please a man, he will love her more and will not beat her.</td>
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<td></td>
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</tbody>
</table>

5. Which of the following is not considered physical violence?
   a. Spouse beating/domestic violence
   b. Harmful traditional practices
   c. Discrimination
6. Which of the following are considered common injuries from domestic violence?
   a. Cigarette burns
   b. Bite marks
   c. Rope burns
   d. All of the above

7. Why should health providers address gender-based violence?
   ___________________________________________________________
   ___________________________________________________________

8. Please name at least three kinds of violence.
   a. ______________________________________________________
   b. ______________________________________________________
   c. ______________________________________________________

9. What is gender equity?
   _________________________________________________________
   _________________________________________________________
   _________________________________________________________

10. What is health equity?
    _________________________________________________________
     _________________________________________________________
     _________________________________________________________
SESSION 1: ACTIVITY 1 HANDOUT

Gender Statements: Match the Proverb

Instructions
- Write one half of each statement on separate pieces of paper and distribute one piece of paper to each participant.
- Tell the participants that the statements have been split in two and now the two halves of each statement are not matched correctly.
- Ask the participants to match up the correct halves of the statement. After they have “found” their other half, ask participants to stand in a line and discuss as a group what participants think the statements mean.
- Tell the participants what the statements mean if they have not guessed this correctly.

Sample Proverbs and Their Meanings

Women are made for homes or graves.
(From Afghanistan: this means that women should stay at home and not in the public realm)

He who listens to women suffers from famine at harvest time.
(Tonga proverb from Zambia: this means one must not put too much weight on women’s words; it might lead to trouble later on)

Husbands who help their wives are called slaves of the wife.
(From India: this means that men who help women are not “real men”)

It is believed that women are governed by weak “star” so they often become possessed by evil spirits.
(From India: this means that women tend to be more unstable then men)

A house without an owner is like a woman without a husband.
(bilingual Summerian and Akkadian proverb: this means that a woman alone is not complete as a human being)

In the hands of women rests the dignity of the house.
(From India: this means that what people think about a family depends on a woman’s behavior)

A boy who is a coward should wear bangles in his hands.
(From India: this means that boys who are afraid or who do not like violence are like women or girls)

Adapted from: M. de Bruyn and N. France, 2001, Gender or Sex: Who Cares? Skillsbuilding Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers. Chapel Hill: Ipas


SESSION 2: ACTIVITY 2 HANDOUT

Masoma’s Story—Identifying Gender Issues in a Case Study

Masoma and her family lives in urban Kabul. She is married to Khalil and they are considered a middle-income family. Masoma works as a teacher and Khalil owns a shop. Khalil’s mother receives remittances from her husband in Iran. Khalil’s family migrated to Iran in the early 1990s.

Masoma is educated up to 12th grade, but Khalil only has minimal education. Khalil’s young brothers and Masoma’s daughter are in school; both of Khalil’s parents are illiterate.

Masoma had numerous reasons for wanting to get married:

- To give her more opportunities in life.
- Boredom from doing all the housework for her family.
- Restrictions of the Taliban regime.
- Her father-in-law promised that if she married his son, she would be able to go to Iran and continue her studies there. She wanted to move to Iran because she has a married sister living there.

“I hadn’t seen him before [we were married]... [But] I wanted to marry because I was bored with cooking bolani. And the other reason was that my three elder sisters were living in Iran and I wanted to leave Afghanistan. Also my father-in-law had promised me a lot of good things, if I marry his son, if I marry with his son he said he would take me to Iran and he would let me go to school and college there. Because of this I was very keen to marry my husband.” — Masoma

Masoma’s father-in-law wanted Khalil to marry quickly, as Khalil had some type of relationship with a woman his father did not approve of. Khalil’s mother was not involved in the decisions around Khalil’s marriage. However, she is a key decisionmaker in the family and all household decisions have to be approved by her. Because of her position in the family, she has the ability to manipulate and influence her son’s behaviour.

Masoma often resists her mother-in-law and they fight for control. Her mother-in-law does not like that Masoma is educated and earns her own income. “My mother-in-law said to my husband, tell your wife to ask me whenever she wants to go somewhere. Actually my mother-in-law wants to keep everything in her control, like her husband and her sons are under her control and they cannot say anything to her. My mother-in-law wants me to also be under her control and to not go out without her permission. Even she wants me to ask her permission when I want to eat something, that I cannot do and because of this there is fighting and conflict between us.” — Masoma

Masoma experiences abuse from her husband and her father-in-law. She lays most of the blame on her mother-in-law. She blames her for Khalil’s violence, “I know my husband never want to beat me and my children but his mother and brother made him to beat me and my children.” She also blames her for her brother-in-law’s behaviour, when he urges Khalil to beat Masoma. She also blames her for her father-in-law’s violence, “My mother-in-law asked my father-in-law to slap me and my father-in-law he beat me because of my mother-in-law.”

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The longer she is married, Masoma feels herself changing. “I feel some changes have come in me, because at the beginning of my married life when my mother-in-law said something to me I used to reply to her using the same words that she was using. But now when my mother-in-law starts fighting and using bad words I do not say anything… And before when [my in-laws] would beat my children I would fight with that person. But now I do not care about it. And sometimes when my brother-in-law or my mother-in-law beats my children I start beating my children as well because of them.” — Masoma

Discussion Questions:

- Why do you think Khalil abuses his wife?
- Do you think the men in Masoma’s life are relieved of responsibility for their violent actions? Why or why not?
- Why do women blame other women for men’s violent behavior toward them?
- What can this family do to improve their relationships with one another?
SESSION 3: ACTIVITY 2 HANDOUT

Daily Evaluation: Day 1

1. Evaluate the degree to which the daily objectives were achieved. Please circle a number (1 indicating “not achieved” and 5 indicating “fully achieved”).

Objective I: 1-------------2---------3----------4--------5
Objective II: 1-------------2---------3----------4--------5

Day 1 Objectives
I. Participants will better understand gender, gender-based violence, and gender-related concepts.
II. Participants will better understand the gender-related challenges and barriers women face in accessing health services.

2. Rate the usefulness of the day to your work as a healthcare provider or trainer. Please circle a number (1 indicating “not useful” and 5 indicating “fully useful”).

1-------------2---------3----------4--------5

3. Which activity contributed most to your learning?

4. Which activity contributed least to your learning?
5. Is there something that you feel should be added in this day of the training?
DAY TWO

SESSION 3: DEFINING GENDER-BASED VIOLENCE (continued)
(4 hours and 10 minutes)

Materials
- Flipchart
- Markers
- Tape
- LCD projector
- PPT presentation: “How Prevalent is Gender-based Violence?”
- Index cards
- Printed newsprint: 6 Stages of the Life Cycle
- PPT presentation: “Health Consequences of Gender-based Violence”

Preparation
- Set up projector to show the PPT presentations
- Prepare hard copies of the PPT presentations
- Photocopy handouts
- Select four myths to use in Activity 4

Daily Objectives
- Participants will better understand myths and realities, forms, and life cycles of gender-based violence.
- Participants will better understand the concepts of human rights, especially in relation to women.

ACTIVITY 1: Recap (10 minutes)

1. Display a flipchart or PPT with a recap of the previous day. Facilitate brief discussion based on what was presented.

ACTIVITY 2: How Prevalent is Gender-based Violence? (30 minutes)

1. Introduce this activity by telling participants that you will deliver a presentation on GBV. Begin the presentation with the following points:
   - Millions of girls and women suffer from violence and its consequences because of their sex and their unequal status in society.
   - Gender-based violence is a serious violation of women’s human rights.
   - While men are also victims of violence, violence against women is characterized by its high prevalence in the family; its acceptance by society, and its serious, long-term impact on women’s health and well being.

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Adapted from: Interagency Gender Working Group (IGWG), no date, Gender-based Violence: A Primer (training module).
• Data on the prevalence of GBV can be difficult to collect and compare. Ask the participants why they think this is so. Reasons can include the following:
  – Definitions vary;
  – Data collectors may not be trained properly;
  – Questions may not be asked properly or at all; and
  – GBV also is underreported, due to culture and societal norms around disclosure.

2. Explain to the participants that the World Health Organization conducted a multi-country study of violence, which included violence against women, focusing on violence by intimate partners, one of the most common forms of violence against women. We’re going to share the compelling data from this report, as well as some other data sources.

3. Begin the PPT presentation on “How Prevalent is Gender-based Violence?”

4. When the presentation is finished, facilitate a brief discussion on the prevalence data presented and what the group thinks the impacts are/could be. Explain that we will discuss in more detail the reproductive health effects of GBV a little later in the training.

**ACTIVITY 3: Myths and Realities about GBV** *(45 minutes)*

1. Tell the participants that next you will be discussing some statements around GBV. Tell the group that you are going to call out a statement. They need to decide if they agree or disagree with the statement. One side of the room is where those who agree with the statement will stand and those who disagree with the statement will stand on the other side of the room. Tell the participants that they cannot stand in the middle; they need to choose one or the other response.

   **Facilitator’s note:** The statements you will be reading to the participants are known as myths about GBV. Do not tell the participants that these are myths until you begin discussing each statement separately.

2. Read each statement twice to ensure all participants have heard it. After the participants choose where to stand, ask one side why they are standing there. Generate responses and probe further with additional questions. When you are done with one response group, ask the same question of the other group. Explain to participants that the statement you shared with them is a myth. Review the “reality” related to the myth as expressed in the box below, referring to other sessions you’ve already been through (such as the prevalence of GBV, etc.).

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5 Adapted from: Interagency Gender Working Group, no date, Gender-based Violence: A Primer (training module).
### Possible statements (choose 3-4)

<table>
<thead>
<tr>
<th>Myth</th>
<th>Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>GBV only happens to poor and marginalized women.</td>
<td>GBV happens among people of all socioeconomic, educational, and racial profiles.</td>
</tr>
<tr>
<td>Men cannot control themselves. Violence is simply part of their nature.</td>
<td>Male violence is not genetically based. It is perpetuated by a model of masculinity that permits and even encourages men to be aggressive.</td>
</tr>
<tr>
<td>Most women are abused by strangers. Women are safe when they are home.</td>
<td>Studies consistently show that most women who experience GBV are abused by people they know; often the perpetrators are those they trust and love.</td>
</tr>
<tr>
<td>Women who experience gender-based violence provoke the abuse through their inappropriate behavior.</td>
<td>Within many societies, there is a widespread belief that women often deserve or provoke the violence they receive. For example, that disobedient wives deserve to be beaten by their husbands or that women who were raped were probably “asking for it” because of the way they dressed or acted. As community leaders/advocates/health providers/educators/police, it is extremely important to examine our own individual values and beliefs about gender roles. Blaming the victim can cause great harm to a survivor and reflects a failure to acknowledge gender-based violence as a violation of human rights.</td>
</tr>
<tr>
<td>Violence stops when a woman becomes pregnant.</td>
<td>Worldwide, as many as one in every four women is physically abused during pregnancy.</td>
</tr>
</tbody>
</table>

3. Explain further to participants that even though we may be familiar with GBV, and the importance of addressing it, some of the issues may still be difficult for us to work with. Also, we need to look at ourselves as a product of our own cultures. How do our own cultures feel about violence towards women and girls? Can it influence the way we address it in our projects/programs or even if we address it at all? Ask the participants if there are any local myths they would like to discuss.

4. Ask the group if they have any further questions or comments. Close with a statement about violence never being an acceptable means of interaction with a person.

### ACTIVITY 4: Forms of GBV

(45 minutes)

1. Explain to the participants that in this activity the group will explore different forms of gender-based violence.

2. Divide participants into four small groups.

3. Assign one category of gender-based violence to each group:
   - Physical
   - Emotional/psychological
   - Economic
   - Harmful traditional practices

---

4. Give each group a stack of index cards or papers and ask them to take 15 minutes to brainstorm all the different acts of violence within that category. Participants should write each act on a different card.

5. When the participants are finished, ask them to hang their cards on the wall under a matching category heading. Ask each group to present their ideas to the other participants.

6. After each group presents, invite the other participants to ask questions or add any acts that were left out.

7. After a group discussion on each of the four forms of violence, ask participants to look around the room at all the different kinds of violence perpetrated against women and connect with what that means to them. Pause for a few minutes for reflection.

**Examples of violence**

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Economic</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Spouse beating/domestic violence</td>
<td>• Verbal, emotional abuse</td>
<td>(can be a component of any of the above)</td>
</tr>
<tr>
<td>• Assault and other physical violence (gender based)</td>
<td>• Humiliation</td>
<td></td>
</tr>
<tr>
<td>• Harmful traditional practices</td>
<td>• Discrimination</td>
<td></td>
</tr>
</tbody>
</table>

**Harmful traditional practices** fit into each of the categories above. These practices can include the following:

• Early/forced marriage
• Honor killings
• Dowry abuse
• Widow ceremonies
• Punishments directed at women for crimes against culture
• Denial of education, food for girls/women due to gender role expectations

**Facilitator’s information**

**Terms used to describe gender-based violence**

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

**Violence against women** is a term often used synonymously with gender-based violence. However, the term does not make it clear whether or not the violence is derived from unequal power relationships between women and men in society.

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

**Wife battering** is physical violence by a husband against his wife.

**Spousal abuse/Intimate partner violence** refer to physical, sexual or psychological violence, or abuse by one partner against another, in an intimate relationship. The partners could be either male or female. Wife battering is a subset of spousal abuse or intimate partner violence.

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**Facilitator’s information**

**Forms of gender-based violence**

**Physical violence** is defined as the intentional use of physical force with the potential to cause death, disability, injury, or harm. Physical violence includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair-pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife or other object), and use of restraints or one’s body, size, or strength against another person. Physical violence also includes coercing other people to commit any of the above acts.

**Sexual violence** is divided into three categories:

- Use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed.

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

- Abusive sexual contact, including intentionally touching directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person against his or her will, or of any person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act (e.g. because of illness, disability, or the influence of alcohol or other drugs, or due to intimidation or pressure).

**Threat of physical or sexual violence** includes the use of words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm. Also the use of words gestures or weapons to communicate the intent to compel a person to engage in sex acts or abusive sexual contact when the person is either unwilling or unable to consent.

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

Harmful practices grounded in tradition and sometimes attributed to religion, lead to pain, suffering, humiliation and the marginalization of millions of women and girls; violating the most basic human rights of half the population. Practices that include forced and child marriage, exchange of girls to settle disputes, exchange marriages, and killing in the name of “honor,” constitute harmful traditional practices.


ACTIVITY 5: The Life Cycle of Violence Against Women7 (90 minutes)

1. Explain to the group that violence against women and girls occurs at different points in their lives. In this activity, participants are going to identify the forms of gender-based violence that can occur at different points of the life cycle for girls and women.

2. Use a creative way to divide the participants into six small groups. Give each group one piece of newsprint with one of the six stages of the life cycle written on it.

   Six Stages of Life
   1. Pre-birth
   2. Infancy
   3. Childhood
   4. Adolescence
   5. Reproductive Age
   6. Elderly

3. Give the group the following instructions:
   - Brainstorm a list of the different forms of gender-based violence that can occur at this stage of the life cycle.
   - Choose a recorder and have that person write the group’s list on the newsprint.
   - Ensure it is printed in large block letters.
   - Choose a presenter to report out your group’s findings.
   - They have 15-20 minutes for this activity.

4. After time is up, ask the groups to report out, starting with pre-birth and working through each stage of the life cycle. After each of the six groups have reported out facilitate a brief discussion by asking the following:
   - Would you add or delete anything from the different stages? Why?
   - Was this task easy or difficult? Why?
   - Were there any surprises?

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7 Adapted from: Interagency Gender Working Group, no date, Gender-based Violence: A Primer (training module).
ACTIVITY 6: Health Consequences of GBV  (30 minutes)

1. Explain to the participants that in this session, you will focus on the effects of GBV on health. Tell them you will begin with a PPT presentation looking at the evidence of health consequences of GBV.

2. Deliver the PPT presentation.

3. Facilitate a brief discussion of the material presented.
SESSION 4: HUMAN RIGHTS (75 minutes)

Materials
- Flipchart
- Markers
- Handout: Human Rights and Reality Worksheet

Preparation
- Photocopy handout, Human Rights and Reality Worksheet

ACTIVITY 1: Concept of Human Rights8 (30 minutes)

1. Start by introducing the word “rights.” We all use it in our everyday language. We say things like, “She had a right to do that,” or “We have a right to say what we think.”

2. Ask the participants to suggest examples of the use of the word "rights" from their own experiences. When was the first time they remember hearing it? What was the context in which it was heard? Encourage people to contribute short experiences of the usage of the word "rights."

3. When you feel that the group has a common understanding of what is meant by the word “rights,” open a discussion by asking the participants:
   - From where do we get our rights?
   - Who gave them to us?
   - Can they be taken away?

4. Encourage a wide range of viewpoints and ask open-ended questions that expand the discussion. You may have to adopt the role of asking contrary questions. For example:
   - If people say, “Allah gives us rights,” you could ask, “If Allah gives us all rights, why do some people who do not believe in Allah still have rights to speak freely, live safely, etc.?”
   - If people say, “The government gives us rights,” ask, “Can the government decide which rights we have and which we don’t? Can people disagree with the government? If the government didn’t exist, would we still have rights?”

5. The aim of this discussion is not to come up with a correct answer but to get people thinking about the concept of human rights. It is an example of a reflective discussion where people slowly come to see the assumptions behind their beliefs. Some key points you may want to introduce in the discussion include:
   - Usually when we talk of human rights we are talking of natural rights. We are all born with natural rights and they cannot be taken away by anyone. A government may make a law that formalizes our natural rights or protects additional rights (e.g., right to own property, right to appeal a decision deemed unfair in a court of law, a right to a trial before conviction, etc.).

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• Human rights are "entitlements" that every human being has just because they are human. All human beings have rights—we are born with them and they cannot be taken away.

• The rights we claim are deeply linked to our view and understanding of justice. A government can affirm and help protect our rights by creating laws, but governments do not give us our human rights.

• Every right comes with responsibilities. This means that since I have a right to live free of violence, I have a responsibility to respect others’ right to safety by being non-violent.

• When a person violates another person’s rights, they give up some of their own rights. For example, if a person kills another person, he gives up his right to freedom and may be imprisoned.

• Every culture and people has a concept of human rights even if they do not use the word "right."

**ACTIVITY 2: Human Rights and Women’s Reality**

1. Tell the participants that this next exercise will explore the gap between human rights and reality. Even though international conventions, and in many places the law, state that all human beings have the same rights, in reality, all people do not enjoy rights equally.

2. Hand out the “Human Rights and Reality Worksheet” to each participant. Make sure all participants have Part One facing up. Ask them not to turn over the sheet.

3. Read each human right aloud and ask participants to tick either “agree,” “disagree,” or “not sure” on their worksheet.

4. Ask participants if there are any human rights that are listed here that they disagree with or are not sure about? Lead a discussion based on their responses.

5. Explain that the next part of this worksheet will be completed in small groups. Review the work together.

6. Ask participants to turn over their worksheet.

7. Explain that the sheet contains the statement "Do most have the power to . . ." with a list of situations below. There are two columns: men and women. Each group should think about the reality in the community and for each statement fill in each column by ticking "yes," "no," or "not sure" based on what they believe is the norm in our community. Groups will have 5 minutes to do this.

8. Ensure there are no questions. Ask participants to form 10 small groups, by counting off from one to ten until everyone has a number, and then dividing into groups by number. Wait until everyone has found a group before beginning.

---

9. Alert participants when only 1 minute remains.

10. Call “stop!” when 5 minutes have passed.

11. Ask the groups to count the total number of ticks for “yes” in the men’s column, and the total number of ticks for “yes” in the women’s column. Ask each group to share their totals with all participants.

12. Ask participants the following questions:
   - Did women receive fewer ticks for “yes” than men? Why?
   - Do you think this is right or fair? Why or why not?

13. Summarize: If we believe that all people share the same basic human rights, yet half the population are not able to enjoy these rights, this is injustice. This injustice exists because men are given more power by society than women.

14. Explain to the participants that with their groups, they will now have a 5 minute discussion about what implications injustice has on women and men, children and families, the community and society. Ask them to write their ideas on notepaper.

15. Alert the participants when only 1 minute remains.

16. When 5 minutes have passed, call “stop!” Ask participants to share their thoughts and facilitate a discussion around key points.

17. Summarize: The denial of rights is called injustice. Injustice affects all members of a community. It is unjust when one individual or group cannot enjoy their basic human rights. When one group of people consistently has more power than another group, it is injustice. This injustice is the root of violence.

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**Facilitator’s information**

**Human rights**

Violence against women is an obstacle to the achievement of the objectives of equality, development, and peace. Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms. A number of international human rights instruments require States to take effective measures to prevent and eradicate gender-based violence. Several international agreements provide protection to women and girls from violence. These include the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the Convention against Torture and the Declaration on the Elimination of Violence against Women. In addition, WHO’s constitution lays down the ideal of "attaining the highest achievable standard of health for all." Ensuring women’s right to health will therefore mean implementing programs and policies for the prevention of gender-based violence and care and treatment for its numerous health consequences.

ACTIVITY 3: Daily Evaluation  (5 minutes)

1. Hand out the Day 2 evaluation and ask the participants to fill it out.

2. Collect the evaluations, thank participants for their involvement throughout the day, and dismiss them.
SESSION 4: ACTIVITY 2 HANDOUT

Human Rights and Reality Worksheet

PART I. PLEASE DO NOT UNFOLD THE SHEET UNTIL ASKED TO BY THE FACILITATOR

<table>
<thead>
<tr>
<th>Everyone has a right to</th>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Make decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Speak their mind</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Earn money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Come and go freely from home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Privacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Rest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Make decisions about finances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Health</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART II.

<table>
<thead>
<tr>
<th>Do most have the power to...</th>
<th>Men in your community</th>
<th>Women in your community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1. Make decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Speak their mind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Earn money</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Make decisions about finances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Make decisions about sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Come and go freely from home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Privacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Respect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Rest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Get information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Life free or fear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Protect themselves from HIV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL NUMBER OF TICKS
SESSION 4: ACTIVITY 3 HANDOUT

Daily Evaluation: Day 2

1. Evaluate the degree to which the daily objectives were achieved. Please circle a number (1 indicating “not achieved” and 5 indicating “fully achieved”).

   Objective I: 1---2---3---4---5
   Objective II: 1---2---3---4---5

   Day 2 Objectives
   I. Participants will better understand myths and realities, forms, and life cycles of gender-based violence.
   II. Participants will better understand the concepts of human rights, especially in relation to women.

2. Rate the usefulness of the day to your work as a healthcare provider or trainer. Please circle a number (1 indicating “not useful” and 5 indicating “fully useful”).

   1---2---3---4---5

3. Which activity contributed most to your learning?

4. Which activity contributed least to your learning?
5. Is there something that you feel should be added in this day of the training?
DAY THREE---------------------------------------------------

SESSION 5: CAUSES OF GENDER-BASED VIOLENCE
(5 hours and 45 minutes)

Materials
- Flipchart
- Markers
- Tape
- Notepaper and pens
- Handout: “Freedom or Fear Stories”
- Blank name tags
- Handout: Ecological model
- Handout: Evaluation of Day 3

Preparation
- Photocopy and cut out the “Freedom or Fear Stories” provided at the end of these instructions. Cut them out so that each group gets one piece of paper with two stories.
- Hang a blank sheet of flipchart on the wall.
- For Activity 4 Part B, on a flipchart entitled “Belief Statements,” write the following sentences:
  - It is a husband’s duty to discipline his wife.
  - Happy families are the ones in which all members are respectful of each other and the husband and wife share the responsibility for making all the important decisions.
- For Activity 4 Part B, on a flipchart entitled “Key Questions,” write the following three questions:
  - What does the culture/tradition say about this?
  - What is the reality as you see it in your community?
  - What do you believe?
- For Activity 5, draw the ecological model on a flipchart
- Character statements found at the end of this session, photocopied, cut out and folded in half so no one can read them

Daily Objectives
I. Participants will better understand the causes and factors related to gender-based violence in Afghanistan.

ACTIVITY 1: Recap (10 minutes)
1. Display a flipchart or PPT with a recap of the previous day. Facilitate brief discussion based on what was presented.

ACTIVITY 2: Freedom or Fear?10 (60 minutes)
1. Explain to participants that violence against women has many negative consequences. Even when individual women are not experiencing violence in their relationships, the threat of

violence or men’s use of power over women affects all women. This session will explore this reality.

2. Tell the participants that in the next exercise, they will work in five groups. Each group will be given two unfinished stories. Your task is to complete each story by deciding how the character in each situation will respond. You will have 10 minutes to do this.

3. Ask participants to divide into five groups, by counting off from one to five, and then grouping themselves by number.

4. Hand out one pair of stories to each group, using the stories provided at the end of these instructions.

5. Ensure there are no questions, and start the group work.

6. Alert participants when 5 minutes remain and ask them to switch to their second story if they haven’t already.

7. After 10 minutes have passed, call “stop!” and invite participants back to the circle.

8. Ask two volunteers from each group to tell their two stories, including the endings they have created for each.

9. After each presentation, ask the large group:
   - What is the difference between the two stories?
   - Can the woman do what she needs or wishes to do? Why or why not?
   - Can the man do what he needs or wishes to do? Why or why not?

10. Summarize the exercise as follows:
    - The threat and fear of violence limits women’s movement in the community.
    - It is unjust that women in our community have to fear violence from men.
    - Fear of violence or rape diminishes a woman’s choices and freedom.

ACTIVITY 3: Where Do You Stand? (90 minutes)

Part A—Where Do You Stand? (30 minutes)

1. This game will allow you to continue the dialogue about the participant’s beliefs around women’s status within the community.

2. Stand in the middle of the circle and establish three "islands" in the room. The first "island" is called "Agree," the second one "Disagree," and the third one "Not sure."

3. Explain that you will read a statement and the participants have to rush to the "island" that corresponds with what they think. For example, you could say: “Women have a right to education.” If the participant agrees, s/he has to rush to the island of "Agree." If s/he disagrees, she has to rush to the island of "Disagree." You could make up your own statements based on the group you are working with or use the following:
   - Women are not as important as men.
   - Men beat women as a way of showing love.
   - Men have a right to demand sex from their wives whenever they want.
• Women have a right to say “no” if they don’t want to have sex with their husband.
• A man has a right to beat his wife if she has failed to cook dinner and clean the house properly.
• It is natural for a man to lose his temper if his wife disagrees with him.
• Shouting is not violence.

4. After each statement, the last person to arrive on each “island” has to briefly explain why they chose that island. Depending on the issues that emerge, you may choose to discuss some contributions. However, keep the game moving fast.

Part B—Analyzing Belief Statements (60 minutes)

1. Display the flipcharts of “Belief Statements” and “Key Questions” that you prepared in advance (see preparations).

2. Divide the participants into two smaller groups and ask each group to choose one of the statements.

3. Ask them to analyze the statement by asking the three key questions. Ask participants to record their thoughts about all three questions on flipchart. Give the groups about 20 minutes to do this work.

4. Ask each group to present their discussions in the main group and discuss. Allow 20 minutes for each group.

ACTIVITY 4: Circles of Influence (60 minutes)

1. Begin this activity by sharing with participants that as we learned in Session 3 (Defining Gender-based Violence) gender-based violence can be perpetrated by any number of actors—partners, family, community and the State. Likewise, however, these individuals can also play a role in perpetuating as well as preventing gender-based violence. In fact, all individuals in the community can play a role.

2. Next, present the following conceptual model, also known as the ecological model (adapted from Heise, 1998). Explain that researchers developed this model to conceptualize the varying factors at each level in the model—individual, relationship, community, and societal—that cause and allow gender-based violence to take place.

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Define each level in the model as follows:

**Individual Level**: biological and personal history factors among both victims and perpetrators.

**Relationship Level**: proximal social relationships, most importantly those between intimate partners and within families.

**Community Level**: the community context in which social relationships are embedded, including peer groups, schools, workplaces, and neighborhoods.

**Societal level**: larger societal factors that create an acceptable climate for violence and/or reduce inhibitions against violence.

3. Ask participants for examples of what they think are factors in perpetuating violence at each level and list them next to the corresponding circle on the flip chart. (See handout on the ecological model for examples, but do not distribute handout until the end of the exercise.) Facilitate a brief discussion on how the factors and each level are linked with one another, recognizing that each level influences the other. Emphasize that understanding gender-based violence requires drawing on each of the types of explanations.

**Facilitator’s note**: The ecological model can sometimes cause debates over how each factor is categorized, and what should be considered a factor or not. If so, you may emphasize to participants that the model is not necessarily perfect, but is intended to conceptualize the various influences on GBV and thus, help design interventions that prevent violence.

4. Go on to explain that in this next exercise we will explore how the thoughts, beliefs and actions of others create community norms and how these norms influence change in the community. Norms are unwritten rules in a society that guide how people behave. Norms can and do change over time.

5. Randomly distribute character statements, one to each participant. (If there are less than 30 participants, eliminate statements so that the numbers of statements match the number of participants. Be sure that Sham’s and Rozeena’s statements remain in the pile.)

6. Ask those whose statements were labeled I/R for individual or relationship to get into one group; those with statements labeled C for community in another; and those with S for society in a last group. Tell the groups to have each person in their group read his/her
respective character statement to the rest of the group; discuss how the characters may perpetuate violence, according to the statements; and finally, how each character could instead play a supportive role. Give each group some flipchart paper and ask them to write their “level” (individual, relationship, etc.) at the top and then record how each character perpetuates violence. Give each group 15 minutes to discuss. Inform the groups that one person will have to present in plenary.

7. Bring the groups back together and ask each group to briefly report their outcomes. After all groups have presented, ask the larger group for comments and questions.
   - What did you think about the exercise?
   - Was difficult to identify the impacts, and if so, why?
   - Were their differences in the discussion based on culture or geographical origin of participants?
   - Were there any surprises?

**ACTIVITY 5: Causes of Gender-based Violence—Role Plays**

**(120 minutes)**

**Part A—Preparation of Role Plays** (50 minutes)

1. Divide the participants into two groups. Ask each group to create a role play that shows a situation where a man is abusing a woman. Ask participants to create the story using their own experiences or what they have seen in their own community.

2. Ask the first group to create a role play from a woman’s perspective, addressing the following type of questions:
   - Who is she?
   - What is her history?
   - Who supports her?
   - What do her parents say about the abuse?
   - What do people say to her when she is experiencing violence?

3. Ask the other group to create a role play from the man’s perspective, addressing the following type of questions:
   - How did he become violent?
   - What made him violent?
   - What do people say to him when he is being violent?
   - How does he treat other people?
   - How does he feel when he is being violent?
   - What is his life like, beyond the incidence of violence?

4. It is important to emphasize the difference in perspectives from which the two groups are approaching the role plays. Ask each group to truly imagine the perspective they are trying to portray. For example, the group role playing the male perspective has to imagine what is going on inside the mind of the man they are portraying, not what they think he should do.

5. Encourage both groups to think of real people they know or have seen experiencing violence. Tell them, however, that they should not actually physically hurt the other person. Instead, they should come up with ways to imitate the violence, such as shaking a fist but

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not actually hitting the other person. Give the groups time to discuss, create, and practice their role play before coming back into the main group.

Part B—Role Play 1 (20 minutes)

1. Ask the first group, portraying the female perspective, to act out their role play.

2. Ask the audience to identify factors that made the woman vulnerable to violence from her partner. The participants may suggest the following:
   - The woman’s community said nothing.
   - Her parents told her it was to be expected.
   - She was dependent on her husband for money.

3. Emphasize that, ultimately, the woman was vulnerable because the community assigned a low status to her and her worth as a human being. Emphasize also that the woman is not to blame for the violence committed against her.

Part C—Role Play 2 (20 minutes)

1. Ask the second group, portraying the male perspective, to act out their role play.

2. Ask the audience to identify factors that contributed to the man being violent. The participants may suggest the following:
   - He felt entitled to do whatever he wanted to her.
   - He wanted to assert his authority where he could (i.e., over her).
   - He was angry and took it out on his wife.
   - Nobody stopped him.
   - He was drunk.

Part D—Wrap Up (10 minutes)

1. Lead participants in a brief wrap-up discussion, comparing the different role plays and asking if the participants have anything more they would like to discuss.

ACTIVITY 6: Daily Evaluation (5 minutes)

1. Hand out the Day 3 evaluation and ask the participants to fill it out.

2. Collect the evaluations, thank participants for their involvement throughout the day, and dismiss them.
SESSION 5: ACTIVITY 1 HANDOUT

Freedom or Fear? Stories

Group One

1. Laila is cooking supper. It is after eight o’clock at night when she realizes that she left the meat for the meal at her mother’s house when she stopped there on her way home. She lives quite far from her mother’s house. What will she do?

2. Maqsood has promised to finish a coffin before early the next morning. It is already after eight when he realizes he is missing some nails. He lives quite far from the shop where he can buy more nails. What will he do?

Group Two

1. Fareshta lives in a “slum” area and is home alone with the children. The youngest boy is very sick and needs to see a health care provider immediately. The clinic is a half-hour walk away, and it is 4:30 a.m. and still very dark. What will she do?

2. Sha Mansoor lives in a “slum” area and is home alone with the children. The youngest boy is very sick and needs to see a health care provider immediately. The clinic is a half-hour walk away, and it is 4:30 a.m. and still very dark. What will he do?

Group Three

1. Angela is returning home from the village. The bus broke down and was delayed in getting repaired, so she will arrive in the city center bus park at midnight. Her home is another 20-minute walk. She has very little money. What will she do?

2. Ismail is returning home from the village. The bus broke down and was delayed in getting repaired, so he will arrive in the city center bus park at midnight. His home is another 20-minute walk. He has very little money. What will he do?

Group Four

1. Pari Gul is a nurse. She had an emergency case and had to stay beyond her shift. It is 3:00 a.m. She is very tired and would like to go home to sleep, but home is a 15-minute walk and there are no buses running at this time. What will she do?

2. Akmal is a nurse. He had an emergency case and had to stay beyond his shift. It is 3:00 a.m. He is very tired and would like to go home to sleep, but home is a 15-minute walk and there are no buses running at this time. What will he do?
### SESSION 5: ACTIVITY 4 HANDOUT

**Character Statements**

1. **(I/R)** My name is Rozeena. I am married to Shams. We used to be okay, but nowadays Shams shouts at me a lot and even sometimes hits me. It’s especially bad when he’s been smoking charas. I fear him and so do my children. But my mother endured the same fate as well.

2. **(I/R)** My name is Shams. I am married to Rozeena. For some time now things at home have not been so good. My wife annoys me, and I have no choice but to shout at her. Sometimes I even beat her. I guess this is what happens in marriage.

3. **(I/R)** I am Shams’ parent. We were raised knowing that men can discipline women. This is how things should be.

4. **(I/R)** I am a friend of Shams. We go to the smoking charas joint together. I see how you smoke and then go home angry. But it is normal for men.

5. **(C)** I am an elder. You respect me and follow my advice. Men have to make all the decisions for a family.

6. **(C)** I am your relative. I ensure you respect the family customs.

7. **(C)** I am your in-law. You are now part of our family where women stay quiet and don’t complain.

8. **(C)** I am a friend of Rozeena. You and I discuss everything together. My relationship is similar to yours—men are head of the house, we have to endure.

9. **(C)** I am your neighbor. I hear your fights at night but say nothing. It isn’t my business.

10. **(C)** I am an adolescent. I keep silent—what can I do?

11. **(C)** I am a mullah. I keep silent. God/Allah will take care of things.

12. **(C)** I am a health care provider. I take care of injuries but don’t ask anything. It is not my business.

13. **(C)** I am a food seller. I see her bruises but keep silent.

14. **(C)** I am a police officer. Men sometimes can’t avoid using some small violence at home. It is a domestic issue.
15. (C) I am a farmer. I think a woman is not equal to a man. A woman should obey her husband.

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

17. (C) I am a market seller. Women and men are not equal. If a man wants to show that he has more power, then that is a woman’s fate.

18. (C) I am a local leader. Violence in relationships is a domestic issue — I don’t have time for it!

19. (C) I am a pharmacist. You buy things from me, and ask for my advice. I think women must be patient and endure.

20. (C) I am a teacher. Making jokes about girls is just for fun, it doesn’t do any harm.

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

22. (C) I am a social welfare officer. I see violence in the community but I mostly focus on children, as violence between women and men is pretty normal.

23. (S) I am a judge. Sometimes women file cases just for simple violence. I dismiss the cases.

24. (S) I am a parliamentarian. There are no laws in my country specifically about domestic violence—that’s a private matter!

25. (S) I am a donor. I fund AIDS prevention programs in Africa. I only fund ABC programs – they’re the best!

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

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

28. (S) I am a newspaper editor. I show explicit photos of women in my paper, because it sells!
**SEASON 5: ACTIVITY 4 HANDOUT**

_Ecological Model_

![Ecological Model Diagram]

- Traditional gender norms that give men economic and decision-making power in the household
- Social norms that justify violence against women
- Women’s lack of legal rights (including access to divorce)
- Lack of criminal sanctions against perpetrators of GBV (impunity)
- High levels of crime
- Armed conflict

- Weak community sanctions against GBV
- Lack of shelters or other forms of assistance/sanctuary
- Poverty
- Traditional gender roles for women in transition
- Normative use of violence to settle all types of dispute
- Social norms that restrict women’s public visibility
- The safety of public spaces

- Marital conflict
- Family dysfunction
- Male dominance in the family
- Economic stress
- Early age at marriage
- Large number of children
- Friction over women’s empowerment
- Family honor considered more important than the health and safety of the victim

- A history of violence in the perpetrator’s or victim’s family of origin (including intimate partner violence and child abuse)
- Male alcohol use
- Male personality disorders (particularly in low prevalence settings)
- Young age (both women and men)

**Individual Level:** biological and personal history factors among both victims and perpetrators

**Relationship Level:** proximal social relationships, most importantly those between intimate partners and within families.

**Community Level:** the community context in which social relationships are embedded, including peer groups, schools, workplaces and neighborhoods.

**Societal Level:** larger societal factors that “create an acceptable climate for violence, reduce inhibitions against violence.”

_The “ecological model”_

The “ecological” model proposed by Heise consists of four levels of causative factors visualized as four embedded concentric circles. The innermost circle represents the personal history of the

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*Gender-based Violence Training Manual*
woman and man in a relationship. It includes factors such as childhood experiences of witnessing marital violence or themselves having been abused.

The second circle represents the immediate context within which violence takes place and may include factors such as male dominance and marital tensions and conflict.

The third circle represents the "ecosystem" factors: the institutions and structures that influence the immediate context. Ecosystem factors include women's autonomy and access to resources and their social support network.

The fourth circle represents the macro context within which the other three circles are imbedded, and consists of factors such as gender roles, acceptance of power hierarchies in general, and acceptance of interpersonal violence.

This framework helps understand variations in the prevalence of violence within a given society and also across time. It helps us understand the complex interaction of factors at various levels which increase the probability of a man being abusive within a given setting in a given relationship at a particular point in time, because of rapidly changing gender roles.
SESSION 5: ACTIVITY 6 HANDOUT

Daily Evaluation: Day 3

1. Evaluate the degree to which the daily objectives were achieved. Please circle a number (1 indicating “not achieved” and 5 indicating “fully achieved”).

   Objective I:                       1-------------2-----------3---------4--------5

   Day 3 Objective
   I. Participants will better understand the causes and factors related to gender-based violence in Afghanistan.

2. Rate the usefulness of the day to your work as a healthcare provider or trainer. Please circle a number (1 indicating “not useful” and 5 indicating “fully useful”).

   1-------------2-----------3---------4--------5

3. Which activity contributed most to your learning?

4. Which activity contributed least to your learning?
5. Is there something that you feel should be added in this day of the training?
DAY FOUR ----------------------------------------------------

SESSION 6: ROLES AND RESPONSIBILITIES OF HEALTHCARE PROVIDERS
(5 hours and 30 minutes)

Materials
- Flipchart
- Markers
- Notepaper and pens
- LCD projector
- PPT presentation: “Signs and Symptoms of Domestic Violence”
- PPT presentation “Best Practices in Caring for GBV Survivors”
- Handout: “What Health Providers Can Do about Gender-based Violence”
- Handout: “Signs and Symptoms of Domestic Violence”
- Handout: “Gender-based Violence Assessment Tips”
- Handout: “Guiding Principles in Caring for Survivors of Gender-Based Violence”
- Handout: “Barriers to Good Listening”
- Handout: “Introduction to Active Listening”
- Handout: Day 4 Evaluation
- Handout: Training evaluation
- Handout: Post-test

Preparation
- Post flipcharts with the forms of violence listed
- Prepare two flipcharts, each with one of the following titles, and hang them on the wall:
  – Gender-based violence
  – Health
- Photocopy handouts
- Prepare four flipcharts, each with one of the following titles, and set aside:
  – Open Not Closed
  – Support Don’t Judge
  – Encourage Don’t Push
  – Listen More, Speak Less

Daily Objectives
- Participants will better appreciate the roles and responsibilities of healthcare providers in addressing gender-based violence.

ACTIVITY 1: Recap (10 minutes)

1. Display a flipchart or PPT with a recap of the previous day. Facilitate brief discussion based on what was presented.
ACTIVITY 2: Looking In Before Looking Out

1. Introduce Session 6—Roles and Responsibilities of Health Providers in Responding to Gender-Based Violence: For a long time, gender-based violence and health have been addressed separately. Many health providers and organizations feel reluctant to work on gender-based violence. And many people and organizations working on gender-based violence are hesitant to work on health. In this session we will look inside ourselves and/or our organizations/workplaces to understand why this is so and what can be done about it.

Part I. Individual Experiences with Gender-based Violence

2. Explain to the participants that you will ask them a series of questions, and for the first set, you want them to answer just by a show of hands. During the exercise, participants should look around and note the responses of their colleagues. Thinking of the definition of gender-based violence that we developed in Session 3 and posted again here, [refer to flipchart paper with forms of violence] answer the following questions:
   - How many of you, in your role as a health care provider, have talked with a victim of gender-based violence about the abuse?
   - How many of you, as a health care provider, have talked with a gender-based violence perpetrator about the abuse?

Using the definition again, answer these questions by a show of hands:
   - How many of you, in your non-work interactions (such as with family, friends, acquaintances, and those who provide services to you—shopkeeper, houseboy/girl, etc.), have talked with a victim of gender-based violence about the abuse?
   - How many have talked in that non-work world with a gender-based violence perpetrator about the abuse?

For this next set of questions, do not raise your hands and just answer these questions for yourself:
   - Using the definition of gender-based violence, how many of you are victims/survivors of gender-based violence?
   - How many of you are perpetrators?

3. Debrief this portion of the activity by explaining the following:
   - Many of us have a great deal of professional and personal experience with gender-based violence.
   - That reality can be both our strength and our limitation.
   - Such experiences help us to put a real face on the statistics, to be sensitive to a real person behind the chart notes.
   - Sometimes prior experiences can be limiting when we are faced with gender-based violence victims or perpetrators who are somewhat different than those we have

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met before. We may generalize from our individual experiences, expecting victims or perpetrators to conform to certain expectations. If the person before us doesn’t meet our expectations, we may slip into thinking that he or she is not a real victim or perpetrator, or this isn’t really gender-based violence.

- Our prior experiences with this issue may reflect more about where we happened to have lived or worked than about gender-based violence in general. It is important to not limit our understanding of gender-based violence solely to what we individually have experienced, but to add to our own experience what we can learn from the experiences of others.

Part II. Work-Related Experiences with Gender-based Violence

1. Ask participants to make two columns on their notepaper, with the headings seen on the flipcharts. Ask participants to take a few minutes to think about any reservations or anxieties they have personally about working on each of these issues and to record their ideas in the appropriate column in their notebooks.

2. After 4 minutes ask participants to share their thoughts/fears/anxieties. Write their contributions on the appropriate flipchart. (Contributions could include: too complicated, afraid of being identified with the issue, don’t know how to address it, don’t want to be labeled a feminist, don’t want to be labeled un-Islamic, am unclear about my own beliefs, issue touches me too personally, etc.). Discuss the contributions as they are offered by participants.

3. Ask participants: These are all obstacles to working on gender-based violence in the health sector. How do these obstacles affect our actions?

4. Ask participants to form six groups, by counting off from one to six, and then grouping themselves by number. You may adjust numbers as needed depending on the number of participants.

5. Explain that each group will be given a topic, for example, "the rate of gender-based violence." Each group will be given 10 minutes to identify and discuss the consequences related to the topic if we avoid addressing gender-based violence as a health issue.

6. Tell the participants that each group will be given a sheet of flipchart paper for documenting their ideas. They should divide the flipchart in half, title one half "Consequences" and write their ideas on that half of the paper.

7. Give each group a blank sheet of flipchart paper, a marker, and one of the following topics:
   - Rates of gender-based violence
   - Rates of maternal mortality among women
   - Women interested in family planning
   - Rates of sexually transmitted infections
   - Men
   - Children
   - Families

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• Communities
• Organization/workplace

8. Alert the group when 1 minute remains.

9. After 10 minutes have passed, ask them to stop.

10. Ask each group to title the second half of their flipchart “Benefits.” On this half, participants should write the benefits for them personally and/or for their organization/workplace if they avoid addressing the connection between gender-based violence and reproductive health. Give them 10 minutes to write down their ideas.

11. Alert the group when 1 minute remains.

12. After 10 minutes have passed, call “stop!”

13. After all groups are finished, ask if the benefits outweigh the consequences?

14. Discuss and debate, inviting groups to share what they wrote on their flipcharts.

15. There is need to address the connection between gender-based violence and health. Please look back to the obstacles and in your group discuss which you feel are the largest obstacles and most important to overcome. Take time to discuss each one and how these obstacles can be overcome with specific, practical, and actionable ideas. Ask participants to record their ideas on flipchart paper. They will have 20 minutes.

16. Alert the group when 1 minute remains.

17. After 20 minutes have passed, call “stop!”

18. Ask each group to present their ideas. Discuss together and make a clear plan for how the entire group will overcome the obstacles.

19. Summarize key points:
   • Gender-based violence is critical health and human rights issues. We must address it in our work in order to make a real difference in the lives of women.
   • Obstacles and reluctance is natural, but it must not stop us from addressing these issues.
ACTIVITY 3: What Health Providers Can Do About Gender-based Violence  
(60 minutes)

1. Have participants stay in the same groups they formed for the last activity. Explain that now that they have begun to understand the benefits of addressing GBV in their work, they can begin to think about what their organizations, or themselves as health providers, can do to help survivors of GBV and/or advocate against GBV.

2. Explain to participants that GBV is a very sensitive and complex issue with social, psychological, and safety implications in addition to health impacts. Therefore, responding to GBV requires sensitivity, knowledge and skills, and experience. In this training, we are just beginning to build their sensitivity, knowledge, and skills. With time, they will gain experience, and hopefully, the motivation and support by their organizations and communities to put into place the comprehensive reforms needed to proactively address GBV. For now, however, we will focus on building their capacity to respond to providing minimum treatment and care for GBV survivors—primarily ensuring immediate safety, listening to clients so that they feels like they have someone to turn to for emotional support, recognizing the signs of a victim of GBV, and understanding how GBV may affect other health issues.

3. Each team should reflect on and write their responses to one of the following questions on a flipchart sheet:
   - What aspects of their work relates to GBV?

   **Facilitator’s note:** If participants are having trouble, offer the following examples to get them started:

   a. A woman who wants to use contraceptives but is afraid of what her husband might say or do if she because he is against family planning.
   b. A woman who presents often with bruises but does not want to talk about it.

   - What can health providers do to help survivors of GBV?

   **Facilitator’s note:** If participants are having trouble, choose some examples from the handout “What Health Providers Can Do about Gender-Based Violence” to get them started.

   - What are the barriers and challenges that health providers face in trying to support GBV survivors?

   **Facilitator’s note:** Explain to participants that in the previous activity they discussed their fears and attitudes that might act as barriers to supporting GBV survivors. Here they should identify challenges related to infrastructure, resources, capacity, etc.

   - What types of support do service providers need in order to provide care for GBV survivors?

   - What has been the role, to their knowledge, of the different sectors (legal-judicial sector, community, social sector, NGO sector) in response to GBV? How can you draw on resources from other sectors to help your work in the health sector?
What can health providers do to advocate against GBV or for an improved response to GBV?

**Facilitator’s note:** In response to this question, participants may suggest mediating cases of GBV between husband and wife; or encouraging a woman to be patient and reconcile with her husband. If this happens, be sure to make participants know that this is not the role of the health provider. The survivor of GBV is the best person to decide what is in her interest. By advocacy against GBV, we mean taking a stand against GBV in the community and encouraging others, particularly community leaders, to do so.

4. Ask each group to present their ideas. Discuss together and have the group weave the ideas together to make a clear plan of action on how the organization/s will act in response to GBV.

5. Distribute and review the handout: “What Health Providers Can Do about Gender-based Violence.”

**Facilitator’s Information**

**How can health professionals address gender-based violence?**

Health providers are in a unique position to intervene in preventing and managing the health consequences of gender-based violence. This is because health facilities are one of the few public institutions that almost all women will come in contact with at some point in their lives, for pregnancy and delivery-related care and contraception, or in the process of seeking health care for their children. In addition, women who are victims of sexual assault are often required by law to be brought to health facilities by the police and those who have been seriously physically injured often come to the emergency department of hospitals for immediate care. A health provider who is well informed and trained to manage victims sensitively could make a significant difference to the woman traumatized by assault.

However, in many settings, health providers may not recognize the problem and thus may be unresponsive to women experiencing violence, choosing to treat them symptomatically rather than probing beneath the surface. In a 1996 WHO consultation on violence against women, a number of provider-related factors were identified as potential barriers to an effective response to gender-based violence. One factor is providers’ lack of technical knowledge and skills in gender-based violence, which may render them reluctant to deal with the issue, especially where there are no victim supports services to which women may be referred. In this situation, many providers feel inadequate and powerless. Another factor is providers’ belief that intimate partner violence is a private matter between the woman and her husband and that it is inappropriate for the health provider to get involved, beyond treating the injuries and health problems. A negative attitude towards women experiencing violence, including the belief that they may have provoked the violence, or that women who continue to stay in violent relationships have only themselves to blame, may prevent the provider from responding sympathetically.

Other barriers to responsiveness include a fear of legal liability, as for example when dealing with cases of sexual assault, rape and serious physical injury. The lack of institutional support and the absence of clear institutional policy and guidelines may be other reasons that come in the way of a sympathetic and proactive role by health providers when dealing with women experiencing gender violence.
Facilitator’s Information

Health Sector Responses

Health policy
Individual healthcare providers and health facilities may take the initiative to address GBV. However, such efforts will have limited impact unless there is a specific health sector policy on the issue. The adoption of a specific health sector policy on the role of healthcare providers in addressing gender violence is important if such care is to be institutionalized within the health sector and not remain an ad hoc initiative of individuals or particular health facilities.

National policies have been adopted by the health sector in many countries of Latin America and the Caribbean. These policies simply state that sexual and physical violence against women are a serious public health problem and that health services should provide basic services for victims of violence. Many of these policies also specifically call for health services to coordinate with other sectors, as well as with non-governmental organizations, in order to ensure an integrated approach.

Some policies in the Latin American and Caribbean region also outline basic principles and guidelines for caring for victims of violence from a gender and human rights framework. Such guiding principles are an attempt to ensure that the rights of victims of violence are recognized and that health providers do not inadvertently contribute to accentuating the victim’s trauma.

In addition to a health sector policy on the issue, specific government orders may be required to alter institutional procedures that might compromise the safety of the victim of violence. For example, institutions may require women admitted with serious injuries to furnish details about their husbands as next of kin or routinely inform the husbands or fathers/guardians. An altered procedure would take women’s consent before informing the next of kin, to protect their safety.

Adopting a health sector policy on gender-based violence is only a starting point. These policies need to be widely disseminated among health care providers as well as the public, in order for them to be implemented effectively.

Policy recommendations to strengthen the capacity of health providers to address GBV

- Integrate violence issues horizontally into health care services, especially sexual and reproductive health services.
- Use a systems approach for institutional change. Institutional change must include implementation of new procedures with regard to patient flow, documentation, measures to ensure privacy and confidentiality, and the creation of referral networks.
- Address provider attitudes. Provider training must deal with gender and power relations and allow providers an opportunity to challenge their own beliefs and prejudices.
- Encourage coordination with other sectors e.g. justice and social welfare sectors.
- Address the underlying gender norms that support violence in the community. Create awareness at community level of the health effects of GBV and how GBV is rooted in unequal gender relations.

**Developing norms and protocols for addressing gender-based violence**

Once a policy has been put in place and the location of services within the health sector decided, standard norms and protocols for various levels of the health sector need to be developed. These should be multidisciplinary and incorporate the roles and responsibilities of all staff likely to interact with women experiencing gender-based violence. Adoption of and adherence to uniform norms and protocols across the health sector are important to ensure good quality services and are also necessary for monitoring and evaluation.

New charts for patient history-taking and clinical tools may have to be developed which incorporate the basic questions for screening and assessment of danger. Tools for detailed documentation of the incident, which records the nature of the injury, the age and sex of the victim and the perpetrator, and details of the relationship of the perpetrator to the victim, will also need to be developed. Making procedural changes, such as a stamp on the patient chart reminding the provider to ask screening questions about violence, or questions in standard intake forms are reported to be more effective than staff training only, in identifying victims of GBV.

Basic packages of services for victims of different forms of GBV also need to be developed and their effectiveness tested for different settings. For example, victims of sexual assault are routinely provided prophylactic anti-retrovirals against HIV infection in some settings. Such a package might include prophylactic drugs for sexually transmitted diseases, emergency contraception, psychological counseling and referral to a rape crisis centre for all victims of rape.

**ACTIVITY 4: Signs and Symptoms of Family Violence**  
(40 minutes)

1. Present the PPT “Signs and Symptoms of Family Violence.” Allow participants to ask questions following each example presented.

2. Ask if anyone has recognized any of these signs or symptoms in their patients. Invite to share their experiences without mentioning any specific names of patients.

3. Ask if anyone would like to add anything to the list of signs and symptoms according to what they have seen in their clinics. Write on flipchart paper.

4. Distribute handout on “Signs and Symptoms of Family Violence” and “Gender-based Violence Assessment Tips.” Briefly review key points that have not already been addressed in the discussion.

**ACTIVITY 5: Best Practices in Caring for GBV Survivors**  
(30 minutes)

1. Present the PPT “Best Practices in Caring for GBV Survivors.” Allow participants to ask questions following each example presented.

2. Ask if anyone wants to share any strategies they have used to respond to cases of GBV in the health setting. Facilitate a group discussion on whether or not the strategies are appropriate in light of what was presented in the PPT.

3. Distribute handout on “Guiding Principles in Caring for Survivors of Gender-Based Violence.” Briefly review key points that have not already been addressed in the discussion.
ACTIVITY 6: Skills Building: Communication Basics

1. Explain that providers have the power to let others feel accepted for who they are and the situation they are experiencing. Providers achieve this by showing interest and listening. This is harder than it seems and requires specific communication skills. In this exercise, we will practice some of those skills.

2. Hang the four prepared flipcharts stating the four communication skills. Explain that you will briefly explain each skill and then everyone will have an opportunity to practice them.

3. Explain each of the following and demonstrate:
   - **Open Not Closed**
     Mind your body language. By uncrossing your arms, looking at the other person, and leaning forward you can show that you are interested in communicating.
   - **Encourage Don’t Push**
     Give people time to think. By making small comments like “tell me more about that,” “what was that like for you,” or by just nodding your head, you can help people feel safe and open up.
   - **Support Don’t Judge**
     Simply reminding people that we are there to support them, without judging, can help people feel accepted—reducing their feelings of stigma and shame.
   - **Listen More, Speak Less**
     Giving people the opportunity to speak can make people feel heard and important.

4. As participants to now form three groups. In their groups, participants will act out two scenarios, one after another. For each scenario, one group member will be the person experiencing violence, another group member will be the person providing support, and the remaining group members will be observers. There is no advance practicing and women can act male roles and vice versa. Actors will perform just for the observers in their groups.

5. Ensure there are no questions and continue explaining—participants will have 5 minutes to role play each scenario. When the first scenario has been role played, participants will switch roles and the two observers will become the actors. At the end of both scenarios, the observers will share with the actors in their groups what went well and what could be improved in their use of the four communication skills.

6. Ask participants to divide into three groups, by counting off from one to three, and then grouping themselves by number.

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7. Explain the two scenarios, and hang the flipcharts with their written descriptions:

| Fatima married Aamir when she was only 14 years old because her parents could no longer afford to support her. Fatima had ten children with her husband before he decided to take a second wife. When her husband’s new relationship began, he became increasingly violent and hostile towards her. Fatima does not want to get pregnant again, but fears that if she does not have another baby, Aamir will abandon her and her children completely for his second wife. She comes to the health clinic often with her mother-in-law for the health needs of the children. You often see her with bruises on her face. |
| Layla is a widow. She lives with her deceased husband’s family who is responsible for her now that her husband has passed away. In return, she must help with the chores in the house. Every day, she goes to the market in town to buy food. One day, on the way to the market, Layla was raped by the security guard of a local commander. She does not dare tell anyone for fear of reprisals and shame that she will bring to the family. She has come to the health clinic, however, because she fears that she is pregnant. |

8. Give each group one minute to decide who, for each scenario, will be actors for the first scenario and who will be actors for the second scenario, ensuring each group member is an actor at least once.

9. Explain to participants that the groups will work through these role plays and rotations simultaneously, while you keep time and tell them when to start and stop, when to switch actors, when to switch scenarios and when to share feedback.

10. Guide the role plays as follows:
   - Announce: “Start with the first role play.”
   - After 10 minutes have passed, call: “Stop and switch scenarios and roles.” Wait a moment while the second set of actors take their places before saying ”go!”
   - After another 10 minutes have passed, call: “Stop! Please briefly share your feedback with the actors about their use of the four communication skills. You have 10 minutes.”

11. At the end of the exercise, gather participants in a large circle and have two people from each group play one of the scenarios, while the other participants observe. Let each scenario continue for five minutes.

12. After each scenario, ask participants:
   - Which of the communication skills did you recognize?
   - Are there any comments on the skills used?

13. Debrief the exercise as follows:
   a. Ask participants: “How did it feel being the person receiving support? What was difficult?” Brainstorm a list of the different things that may prevent a woman from telling her story. For example:
      - She may be too ashamed to talk about violence.
      - She may feel she is betraying her family.
      - She may be scared of the consequences of talking to an outsider.
      - She may not know who she can trust.
b. As a group list reasons people want to be heard when they talk about issues that are important to them. Reasons may include:
   - It helps me feel better.
   - It makes me feel supported and valued.
   - It gives me a release.
   - It helps solve my problem.
   - It helps me think clearly.
   - It helps me trust the listener.

c. Ask participants: “How did it feel being the person providing support? What was easy? What was difficult?”

d. Make a list of different ways in which people don’t listen. Ask the listeners to state some of the ways in which they were being unskilled listeners. Ask the speakers to add other ways that people don’t listen. Suggestions may include:
   - Guessing what the person is saying.
   - Assuming you know what is being said after listening to one or two words.
   - Asking leading questions.
   - Talking about oneself instead of listening.
   - Being distracted and not paying attention.
   - Not showing respect to the speaker in tone and body language.

14. When finished, distribute handout “Barriers to Good Listening.”

15. Introduce the concept of active listening, as in the handout. Distribute the handout “Introduction to Active Listening.”

16. Summarize the exercise with a focus on the following:
   - These communication skills take practice, but with practice, they will come naturally.
   - You can practice these skills when talking with friends and family.

**ACTIVITY 7: Daily Evaluation and Training Evaluation** (10 minutes)

1. Hand out the Day 4 evaluation and the overall training evaluation. Ask the participants to fill them out.
2. Collect the evaluations.

**ACTIVITY 8: Post-Test** (10 minutes)

1. Explain that you would now like the participants to fill out a post-test to help you understand what they have learned as a result of the training. As before, this will be anonymous—participants will need to put the number that they used for the pre-test in the space provided on the test. Distribute the post-test and ask participants to take 5 minutes to fill out. *Answers to the test can be found in Annex B and used for scoring.*

**ACTIVITY 9: Closing** (10 minutes)

1. Bring the training to a close by thanking the participants for their involvement. Distribute certificates to each participant.
SESSION 6: ACTIVITY 3 HANDOUT

What Health Providers Can Do about GBV

1. Offer a confidential space and listening ear to allow survivors of GBV to talk about their experiences.

2. Treat the health effects of gender-based violence.

3. Identify special services for survivors of GBV in the community and refer patients to a higher health facility.

4. Collect data on cases of gender-based violence in order to understand trends and better meet client needs, as well as use for advocacy.

5. Advocate for increased support and services from government and other stakeholders to be able to strengthen and expand upon existing services and programs.

6. Monitor and evaluate related services within your health setting in order to improve and ensure quality of care.

7. Routinely screen for GBV when all of the above can be ensured. Experts have recommended not to screen for GBV without putting into place comprehensive reforms, or taking a systems approach, to respond to GBV in the healthcare setting. This approach include changes in norms, policies, and protocols; infrastructure upgrades to ensure private consultations; training all staff (including managers and administrative staff) on GBV, including strengthening skills on conducting a danger assessment, safety planning, and providing emotional support; and providing additional resources, such as STI prophylaxis and educational brochures on GBV to inform women about the problem and available services.

SESSION 6: ACTIVITY 4 HANDOUT

Signs and Symptoms of Family Violence

- Psychological signs and symptoms
  - Recognizing the signs and symptoms of domestic violence begins by observing the behavior of both the abuser and the person being abused. The abuser may appear overly controlling or coercive, attempting to answer all questions for the victim or isolating her or him from others. This type of behavior may occur in the context of a visit to the doctor where the abuser refuses to let the victim out of his sight and attempts to answer all questions for the victim. You may even note emotional abuse actually taking place. In stark contrast, the person being abused may appear quiet and passive. He or she may show outward signs of depression such as crying and poor eye contact.

  - Other psychological signs of domestic violence range from anxiety, depression, and chronic fatigue to suicidal tendencies and the battered woman syndrome—a syndrome similar to the post-traumatic stress disorder seen in people threatened with death or serious injury in extremely stressful situations (such as war).

  - Substance abuse is also more common in the person enduring domestic violence than in the general adult population. The abuse of alcohol, prescription drugs, and illicit drugs may happen as a result of the violent relationship rather than being the cause of the violence.

- Physical signs and symptoms
  - Domestic violence may lead to specific injury types and distributions.

  - These injury types and patterns may result from things other than domestic violence but should raise suspicion of abuse when present.

  - Injury types seen more commonly in domestic-violence injuries than in injuries caused by other means are these:
    1. Tympanic membrane (eardrum) rupture
    2. Rectal or genital injury
    3. Facial scrapes, bruises, cuts, or fractures
    4. Neck scrapes or bruises
    5. Abdominal cuts or bruises
    6. Tooth loose or broken
    7. Head scrapes or bruises
    8. Body scrapes or bruises
    9. Arm scrapes or bruises

  - Physical signs and symptoms of domestic violence that result from traumatic injury may seem similar to injuries resulting from other causes. But some injury types and locations may increase the suspicion of assaultive violence.

  - The distribution of injuries on the body that typically occurs in the domestic-violence assault may follow certain patterns. Some frequently seen patterns of injury are as follows:
    1. Centrally located injuries:

i. Injury distribution primarily involving the breasts, body, buttocks, and genitals.
ii. These areas are usually covered by clothing, concealing obvious signs of injury.
iii. Another central location is the head and neck, which is the site of up to 50% of abusive injuries.

2. Bilateral injuries: Injuries involving both sides of the body, usually the arms and legs

3. Defensive posture injuries: These injuries are to the parts of the body used by the woman to fend off an attack.
   i. The small finger side of the forearm or the palms when used to block blows to the head and chest
   ii. The bottoms of the feet when used to kick away an assailant
   iii. The back, legs, buttocks, and back of the head when the woman is crouched on the floor

- Common domestic violence injuries
  1. Cigarette burns
  2. Bite marks
  3. Rope burns
  4. Bruises
  5. Welts with the outline of a recognizable weapon (such as a stick)
  6. Pulled hair

- Other physical clues:
  - Injuries inconsistent with the explanation given:
    1. The injury type or severity does not fit with the reported cause.
    2. The mechanism of injury reported would not produce the signs of injury found on physical examination.
  - Injuries in various stages of healing:
    1. Signs of both recent and old injuries may represent a history of ongoing abuse.
    2. Delay in seeking medical attention for injuries may indicate either the victim’s reluctance to involve doctors or his or her inability to leave home to seek needed care.

- Non-injury physical signs and symptoms:
  - Individuals experiencing ongoing abuse and stress in their lives may develop medical complaints as a direct or indirect result.
  - Often, the person enduring domestic violence goes to the emergency department or clinic on multiple occasions with no physical examination findings to account for his or her symptoms.
  - Some typical medical complaints:
    1. Headache
    2. Neck pain
    3. Chest pain
    4. Heart beating too fast
    5. Choking sensations
6. Numbness and tingling
7. Painful sexual intercourse
8. Pelvic pain
9. Urinary tract infection
10. Vaginal pain
SESSION 6: ACTIVITY 4 HANDOUT

GBV Assessment Tips

1. **Assess the immediate safety needs of the victim.**
   Is the gender-based violence victim in immediate danger? Where is the perpetrator now? Where will the perpetrator be when the patient is finished with the medical care?

2. **Assess the pattern and history of the abuse.**
   Assess the perpetrator’s physical, sexual, or psychological tactics, as well as the economic coercion of the patient.
   “How long has the violence been going on? Has your partner forced or harmed you sexually? Have others been harmed by your partner? Does your partner control your activities, money, or the children?”

3. **Assess the connection between gender-based violence and the patient’s health issues.**
   Assess the impact of the abuse on the victim’s physical, psychological, and spiritual well-being with the following questions: What is the degree of perpetrator’s control over the victim? Have there been other incidents resulting in injuries or medical problems? How is abusive behavior affecting your current health?

4. **Assess the victim’s current access to advocacy and support resources.**
   Are there community resources available to this patient? Has the patient tried to use them in past? If so, what happened? What resources (if any), in addition to the health care provider, are available now?

5. **Assess patient’s safety: Is there future risk of death or significant injury/harm due to the gender-based violence?**
   Ask about the perpetrator’s tactics: use of weapons, escalation in frequency or severity of the violence, hostage taking or stalking, homicide or suicide threats, use of alcohol or drugs as well as about the health consequences of past abuse. If there are children, inquire about the children’s physical safety.

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SESSION 6: ACTIVITY 5 HANDOUT

Guiding Principles for Providers in Caring for Survivors of GBV

1. Recognize the different forms of gender-based violence as a violation of human rights.

2. Acknowledge and listen to clients’ experiences with GBV in a non-judgmental and compassionate way.

3. Recognize that the perpetrator is responsible for initiating abuse and also responsible for ending it.

4. Believe and validate his/her experiences. Tell her that he/she is not alone.

5. When asking about or discussing experiences of GBV, ensure privacy and confidentiality by making sure discussions take place in a private space without others around (unless requested by the client).

6. Help the client plan for his/her safety by identifying where he/she might go in he/she is in immediate risk for violence and/or needs help. Know the resources in the community, such as a shelter or counseling services.

7. Educate yourself about gender-based violence and explore your own biases and prejudices. Encourage ongoing sensitization and training on GBV for yourself and your colleagues.

8. Refer clients to appropriate specialized services for those experiencing GBV. Before doing so, reach out to those services to develop strong referral networks to ensure that clients are able to access them with ease.

9. Above all, respect the client’s autonomy. Respect his/her right to make decisions about his/her life. S/he is the expert in his/her life.

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SESSION 6: ACTIVITY 6 HANDOUT

*Barriers to Good Listening*¹⁰

- **Acoustics**
  - Background noise
  - Interruptions

- **Physical Environment**
  - Inadequate seating
  - Uncomfortable seating
  - Lack of privacy

- **Body Language**
  - Looking away from survivor
  - Eyes darting around room
  - Crossed arms
  - Clenched hands
  - Head bowed in hands
  - Slouched posture
  - Hands on hips

- **Delivery/Tone**
  - Slow
  - Monotone
  - Emotional

- **Language**
  - Unfamiliar or strange
  - Too wordy
  - Use of technical/medical terms
  - Rambling speech

- **Appearance**
  - Sloppy dress
  - Unusual clothing

- **Other Barriers**
  - Tired
  - Preoccupied
  - Uninterested
  - Having a bias against the survivor
  - Having bias against the topic being discussed

SESSION 6: ACTIVITY 6 HANDOUT

Introduction to Active Listening

Active Listening involves listening with understanding and involves total attention. The client will be communicating her message in many different ways, and you must be tuned in to all the methods she is using.

- The client’s non-verbal behavior—posture, expression, speed of speech, silences
- The person’s voice—tone, quality
- The person’s words and the meaning behind the words
- What is not said

From this you should be able to understand the person’s story (the experiences that have caused them to seek counseling) and the person’s feelings and emotions. In order to be able to listen with total attention, you need to be relaxed while attending. This means that you lay aside your own concerns and preoccupations while you are with your client, and create a space for the client to reveal what is troubling her.

- Relax physically—breathing, posture, etc.
- Allow your manner to be natural—no roles or poses
- Follow what the other person is saying and do not be afraid to ask clarifying questions
- Let your responses indicate to the other person that you are following what she is saying

In working with clients in crisis:

- Be supportive
- Validate the client—believe her
- Work with the client to help her become aware of her needs and coping skills
- Deal with current crisis response first, before addressing previous crisis experiences
- Take time to find out what the client wants

SESSION 6: ACTIVITY 7 HANDOUT

Daily Evaluation: Day 4

1. Evaluate the degree to which the daily objectives were achieved. Please circle a number (1 indicating “not achieved” and 5 indicating “fully achieved”).

   Objective I: 1-------------2--------------3-------------4------

day 4 Objective
   I. Participants will better appreciate the roles and responsibilities of healthcare providers in addressing gender-based violence.

2. Rate the usefulness of the day to your work as a healthcare provider or trainer. Please circle a number (1 indicating “not useful” and 5 indicating “fully useful”).

   1----------------2-------------3----------4---------5

3. Which activity contributed most to your learning?

4. Which activity contributed least to your learning?
5. Is there something that you feel should be added in this day of the training?
SESSION 6: ACTIVITY 7 HANDOUT

Workshop Evaluation

1. Were the workshop materials clear and easy to understand?

2. Please tell us what you found most useful in the workshop and why.

3. How will you use the knowledge and skills gained from the workshop in your work?

4. Please comment on the workshop methodology.

5. How might we improve the workshop in the future?

6. Additional comments or suggestions:
SESSION 6: ACTIVITY 8 HANDOUT

Post-test

Anonymous number: __________

1. What is gender?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

2. How is gender different from sex?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

3. What is gender-based violence?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

4. Select “True” or “False” for each statement below:

<table>
<thead>
<tr>
<th>No</th>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Gender-based violence is a serious violation of women’s human rights.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Men cannot control themselves. Violence is simply part of their nature.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Studies consistently show that most women who experience GBV are abused by people they know; often the perpetrators are those they trust and love.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Women who have experienced physical intimate partner violence are more likely to have complications during delivery.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Children of abused women may be more likely to die before the age of five.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Women who experience gender-based violence provoke the abuse through their inappropriate behavior.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Women have a right to say “no” if they don’t want to have sex with their husband.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Violence stops when a woman becomes pregnant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Most women are abused by strangers. Women are safe when they are home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>If a woman tries to please a man, he will love her more and will not beat her</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Circle the answer you think is correct for the following questions:

5. Which of the following is not considered physical violence?
   a. Spouse beating/domestic violence
   b. Harmful discrimination practices
   c. Discrimination
6. Which of the following are considered common injuries from domestic violence?
   a. Cigarette burns
   b. Bite marks
   c. Rope burns
   d. All of the above

7. Why should health providers address gender-based violence?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

8. Please name at least three kinds of violence.
   a. ________________________________________________________
   b. ________________________________________________________
   c. ________________________________________________________

9. What is gender equity?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

10. What is health equity?
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________
ANNEX A: POWERPOINT PRESENTATIONS
Session 2, Activity 1 PPT

Why is Gender Important in Afghanistan?

Commitment to International Human Rights Conventions

- International Covenant on Economic, Social, and Cultural Rights (1966)
- International Covenant on Civil and Political Rights (1966)
- International Convention on the Elimination of All Forms of Racial Discrimination (1979)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)

National Strategies Consider Gender and Women’s Health

“To achieve the Constitutional mandate of equal rights between men and women, gender mainstreaming will be the Government’s main strategy... To reduce gender disparities, the Government also supports positive measures that promote policies and resource allocation for women-specific programs. Priority areas are female education, reproductive health, economic empowerment, access to justice, and political participation. Every government instrument is mandated to incorporate gender concerns into its operations and to establish clear benchmarks and indicators for measuring achievement.”

MDGs and ANDS
National Action Plan for the Women of Afghanistan (NAPWA)
• 10-year plan of action by the Government of Afghanistan to implement its commitments to women constituents.
• Purpose: ensure continuity and consistency in government efforts to protect women’s citizenship rights in Afghan society through equality and empowerment.

National Action Plan for the Women of Afghanistan (NAPWA) (Cont.)
• Focus on six sectors:
  – Security
  – Legal protection and human rights
  – Leadership and political participation
  – Economy, work, and poverty
  – Health
  – Education

Afghan Women’s Health
• Afghan women die at least 20 years younger than other women in the world.
• Second highest maternal mortality rate in the world – 1,600/100,000 (50% of all women’s deaths related to pregnancy and childbirth, and 75% of deaths are preventable)
• 18.9% births attended by trained health workers
• 90% births take place at home
• Infant mortality rate is 129/1,000; under 5 rate is 191/1,000
Afghan Women’s Health

- 23% of population has access to safe water, 12% to adequate sanitation, thereby increasing incidence of disease
- 4% of population is disabled
- At least 15,000 Afghans die of TB every year, of which 64% are women
- Lack of basic health services and resources
- Strict segregation of medical staff and few trained female doctors, nurses, midwives
- High illiteracy rates—adult female literacy rate is 14.1% (three times worse than that of men)
- 54% of girls under age 18 are married

Women are marginalized by:
- Low economic status
- Low social status
- Cultural practices that impinge on the rights of women
- Low political status
- Gender-based violence

These inequalities make women more vulnerable to health risks than men.

Gender-based Violence in Afghanistan

- Violence is common
  - Rape and sexual violence (including in detention facilities)
  - “Honour” killings
  - Exchange of women/girls as a form of dispute resolution (baad)
  - Trafficking, abduction
  - Early and forced marriages
  - Domestic violence
  - Threats or attacks against women in public life
  - Armed conflict
- Direct impact—death, injury
- Indirect impact—destruction of homes and property, reduced/no access to essential services, involuntary displacement

Source: Human Rights, UN Assistance Mission in Afghanistan and OHCHR, 2009
Sexual Violence Against Women

- Women seen as guardians of culture and custodians of family “honour”
- When subject to sexual violence, seen as “dishonoring” families and communities
- Women/girl carries shame of the crime
- Most incidents of sexual violence are hidden
  - Extent of problem in Afghanistan is unknown; under-reported
  - Most information on sexual violence is anecdotal, incomplete, and unreliable—lack of primary and comprehensive data on rape

Source: Human Rights, UN Assistance Mission in Afghanistan and OHCHR, 2009

Sexual Violence Against Women

- Majority of rape cases reported involve young girls or women (7-30)
- Women at risk in homes, communities, and on streets
- Risk appears greater in rural areas
- Women most at risk: unaccompanied women, widows, divorced women, women whose husbands are out of the country, women who have been previously assaulted, girls who run away from home (including forced marriage)
- Entire families may fear for safety because of stigma
- Many perpetrators are close family members or known to the victim

Source: Human Rights, UN Assistance Mission in Afghanistan and OHCHR, 2009

Family Violence Research

- Qualitative research focusing on reasons and causes for violence in families
  - What types of violence are accepted and commonplace?
  - What types of violence are acceptable?
  - How do people talk about and discuss violence in the family?
- Undertaken by Afghanistan Research and Evaluation Unit in 4 provinces (Bamyan, Kabul, Herat, Nangarhar) in 2006-2007

Source: Afghanistan Research and Evaluation Unit with the Afghanistan Independent Human Rights Commission, 2007
Key Findings on Family Violence

- Violence exists in varying degrees in all the families interviewed, despite different socio-economic status
- Members of the same families can have different attitudes to and practices regarding violence toward women and children

Key Findings on Family Violence (Cont.)

- Factors influencing forms and levels of violence in the family:
  - Marriage practices and decision making processes around marriage
  - Experiences around violence as a child, along with other individual personal experiences
  - Feelings of stress and frustration (perpetrator)
  - Extent to which violence is considered accepted, normal, and isn’t challenged in the community
  - Lack of knowledge regarding alternative methods for disciplining children

Source: Afghanistan Research and Evaluation Unit with the Afghanistan Independent Human Rights Commission, 2007

Spaces for Change

- Recognition of harm that violence causes
- Family violence is less private than portrayed
- Support within families exists
- Family violence is perceived as decreasing
- Cultural norms are in flux; constantly changing and evolving
- Violence is less acceptable than accepted

Source: Afghanistan Research and Evaluation Unit with the Afghanistan Independent Human Rights Commission, 2007
Conclusions from Research

- Women receive blame for violence—accused of doing something wrong or not preventing the man from being violent to her
- Another woman is blamed for making the man beat the woman (mother-in-law, sister-in-law, or co-wife)
  “It depends on the personality of the woman. If she is good she won’t get beaten. If she is bad, she will be beaten.”—older man, Bamyan city

Source: Afghanistan Research and Evaluation Unit with the Afghanistan Independent Human Rights Commission, 2007

Conclusions from Research

- Men reported witnessing their mothers experiencing violence; did not want to do the same to their wives
- Adults reported that experiencing violence as children made them not want to beat their own children
- Some families allow daughters to return home because of violence; want to help daughters more than they feel able to

Source: Afghanistan Research and Evaluation Unit with the Afghanistan Independent Human Rights Commission, 2007
How Prevalent is Gender-based Violence?

Prevalence Estimates of Different Forms of Gender-based Violence

- Physical violence: 10 percent to over 69 percent of women around the world report being hit or physically harmed by an intimate partner at some point in their lives (WHO, 2002).
- Sexual violence: Nearly one in four women report sexual violence by an intimate partner in their lifetime (Ellsberg et al., 2000; Mooney, 1993; Hakimi et al., 2001).
- Forced sexual initiation: Rates of “forced” sexual debut range from 7 percent in New Zealand to 46 percent in the Caribbean (Heise and Garcia Moreno, 2002).

Percentage of Women Reporting GBV, by Type of Violence

Definitions of Indicators from WHO Multi-Country Study

- Physical violence: Slapped; had something thrown at her that could hurt her; pushed or shoved; hit with a fist or something else that could hurt; kicked, dragged, or beaten; choked or burnt on purpose; threatened with or experienced use of a gun, knife, or other weapon
- Sexual violence: Physically forced to have sexual intercourse when she did not want to; had sexual intercourse because she was afraid of what her partner might do; was forced to do something sexual that she found degrading or humiliating.

Source: Garcia-Moreno et al., 2005

Demographic and Health Survey Data on Physical and Sexual Violence

<table>
<thead>
<tr>
<th>Country</th>
<th>Ever-married/partnered women (15-49)</th>
<th>Percentage who have ever experienced violence by a spouse/partner</th>
<th>Percentage who have experienced violence by a partner/spouse in the past 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azerbaijan 2006</td>
<td>13.5 (n=3,847)</td>
<td>10.2 (n=3,691)</td>
<td></td>
</tr>
<tr>
<td>Cambodia 2005</td>
<td>13.7 (n=2,037)</td>
<td>8.7 (n=2,037)</td>
<td></td>
</tr>
<tr>
<td>Egypt 2006</td>
<td>12.7 (n=5,613)</td>
<td>21.7 (n=5,613)</td>
<td></td>
</tr>
<tr>
<td>India 2005-2006</td>
<td>37.2 (n=6,534)</td>
<td>25.3 (n=4,966)</td>
<td></td>
</tr>
<tr>
<td>Mozambique 2004</td>
<td>28.4 (n=6,534)</td>
<td>12.5 (n=6,534)</td>
<td></td>
</tr>
<tr>
<td>Nicaragua 1990</td>
<td>32.2 (n=6,687)</td>
<td>12.2 (n=6,687)</td>
<td></td>
</tr>
<tr>
<td>Rwanda 2005</td>
<td>31.0 (n=2,338)</td>
<td>25.6 (n=2,338)</td>
<td></td>
</tr>
<tr>
<td>Uganda 2006</td>
<td>61.1 (n=1,598)</td>
<td>45.0 (n=1,518)</td>
<td></td>
</tr>
</tbody>
</table>

Attitudes and Beliefs about GBV

- GBV survivors often blamed for the violence they experience—by men and women.
  - Zimbabwe (2005): 48% of women believed that a husband is justified in beating his wife for at least one of the following reasons:
    - Going out without telling him—33%
    - Neglecting the children—30%
    - Arguing with him—26%
    - Refusing to have sexual intercourse with him—24%
    - Burning the food—12%
Attitudes and Beliefs about GBV (Cont.)

- 37% of men agreed with at least one of the reasons for why a man is justified in beating his wife:
  - Going out without telling him—23%
  - Neglecting the children—22%
  - Arguing with him—21%
  - Refusing to have sexual intercourse with him—7.7%
  - Burning the food—6.5%

Session 3, Activity 6 PPT

Health Consequences of Gender-based Violence

GBV is a Public Health Issue

<table>
<thead>
<tr>
<th>Fatal Outcomes</th>
<th>Non-fatal Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Sexual and Reproductive</td>
</tr>
<tr>
<td>Penisile</td>
<td>Fracture</td>
</tr>
<tr>
<td>Suicide</td>
<td>Chronic pain syndrome</td>
</tr>
<tr>
<td>AIDS-related mortality</td>
<td>HIV-related mortality</td>
</tr>
<tr>
<td>Maternal mortality</td>
<td>Femicide</td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
</tr>
<tr>
<td></td>
<td>AIDS-related mortality</td>
</tr>
<tr>
<td></td>
<td>Maternal mortality</td>
</tr>
</tbody>
</table>

Source: Adapted from Bott, Morrison, and Ellsberg, 2005.

Documented Impact of GBV on Reproductive Health

- Women who have experienced intimate partner violence and/or sexual abuse are more likely to
  - Use family planning clandestinely;
  - Have their partner stop them from using family planning;
  - Have a partner refuse to use a condom (Garcia-Moreno, 2002);
  - Experience a higher rate of unintended pregnancies (Gazmararian et al., 1995; Morrison and Orlando, 2004);
  - Experience a higher incidence of unsafe abortion (Campbell, 2002); and
  - Become pregnant in adolescence (Heise et al., 1999).

Source: IGWG of USAID, 2008
Documented Impact of GBV on Maternal and Child Health

• Physical abuse occurs in approximately 4 percent to 15 percent of pregnancies (Campbell, 2002; Jewkes et al., 2001; Muhajarine, 1999).
  – Abuse during pregnancy poses direct risks to mother and child through physical trauma and increased chronic illnesses, and indirect risks, including depression, substance abuse, smoking, anemia, first and second semester bleeding, delay in seeking prenatal care, and poor maternal weight gain (Campbell et al., 2004; Amaro et al., 1990; Campbell et al., 1992; Goodwin et al., 2000; McFarlane et al., 1996; Heise et al., 1999).
  – Women who have experienced physical intimate partner violence are more likely to have complications during delivery (Morrison and Orlando, 2004).

Source: IYWG of USAID, 2008

Documented Impact of GBV on Maternal and Child Health

• Intimate partner violence may be more common among pregnant women than pre-eclampsia or gestational diabetes—conditions routinely screened for in prenatal care (Gazmararian et al., 1996; Campbell et al., 2004).
• Abuse during pregnancy has been linked to a significant, albeit small, reduction in birth weight (Murphy et al., 2001).
• Children of abused women may be more likely to die before the age of five (Asling-Monemi et al., 2003).
• Children of abused women indicate higher rates of malnutrition, as evidenced through higher rates of diarrhea, anemia, and lower height for age (Morrison and Orlando, 2004).

Source: IYWG of USAID, 2008

Violence Increases Babies’ Health Risks

• Violence increases babies’ risk of:
  – Weighing too little at birth
  – Having trouble nursing or taking a bottle
  – Having more sleeping problems
  – Being harder to comfort than other babies
  – Having problems learning to walk, talk, and learn well
  – Experiencing lasting emotional trauma
  – Being physically abused
  – Being hurt during a fight

Source: UCSF Medical Center, Family Violence Prevention Fund, San Francisco Department of Public Health, LEAP, San Francisco SafeStart Initiative, 2005
**Documented Impact of GBV on Sexually Transmitted Infections/HIV**

- Rape can result in HIV transmission. Not only is most sexual violence unprotected, but vaginal lacerations and trauma increase the risk of transmitting the virus (Jansen et al., 2002).
- Victims of gender-based violence are more likely to engage in risk behaviors, such as injection drug use, which may increase their risk of exposure to HIV (Abdool, 2001; Choi et al., 1998; Gilbert et al., 2002; Heise et al., 1999; Wyatt et al., 2002).
- Intimate partner violence has been shown to be a risk factor for STIs, which may increase the rate of HIV transmission (Bogart et al., 2005; Fonck et al., 2005; Lichtenstein, 2005; Thompson et al., 2002).
- Victims of gender-based violence are often unable to negotiate the use of a condom (Campbell and Soeken, 1999; Davila, 2002; Davila and Brakley, 1999; Wingood and Clemente, 1997).

Source: IGWG of USAID, 2008

**Documented Impact of GBV Related to Sexually Transmitted Infections/HIV**

- Proposing the use of a condom may increase women’s risk of violence (Gielen et al., 2000; Heise et al., 1999).
- Violence or fear of violence may keep women from HIV testing and violence may occur as a consequence of testing (Gielen et al., 2000; Heise et al., 1999; Maman et al., 2001; Maman et al., 2002; Zierler et al., 2000).
- Gender-based violence affects HIV-positive women’s ability to live positively and access care, treatment, and support (Gruskin et al., 2002; Lichtenstein, 2006; Liebschutz et al., 2005; Sowell et al., 1999; Stevens and Richards, 1998).

Source: IGWG of USAID, 2008

**Reasons Why Health Organizations Should Address GBV**

- Major cause of disability and death among women
- Adverse consequences for women’s sexual and reproductive health
- Providers may misdiagnose victims or offer inappropriate care
- Healthcare providers are strategically placed to identify women at risk
- Healthcare providers are in a unique position to change societal attitudes about violence against women
- Responding to GBV can improve the overall quality of health care
- Health professionals may inadvertently put women at risk if they are uninformed or unprepared

Providers May Inadvertently Cause Harm

- Examples of provider behavior
  - Ignores signs of fear or emotional distress
  - Breaches privacy or confidentiality
  - Doesn’t recognize GBV behind chronic or recurring conditions

- Possible consequences
  - Women is later injured, killed, or commits suicide
  - Partner or family member becomes violent after overhearing information
  - Woman receives inadequate or inappropriate medical care

Source: WHO TEACH-VIP, 2005

Providers May Inadvertently Cause Harm (Cont.)

- Examples of provider behavior
  - Blames or disrespects women who experience violence
  - Fails to provide adequate care to rape victims
  - Doesn’t consider violence in family planning or STI counseling

- Possible consequences
  - Inflicts additional emotional trauma or distress
  - Unwanted pregnancy, untreated STIs, unsafe abortion
  - Unwanted pregnancy; STIs/HIV/AIDS; unsafe abortion; additional violence.

Source: WHO TEACH-VIP, 2005
Session 6, Activity 4 PPT

Signs and Symptoms of Domestic Violence

Psychological Signs and Symptoms
- Quiet and passive behavior by the person potentially being abused
  - Anxiety
  - Depression
  - Chronic fatigue
  - Suicidal tendencies
  - Post-traumatic stress disorder
- Substance abuse
  - Drugs
  - Alcohol

Physical Signs and Symptoms
- Tympanic membrane (eardrum) rupture
- Rectal or genital injury
- Facial scrapes, bruises, cuts, or fractures
- Neck scrapes or bruises
- Abdominal cuts or bruises
- Tooth loose or broken
- Head scrapes or bruises
- Body scrapes or bruises
- Arm scrapes or bruises
Location of Injuries

- Centrally located injuries:
  - Injury distribution primarily involving the breasts, body, buttocks, and genitals.
  - These areas are usually covered by clothing, concealing obvious signs of injury.
- Another central location is the head and neck, which is the site of up to 50% of abusive injuries.
- Bilateral injuries: Injuries involving both sides of the body, usually the arms and legs.

Location of Injuries Cont.

- Defensive posture injuries: These injuries are to the parts of the body used by the woman to fend off an attack.
  - The small finger side of the forearm or the palms when used to block blows to the head and chest.
  - The bottoms of the feet when used to kick away an assailant.
  - The back, legs, buttocks, and back of the head when the woman is crouched on the floor.

Common Domestic Violence Injuries

- Cigarette burns
- Bite marks
- Rope burns
- Bruises
- Welts with the outline of a recognizable weapon (such as a belt buckle)
Other Physical Clues

• Injuries inconsistent with the explanation given:
  – The injury type or severity does not fit with the reported cause.
  – The mechanism of injury reported would not produce the signs of injury found on physical examination.

• Injuries in various stages of healing:
  – Signs of both recent and old injuries may represent a history of ongoing abuse.
  – Delay in seeking medical attention for injuries may indicate either the victim’s reluctance to involve doctors or his or her inability to leave home to seek needed care.

Non-Injury Physical Signs and Symptoms

• Headache
• Neck pain
• Chest pain
• Heart beating too fast
• Choking sensations
• Vaginal pain
• Numbness and tingling
• Painful sexual intercourse
• Pelvic pain
• Urinary tract infection
Session 6, Activity 5 PPT

Best Practices in Caring for Survivors of Gender-Based Violence

Introduction
- Best practices in caring for survivors of gender based violence (GBV) have been developed as a result of years of experience in health settings in various countries.
- Several inappropriate practices have produced disastrous results, in some cases with violence worsening.

Example 1: Unite the pair to encourage dialogue

<table>
<thead>
<tr>
<th>Myth</th>
<th>Appropriate response</th>
</tr>
</thead>
<tbody>
<tr>
<td>GBV occurs because a couple does not know how to communicate with each other.</td>
<td>Violence is not the result of poor communication. Poor communication is the result of violence.</td>
</tr>
<tr>
<td>We should teach women to choose the right moment and appropriate manner to address her husband so that he does not beat her.</td>
<td>Blaming the woman for her poor communication makes her responsible for the violence. GBV is the responsibility of the perpetrator.</td>
</tr>
<tr>
<td>Encouraging a woman to reunite with her husband if she does not wish to send the message that the violence is justified.</td>
<td></td>
</tr>
</tbody>
</table>
Example 2: Asking the woman what she did to cause the violence

<table>
<thead>
<tr>
<th>Myth</th>
<th>Appropriate response</th>
</tr>
</thead>
<tbody>
<tr>
<td>• When a woman behaves badly, her husband has the right to correct her through violence.</td>
<td>• There is never a justification for violence.</td>
</tr>
<tr>
<td>• Women that should behave because it is natural for men to lose their temper and become violence.</td>
<td>• Violence is not an effective manner of educating, and men do not have the obligation nor right to &quot;educate&quot; an adult woman.</td>
</tr>
<tr>
<td>• Certain acts by women warrant the use of violence, such as infidelity.</td>
<td>• If a man finds his wife’s behavior inappropriate or intolerable, he has the right to end the relationship but not beat her.</td>
</tr>
</tbody>
</table>
### Example 5: Offering anti-depressants or tranquilizers to calm GBV survivors

<table>
<thead>
<tr>
<th>Myth</th>
<th>Appropriate response</th>
</tr>
</thead>
<tbody>
<tr>
<td>• People the suffer violence need medication to ease the pain.</td>
<td>• Women that experience violence should be alert so that they can defend their lives and drugs can make them less alert and weaken their ability to respond in cases of conflict.</td>
</tr>
<tr>
<td>• There are drugs that are appropriate for victims of violence.</td>
<td>• Alternatives should be sought to eliminate violence, not to withstand it.</td>
</tr>
</tbody>
</table>

### Example 6: Limiting the response to treating injuries of violence

<table>
<thead>
<tr>
<th>Myth</th>
<th>Appropriate response</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The obligation of the health provider is limited to the clinic.</td>
<td>• GBV is a health problem and health services should be ready and able to assume their responsibility to deal with such cases.</td>
</tr>
<tr>
<td>• GBV is an issue that is the responsibility of psychologists and social workers.</td>
<td>• GBV is not a private problem or one to be ashamed of. It is an issue that affects all of society and the health sector.</td>
</tr>
<tr>
<td>• GBV is not health problem.</td>
<td>• Evaluating risk of death and guaranteeing health and life are routine medical tasks, but they should not be applied to GBV.</td>
</tr>
</tbody>
</table>
1. What is gender?

Gender refers to the economic, social, political, and cultural attributes and opportunities associated with being female and male. The social definitions of what it means to be female or male vary among cultures and changes over time. In Afghanistan, the working definition of gender is “Roles and responsibilities of men and women in society.”

2. How is gender different from sex?

Sex refers to the biological differences between women and men. Sex differences are concerned with women and men’s physiology.

3. What is gender-based violence?

Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual, and psychological harm...It includes that violence which is perpetuated or condoned by the state.

4. Select “True” or “False” for each statement below:

<table>
<thead>
<tr>
<th>No</th>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gender-based violence is a serious violation of women’s human rights.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Men cannot control themselves. Violence is simply part of their nature.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Studies consistently show that most women who experience GBV are abused by people they know; often the perpetrators are those they trust and love.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Women who have experienced physical intimate partner violence are more likely to have complications during delivery.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Children of abused women may be more likely to die before the age of five.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Women who experience gender-based violence provoke the abuse through their inappropriate behavior.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Women have a right to say “no” if they don’t want to have sex with their husband.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Violence stops when a woman becomes pregnant.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>Most women are abused by strangers. Women are safe when they are home.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>If a woman tries to please a man, he will love her more and will not beat her</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

5. Which of the following is not considered physical violence?
   a. Spouse beating/domestic violence
   b. Harmful traditional practices
   c. Discrimination
6. Which of the following are considered common injuries from domestic violence?
   a. Cigarette burns
   b. Bite marks
   c. Rope burns
   d. All of the above

7. Why should health providers address gender-based violence?

   Women who are victims of sexual assault are often required by law to be brought to health facilities by the police and those who have been seriously physically injured often come to the emergency department of hospitals for immediate care. A health provider who is well informed and trained to manage victims sensitively could make a significant difference to the woman traumatized by assault.

8. Please name at least three kinds of violence.

   a. Physical
   b. Sexual
   c. Psychological

9. What is gender equity?

   Gender equity means fairness and justice in the distribution of benefits, power, resources, and responsibilities between women and men according to their needs. It recognizes that women and men have different needs, access to, and control over resources.

10. What is health equity?

    Health equity refers to the absence of unfair, avoidable, or preventable differences in health among different population groups.
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