

Pre-service training course for health providers responding to violence against women and children in Timor-Leste

Student's guide

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HAHÚ RELASAUN DI'AK

- Ha** → Hatene sinál husi violénsia
- Hu** → Husu kona-ba problema
- Re** → Reasaun empátiku
- La** → Labele fó sala vitima
- S** → Segredu
- Au** → Aumenta seguru
- N** → Nafatin tau matan

Ferik no nia oan dezainu husi : Jacinto Batista



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World Health
Organization

Rotary



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Purpose and Overview

Domestic violence, sexual assault and child abuse are significant public health issues globally. They have severe consequences for the health and wellbeing of individuals, families and communities. Victims of violence are often isolated and may not know where to turn for help. Health providers have a very special role in being able to identify the signs and symptoms of violence, respond with empathy, increase safety and connect victims with further support. Timor-Leste has made good progress on addressing violence against women, with the Law Against Domestic Violence enacted in 2010, National Action Plans on Gender-based Violence (2012, 2017) and awareness raising amongst many sectors. To support health system responses in countries, the World Health Organisation (WHO) has developed a clinical handbook to help health providers to respond to domestic and sexual violence against women (WHO 2014) and sexual abuse of children and adolescents (WHO 2017). The Ministry of Health (MoH) in Timor-Leste are in the process of adapting these to develop their own National Guidelines on the health sector response to gender-based violence (MoH draft 2017). In order to translate WHO and MoH guidelines into practice, training for both pre-service and in-service health care providers is strongly recommended.

The course

This course is designed to provide a foundation for responding to domestic violence, sexual assault and child abuse for health providers in Timor-Leste, particularly for nurses, midwives and doctors. It is based on the draft pre- and in-service curricula developed by the WHO (draft 2018) and draws on other sources from Timor-Leste and internationally.¹ The adaptation and piloting of the curriculum for Timor-Leste, as well as development of Tetum learning resources was made possible through funding from the WHO Department of Reproductive Health and Research, and a Rotary Foundation Global Grant. In order to advocate for the course within universities and to adapt the WHO material, a working group was established which consisted of midwifery leaders and researchers with experience in health responses to violence against women in Timor-Leste. They were from La Trobe University (Australia), Universidade Nacional Timor Lorosa'e (UNTL, Timor-Leste), Instituto Superior Cristal (Timor-Leste) and PRADET (Timor-Leste). The curriculum was developed collaboratively and iteratively over six months, then pilot tested and refined after the first semester of teaching at two different Universities in Timor-Leste.

Over the duration of the course you will learn about the context and impact of violence, how to provide support by implementing HaHu ReLaSAuN² (Ha-Know, Hu-Ask, Re-Respond with empathy, La-Don't blame the victim, S-Confidentiality, Au-Enhance safety, N-Ongoing support), and perform key aspects of clinical care, documentation and self-care. The course uses an active learning approach, where you will gain practical knowledge and skills through participating in discussion, role-play activities, case studies, videos, and readings. To get the

¹ In adapting the WHO curriculum for Timor-Leste many other sources were drawn upon, including PRADET's Medical Forensic Examiner Training and 4R Training (Recognise, Respect, Respond, Refer), Ministry of Health's (2017) Draft Guidelines on Health Sector Response to Gender-based Violence, UNFPA's (2015) Solomon Islands Facilitator's Manual on Strengthening the Health Response to Violence Against Women and Children (particularly their group activities), the SASA! Activists Kit (Michau 2008), the PACTS Study Guide (Bruton et al. 2016), data from the 2010 and 2016 Demographic Health Surveys (NSD 2010, GSD 2018, Taft & Watson 2013), the Nabilan survey (TAF 2016) and the experiences and quotes from Timorese midwives from the Pateira Kontra Violensia study (Wild et al. 2016).

² Hahu Relasaun di'ak means *Begin a good Relationship* and is the Tetum adapted version of WHO's job aid LIVES (Listen, Inquire, Validate, Enhance safety, Support).

most out of the course you are encouraged to participate in role plays, practise new skills, and bring your own experiences and knowledge to group discussions.

This Student guide to learning outlines the learning objectives, and contains handouts and readings for each module. It includes the PowerPoint lecture slides and space for you to write notes. The learning resources also include a Video role play and women's stories (in Tetum) and a suggested readings. It would be useful for you to have an updated copy of Timor-Leste's National Guidelines on Responding to Gender-based Violence (MoH draft 2017) and WHO's (2014) Clinical Handbook on Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence, for reference throughout the training.

This training is one component of an overarching health systems response to violence against women and children. Health services managers and policy-makers are recommended to consult the WHO (2017) Manual for Health Managers, which provides comprehensive guidance on systems readiness. All of the above materials will be useful to keep and refer back to when you are working as a health professional.

Overarching Competencies:

A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
B. Identify signs of abuse and know when and how to ask about violence in a sensitive way
C. Practise woman-centred care and be able to communicate with empathy
D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
E. Practise self-care and collaboration with colleagues

Course competencies and learning objectives

Learning Objective		Related competency				
Module #	By the end of this module, students should be able to demonstrate an understanding of:	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way	C. Practise woman-centred care and be able to communicate with empathy	D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support	E. Practise self-care and collaboration with colleagues
1	1.1 Definitions of domestic violence, sexual assault and child abuse	X				
	1.2 Prevalence of different forms of violence globally and in Timor-Leste	X				
	1.3 Short and long-term physical and psychological consequences of domestic violence	X				
	1.4 Physical and behavioral signs of violence in adults and children		X			
2	2.1 Contributors to violence against women and children in Timor-Leste	X				
	2.2 How to challenge common beliefs and attitudes about domestic violence, sexual assault and child abuse	X	X			
	2.3 Obstacles for women getting help	X	X			
	2.4 Obstacles for healthcare providers asking about violence	X	X			
3	3.1 Principles of woman-centred care			X		
	3.2 Role and responsibility of healthcare providers within a health system response to violence against women and children	X			X	
	3.3 Laws and policies for responding to violence against women and children in Timor-Leste	X			X	
4	4.1 The importance of rapport and trust in facilitating good communication		X	X		
	4.2 How to ensure a client's privacy		X		X	

	4.3 The impact of non-verbal communication		X			
	4.4 How to raise the subject and know how to ask about suspected abuse		X	X		
5	5.1 How to listen and communicate empathically with clients			X		
	5.2 How to do no harm and avoid re-traumatising victims of violence			X	X	
	5.3 How to protect a patient's confidentiality and explain its limits			X	X	
6	6.1 How to assess the level of danger for a woman and her children			X	X	
	6.2 How to make a safety plan				X	
7	7.1 Good clinical care for sexual assault victims			X	X	
	7.2 How to carefully and confidentially document information about domestic violence, sexual assault and child abuse				X	
	7.3 When and how to refer for a medical forensic examination				X	X
8	8.1 The diverse needs of women and children experiencing violence			X	X	
	8.2 Social services available to help victims of violence and other vulnerable people				X	
	8.3 Other sources of help in the community				X	
	8.4 How to link clients to support and provide a warm referral				X	X
9	9.1 How to look after the physical and emotional health, and safety of themselves and colleagues					X
	9.2 Factors in the health system that contribute to good practice and safety for clients and staff				X	X

Essential reminders for learning about violence against women and children

Prepare for disclosures

- Survivors of domestic violence, sexual assault and child abuse are all around us.
- Given the nature of the training you are likely to learn about people’s personal experiences of abuse. Use the skills you are learning about to actively listen and support your fellow students.
- Remember to always keep people’s information private and be respectful of different experiences and opinions.
- Information about referral services that can help people who have experienced violence are in your handouts section of Modules 1 and 8.

Look after yourself

- Learning about violence can be very draining both emotionally and physically for participants.
- Make sure to recognise this and do something nice for yourself – this may be exercise, a relaxing activity, or a talk with a close friend.
- If you have experienced violence or trauma yourself, the content in the course can trigger painful memories. It may be useful to get in contact with local services (see handout in Modules 1 and 8) or talk with your lecturer.
- Remember you can leave the room or take a break any time you need to.

Tips for effective learning

	<p>Prepare</p> <ul style="list-style-type: none"> • Read and understand the Student’s guide and do the readings allocated within each module. • Read and understand the National Guidelines on Health Sector Response and WHO Clinical Handbook. • Watch the video role play in full as only sections will be shown in class.
	<p>Participate</p> <ul style="list-style-type: none"> • Many of the sessions include participatory activities such as role plays and group discussion. Active participation will help you hone skills and apply knowledge.
	<p>Stay focused</p> <ul style="list-style-type: none"> • This training may raise questions about a variety of topics related to violence against women and children. Try to keep your questions focused on the session.
	<p>Get your questions answered</p> <ul style="list-style-type: none"> • If you have questions that haven’t been addressed, reach out to the lecturer after class.
	<p>Keep the National Guidelines and WHO Clinical Handbook close</p> <ul style="list-style-type: none"> • This training and Timor-Leste’s National Guidelines are based on the WHO (2014) Clinical Handbook on health care for women subjected to intimate partner violence or sexual violence. Keep these documents close at hand for reference.

Module 1 - Introduction: Understanding the prevalence, consequences and signs of violence against women and children

Learning Objectives	Relevant Competency
1.1 Definitions of domestic violence, sexual assault and child abuse	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
1.2 Prevalence of different forms of violence globally and in Timor-Leste	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
1.3 Short and long-term physical and psychological consequences of domestic	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
1.4 Physical and behavioural signs of violence in adults and children	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 1 PowerPoint slides
Activities 	 Brainstorm ground rules  Vulnerable groups  Impact on health and wellbeing
Handouts 	 Pre-training questionnaire (provided by lecturer)  Referral information  Types of violence against women  Health effects of intimate partner violence  Identifying child abuse
Readings 	 Nabilan summary report (pg 19-38)
Videos 	 Women talk about trauma

Course competencies

At the end of this subject students should be able to:

- Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
- Demonstrate the ability to identify signs of abuse and know when and how to ask about violence in a sensitive way
- Practise women-centred care and be able to communicate with empathy
- Demonstrate how to enhance a woman's safety and provide referral and ongoing support
- Practise self-care and collaboration with colleagues

Looking after each other

- A difficult topic
- Many of us may have experienced or witnessed violence
- Be caring and respectful of each other

Activity: Brainstorm ground rules

1. Suggest ground rules for participation in the class
2. What are some ways we can look after ourselves and each other?

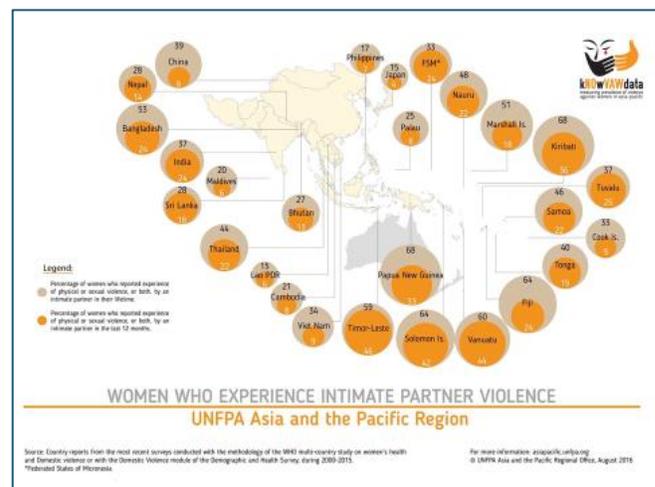
Module 1: Learning Objectives

At the end of this session students should be able to demonstrate an understanding of the:

- Definitions of domestic violence, sexual assault and child abuse
- Prevalence of different forms of violence in Timor-Leste and globally
- Short and long-term physical and psychological consequences of domestic violence
- Physical and behaviour signs of violence in adults and children

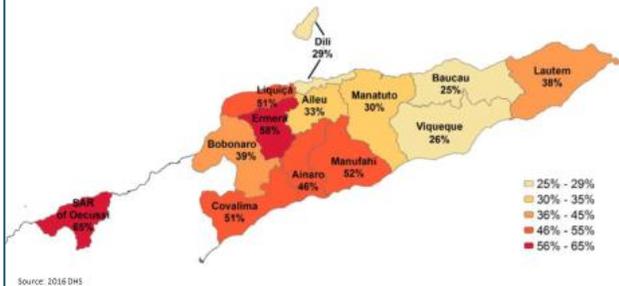
What is domestic violence?

- Physical, sexual, psychological, economic violence by family members
- When one person abuses their power or control over another family member



Percent of women who have experienced violence by district

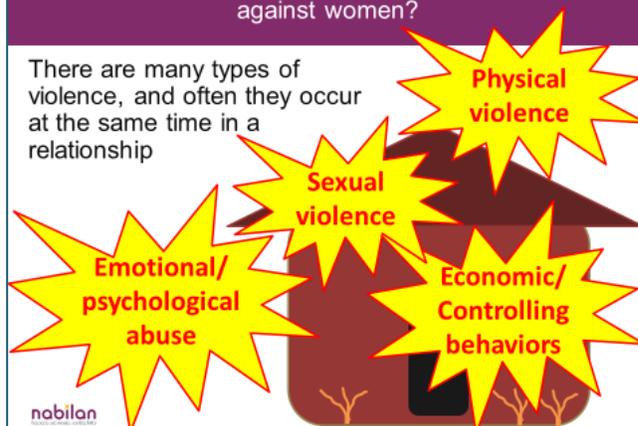
- Percentage of ever-married women age 15-49 who have ever experienced emotional, physical, or sexual violence committed by their current or most recent husband/partner



Source: 2016 DHS

What are the types of intimate partner violence against women?

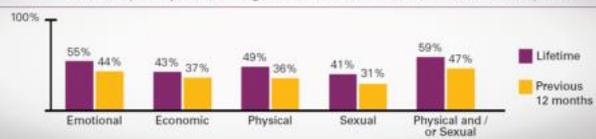
There are many types of violence, and often they occur at the same time in a relationship



nobilan

Types of violence against women and prevalence in Timor-Leste

Figure 3: Percentage of women aged 15-49 reporting different types of intimate partner violence by time period, among women who have ever had a husband or boyfriend



nobilan

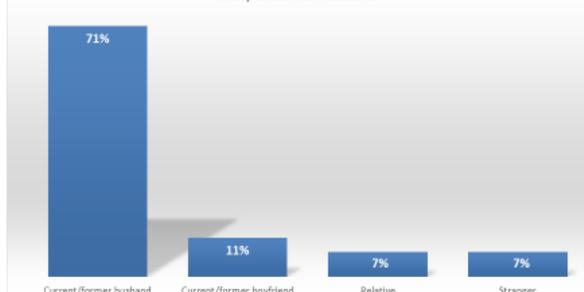
Source: 2010 DHS

What is sexual assault?

- Forcing someone to have sex or participate in sexual acts when they don't want to
- Can include pressuring someone to:
 - have sex by threatening them
 - touch someone's genitals or be touched
 - show parts of their body
 - do sexual acts with other people watching
 - watch pornography

Sexual assault

Perpetrators of sexual violence against women in Timor-Leste – most likely to be the husband

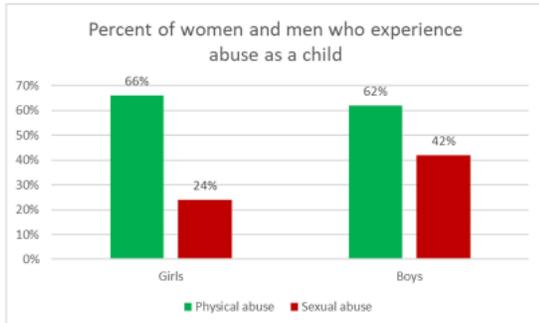


Source: 2016 DHS

What is child abuse?

- Physical, emotional, psychological or sexual mistreatment of children
- Neglect and abandonment
- Sexual abuse often occurs with manipulation by the adult
- Commonly by a member of the child's family (incest)

Child abuse in Timor-Leste



Source: 2016 Nabilan Survey

Activity: Vulnerable groups

Q: who is most vulnerable to violence in our communities and sucos?

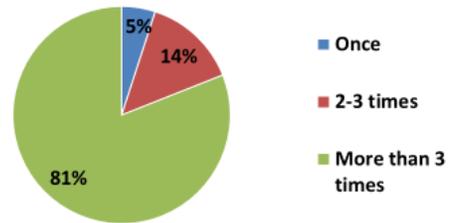
Who is most vulnerable to domestic and sexual violence in Timor-Leste?

- Women
- Children
- People with a disability
- Formerly married women (abandoned, separated, widowed)
- Pregnant women
- Gay, lesbian and transgender people
- Women with HIV/Aids

Source of statistics: 2016 Nabilan survey 8.2010 D16

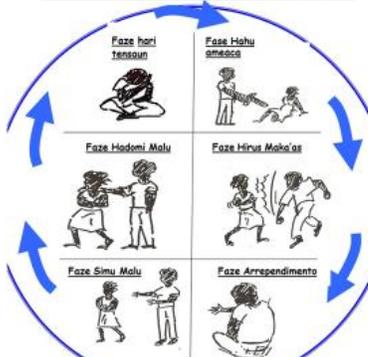
Frequency of violence from a husband/boyfriend

- Majority of women who have experienced violence said it occurred 3 or more times
- Most violence is severe and frequent



nabilan

CICLO VIOLENCIA



Fatin Halmatek / 2008

HaHu ReLaSAuN di'ak

HAHU RELASAUN

Ha → Hatene sinai husi violensia

Hu → Husu kona-ba problema

Re → Reasaun empatiku

La → Laboto fó sala vitima

S → Segredu

Au → Aumenta seguru

N → Nafatin tau matan

HA	HATENE sinai ba violensia	KNOW the signs of violence
HU	HUSU kona-ba problema	ASK about problems
RE	REASAUN empatiku	REACT with empathy
LA	LABELE fó sala vitima	DON'T blame the victim
S	SEGREDU	CONFIDENTIALITY
AU	AUMENTA SEGURU	INCREASE SAFETY
N	NAFATIN tau matan	CONTINUING / ONGOING SUPPORT

Effects of domestic violence

Unplanned pregnancy

Alcohol and drug use

STRESS AND DEPRESSION



Low birthweight

Murder

Attempted suicide

HIV

Miscarriage

INJURY

Sexually transmitted infections

Disability

Source: DumbArt Collective

Health impacts of partner violence



Mental health

2 x more depression
5 x more thoughts of suicide
8 x more attempted suicide



Disability

2 x more risk of disability



Reproductive health

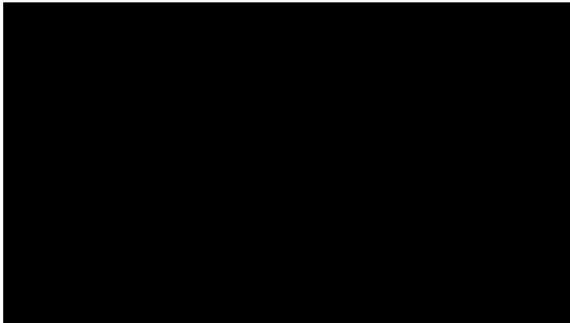
3 x more STIs
2 x more unplanned pregnancy
Less contraception



Child health

3 x more emotional and behavioural problems
1.5 x more likely to die

Video: Women's stories



<https://youtu.be/AALC9kqrho0>

Activity: impact on health and wellbeing

Q. What do you think are the impacts of violence on women and their children?

- Think about the physical, emotional, and socio-economic impacts on women and children
- Think about the short-term and long term impacts

HATENE (Know the signs of violence)

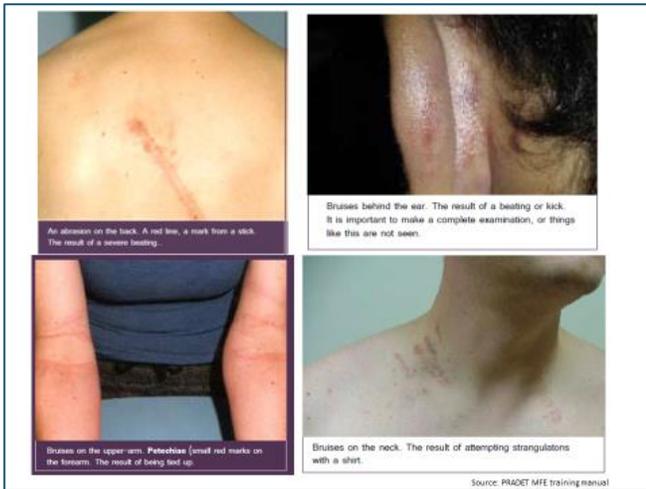
Ha → Hatene sinál husi violencia

- Physical signs and symptoms of violence in women
- Behavioral signs and symptoms of violence in women
- Signs and symptoms of violence in children
- Signs and symptoms of sexual abuse in children

Physical signs and symptoms of violence

- Chronic headaches or pain
- Abdominal pain
- STIs
- Unwanted pregnancy, repeat abortion
- Injuries during pregnancy
- Attempted suicide
- Injuries - multiple injuries or pattern of repeated injury

Source: Signs of violence adapted from PACTS Study Guide

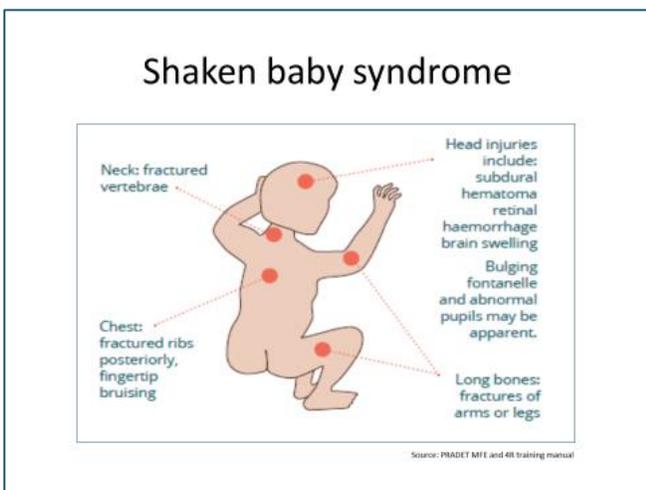
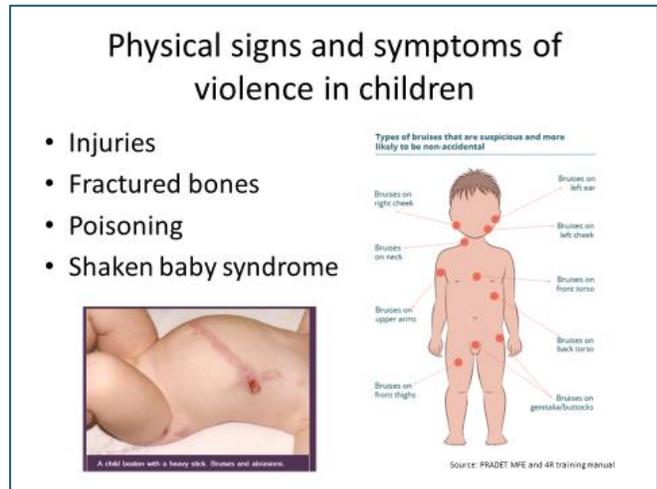


Behavioural signs and symptoms of violence

- Nervous, evasive
- Anxiety, very stressed
- Mental health problems
- Describes husband as angry
- Alcohol, smoking or drug problem
- Sleeping or eating problems

Behavioural signs and symptoms of violence

- Husband or family do most of the talking
- Anxious when her husband is there
- Story about injuries does not match physical exam
- Delay in seeking care



Behavioural signs and symptoms of violence in children

- Distrust of adults
- Fear of parents
- Fearful when other children cry or shout
- Excessively friendly to strangers
- Withdrawn, passive, tearful
- Low self-esteem
- Delayed speech
- Acting like a much younger child
- Wearing long-sleeved clothing to hide injuries

Signs and symptoms of sexual abuse in children

- Telling someone sexual abuse has happened
- Headaches or stomach pains
- STI
- Pregnancy
- Problems with schoolwork
- Sexual behaviour or knowledge unusual for the child's age
- Non-typical behaviour i.e. rocking, sucking, biting
- Difficulties sleeping
- Difficulties relating to adults and peers

Activity: Identifying child abuse

Q. Identify which one is child abuse, child neglect or acceptable discipline?

Q. What is the effect on the child?

Q. What should they have done in the situation?

Important messages

- Violence takes many forms
- Violence from a husband, and sexual abuse are very common
- Short and long-term health impacts
- Watch for physical and behavioural signs of violence
- Complete reading – Nabilan Summary Report (pg 19-38).

? Ask your lecturer if you have any questions or concerns.

📖 Complete the reading for this module “Nabilan summary report” (pg 19-38) (found in the list of readings)

Module 1 Handouts

<p>Handouts</p> 	<ul style="list-style-type: none"> Referral information Types of violence against women Health effects of intimate partner violence Identifying child abuse
---	--

Rede Referál Fornesador Servisu

Violéncia Doméstika, Violéncia Seksuál, Abuzu ba Labarik

Se karik Ita-Boot hetan violéncia, Ita-Boot iha direitu ba ajuda no protesauun husi polísia, ospítal, fornecedor servisu sira, prokurador no tribunál



Polísia Nasionál Unidade VPU

Hodi hetan protesauun no hato'ó keixa

Nasionál	7709 8860
Dili	7564 1059
Aileu	7711 2047
Ainaro	7626 2940
Baucau	7712 7186 ka 7726 8428
Bobonaro	7718 4092 ka 7745 0498
Covalima	2230013 ka 7533 6220
Ermera	7735 5022
Lautem	7858 6802 ka 7657 3484
Liquica	7726 5681 ka 7831 1113
Manatuto	7718 6011 ka 7769 9069
Manufahi	7788 0739
Oecusse	7859 2881
Viqueque	7728 9826 ka 7834 0940

Ministério da Solidariedade Sosiál (MSS)

Hodi hetan ajuda sosiál

Nasionál	331 0501 331 0219
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PRADET Fatin Hakmatek

Hodi hetan tratamentu médiku, akonsellamentu, fatin seguru temporáriu

Dili	332 1562 7725 4597
Oecusse	7779 9072 7779 5882
Suai	7800 0907
Maliana	7808 8591
Baucau	7735 7099

Uma Mahon

Hodi hetan akonsellamentu, fatin seguru

Uma Mahon Salele	7798 1391
Casa Vida (Dili)	7735 2345
FOKUPERS	332 1534
Uma Paz Baucau	7799 8456
Forum Peduli Wanita Oecusse	7726 8665

Asisténsia Legál ba Feto no Labarik (ALFeLa)

Hodi hetan asisténsia legál

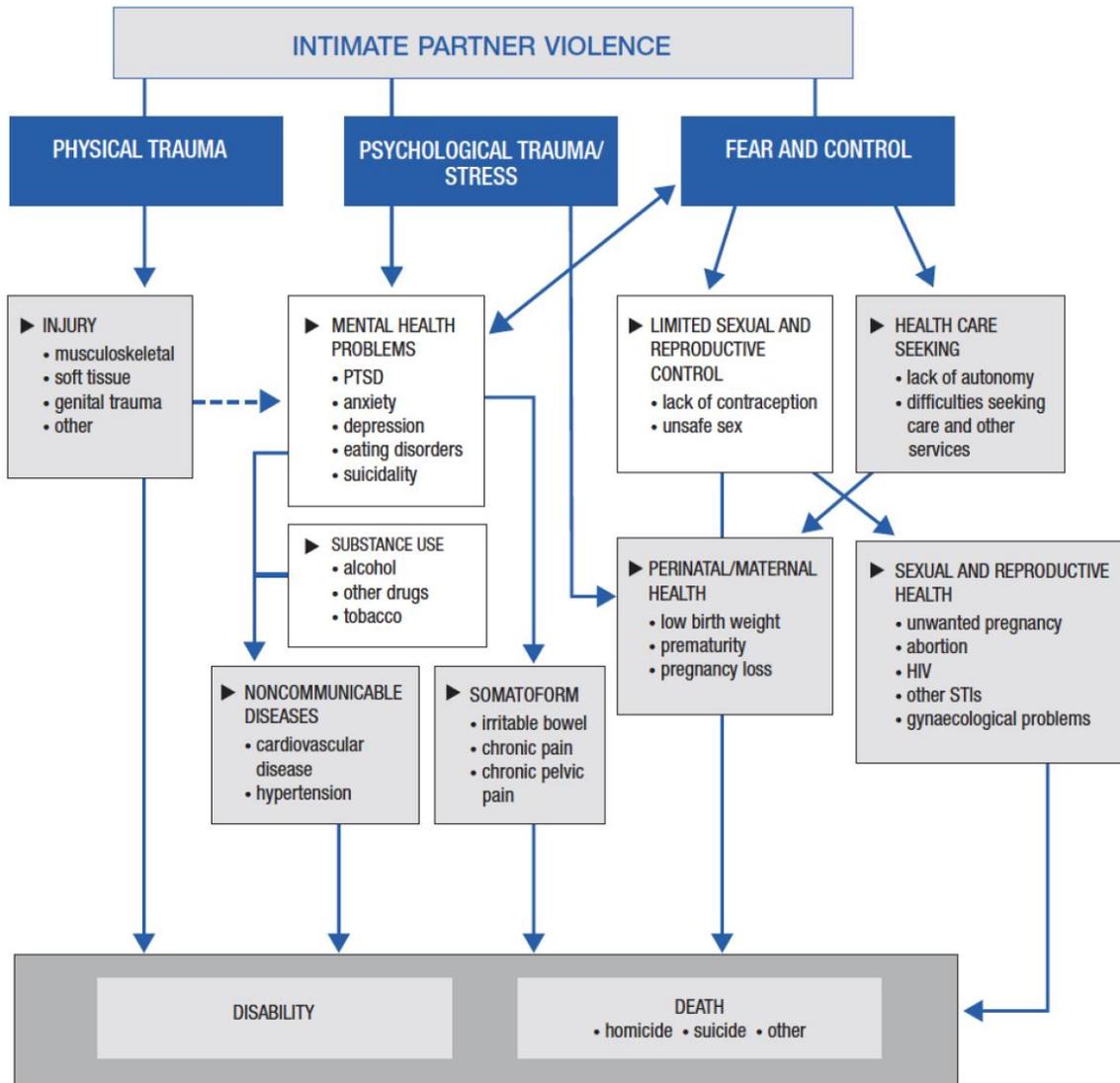
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Types of violence against women



Health effects of intimate partner violence

Figure 1. Pathways and health effects on intimate partner violence



There are multiple pathways through which intimate partner violence can lead to adverse health outcomes. This figure highlights three key mechanisms and pathways that can explain many of these outcomes. Mental health problems and substance use might result directly from any of the three mechanisms, which might, in turn, increase health risks. However, mental health problems and substance use are not necessarily a precondition for subsequent health effects, and will not always lie in the pathway to adverse health.

Source: WHO 2014 Clinical Handbook

Identifying child abuse

Instructions:

1. Identify what one is child abuse, child neglect or acceptable discipline?
 2. What is the effect on the child?
 3. What should they have done in the situation?
-
- a. There is never enough food for the children. There is little money but the father gambles and drinks tua sabu. All of the children are not doing well in school and cannot concentrate. Rico has developed anemia and also has a severe infection that is so bad he needs to go to the hospital. His parents do not take him.
Answers: _____

 - b. Nina is the second wife of Manuel and has three children to him. He lives with his first wife but visits Nina regularly. He often arrives at Nina's house drunk. He gets angry when the children are naughty and slaps them. He slapped Nunu and he fell over and hit his head, causing bruising and bleeding.
Answers: _____

 - c. Ano is fourteen. He stayed out late one night and came home drunk. His father was concerned about his welfare and wanted to teach him that his actions were wrong. So he beat him. Ano was bruised and had some cuts on his body.
Answers: _____

 - d. Fransisca has three children. Her oldest is five. He was playing with other children in the neighbourhood and liked the car another had so hit the other child and took it. Fransisca explained to him that hitting hurts people and that if he wanted to play with it he needs to ask to borrow it. She made him take the car back to the other child and apologize for hitting.
Answers: _____

 - e. Joao and Maria are married. Maria has one child from a different father before she married Joao, she is fourteen. Maria sometimes has to travel to the districts for work. Joao has been having sex with he daughter when she is away.
Answers: _____

 - f. Sr Miguel is a nurse. He is caring for Martino who has an infected cut on his foot. Martino kicks Sr Miguel when he tries to change his dressing, and then refuses his antibiotics and spits the tablet out at Sr Miguel. Sr Miguel is upset and hits Martino to make him behave while medical treatment is given.
Answers: _____

Module 2 – Violence and society: Beliefs, attitudes and barriers to getting help

Learning Objectives	Relevant Competency
2.1 Contributors to violence against women and children in Timor-Leste	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
2.2 Common beliefs and myths about domestic violence, sexual assault and child abuse	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues B. Identify signs of abuse and know when and how to ask about violence in a sensitive way
2.3 Obstacles for women getting help	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues B. Identify signs of abuse and know when and how to ask about violence in a sensitive way
2.4 Obstacles for healthcare providers asking about violence	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues B. Identify signs of abuse and know when and how to ask about violence in a sensitive way

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 2 PowerPoint slides
Activities 	<ul style="list-style-type: none">  Sex and gender  Gender in our community  Meaning of power  Midwives discuss gender inequality  Beliefs and attitudes  Obstacles for women getting help  Obstacles for health professionals
Handouts 	 Common beliefs and attitudes
Readings 	 Gender relations in Timor-Leste
Videos 	 Women's stories

Module 2: Learning Objectives

- Contributors to violence against women and children in Timor-Leste
- Common beliefs and attitudes about domestic violence, sexual assault and child abuse
- Obstacles for women getting help
- Obstacles for healthcare providers asking about violence

Activity: Sex and gender

	Sex - Biological		Gender - Cultural
Male		Masculine	
Female		Feminine	

Activity: Gender in our community

If the statement is true, please stand up

The History of Power

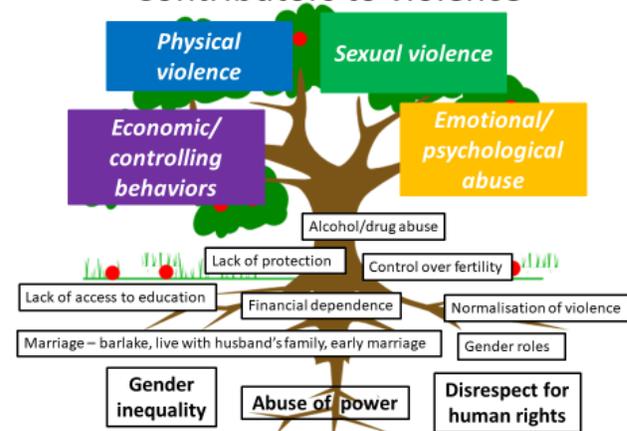
- In childhood we learned that men are more valuable and more worthy than women
- In childhood we learned that women should have less power than men
- In childhood we learned that men should use their power over women and control them with violence
- Therefore, many of us tolerate violence against women and remain silent when it happens
- *Is remaining silent about violence helping or hurting us?*

Source: The SASEL activist kit

Activity: Meaning of power

Q. What do you think of when you hear the word 'power'?

Contributors to violence



Activity: Midwives discuss how gender inequality contributes to violence

"Many women suffer from sexual violence because men consider us women like something very small to them so they do as they wish."
– 12. Midwives FGD, Baucau

"Recently there was a case, the woman was five months pregnant and she suspect he was cheating. When she asked him he said 'you don't have the right to tell me. I married you because you look after our house and our children' and when she turned her back to him, he took a piece of wood and hit his wife on the back."
– 2. Midwife, Dili

Nowadays we cannot bring tradition or Barlaki as an excuse to take other people's rights away. If they do violence it is against the law and they must be responsible for their behaviour. – 1. Midwife, Dili

When we did the promotion about domestic violence many men were not happy. They said 'it's culture, it's because my wife did something wrong I have to teach her.' And I say, 'no that's not culture. Culture is our identity and that's not our identity. It's our attitude and we can change it'.
– 7. Domestic Violence Social Worker, Dili

The Truth About Power

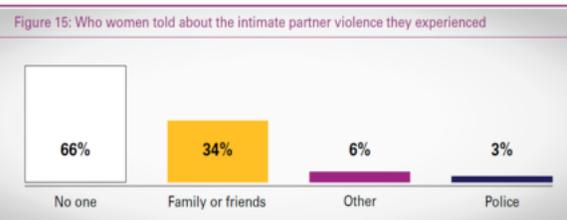
- Power is the ability to think, feel and do what we decide is right for ourselves
- Everyone has a right to their own power
- No one should use their power over another person
- Using power negatively to control others is an injustice
- Using power to harm others is a crime

Source: The Sexual Rights

Activity: Beliefs and attitudes

1. Read the statement on your piece of paper
2. Decide whether you agree or disagree
3. Stick your statement to the board under 'Yes/True' or 'No/False'

Where do women go for help?



Source: 2016 Nabillan Survey

Video: Women's stories

- Click play on the screen

Activity: Obstacles for women getting help

1. Watch the videos
2. Discuss the following questions:
 - a) Why is it difficult for these women to get help when they are being subjected to violence?
 - b) What are the additional challenges for women with a disability?
 - c) What can health providers do to help women open up about problems they are being subjected to?

Activity: Obstacles for healthcare professionals

- *Do you have any concerns about being able to ask women or children about violence?*

Important messages

- Because of culture, men have more power than women
- Violence is an abuse of power
- We must examine our own attitudes to avoid blaming the victim
- Women face many barriers getting help
- We must speak out against violence
- Complete reading - Mane ho fetu kompletu malu

? **Ask** your lecturer if you have any questions or concerns.

📖 **Complete the reading** for this module “Gender relations in Timor-Leste” (found in the list of readings)

Module 2 Handouts

<p>Handouts</p> 	<p> Common beliefs and attitudes</p>
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Common beliefs and attitudes – answer sheet

Situation	Is it acceptable for a man to hit his wife?	Because?
1. A husband comes home from work very tired, and his wife hasn't cooked the dinner yet because she was chatting with the neighbors.	No	It's never ok for a man to hit his wife. The way gender roles are constructed in our society put many burdens on women to look after the children, the household and to work. Men and women need to share household responsibilities. Violence is always a violation of rights and is unjust.
2. A wife has a big mouth and swears at her husband, and swears at her in-laws	No	It's never ok for a man to hit his wife. If there is a problem in the family there are better ways to communicate. Women never deserve to be hit.
3. A wife is not looking after the children	No	It's never ok for a man to hit his wife. It is both a man and woman's responsibility to look after their children. Violence is always a violation of rights and is unjust.
4. A husband is drunk and isn't in his right mind	No	It's never ok for a man to hit his wife. Using violence when drunk is very dangerous and can result in serious injuries to women and children. Alcohol should never be used as an excuse for violence. Violence against women is always a crime.
5. A husband believes that his wife is sleeping with another man	No	It's never ok for a man to hit his wife. Men who use violence are often jealous and controlling and use this as an excuse to start a fight. There is NEVER an acceptable reason to use violence.
6. A husband pays barlake (bride price)	No	It's never ok for a man to hit his wife. It's a myth that if the husband's side has paid barlake then he can beat his wife. Women's human rights are protected under the law in Timor. Violence is NOT part of our culture and barlake should NEVER be used as an excuse for violence.

Situation	Is it ok for the parents to hit their child?	Because?
7. A child is naughty	No	It's never ok for parents to hit their children. Hitting children teaches them to be violent. There are better ways to communicate with children and teach them about good behaviour. All children have the right to be safe and protected.
8. A child hasn't learned what the parents have taught them	No	Violence is an abuse of power. It's never ok for parents to hit their children. There are other, more positive, ways to teach children. Violence is always a violation of rights and is unjust.

Do you think this statement is true or false?	True or false?	Because?
9. We cannot believe a child if they say that they have been sexually assaulted, because they are just a child.	False	Based on worldwide research, children do not lie when they disclose sexual abuse. As health providers, it is our responsibility to listen to children, believe them and make sure they get further help.
10. A child's behavior (if they like kissing, hugging, and people think they do this) is an invitation for a sexual relationship	False	It is normal for children to want love, attention and affection, especially from their parents. Doing any sexual act with a child is a crime. Children (under the age of 16) are not able to give consent. Adults need to be responsible and protect children.
11. People that are in positions of power / important people never sexually abuse children.	False	There have been lots of cases of powerful people sexually abusing children. Perpetrators often seek out vulnerable children and groom them (befriend them or make an emotional connection so they can hurt them). All people, especially those in power, should be held accountable for their actions and any crimes they commit.

Situation	Does a man have the right to force the woman to have sex?	Because?
12. A woman wears a short skirt and walks alone at night.	No	No one asks or deserves to be sexually assaulted. Women dress to feel comfortable and attractive. Perpetrators are responsible for their own actions. Forcing a woman to have sex or do sexual acts is a crime. Everybody has the right to be safe in their community regardless of what they wear.
13. A husband wants to have sex but his wife doesn't want to.	No	Everyone has the right to say no to sexual acts they do not want. Forcing anyone to have sex is sexual assault. Sexual assault is a crime, regardless of whether it is committed by a husband, boyfriend or a stranger. Two people must both want to have sex.
14. A woman has sex with men for money or gifts (transactional sex)	No	Raping a woman or forcing someone to do sexual acts is always a crime. Men who have transactional sex are more likely to commit physical and sexual assault. Violence is a violation of human rights and is unjust. All women have the right to choose if they want to have sex with other people and should never be blamed for men's violence.

Do you think this statement is true or false?	True or false?	Because?
15. A man cannot control himself	False	The majority of sexual assaults are planned and do not involve loss of control by the perpetrator. Men who are violent to their wives are often able to control their violence in certain settings, such as at work, while choosing to be violent at home. Men can control themselves and this should never be used as an excuse for violence.
16. Women with disabilities are rarely sexually assaulted	False	Women with a disability are at higher risk of sexual assault than other women. Women with an intellectual disability may be targeted because they are less likely to speak out. Health providers have a responsibility to ask about abuse when they suspect it and to support women to find further help.
17. If a woman doesn't yell or run away, then it's not sexual assault	False	Most people who are sexually assaulted do not scream or fight. This is because they freeze (cannot move). It is a common reaction for people to become paralyzed with fear. It means many women are not able to yell or run away. It is a myth that women can avoid sexual assault if they defend themselves. Women should never be blamed, it is the perpetrator who committed the crime.
18. A woman who has not had sexual intercourse before will always have genital injuries if she is sexually assaulted	False	Genital injuries are not normally found following sexual assault, even when a woman has not had sexual intercourse before. It is a health provider's duty to listen to a woman, believe her, and document her story and impact on her health. It is never a health provider's role to make a judgement on the accuracy or facts of the case.
19. Sexual abuse only happens to girl children	False	Sexual abuse happens a lot to both boy and girl children in Timor-Leste. In fact, a survey done by the Asia Foundation in 2016 found twice the amount of boys (40% of boys and 20% of girls) had experienced sexual abuse as a child. This means health providers need to be on the lookout for signs and symptoms of abuse in both boy and girl children, and know how to support them in getting help.
20. Men who sexually abuse children do this because their partner/wife does not sexually satisfy them	False	People who sexually abuse children do so in a planned way, often because they are sexually attracted to children or enjoy having sexual power over them. Men who abuse children in their family are likely to be abusing other children outside their family. Without intervention the sexual abuse will continue. It is a health provider's responsibility to ask about suspected abuse and report all cases of physical and sexual assault to the authorities.

Module 3 – Guiding principles: Laws, health provider responsibilities and principles of good practice

Learning Objectives	Relevant Competency
3.1 Principles of woman-centred care and good communication	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way C. Practise woman-centred care and be able to communicate with empathy
3.2 Role and responsibility of healthcare providers within a health system response to violence against women and children	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues
3.3 Laws and policies for responding violence against women and children in Timor-Leste	A. Demonstrate knowledge of domestic violence, sexual assault and child abuse as public health issues D. Demonstrate how to enhance a woman’s safety and provide referral and ongoing support

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 3 PowerPoint slides
Activities 	 Guest speaker
Handouts 	 The Law Against Domestic Violence
Readings 	
Videos 	 Parreira Kontra Violensia (Midwives Against Violence) video

Module 3: Learning Objectives

- Principles of women-centred care
- Role and responsibility of healthcare providers within a health system response to violence against women and children
- Laws and policies for responding to violence against women and children in Timor-Leste

What is women-centered care?

- Follows the woman's wishes
- Avoids causing harm
- Guided by two fundamental principles:
 1. Human rights
 2. Gender equality

A human rights approach

- The right to be treated with dignity and respect
- The right to decide for herself
- The right of children to have a say in decisions
- All people are entitled to human rights
- Helps victims reclaim power that was lost as a result of abuse
- Case example – never withhold contraception

Gender equality

- Women and girls face multiple forms of inequality that affect their health
 - Discrimination
 - Subordination
 - Violence

Promotion of gender equality in practice

- Be aware of gender and power dynamics
- Listen, believe her
- Reinforce her value as a person
- Respect her dignity
- Do not blame or judge her
- Provide information
- Support her to make her own decisions



What is the role of healthcare professionals?

- Responding to violence is part of the law, and important for health

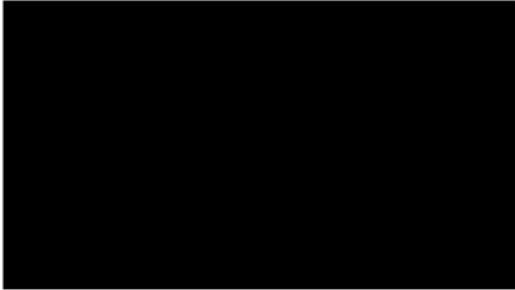
Provider role:

- Provide first-line response, care, safety and referral for all survivors

Providers are NOT responsible for:

- 'Resolving' violence
- Determining legal aspects

Video: Parteira Kontra Violensia



Weblink: https://www.youtube.com/watch?time_continue=9&v=vw5nN0eePcY

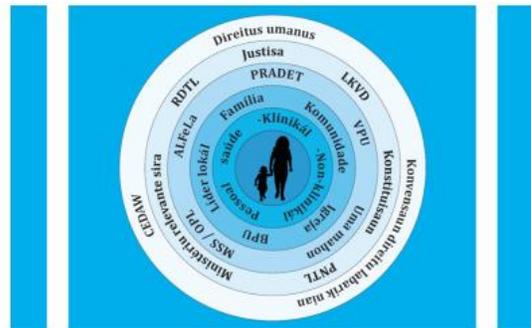
Activity: Video discussion questions

- Were you aware there is a Law Against Domestic Violence in Timor-Leste? What do you think this Law means?
- Why did the midwives feel it was their responsibility to help the women?
- What were the important aspects of care the midwives needed to provide?

Healthcare professionals are important for first line support

- Attend to immediate emotional/psychological needs
- Provide treatment
- Support safety
- Information and referral
- Help women feel more in control and provide ongoing support

Who is responsible?



Policy context in Timor-Leste



The Law in Timor-Leste

The Penal Code

- Spouse abuse and child abuse are illegal

The Law Against Domestic Violence

- Domestic violence is a public crime
- Legal obligation to prosecute cases and provide assistance to victims

Age of consent is 14

- People under the age of 14 do not have the capacity to give consent
- It is illegal to participate in sexual activity with anyone younger than 14 years, or an inexperienced person under 16.

Age of marriage is 17

- It is illegal to marry someone younger than 17 years

Activity: Guest speaker

- Laws and policies on responding to violence against women and children
- Responsibility of health providers

Important messages

- Our response is grounded in respect for human rights
- The way health providers respond is important for survivor's wellbeing
- Be aware of the laws and policies for responding to violence against women and children
- Watch the whole Hahu Relasaun video role play in preparation for the next modules. Available at: www.latrobe.edu.au/reducing-violence or <https://youtu.be/D5PgnsW-xXs>

? Ask your lecturer if you have any questions or concerns.

🎥 Watch the whole video role play, in preparation for the next modules. Available at: www.latrobe.edu.au/reducing-violence or <https://youtu.be/D5PgnsW-xXs>

Module 3 Handouts

<p>Handouts</p> 	<p> The Law Against Domestic Violence</p>
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Law in Timor-Leste

Law 17/2009 – Penal code

- Article 154^o Spouse abuse is a crime
- Article 155^o Child abuse is a crime

Law 17/2010 – Law Against Domestic Violence

Article 2^o Definition of Domestic Violence

Domestic violence is any act or a result of an act or acts committed in a family context, with or without cohabitation, by a family member against any other family member, where there exists influence, notably physical or economic, of one over another in the family relationship, or by a person against another with whom he or she has an intimate relationship, which results in or may result in harm or physical, sexual or psychological suffering, economic abuse, including threats such as acts of intimidation, insults, bodily assault, coercion, harassment, or deprivation of liberty.

Physical violence

Any conduct which offends bodily integrity or physical health.

Sexual violence

Any conduct that induces the person to witness, to maintain or participate in unwanted sexual relations, even within a marriage, through intimidation, threats, coercion or use of force, or which limits or nullifies the exercise of sexual and reproductive rights.

Psychological violence

Any conduct that causes emotional damage and reduced self-esteem in order to degrade or control the actions, behaviours, beliefs and decisions of others by threat, embarrassment, humiliation, manipulation, isolation, constant vigilance, systematic persecution, insult, blackmail, ridicule, exploitation, limiting the right to travel or otherwise adversely affecting psychological health and self-determination.

Economic violence

Any conduct that involves retention, partial subtraction, or total destruction of personal items, working instruments, impeding work inside or outside the home, personal documents, goods, values and rights or economic resources, including those designed to meet the personal needs and the needs of the household.



Article 22º Assistance at hospital services

Whenever a patient reveals her or himself to have been a victim or a clinical diagnosis concludes the patient is a victim of a domestic violence related crime, the specialized hospital services are requested to intervene to:

- a. Provide assistance and medical follow-up for victims of domestic violence while taking into account the needs of victims, particularly children;
- b. Proceed with the preservation of evidence relating to possible crimes committed, including the completion of examinations or forensic tests or taking other precautionary measures appropriate to the case;
- c. Inform the victim of his/her rights and possible remedies and the obligation of the hospital authorities to notify police of the facts of the case;
- d. Immediately report the facts of the case to the police or the Public Prosecutor;
- e. Prepare a report on the situation and the measures taken and send it to the competent authorities;
- f. Refer the victim to a shelter if the situation so warrants and the victim makes such a request.

Article 40º Professional confidentiality

1. The technical and non-technical staff working at reception centers, shelters and specialised assistance services shall be subject to professional confidentiality regarding any facts revealed to them solely by virtue of their professional interaction with the victims under their care.
2. Once the consent of the victim has been requested and the victim has given the consent of his or her free will, the professional confidentiality of the personnel referred to in the preceding paragraph ceases in the event they are called by judicial entities to testify or furnish other information.

The age of consent is 14

- People aged 14 and older are able to consent to medical procedures, including decisions to have contraception
- Children under 14 do not have the capacity to give consent to sexual activity or to medical procedures
- It is illegal to participate in sexual activity with anyone younger than 14 years
- Engaging in sexual activity with an adolescent between 14-16 can also be a crime, if the adult took advantage of his/her inexperience
- A person over the age of 16 is not allowed to participate in any sexual activity with a person under 14 years old, even if the person under 14 wants to
- Children under the age of 16 do not have criminal responsibility

The age of marriage is 17

- Only people aged 17 and over are legally able to marry
- People who are 16 are able to marry with their parent's permission
- Marrying someone under the age of 16 is against the law

Module 4 – Hahu Relasaun diak: Rapport, privacy and knowing how to ask

Learning Objectives	Relevant Competency
4.1 The importance of rapport and trust in facilitating good communication	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way C. Practise woman-centred care and be able to communicate with empathy
4.2 How to ensure a client’s privacy	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way D. Demonstrate how to enhance a woman’s safety and provide referral and ongoing support
4.3 The impact of non-verbal communication	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way
4.4 How to raise the subject and know how to ask about suspected abuse	B. Identify signs of abuse and know when and how to ask about violence in a sensitive way C. Practise woman-centred care and be able to communicate with empathy

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 4 PowerPoint slides
Activities 	 Creating privacy  Non-verbal communication  Asking about violence
Handouts 	 Role play scenarios - non-verbal communication (provided by lecturer)  Asking about violence  Role play scenarios – asking about domestic violence (provided by lecturer)
Readings 	
Videos 	 Video role play (watch scenes 1-3)

Module 4: Learning Objectives

- The importance of rapport and trust in facilitating good communication
- How to ensure a client's privacy
- The impact of non-verbal communication
- How to raise the subject and know how to ask about suspected abuse

Review HaHu ReLaSAuN



HUSU (ASK about problems)

Hu → Husu kona-ba problema

1. Build rapport
2. Ensure privacy
3. Non-verbal communication
4. Types of questions

1. Build Rapport

- Build rapport
 - Introduce yourself, make 'small talk', avoid direct questions initially
 - Listen to what she is saying and help her feel connected
- Build trust
- Especially important with children

2. Ensure privacy

- Important for safety
- A private place
- Ask only when she is on her own
- Minimise movement of victims between rooms
- Do not make her repeat her story unnecessarily

Activity: Creating privacy

Case study: A young woman, Laura, is admitted to the emergency department accompanied by her in-laws. The family explain that she has a mental illness and has tried to kill herself by drinking poison. The doctors treat her and admit her to the ward for recovery, where there are many other patients. During your rounds you notice Laura looks sad and anxious. You want to ask Laura how she is and what is happening at home, but her family always stays with her.

Question: In groups, think about strategies to be able to talk to Laura by herself, when her family isn't there.

3. Non-verbal communication

- Body language
- Facial expression
- Tone of voice
- 90% of communication is non-verbal

Activity: non-verbal communication

- *Break into groups of 3*
- *Decide who is the patient, the nurse, the midwife*
- *Read the scenario for your role*
- *The patient visits two different examination rooms, first the nurse then the midwife*

4. Types of questions

- Raise the subject
 - “Many women experience problems with their husband or someone else they live with”
 - “When I see injuries like this I wonder if someone could have hurt you.”
- Ask open questions
 - “How is your relationship with your husband/boyfriend?”
 - “What happens when he gets angry”
 - “Do you have any worries you want to talk about?”

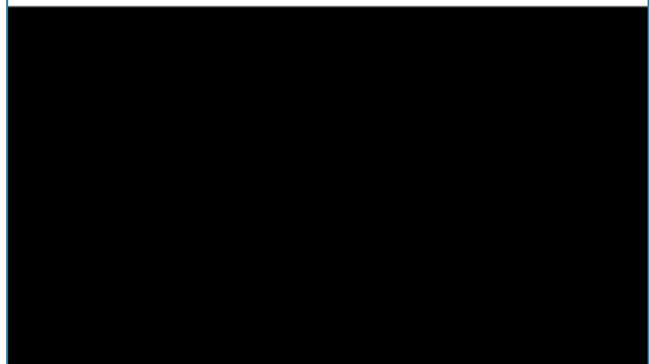
4. Types of questions

- Ask specific questions
 - “Are you afraid of your husband (or partner)?”
 - “Does your husband try to control you, for example not letting you have money or go out of the house?”
 - “Did someone force you to have sex?”
 - “Have you spoken to anyone about this?”
- Avoid very general or leading questions

What if a woman does not disclose violence?

- Do not pressure her
- Believe her
- Give her more time
- Tell her about services
- Offer information on the health effects of violence/stress
- Offer referral options and a follow-up visit
- If it's a child consult with relevant services

Watch video role play



Activity: Watch video role play

- Watch scenes 1-3 of the video role play
- Discussion questions:
 - a. *Why did the nurse suspect Maria's injury was not an accident?*
 - b. *What strategies did the nurse use to ensure privacy?*
 - c. *What open-ended questions did the nurse use to ask about violence?*
 - d. *How did the nurse demonstrate good non-verbal communication?*
 - e. *What good practices did the nurse demonstrate when Maria did not disclose violence?*

Activity: Role play asking about violence

- *Break into groups of 3*
- *Decide who will be the patient, the health provider, the observer*
- *The patient reads the scenario to themselves*
- *The health provider gives the appropriate care and asks the relevant questions*
- *The observer looks at the handout and provides feedback on the health provider's approach*

Important messages

- Pay attention to non-verbal communication and building rapport
- Ensure privacy
- Obligation to help child victims
- If she does not disclose – provide information, build trust, follow up
- Keep practising the skills you learned

? Ask your lecturer if you have any questions or concerns.

Module 4 Handouts

<p>Handouts</p> 	 Role play scenarios - non-verbal communication (provided by lecturer)  Asking about violence  Role play scenarios – asking about domestic violence (provided by lecturer)
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HU → Husu kona-ba problema

ASK about problems

Build rapport

Establish a good relationship, listen, build trust.

“What brings you here today?”

“What would you like to talk about?”

“What are your main concerns?”

Ensure privacy

Always ask in a private place where others cannot overhear, and when the woman is on her own.

“We would like to (check your weight, collect a urine sample, get a blood specimen, etc). Are you able to come to the examination room so I can explain about it?”

“We normally do the first part of the consultation alone with the client and then the husband/family can be invited in”

Non-verbal communication

- Body language – sit at the same level, face the client, arms uncrossed, reassuring touch
- Facial expression – smile, make frequent and soft eye contact, pay attention to the client, nod to show you understand
- Tone of voice – don’t be rushed; speak calmly, softly, slowly

Types of questions to ASK:

Raise the subject

Simple statements can let women know they are not alone and may help them open up about their own experiences.

“Many women experience problems with their husband or someone else they live with”

“When I see injuries like this I wonder if someone could have hurt you.”

“There seems to be something on your mind”

Open questions

Start with open-ended questions. This allows the woman to answer in her own way and generally elicits more information.

“How is your relationship with your husband/boyfriend?”

“You mentioned that your husband gets (angry/stressed). What happens when he gets angry?”

“Do you have any worries you want to talk about?”

Specific questions

They have a direct yes/no answer. Used to gain more specific information required for medical treatment, taking a history, and safety planning.

“Have you been afraid of your husband (or boyfriend/someone in your family) at any time in the past year?”

“Does your husband try to control you, for example not letting you have money or go out of the house?”

“Did someone force you to have sex?”

“Have you spoken to anyone about this?”

Types of questions to AVOID:

Do not ask leading questions

Do not direct her into a giving certain answer.

“You agree that getting some professional help is the only way you’re going to start feeling better, don’t you?”

“What happened to your eye, did you walk into the door?”

Do not ask compound questions

Do not ask two or more questions joined together without giving time for her to respond to the previous question.

“Tell me, have you decided on what type of help or referral you would like and whether you want me to contact them for you?”

If she does not disclose about violence:

- Do not pressure her, give her time to decide what she wants to tell you
- Remember to believe her. She may not actually be a victim
- Tell her about services available if her situation changes or someone she knows needs them
- Offer information on the effects of violence on women’s health and children’s health
- Offer her a follow-up visit
- If it’s a child consult with relevant services such as MSSSI OPL, Police VPU, Casa Vida, Fatin Hakmatek

Module 5 – First line support: Respond with empathy, do not blame the victim, protect confidentiality

Learning Objectives	Relevant Competency
5.1 How to listen and communicate empathically with clients	C. Practise woman-centred care and be able to communicate with empathy
5.2 How to do no harm and avoid re-traumatising victims of violence	C. Practise woman-centred care and be able to communicate with empathy D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support
5.3 How to protect a patient's confidentiality and explain its limits	C. Practise woman-centred care and be able to communicate with empathy D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 5 PowerPoint slides
Activities 	 Active listening  Good responses  Responding with empathy
Handouts 	 Midwives' responses to women experiencing violence  Hahu Relasaun communication  Role play scenarios – responding with empathy (provided by lecturer)
Readings 	
Videos 	 Video role play (watch the first part of scene 4)

Module 5: Learning Objectives

At the end of this session students should be able to demonstrate knowledge of:

- How to listen and communicate empathically with clients
- How to do no harm and avoid re-traumatizing victims of violence
- How to protect a client's confidentiality and explain its limits

Review of HaHu ReLaSAuN diak



Respond with empathy

Re → Reasaun empátiku

- Give first line support
- Active listening
- Be empathic
- Avoid victim blaming
- Reinforce her value

Active listening



- Listen with your eyes, ears, and heart
- Give her time
- Learn what is most important to her
- Understand her point of view
- Pay attention to her verbal and non-verbal communication

Active listening

- Acknowledge her feelings - *"that must have been very frightening"*
- Encourage her to keep talking - *"and then what happened?"*
- Allow for silence - *"it's ok, take your time"*
- Let her cry and express her feelings - *"are you ok to continue?"*
- Help her express her needs - *"how can we help?"*
- Summarise and respect her wishes - *"What I am hearing you say is..."*

Empathy

Empathy (GOOD)	Sympathy (BAD)
"I am sorry this has happened to you. Nobody deserves this"	"You poor thing, that's really sad. What a pity"
"From what you are saying I can understand how you are feeling"	"I understand how you feel, this is what happened to me..."
"I can see you are feeling afraid. What do you think would help you to feel safer"	"Don't be afraid. You are a strong person and I am sure everything will be OK"
Sit with the person while they cry or show sadness	"Don't cry. Everything will be OK"

Activity: Active Listening

- Break into groups of 2
- Recall a challenging situation and tell your partner a story about it, then swap

DON'T BLAME THE VICTIM

La → **Labele fó sala vitima**

- DO NO HARM
- Victim blaming is holding the person responsible for the harm that happened to them
- Examples of victim-blaming questions
- Remember the offender has committed the crime

Other things to avoid

- Do not tell her what she should do
- Do not try to solve her problems
- Minimise distraction and interruptions
- Do not force her to describe frightening details
- Do not persuade her to leave or stay
- Do not bring your own attitudes or judgements
- Do not react with shock or pity
- Never insist that children answer questions

Reinforce her value

- *"Your life and your health are important"*
- *"No one deserves to be hit or feel scared at home"*
- *"Everyone deserves to be safe"*
- *"I am concerned about the effect on your health"*
- *"It's not your fault"*
- Especially important when responding to children

Further considerations when responding to children

- Evolving capacity of the child
- Provide information that is age-appropriate
- Seek informed consent
- Respect the ability of children to make decisions
- Offer choices

Activity: good responses

Read the quotes which were said by midwives interviewed in the 2016 Parteira Kontra Violencia study

Q. Is this an example of good practice or not? Why?

Q. What would a better response have been?

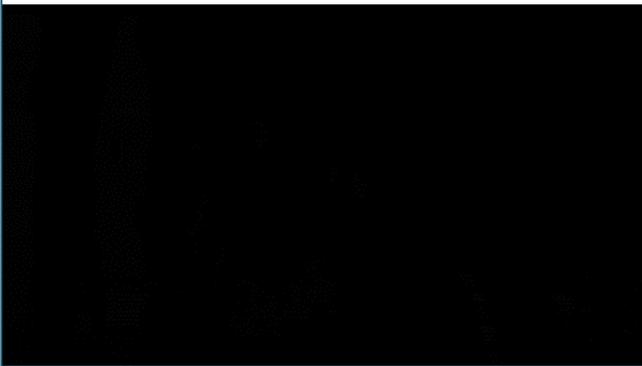
S → Segredu

- Legal requirement to maintain confidentiality
- Especially important for children's safety
- Keep health information private
- Only ask or talk about violence when she is alone, in a private room
- Don't share her story or information with others
- Never try and verify the accuracy of the information
- Keep records in a secure place
- Gain her permission to provide information or give a referral
- Explain to her what confidentiality means and its limit

Limits to confidentiality

- Always explain the limits to confidentiality
- Responsibility to document and report crimes
- If called to testify in court
- Need to give information to staff directly involved in her care
- The victim's wishes and safety should always be prioritised when sharing information
- Before sharing information, always discuss with the victim how and when this will happen

Watch video role play



Activity: Video role play

Q. Discussion questions:

- *How did the nurse deal with confidentiality?*
- *How did the nurse demonstrate active listening and empathy?*

Activity: Responding with empathy

- *Break into groups of 2*
- *Read your scenario to yourself first*
- *Take turns being the health provider and patient*
- *Give each other feedback about how the health providers' response made you feel*

Important messages

- Communication requires verbal and non-verbal skills
- Survivors are often silenced
- Listening and responding with empathy makes them feel heard
- Give time and focus on your client
- Practise conveying empathy, confidentiality and reinforcing her value in your own words

? Ask your lecturer if you have any questions or concerns.

Module 5 Handouts

<p>Handouts</p> 	 Midwives' responses to women experiencing violence  Hahu Relasaun communication  Role play scenarios – responding with empathy (provided by lecturer)
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Midwives' responses to women experiencing violence

Instructions:

1. Read the following quotes which were said by midwives interviewed in the 2016 Parteira Kontra Violensia study
2. After each quote is read, discuss the following questions:
 - Is this considered good practice or not? Why?
 - How could the midwives have responded better?

a. *"Give counselling to the mother to change her behaviour...many times we don't blame only the husband. Sometime we ask the wife why did your husband hit you? If she said something that made her husband feel not good we remind her not to repeat again"* – 25. Midwife, Liquica

b. *"I also help them through advising them how to be a mother. We say to them 'you must be patient because this is our way to be a mother'...If you don't want to get domestic violence, when your husband comes back from work leave him to relax, breath fresh air then tell your problem to him. Some women, their husband just arrives home, they don't even take off their shoes or change their clothes and straight away she tells the problems to him"* – 16. Midwife, Baucau

c. *"The counsellors don't force women to go back to their husbands, but to strengthen what they feel so they can take decisions for their lives. To build their capacity to have confidence, this is really important"* – 23. Domestic Violence Social Worker

d. *"So before they go to the court to sign, our help is we tell them to forgive each other because children need a father. So our help is to encourage with words, how a family that wants to separate can accept each other to live together."* – 12. Midwives FGD, Baucau

e. *"We help with the counselling, give information that as husband and wife we sit together, talk to each other to solve the problem. We don't need other people to know, moreover if the case is known by the police it will make shame for the husband and wife. If there is a problem between husband and wife sit together and solve it."* – 25. Midwives FGD, Liquica

f. *"The important one is we have to make them relax, because actually before they come they faced high stress, sad and crying. Therefore when she goes back she will feel that support which we gave, it will add to her thinking and minimize stress, worry and sadness."* – 5. Midwife, Dili

g. *"The patient who comes with a case of violence, we consider them a normal patient...we don't give other support except treatment for her wounds."* – 2. Midwife, Dili

h. *"Generally, victims who come to us, we always care for them. First of all, we have to secure them; second, treat them if there are any injury or any pain in their body; third, give them counselling; fourth, if she wants to process her case we provide medical forensic examination; fifth, we will refer her to a place if she doesn't want to stay in her house, we have to give her a place through our partners like Fokupers, Casa Vida. After the treatment, if there is any disease or any more injury as a result of the violence, we must ask her to come again to continue her treatment within one week. If after one week she doesn't come, we must call her by phone and go to her place."* – 5. Midwife, Dili

HAHÚ RELASAUN DI'AK

Ha→

·Hatene sinál husi violensia

Physical

Headaches
Abdominal pain
STIs
Unwanted pregnancy
Attempted suicide
Injuries – fractures, bruising, cuts, burns
Injuries - to the head, face, neck, chest, breast, genitals

Behavioural

Nervous, stressed
Mental health issues
Sleeping/eating problems
Alcohol/drug problem
Husband/family do the talking
Anxious with husband
Story not consistent
Delay in seeking care

Signs in children

Distrust of adults
Fear of parents
Fearful when other children cry
Very friendly to strangers
Withdrawn, passive
Delayed speech
Acting like a much younger child

Hu→

·Husu kona-ba problema

Build rapport

“What would you like to talk about?”
“What are your main concerns?”

Ensure privacy

Non-verbal communication
Body language
Make eye contact
Speak softly

Raise the subject

“Many women experience problems with their husband”
“When I see injuries like this I wonder if someone could have hurt you”

Open questions

“How is your relationship with your husband?”
“What happens when you argue?”

Closed questions

“Are you afraid of your husband?”
“Has your husband ever forced you to have sex?”

Re→

·Reasaun empátiku

Acknowledge and reflect her feelings

“That must have been very frightening”
“It sounds like you are feeling very angry”
“I am sorry this has happened to you”

Help her identify her needs

“What do you think is the best thing to do?”
“How can we help?”

Summarise what she said

“What I am hearing you say is...”

Reinforce her worth

“It’s not your fault”
“No one deserves to be hurt by their husband”
“Your life and your health are important”
“Everybody deserves to feel safe at home”
“I am worried about the effect on your health”
“it takes courage to tell your story, thank you for sharing it with me”

La →

·Labele fó sala vítima

Do no harm

Avoid re-traumatising

DO NOT ask victim-blaming questions
“why did he hit you?”
“why don’t you just leave him?”
“did you have an argument before the violence happened?”
“what were you doing there alone?”

DO NOT give advice

“When your husband comes home don’t provoke him”
“You should forgive him because children need a father”

AVOID sympathy and being dismissive

“You poor thing, how sad”
“Don’t cry, every thing will be ok”
“You shouldn’t feel that way”
“You should feel lucky you survived”
“You are a strong person, I’m sure you will be ok”

S →

·Segredu

Only talk about violence when she is alone

Don’t share her information with others

Keep her records in a secure place

Gain her permission to provide info or referral

Tell her what confidential means

“What you tell me I will not share with other people, not even your family”
“The only staff I will share this information with is the doctor looking after you”

Explain the limits to confidentiality

“I have a responsibility to report crimes to the police”
“Before I share your information, I will discuss how and when this will happen”

Au→

·Aumenta seguru

Immediate risk of violence

“Has physical violence increased over the past 6 months?”
“Has he ever threatened you with a weapon?”
“Has he ever tried to strangle you?”
“Do you believe he could kill you?”
“Has he ever beaten you when you were pregnant?”
“Is he violently and constantly jealous of you?”
“Is he violent toward your children?”

Safety planning

“If you need to leave quickly, where will you go?”
“Will you take your children with you?”
“What transport will you use?”
“What things will you take?”
“Can you access money in an emergency?”
“Are there neighbours who can help?”

N →

·Nafatin tau matan

Help her identify her options

“What would be the most help to you right now?”

Discuss her social support

“Who do you feel most comfortable sharing your problems with?”
“Who has authority in your village or family that might be able to help?”

Support her to connect with resources

Police
Fatin Hakmatek
Uma Mahon
ALFeLa
MSS
PRADET
Marie Stopes
FOKUPERS
Alola Foundation
Empreza Diak
RHTO
Xefe Suco/Aldeia

Module 6 – Safety: Danger assessment and safety planning

Learning Objectives	Relevant Competency
6.1 How to assess the level of danger for a woman and her children	C. Practise women-centered care and be able to communicate with empathy D. Demonstrate how to enhance a woman’s safety and provide referral and ongoing support
6.2 How to make a safety plan	D. Demonstrate how to enhance a woman’s safety and provide referral and ongoing support

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 6 PowerPoint slides
Activities 	 Assessing danger  Role play safety planning  Assignment on referral services
Handouts 	 Danger assessment and safety planning  Case study assessing danger  Role play safety planning  Assignment on referral services
Readings 	
Videos 	 Video role play (watch scene 4)

Module 6: Learning Objectives

At the end of this session students should be able to demonstrate knowledge of:

- How to assess the level of danger a woman and her children are in
- How to make a safety plan

Review Hahu Relasaun di'ak



Enhancing Safety

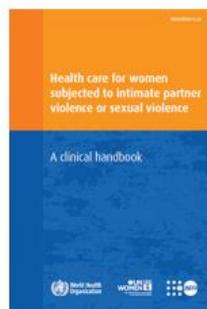
- Understand and believe her
- Help her assess the situation
- Many women have fears about their safety
- Others may not think it will happen again
- An ongoing process of support

Assessing danger

- If she is afraid to go home – take her seriously
- Some women may need help thinking about their safety
- Specific questions to assess risk of serious injury

WHO Clinical Handbook

- Danger Assessment tool



Questions for assessing danger

Women who answer 'yes' to at least 3 of the following questions may be in immediate danger from the perpetrator:

1. Has the physical violence happened more often or gotten worse over the past 6 months?
2. Has he ever used a weapon or threatened you with a weapon?
3. Has he ever tried to strangle you?
4. Do you believe he could kill you?
5. Has he ever beaten you when you were pregnant?
6. Is he violently and constantly jealous of you?
7. Is he violent toward your children?
8. Are the children present when he is violent toward you?

Activity: Assessing danger

- *Break into groups*
- *Read the case study about Natalia and Gerson*
- *Discuss the following questions:*
 - a) Do you think Natalia's life is in danger?*
 - b) What criteria did you use to decide whether her life is in danger or not?*
 - c) What risk factors can you identify in the case study?*

If there is immediate danger

- If there is immediate danger – let her know your concern
- Provide information on options
- Identify a safe place she can go
- Help make a safety plan

Safety plans

- If there is not immediate danger – still do a safety plan
- A safety plan can help women to:
 - Recognize violence and its effects
 - Clarify priorities for safety
 - Identify how to get support

Safety Plan

A safe place	If you need to leave home quickly, where will you go?
A plan for the children	Will you go alone, or will you take your children with you?
Transport	What transport will you use when you leave?
Things you will take	<ul style="list-style-type: none">- Do you need to take anything such as documents, keys, money, clothes, or anything else when you leave? What do you need?- Can you place the things that you need in a safe place? Can you leave these things with someone?
Money	Can you access money if you need to? Where do you keep the money? Can you access it in an emergency?
Support from people that are close	Are there any neighbors that you can tell about the violence, that can help you if they hear violence occurring in your home?

Source: WHO Clinical Handbook 2014

Watch video role play



Activity: Video Role Play

- *Watch scene 4 of the role play*
- *Discussion questions*
 - a. How did the nurse introduce the topic of enhancing safety?*
 - b. How did the nurse convey respect for Maria's decisions?*
 - c. How did the nurse help Maria to make a safety plan?*

Activity: Role play safety planning

- a. *As Merita, what questions did you find useful or not useful?*
- b. *How realistic did you think the safety plan was?*
- c. *As the health provider, what was most difficult about this exercise?*
- d. *As the health provider, how did you feel at the end of the discussion with Merita?*

Assignment: Referral services

Visit referral services and develop a presentation:

1. Form into 3 or 4 groups
2. Decide which service you would like to visit
3. Arrange a time to visit and ask them questions
4. Develop a presentation to deliver next week

Important messages

- Danger assessment identifies immediate safety needs
- Trust your client if she feels in danger and find help
- Do a safety plan so women and children know how to get help
- Provide referrals that respond to her needs
- Remember to listen and be empathic when asking questions

? Ask your lecturer if you have any questions or concerns.

Module 6 Handouts

<p>Handouts</p> 	<ul style="list-style-type: none"> Danger assessment and safety planning Case study assessing danger Role play safety planning Assignment on referral services
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Assessing danger

- Some women will know when they are in immediate danger and are afraid to go home. If she is worried about her safety, take her seriously.
- Other women may need help thinking about their immediate risk.
- It is important to find out if there is an immediate and likely risk of serious injury.

The danger assessment questions listed below are to assess immediate risk of violence. If women answer 'yes' to at least 3 of the following questions their life may be in immediate danger:

1. Has the physical violence happened more often or gotten worse over the past 6 months?
2. Has he ever used a weapon or threatened you with a weapon?
3. Has he ever tried to strangle you?
4. Do you believe he could kill you?
5. Has he ever beaten you when you were pregnant?
6. Is he violently and constantly jealous of you?
7. Is he violent toward your children?
8. Are the children present when he is violent toward you?

- If she is in immediate danger you can say "I'm concerned about your safety. Let's discuss what to do so you won't be harmed".
- It may not be safe for her to return home.
- Provide information on options such as contacting the police or make arrangements to stay at a safe house.
- If that is not possible, work with her to identify a safe place she can go such as a friend's home, her family, church, or stay overnight at the hospital
- Help to make a safety plan

Safety planning

- Questions you can ask her to help her make a plan:

Safe place to go	If you need to leave your home in a hurry, where could you go?
A plan for the children	Would you go alone or take your children with you?
Transport	How will you get there?
Things you will take with you	What would you need if you left? What is essential? Items to suggest: documents, keys, money, clothes Do you have a safe place for those items?
Money	Do you have access to money if you need to leave? Where is it kept? Can you get it in an emergency?
Support of someone close by	Is there anyone nearby you feel could be helpful? Can they come with assistance/call police if they hear sounds of violence? Can you leave important items with them?

Other safety suggestions

- If an argument seems unavoidable, try to have it in a room or an area that you can leave easily
- Stay away from any room where weapons may be available (e.g. the kitchen). If possible, get the weapons outside your home
- Practice how to get out of your home safely. Identify which doors, windows would be best
- Devise a code word or sentence to use with your children, family, friends and neighbours when you need emergency help or want them to call the police
- Talk to children about what to do and where to go for help in the case of a violent incident and rehearse an escape plan with them
- Know/memorise phone numbers for the police and organisations that provide help in the area
- Remember, you do not deserve to be hit or threatened

Ongoing assessment

➤ Women's circumstances and safety needs change. Assessing and planning for safety is an ongoing process not just a one-time conversation. These are suggested questions for the ongoing conversation assessing a woman's safety:

- How is your relationship? What happens when you argue?
- What happens when he gets angry?
- How safe do you feel?
- Are you afraid of your husband?
- Sometimes husbands use physical force. Is this happening to you?
- Has your partner ever physically threatened to hurt you?
- How do you feel about going home today?
- Have you ever been threatened with a weapon?
- Has the violence been escalating?

Case study: Assessing Danger

1. Read the case study: Natalia and Gerson

Natalia has been married to her husband, Gerson, for one and a half years. For both of them this is their second marriage. They both have children from their previous marriage but only the five year old daughter of Natalia's lives with them. Natalia's other children are grown up and live on their own and Gerson's children live with his ex-wife.

Before they got married, Gerson was charming and polite to his wife. But soon after the wedding he became very controlling and tried to prevent her from visiting her family or going out with friends. He wanted her to account for every minute she is out of the house and if she comes back from work later than usual, he explodes and accuses her of being a bad wife and of sleeping around with her colleagues. Natalia, who is an educated woman and works full-time, does not put up with his behaviour and does not submit to his orders. As his controlling behaviour and possessiveness gets worse, she tells him she wants a divorce.

From that moment on he starts to threaten that he will kill her and threatens that he will kill her children. Despite the threats, Natalia files for a divorce. When he finds out he beats her and threatens to kill her if she does not withdraw the petition for divorce. Natalia reports the physical violence and threats to the police. The police become involved and remove Gerson from the house so they can talk to him. However Natalia decides to move out of the family home with her daughter as by now she is very afraid of her husband. Gerson continues to be violent. He follows her to her work place and threatens her there as well. He says he will kill her and then he will flee out of the country and that her case will be in the newspaper. Natalia reports the threats to the police again who consult with prosecution office and decide not to arrest Gerson.

2. Discuss the following questions

- a. Do you think Natalia's life is in danger?
- b. What criteria did you use to decide whether her life is in danger or not?
- c. What risk factors can you identify in the case study?

Role play safety planning

Instructions:

1. Break into groups of two, one will be the patient, Merita, and one will be the health provider
2. Read the case study and take turns being Merita and the health provider
3. As the health provider, use the handout on 'danger assessment and safety planning' to identify with Merita the level of danger she is in and assist her in developing a safety plan

Case study:

Merita has arrived at the health centre with her two young children. She has soft tissue injuries to her upper arms where she has been held down by her husband and she also has abrasions around her neck where he has tried to strangle her with the handles of her basket. She tells the health provider that she has been beaten by her husband.

Assignment for module 8: Referral services

Assignment: In preparation for module 8 topic on referral services, you should visit a referral service for women and children subjected to violence, ask them some questions and develop a presentation to share with the larger group

Instructions:

1. Form into 3 or 4 groups (groups will have 2-7 students depending on numbers in the class)
2. Decide which service each group will visit so there is no double-up (i.e. ALFeLa, Policia VPU, PRADET, Fatin Hakmatek, Fokupers, Casa Vida, MSSSI, Child protection, Alola Foundation, disability organisations and others)
3. The group should arrange a time to visit the organisation during the next week and find out information about:
 - a) the services they provide to women and children who have been subjected to violence, or other vulnerable people
 - b) districts in which they work
 - c) contact details and written information (i.e. a brochure) to share with the class
 - d) How a health provider makes a referral to the service (do they phone, or do they have to write a referral letter?)
 - e) biggest challenges in their work
 - f) opportunities for working together with health and other services to help victims in the future
4. Develop a 5 minute presentation about this service (brochure, poster, PowerPoint, video) and present back to the larger group in module 8

Module 7 – Sexual assault and documentation: Clinical care for sexual assault victims and documenting domestic violence, sexual assault and child abuse

Learning Objectives	Relevant Competency
7.1 Good clinical care for sexual assault victims	C. Practise women-centered care and be able to communicate with empathy D. Demonstrate how to enhance a woman’s safety and provide referral and ongoing support
7.2 How to carefully and confidentially document information about domestic violence, sexual assault and child abuse	D. Demonstrate how to enhance a woman’s safety and provide referral and ongoing support
7.3 When and how to refer for a medical forensic examination	D. Demonstrate how to enhance a woman’s safety and provide referral and ongoing support E. Practise self-care and collaboration with colleagues

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 7 PowerPoint slides
Activities 	 Positive coping strategies
Handouts 	 Clinical care for sexual assault  Mental health support
Readings 	 Medical forensic protocol
Videos 	 Video role play (watch scenes 4-6)

Module 7: Learning Objectives

At the end of this session students should be able to demonstrate knowledge of:

- Good clinical care for sexual assault victims
- How to carefully and confidentially document information about domestic violence, sexual assault and child abuse
- When and how to refer for a medical forensic examination

Recommended Clinical Care for Survivors of Sexual Assault

- Supportive response (ReLaSAuN)
- Treat injuries or refer
- Assess HIV PEP needs
- Assess emergency contraceptive needs
- STI prophylaxis/treatment
- Mental health support; assess for self-harm
- Written information on coping strategies
- Referrals to services
- Appointment for ongoing care

Treat physical injuries or refer

- Refer for severe conditions
- Complications requiring urgent hospital care:
 - Extensive injury
 - Cannot speak or walk
 - Trouble breathing
 - Sepsis, swelling joints on one side of the body
- Recent assault should be documented by a medical forensic examiner

Prevent HIV: Post-Exposure Prophylaxis (PEP)

- Increased risk of HIV if:
 - Forced sex in the anus
 - Vaginal or anal trauma
 - Ejaculation inside the body
 - Many perpetrators
 - The perpetrator visits sex workers
 - The perpetrator is from a country with high HIV prevalence
- Prevention medication within 72 hours
- Refer HIV doctor or HIV focal point

Prevent Unwanted Pregnancy: Emergency Contraception

- Prevents pregnancy
- Does not harm an existing pregnancy
- Taken within 5 days
- Assessment should consider:
 - current contraception
 - condom use
 - ejaculation
- Refer to PRADET Fatin Hakmatek or Marie Stopes

Prevention and Treatment of STIs

- Common Sexually Transmitted Infections (STIs) – Chlamydia, Gonorrhoea and Trichomoniasis
- Spread by vaginal, anal or oral sex
- Symptoms – discharge, pain urinating, itching, redness, smell
- Usually mild and appear 1-3 weeks after becoming infected
- Antibiotics for prevention and treatment
- Blood test for Hepatitis B, Syphilis and HIV
- Refer to STI nurse

Providing these services is important for women's lives

- HIV, STI, unwanted pregnancy are life-changing for women
- Prevention is very important for women's lives
- Know what medicines are available or where they can be accessed
- Be aware of mental health services and how to refer

Mental Health and Self-harm

- Victims need emotional support
- There are many negative reactions
- Do not blame her
- Offer basic psychosocial support
- Ask how she is feeling
- Ask whether she has had thoughts of self-harm
- Note if she is agitated, violent, distressed or uncommunicative
- If so, she should not be left alone, refer immediately

Coping Strategies

- Build on her strengths and abilities
- Continue normal activities
- Regular physical activity
- Regular sleep schedule
- Avoid using alcohol or drugs
- Recognise thoughts of self-harm
- Good social support is important

Activity: Positive coping strategies

Q. What types of things can women do to reduce stress and trauma?

Referral and Ongoing Care

- Give information:
 - that sexual assault is a crime
 - how to prevent HIV, STI, pregnancy
 - about organisations that can help
 - to the police/medical examiner
- Do a warm referral
- Organise a follow-up appointment

Documenting domestic violence, sexual assault and child abuse

- Part of a health provider's role
- Always document basic information
 - history
 - health problems and injuries
 - safety assessment
 - follow-up plans
- Recent assault should be documented by a medical forensic examiner
- Medical Forensic Protocol

Why is documentation important?

- Reminder to reassess for violence or trauma
- Evidence for the prosecution of crimes
- Evidence of repeated abuse means harsher penalties

Before you document

- Ensure safety, privacy and confidentiality
- Tell her what you would like to write down and why
- Ask for consent
- Do not write things she doesn't want documented

What to document

- Details of the assault, using her words
- Health problems and injuries
- Physical examination and emotional condition
- Safety assessment
- Follow-up plans

Injury documentation

- Type of injury
- Description
- Location on body
- Cause
- Consequences
- Treatment provided

Preserving confidentiality

- Do not write anything where it can be seen by others
- Be cautious about what you write and where
- Keep a copy of her documentation safe

Watch video role play



Activity: Video role play

- *Watch scenes 4-6 of the role play*
- *Discussion questions:*
 - a. What information about Maria did the nurse document?*
 - b. Why did the nurse refer Maria to a medical forensic examiner?*
 - c. How did the nurse deal with confidentiality of the written records?*

Important messages

- Taking a history is important for treatment and care
- Need her consent before examination or taking a history
- Explain what will happen and answer questions
- All documentation must be kept private
- Look after physical and emotional health and plan for follow up
- Good documentation is important for evidence
- Consult with colleagues if you are unsure or feeling overwhelmed
- Read MSS referral guidelines for next week – pg.17-19

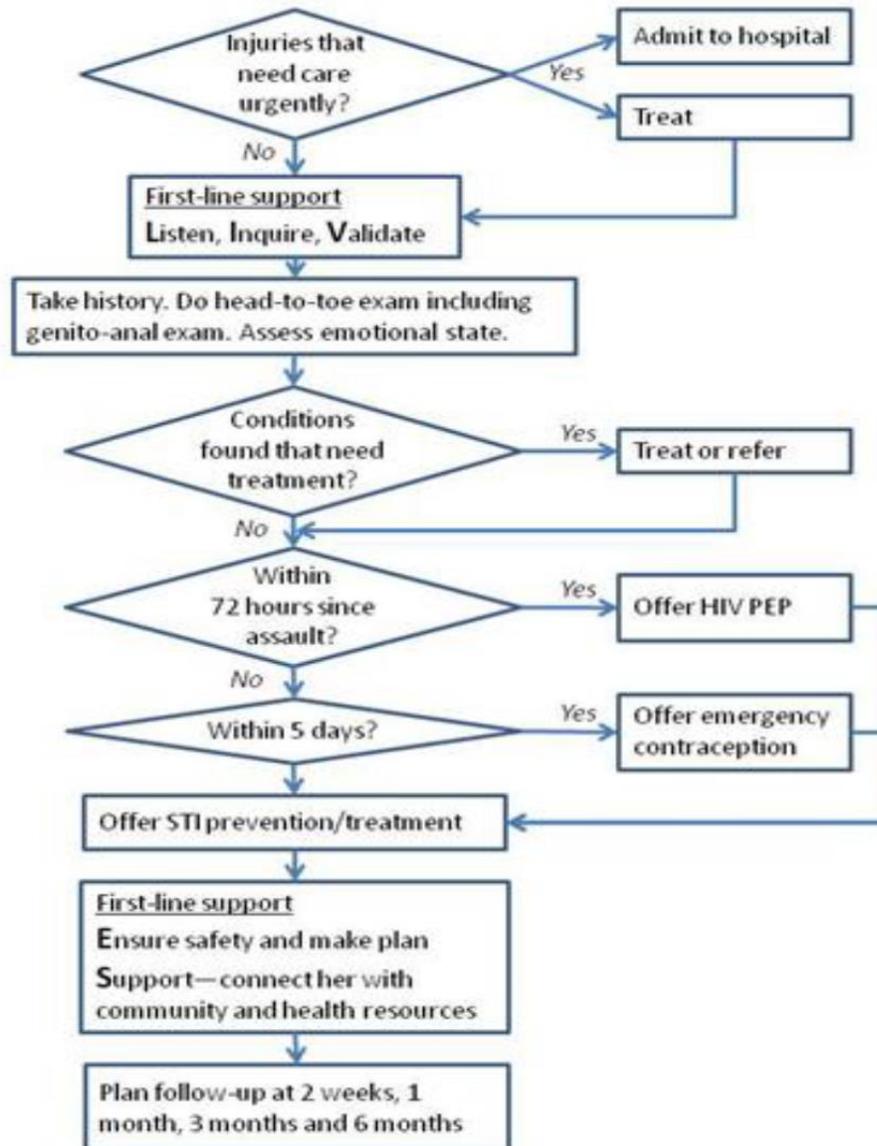
? **Ask** your lecturer if you have any questions or concerns.

📖 **Complete the reading** in preparation for next module “MSS Standard operating procedures for case management and coordination to assist victims of domestic violence, sexual violence and other forms of violence against women and children” (pg. 17-19, found in the list of readings)

Module 7 Handouts

<p>Handouts</p> 	<p> Clinical care for sexual assault</p> <p> Mental health support</p>
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Recommended Clinical Care for Survivors of Sexual Assault



Source: WHO Clinical Handbook

Mental Health Support and Coping Strategies

There are key protective factors that help people who have experienced violence and trauma. Evidence shows that people generally do better over the long term if they:

1. Feel safe, connected to others, calm and hopeful
2. Have access to social, physical and emotional support
3. Regain a sense of control by being able to help themselves

Additional care for mental health

Many women who are subjected to domestic or sexual violence will have emotional or mental health problems. Once the violent assault or situation passes, these emotional problems will likely get better. Most people recover. There are specific ways you can offer help and techniques you can teach to reduce women's stress and help them heal.

Some women, however, will suffer more severely than others. It is important to be able to recognise these women and to help them obtain care. If such help is not available, there are things that first-line health providers can do to reduce their suffering.

Basic psychosocial support

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

- Offer first-line support at each meeting (ReLaSAuN)
- Never blame her, remind her and others that the assault is not her fault
- Explain that she is likely to feel better with time
- Help strengthen her positive coping methods (see below)
- Explore the availability of social support (see below)
- Teach and demonstrate stress reduction exercises (see handout on Relaxation Techniques, these can be copied and given to the woman to take home, if that is safe).
- Make regular follow-up appointments for further support.

Source: 2014 WHO Clinical Handbook

Strengthen her positive coping methods

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

Encourage her to:

- Build on her strengths and abilities. Ask what is going well currently and how she has coped with difficult situations in the past.
- Continue normal activities, especially ones that used to be interesting or pleasurable.
- Engage in relaxing activities to reduce anxiety and tension.
- Keep a regular sleep schedule and avoid sleeping too much.
- Engage in regular physical activity.
- Avoid using self-prescribed medications, alcohol or illegal drugs to try to feel better.
- Recognise thoughts of self-harm or suicide and come back as soon as possible for help if they occur

Encourage her to return if these suggestions are not helping.

Explore the availability of social support

Good social support is one of the most important protections for any woman suffering from stress-related problems. When women experience abuse or violence, they can be wrongly blamed for the abuse and often feel cut off from normal social circles.. This may be because they lack energy, feel ashamed or are stigmatised by their family/community

You can ask:

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

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

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

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

- Community centres
- Self-help and support groups
- Income-generating activities and other vocational activities
- Formal/informal education.

Module 8 – Ongoing support: Know your referral network

Learning Objectives	Relevant Competency
8.1 The diverse needs of women and children experiencing violence	C. Practise woman-centred care and be able to communicate with empathy D. Demonstrate how to enhance a woman’s safety and provide referral and ongoing support
8.2 Social services available to help victims of violence and other vulnerable people	D. Demonstrate how to enhance a woman’s safety and provide referral and ongoing support
8.3 Other sources of help in the community	D. Demonstrate how to enhance a woman’s safety and provide referral and ongoing support
8.4 How to link clients to support and provide a warm referral	D. Demonstrate how to enhance a woman’s safety and provide referral and ongoing support E. Practise self-care and collaboration with colleagues

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 8 PowerPoint slides
Activities 	 Student presentations on referral services (or guest presenter from referral services)  Role play warm referral  Support for children
Handouts 	 Role play scenarios – warm referral (provided by lecturer)  Case study support for children  Referral information  Disability referral poster
Readings 	MSS Standard Operating Procedures (pg 17-19 in English and pg. 18-20 in Tetum)
Videos 	 Video role play (watch scene 4)

Justice

- ALFeLa
- Public prosecutor
- Public defender
- Tribunal
- JSMP

Fatin Hakmatek

- For victims of domestic violence, sexual assault, child abuse, abandonment and human trafficking
- Provides safety, care and treatment
- Referral network across all districts



Photo: Fatin Hakmatek Oili

Refuges (Uma Mahon)

- A secure place for women and children
- Receives referrals
- Provides accommodation and essential items
- Examples of refuges for women and children in Timor-Leste

Disability services

- People with a disability are more at risk of violence
- May need help from other services
- Many organisations are available to support people with different disabilities
- See handout



Other Organisations

- PRADET
- Marie Stopes
- Empreza diak
- RHTO
- Alola
- FOKUPERS

Non-formal Groups

- Every place has different resources
- Communities and extended family can help keep people safe
- Additional help from good people:
 - Xefe suco
 - Xefe aldeia
 - Family
 - Lia na'in
 - Church (madre, padre)
- Be aware of gender inequality and justice for victims

Activity: Presentations

- Student presentations or guest speaker

What does it mean to “know” a resource?

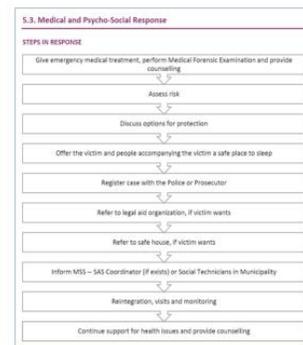
- Know someone at the service
- What services are provided
- Written information to give

Strengthen the network

- Maintain relationships with other services through:
 - Attending events
 - Cross-training together
 - Information-sharing

“One day the police car was out of fuel so we gave them money for fuel. If we have activities we pay attention to their food, so this makes our relationship go well. We feel safe anywhere, if we need them we just contact them and they arrive quickly.” – 23. Domestic Violence Social Worker, Baucau

Steps in a response



Referral and support

- Discuss needs
- Share information
- Support women to connect with other resources
- Make a ‘warm referral’

Warm Referral

- Actively help a woman access the service
- Explain what the service provides
- Explain what will happen when you call
- Offer to call for/with her

Activity: Warm referral

1. Break into groups of 3
2. Decide who is the patient, health provider and observer
3. The patient reads the case study and explains their situation to the health provider
4. The health provider listens, offers support, treatment and information about appropriate services
5. The health provider should offer to make a warm referral based on what the patient wants to do
6. The observer provides feedback based on Hahu Relasaun, and the list of referral services in the handout

Follow-up

- Make another appointment
- See the same health provider
- If she does not attend the next appointment make confidential enquiries
- Connect with the agency you referred her to
- Good documentation is important

What if she refuses a referral?

- Do not pressure her
- Inform her of her rights and your responsibility
- Do a safety plan
- Tell her about services
- Offer information on the effects of violence
- Make another appointment

Activity: Support for children

- Read the case history of Julia
- Answer the questions as a group:
 - a. Is the health worker right to say a crime of child sexual abuse has been committed?
 - b. What should the health worker do next?
 - c. Should the health worker report the situation to the police if the parents refuse to file charges?
 - d. If Julia had not told the health worker about her uncle, what should the health worker have done?
 - e. How can Julia be supported?
 - f. How can Julia's mother be supported?
 - g. What are the 2 most important messages that you found in this case history?

Watch video role play



Activity: Video role play

1. What types of problems might Maria need help with?
2. What organisations does the nurse mention can provide support?
3. What does the nurse do when Maria is not ready for a referral?
4. What else could be done to help Maria and her children?

Important messages

- Health providers are responsible for knowing local services and procedures
- Referral starts with identifying a woman's needs and wishes
- Strong referral networks and good practices will help women access the care they need
- Complete the reading for next week – Executive summary Midwives Against Violence report

📌 **Complete the reading** in preparation for next module “Executive summary Midwives Against Violence report” (found in the list of readings)

Module 8 Handouts

<p>Handouts</p> 	<ul style="list-style-type: none"> Role play scenarios – warm referral (provided by lecturer) Case study support for children Referral information Disability referral poster
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Case study: support for children

Case study: Julia

Julia, a nine-year-old girl, was brought to the clinic by her mother because of some genital "sores" noticed by the mother the previous day. No history could be obtained from either the mother or the child on how the "sores" could have come about. There was no history of trauma. A health worker examined Julia. Examination showed Julia to have vulval warty looking lesions highly suggestive of condylomata lata of secondary syphilis. A rapid blood test confirmed syphilis.

A senior health worker asked if she could speak to Julia by herself, without the mother. She took Julia to a quiet place. After about 20 minutes she found out that an uncle (the father's brother) had often looked after Julia when her parents went away. He gave her sweets and sometimes money, played games with her and "teased" Julia by touching her genital area and making her sit on his lap, even when he was naked. He had told her that this was just a "secret game" between him and her and Julia should not tell anyone else.

The mother was informed of this "game" and that a serious crime of sexual abuse had been committed. The mother cried and said she did not believe Julia. Julia was a difficult child, naughty and often told lies. The uncle was a kind man, offering to look after Julia, and even buying her pretty clothes. She said she did not want to contact the police or OPL because the uncle might go to prison. Her husband's family would be very angry with her.

Answer the following questions:

- a. Is the health worker right to say a crime of child sexual abuse has been committed?

Answer: _____

- b. What should the health worker do next? Answer: _____

- c. Should the health worker report the situation to the police if the parents refuse to file charges?

Answer: _____

- d. If Julia had not told the health worker about her uncle, what should the health worker have done?

Answer: _____

- e. How can Julia be supported? Answer: _____

- f. How can Julia's mother be supported? Answer: _____

- g. What are the 2 most important messages that you found in this case history?

Answer: _____

Rede Referál Fornesador Servisu

Violéncia Doméstika, Violéncia Seksuál, Abuzu ba Labarik

Se karik Ita-Boot hetan violéncia, Ita-Boot iha direitu ba ajuda no protesauun husi polísia, ospítal, fornecedor servisu sira, prokurador no tribunál



Polísia Nasionál Unidade VPU

Hodi hetan protesauun no hato'ó keixa

Nasionál	7709 8860
Dili	7564 1059
Aileu	7711 2047
Ainaro	7626 2940
Baucau	7712 7186 ka 7726 8428
Bobonaro	7718 4092 ka 7745 0498
Covalima	2230013 ka 7533 6220
Ermera	7735 5022
Lautem	7858 6802 ka 7657 3484
Liquica	7726 5681 ka 7831 1113
Manatuto	7718 6011 ka 7769 9069
Manufahi	7788 0739
Oecusse	7859 2881
Viqueque	7728 9826 ka 7834 0940

Ministério da Solidariedade Sosiál (MSS)

Hodi hetan ajuda sosiál

Nasionál	331 0501 331 0219
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PRADET Fatin Hakmatek

Hodi hetan tratamentu médiku, akonsellamentu, fatin seguru temporáriu

Dili	332 1562 7725 4597
Oecusse	7779 9072 7779 5882
Suai	7800 0907
Maliana	7808 8591
Baucau	7735 7099

Uma Mahon

Hodi hetan akonsellamentu, fatin seguru

Uma Mahon Salele	7798 1391
Casa Vida (Dili)	7735 2345
FOKUPERS	332 1534
Uma Paz Baucau	7799 8456
Forum Peduli Wanita Oecusse	7726 8665

Asisténsia Legál ba Feto no Labarik (ALFeLa)

Hodi hetan asisténsia legál

Distritu hotu	331 0282
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Organizaçãun Ne'ebé Servisu Iha Área Defisiénsia

Kria Mundu Ne'ebé Laiha Obstákulu

DIFIENSIA FISIKU

Centro Nacionál de Rehabilitaçãun (CNR)

Fizioterapeuta, terapeuta okupasionál, terapeuta koalía, tékniku ba ortoprotezia no tékniku/espesialista iha manutensaun kadeira roda ninian.
 📍 Becora - Dili
 ☎ 3310373 | 77131205

Centro Rehabilitaçãun Liman Hamutuk

Terápia físiku, edukasaun, saúde no asisténsia ba ema ho defisiénsia.
 📍 Hera - Dili
 ☎ 77234230 | 77006305 | 77234230

Klibur Domin

Terápia físiku, saúde TBC, no defisiénsia.
 📍 Tibar - Liquiçá & Ermera
 ☎ 77233488

DIFIENSIA PSIKOSOSIÁL

Centro João de Deus

Kounseling, rehabilitasaun ba defisiénsia psikososiál.
 📍 Lacclubar - Manatuto

PRADET

Akompañamentu no kounseling, rehabilitasaun ba defisiénsia psikososiál.
 📍 Bidau (HNGV) Dili
 ☎ 77240331 | 78043103 | 3321562

DIFIENSIA MATAN

Asosiasaun Halibur Defisiénsia Matan Timor-Leste (AHDMTL)

Edukasaun espesiál no promove direitu ba ema ho defisiénsia matan.
 📍 Manleu - Dili & Maliana - Bobonaro
 ☎ 77947869 | 7733817

East Timor Blind Union (ETBU)

Edukasaun espesiál ba ema ho defisiénsia matan.
 📍 Becora - Dili
 ☎ 77820909 | 77996950

Fundasaun Fuan Nabilan

Formasaun no edukasaun inkluzivu ba ema ho defisiénsia matan ho tipu oi-oin iha Munisípiu Manufahi.
 📍 Manufahi
 ☎ 77403856 | 77280035

Optical Fo Naroman Timor-Leste

Konsulta Matan gratuita, prepara oklu ho folin baratu, hadia oklu, asesóriu seluk.
 📍 Bidau - Dili
 ☎ 77275177

DIFIENSIA TILUN (RONA), INTELEKTUÁL, KOALIA

AGAPE

Eskola espesiál ba labarik no foim-sa'e ho defisiénsia tilun ho koalía.
 📍 Delta1 - Dili & Liquiça
 ☎ 77242039

Alma Sisters

Terapia ba labarik ho defisiénsia intelektual no edukasaun.
 📍 Bebonuk - Dili
 ☎ 78000772 | 3313024

Klinika Uma Itan Nian Santu Francisco de Assis

Edukasaun, terapia ba labarik defisiénsia intelektual no saúde.
 📍 Aileu
 ☎ 78369475

Putri Maria dan Yosef (PMY)

Edukasaun no terapia mimiku ba labarik ho defisiénsia tilun.
 📍 Baucau
 ☎ 73336478 | 78240551

ADVOGADO BA EMA HO DIFIENSIA

Halibur Difisiénsia Rai-Husar Aileu (HDRHA)

Defende direitu sidadaun fetu no labarik.
 📍 Aileu
 ☎ 77122385 | 76693999

MORAS LEPROA

Timor-Leste Leprosy Mission

Edukasaun ba ema ho lepra, no prevensaun lepra, promove oportunidade ekonomia ba ema ho lepra.
 📍 Balide - Dili & 13 Munisípiu
 ☎ 77005358 | 3310456

ADVOKASIA, EDUKASAUN, PROMOVE OPORTUNIDADE EKONOMIA BA EMA HO DIFIENSIA

AHISAUN

Edukasaun ho artezenato.
 📍 Dili, Metinaro, Ermera & Manufahi
 ☎ 77427544 | 3310517

Asisténsia Legal ba Feto no Labarik (ALFeLa)

Asisténsia legal, edukasaun no advokasia kona-ba fetu no labarik asesu ba sistema justisa.
 📍 Vila Verde - Dili
 ☎ 77348424 | 77391979

Asosiasaun Defisiénsia Timor-Leste (ADTL)

ADTL organizaçãun salurik ida ba organizaçãun sira ne'ebé hari'i rasik hosi ema ho defisiénsia ho organizaçãun naun-lukruativu sira ne'ebé servisu ba ema ho defisiénsia iha Timor-Leste.
 📍 Dili
 ☎ 77392101 | 76628663

KATILOSA

Edukasaun no promove oportunidade ekonomia ba ema ho defisiénsia liu hosi prodúz matéria artezenato ba fa'an.
 📍 Baucau

Ra'es Hadomi Timor Oan (RHTO)

Edukasaun, advokasia no promove oportunidade ekonomia ba ema ho defisiénsia no sira nia família.
 📍 Dili & 13 Munisípiu
 ☎ 3310540

Sentru Defisiénsia Enclave Oecusse

Edukasaun, advokasia no promove oportunidade ekonomia.
 📍 Oecusse
 ☎ 77429216 | 76222343

Sentru Deficiente Uatucarbau (SEDU)

Sentru informasaun no sentru asisténsia sosiál ba ema ho defisiénsia.
 📍 Uatucarbau - Viqueque
 ☎ 77897908 | 75425796



Module 9 – Self-care and review: Looking after each other and system supports

Learning Objectives	Relevant Competency
8.1 How to look after the physical and emotional health, and safety of themselves and colleagues	E. Practise self-care and collaboration with colleagues
8.2 Factors in the health system that contribute to good practice and safety for clients and staff	D. Demonstrate how to enhance a woman's safety and provide referral and ongoing support E. Practise self-care and collaboration with colleagues

Content and Modality

Learning mode	Resources
Session length 	 2 hours
Didactic 	 Module 9 PowerPoint slides
Activities 	 Relaxation techniques  Patient and staff safety  Discussion about personal safety  Looking after colleagues  Review key learning
Handouts 	 Relaxation techniques  Case study – patient and staff safety  Poster – health providers are here to help  Post-training questionnaire (provided by lecturer)
Readings 	 Executive summary <i>Midwives against violence</i> report
Videos 	 WHO video Violence against women: Strengthening the health system response

Module 9: Learning Objectives

At the end of this session students should be able to demonstrate knowledge of:

- How to look after their physical and emotional health, and safety of themselves and colleagues
- Factors in the health system that contribute to good practice and safety for clients and staff

Why self-care is important

- Asking leads to more disclosures
- Vicarious trauma
- Negative feelings
- May trigger memories or emotions
- Need to be well to be able to help
- Being a good example

Looking after ourselves

- Work, rest, play balance
- Regular exercise and sleep
- Eat well
- Spend time with friends
- Distraction, escape
- Meditation/relaxation/breathing exercises
- Prayer
- Talk with trusted colleagues and managers

Activity: Relaxation techniques

1. *Slow breathing technique*
2. *Progressive muscle relaxation technique*

Staff safety

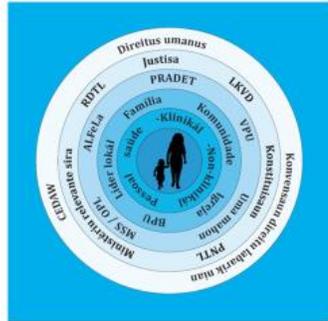
- Your human right not to be assaulted
- Risk management procedures in place
- Have support mechanisms and resources available
- Support colleagues
- Routine debriefing for challenging cases

Activity: Patient and Staff Safety

Read the case study and discuss the following questions

1. *What steps do you need to take to ensure both the safety of your patient and of you and other staff?*
2. *What tasks need to be done by yourself or the other staff?*
3. *Is there anything you could do differently next time a patient who has suffered injuries from violence presents at your clinic?*
4. *What could be done to support you and the other staff members?*

Who is responsible for your safety?



Discussion: Personal safety

Q. What strategies can help to keep health providers safe?

Working together to stop violence against women and children



Lately what's happening around the clinic is I'm volunteering to do this work. I bring in other services and talk about responding to violence. They see other people doing good things and it's changing the social atmosphere in this clinic - 7. Domestic Violence Social Worker, Dili

Source: 2018 Perempuan Kontra Kekerasan report

Activity: Looking after colleagues

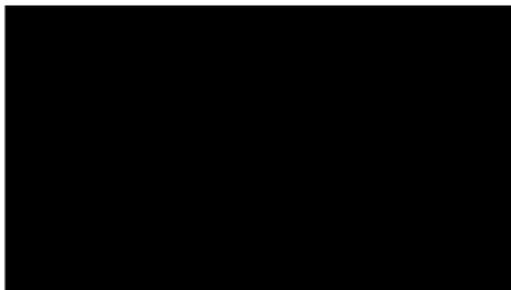
Case study

- Domingas is a nurse who works in Outpatients at the National Hospital. She has become increasingly concerned about one of her colleagues, Dra. Ana, who she suspects is being beaten by her husband. The reasons for her concern is that Dra. Ana is often away on 'sick leave' from work without any clear explanation and she has noticed bruising on her upper arm when her uniform sleeve has not quite covered it. Domingas has also noticed Dra. Ana wincing at times when she goes to get up from a chair when she is not aware that anyone is watching her.

Discussion question

- What should Domingas do?

Video: Violence against women: Strengthening the health system response



https://www.youtube.com/watch?v=Qc_GHITvTml

Activity: Review key learning

Q. What are the main things you learned throughout this course?

? Ask your lecturer if you have any questions or concerns.

 **Post-training questionnaire:** Please complete the questionnaire and leave it at the front of the class. Your responses are not part of your assessment, they will be used to inform and improve future trainings.

Module 9 Handouts

<p>Handouts</p> 	<ul style="list-style-type: none"> Relaxation techniques Case study – patient and staff safety Poster – health providers are here to help Post-training questionnaire (provided by lecturer)
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Relaxation Techniques

Slow breathing technique

1. Sit with your feet flat on the floor. Put your hands in your lap. After you learn how to do the exercises, do them with your eyes closed. These exercises will help you to feel calm and relaxed. You can do them whenever you are stressed or anxious or cannot sleep.
2. First, relax your body. Shake your arms and legs and let them go loose. Roll your shoulders back and move your head from side to side.
3. Put your hands on your belly. Think about your breath.
4. Slowly breathe out all the air through your mouth, and feel your belly flatten. Now breathe in slowly and deeply through your nose, and feel your belly fill up like a balloon.
5. Breathe deeply and slowly. You can count 1-2-3 on each breathe in and 1-2-3 on each breath out.
6. Keep breathing like this for about two minutes. As you breathe, feel the tension leave your body.

Progressive muscle relaxation

1. In this exercise you tighten and then relax your body. Begin with your toes.
2. Curl your toes and hold the muscles tightly. This may hurt a little. Breathe deeply and count to 3 while holding your toe muscles tight. Then, relax your toes and let out your breath. Breathe normally and feel the relaxation in your toes.
3. Do the same for each of these parts of your body in turn. Each time, breathe deeply in as you tighten the muscles, count to 3, and then relax and breathe out slowly.
 - Hold your leg and thigh muscles tight...
 - Hold your belly tight...
 - Make fists with your hands...
 - Bend your arms at the elbows and hold your arms tight...
 - Squeeze your shoulder blades together...
 - Shrug your shoulders as high as you can...
 - Tighten all the muscles in your face...
4. Now, drop your chin slowly toward your chest. As you breathe in, slowly and carefully move your head in a circle to the right, and then breathe out as you bring your head around to the left and back toward your chest. Do this 3 times. Now, go the other way...inhale to the left and back, exhale to the right and down. Do this 3 times.
5. Now bring your head up to the centre. Notice how calm you feel.

Case study: Patient and staff safety

Case study:

You are working in a community health centre and a woman is brought in by the police for examination and treatment. The police were unable to take her directly to the hospital as they did not have enough fuel in their truck. The patient is 26 years old and has been sexually and physically assaulted and she is semi-conscious. You quickly assess that she needs to be triaged and transferred to the local hospital to best manage her head injury. You do what you need to do to stabilise her, document carefully and make arrangements for the transfer (by ambulance, taxi or truck depending on what is available). Once this arrangement has been confirmed the police leave and you stay with your patient to continue to monitor her and reassure her as she drifts in and out of consciousness, as you wait for transport. All of a sudden a man enters the clinic, he is drunk and angry and is the husband of your patient. He demands that his wife must leave with him now. There are two other female staff present and you have noted that the man has a knife. Your immediate thoughts are for the safety of your patient and staff.

Discuss the following questions amongst the group:

1. What steps do you need to take to ensure both the safety of your patient and of you and other staff?

Answer: _____

2. What tasks need to be done by yourself or the other staff?

Answer: _____

3. Is there anything you could do differently next time a patient who has suffered injuries from violence presents at your clinic?

Answer: _____

4. What could be done to support you and the other staff members?

Answer: _____

5. What resources should there be for staff to get that support?

Answer: _____

Everyone deserves to be safe

Emá hotu-hotu merese atu hetan seguru

Health providers are here to help - *Fornesedór saúde sira iha ne'e atu ajuda*

Domestic violence is a crime in Timor-Leste

People who commit physical, sexual, economic or psychological violence toward their family members can be prosecuted under the law. **VIOLENCE HARMS YOUR HEALTH AND YOUR CHILDREN'S DEVELOPMENT** - it causes stress, depression, injury, miscarriage, premature birth and many other long-term health problems.

Violência doméstica nu'udar krime ida iha Timor-Leste

Emá sira ne' ebé mak halo violénsia fíziku, seksuál, ekonómika ka psikolójiku hasoru sira nia família bele hetan julgamentu tuir lei ne'ebe iha. **VIOLENSIA ESTRAGA ITA-NIA SAÚDE NO ITA NIA OAN SIRA NIA DEZENVOLVIMUNTU** - Violensia halo ita hetan presau, depresaun, kanek, abortus, bebe moris ho prematur no problema saúde seluk ne'ebe sei mosu iha longu prazu.



We provide treatment and support for victims

Ami fornese tratamentu no apoiu ba vítima sira



We will keep your information confidential

Ami sei rai didiak ita boot sira nia informasaun ho konfidensiál



We can help to increase safety

Ami bele tulun atu aumenta ita boot sira nia seguransa



If you like, we can assist in contacting other services you need

Se Ita boot sira hakarak, ami bele ajuda atu kontaktu ba asistensia servisu seluk ne'ebé ita presiza

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