



# Integrating Gender-Based Violence Response into Family Planning and Reproductive Health Service Delivery

—Day 2—



পরিবার পরিকল্পনা অধিদপ্তর

# Welcome Back

## TODAY'S OBJECTIVES

- Develop foundation skills in GBV-responsive FP and SRH service provision, disclosure response, and referrals to comprehensive GBV services.
- Develop knowledge and foundation skills on GBV case recording, reporting, and referral confirmation.

# Module 3

## GBV-Responsive FP and SRH Service Provision

## MODULE 3 | SESSION A

# GBV-Responsive Counseling in FP and SRH

### What You Can Expect to Learn

- The difference between universal counseling versus selective screening for GBV.
- The pros and cons of different FP methods for clients living with intimate partner violence (IPV) and/or reproductive coercion.
- How to demonstrate active listening during client-centered counseling.

# Concept of Counseling

- A two-way interaction between a client and a provider.
- An interpersonal, dynamic communication process that involves a kind of contractual agreement between a client and a counselor who is trained to an acceptable standard and who is bound by a code of ethics and practice.
- A process of dialogue and mutual interaction between counselor and counselee aimed at facilitating problem-solving, motivation, and decision-making of the counselee
- Requires empathy, genuineness, and the absence of any moral or personal judgment.

# Principles of Client-Centered Counseling

- Privacy; ensure audio and visual privacy.
- Take sufficient time.
- Maintain confidentiality.
- Ask the client about their priorities. Listen to their answer.
- Keep it simple; use common language. Avoid overly scientific/technical words.
- First things first: do not cause confusion by giving too much information.
- Say it again; repeat the most important information at the beginning, in the middle, and the end.
- Use available visual aids, like posters and flip charts, etc.
- Seek feedback from the client.

# Counseling with Active Listening

## IT IS IMPORTANT TO:

- Use eye contact, as long as this is culturally acceptable in your particular setting. It shows interest.
- Use open-ended questions. They allow clients to express themselves.
- Check your understanding by summarizing (paraphrasing).
- Nod and use acknowledgment sounds that convey your interest and keep the conversation flowing, but avoid unnecessarily interrupting your client.
- Use a tone of voice that shows interest.
- Listen for feelings as well as facts.
- Limit active note taking and verbally communicate to the client why you are writing things down as they speak.



# Counseling with Active Listening



## DO NOT:

- Interrupt the client unnecessarily.
- Finish the client's sentences.
- Let your mind wander and spend listening time formulating your responses or thinking about your dinner!



# GATHER Approach in FP Counseling

**G Greet**

**A Ask**

**T Tell**

**H Help**

**E Explain**

**R Return**

- **Greet** the client respectfully.
- **Ask** them about their FP needs. Ask if they have any other concerns about their health or safety.
- **Tell** them about different contraceptive options and methods, including information on the FP method's vulnerability to sabotage and degree of partner involvement needed for proper use.
- **Help** them to make decisions about choices of FP methods.
- **Explain** and demonstrate how to use the FP methods.
- **Return**, referring, and scheduling an appropriately timed return visit. Ask the client for their preferred method of follow up communication and seek consent to send texts or make phone calls. Offer information on GBV services and referral availability.

## IPV/ Reproductive Coercion Considerations in FP Counseling

Adapted from WHO's  
Caring for Women  
Subjected to Violence  
curriculum.

Method	Pros	Cons	Discussion Points
<b>Injectable Contraceptive</b>	<ul style="list-style-type: none"> <li>• Does not leave any signs on the skin</li> <li>• No supplies to store</li> </ul>	<ul style="list-style-type: none"> <li>• With two- and three-month types, monthly bleeding often stops after time</li> <li>• Another injection is needed every one, two, or three months, depending on type</li> </ul>	<ul style="list-style-type: none"> <li>• Are you concerned that your partner may track your periods?</li> <li>• Do you think you could go for re-injection visits without fail?</li> </ul>
<b>Implant</b>	<ul style="list-style-type: none"> <li>• Works well for several years</li> <li>• Usually, no follow-up required</li> <li>• No supplies to store</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes can be felt and seen under the skin of arm</li> <li>• May cause spotting or changes in menstrual bleeding (often improves after three months)</li> </ul>	<ul style="list-style-type: none"> <li>• Are you concerned that your partner may track your periods?</li> </ul>
<b>Copper or LNG IUD</b>	<ul style="list-style-type: none"> <li>• Remains out of sight in the uterus</li> <li>• Copper IUD works well for at least 12 years; LNG-IUD, for 3–5 years</li> <li>• Usually, no follow-up required</li> <li>• No supplies to store</li> </ul>	<ul style="list-style-type: none"> <li>• Copper IUD often increases menstrual flow</li> <li>• Hormonal IUD can make period lighter or stop</li> <li>• Caution if women has current STI or high STI risk</li> <li>• Partner may feel ends of strings in cervix</li> </ul>	<ul style="list-style-type: none"> <li>• Are you concerned that your partner may track your periods?</li> <li>• Do you think you may have an STI or are likely to get an STI?</li> </ul>
<b>Pill</b>	<ul style="list-style-type: none"> <li>• Does not leave any signs on skin</li> <li>• Little effect on menstrual bleeding</li> </ul>	<ul style="list-style-type: none"> <li>• Must be taken every day</li> <li>• Pills/packaging must be kept in safe place</li> </ul>	<ul style="list-style-type: none"> <li>• Do you have a safe place to keep the pills?</li> </ul>

# GATHER Skills Practice: Role Plays 1–3



## *Observers should provide feedback on:*

- Did the provider follow the steps and use active listening?
- Did the provider follow client cues to guide discussion and selection of methods?
- Did the provider give information that was GBV-responsive?

## *Clients should give feedback on:*

- Did you feel listened to? Why or why not?
- What did the provider do that was helpful?
- What could the provider have done to make you feel more comfortable?

## MODULE 3 | SESSION B

# Responding to Disclosures of GBV

### What You Can Expect to Learn

- Explain the purpose and value of psychological first aid
- Understanding the role of quality disclosure response in FP settings
- Deliver the first three steps of the LIVES approach to first-line response

# Responding to Disclosures

As FP providers, you may be the first and/or only person this woman has been able to tell about what she is dealing with. **Your response matters.**

## Remember:

- It is never the survivor's fault.
- Everyone deserves to feel and be safe.
- Services and support are available in your district.

# LIV(ES)

## Listen, Inquire, Validate, Enhance safety, and Support

The LIV(ES) mnemonic was developed by the World Health Organization to ensure first line response to violence against women in primary and preventative health care settings.

- **Listen** – Listen closely with empathy, no judgment.
  - **Inquire** – Assess and respond to the client’s needs and concerns – emotional, physical, social, and practical.
  - **Validate** – Show the client you believe and understand them.
- Psychological First Aid**
- **Enhance Safety** – Discuss how to protect the client from further harm.
  - **Support** – Help connect the client to appropriate resources and services, including social support.

LIV(ES) Step	Sample Phrases to Use
<p><b>L - Listen</b></p>	<ul style="list-style-type: none"> <li>• I hear you.</li> <li>• I'm listening.</li> <li>• We have time if you there is anything else you want to tell me.</li> </ul>
<p><b>I - Inquire</b></p>	<ul style="list-style-type: none"> <li>• What can I do to help?</li> <li>• Are you worried about your safety if you tell your partner?</li> <li>• How are you feeling? Are you in pain?</li> </ul>
<p><b>V - Validate</b></p>	<ul style="list-style-type: none"> <li>• That must have been very difficult.</li> <li>• I'm so sorry this happened to you</li> <li>• You did not/do not deserve this</li> <li>• Thank you for telling me.</li> <li>• Sadly, this happens to many women. You are not alone.</li> </ul>

# LIV(ES) Skills Practice: Role Plays 4–6



## *Reflection Questions:*

- How did it feel just to listen and not offer “advice” or solutions?
- What did the provider do that was helpful?
- What could they have done differently?



# Risk Identification

The following may be signs that your client is in immediate danger. Should you see these signs or behaviors, you may wish to fetch a GBV specialist colleague and have them join you in the appointment room:

- The client tells you she is afraid she will be killed if she returns home.
- A client is accompanied by a partner or family member and not allowed to answer questions for themselves.
- A child under 13 is seeking MR or emergency contraception.

## MODULE 3 | SESSION C

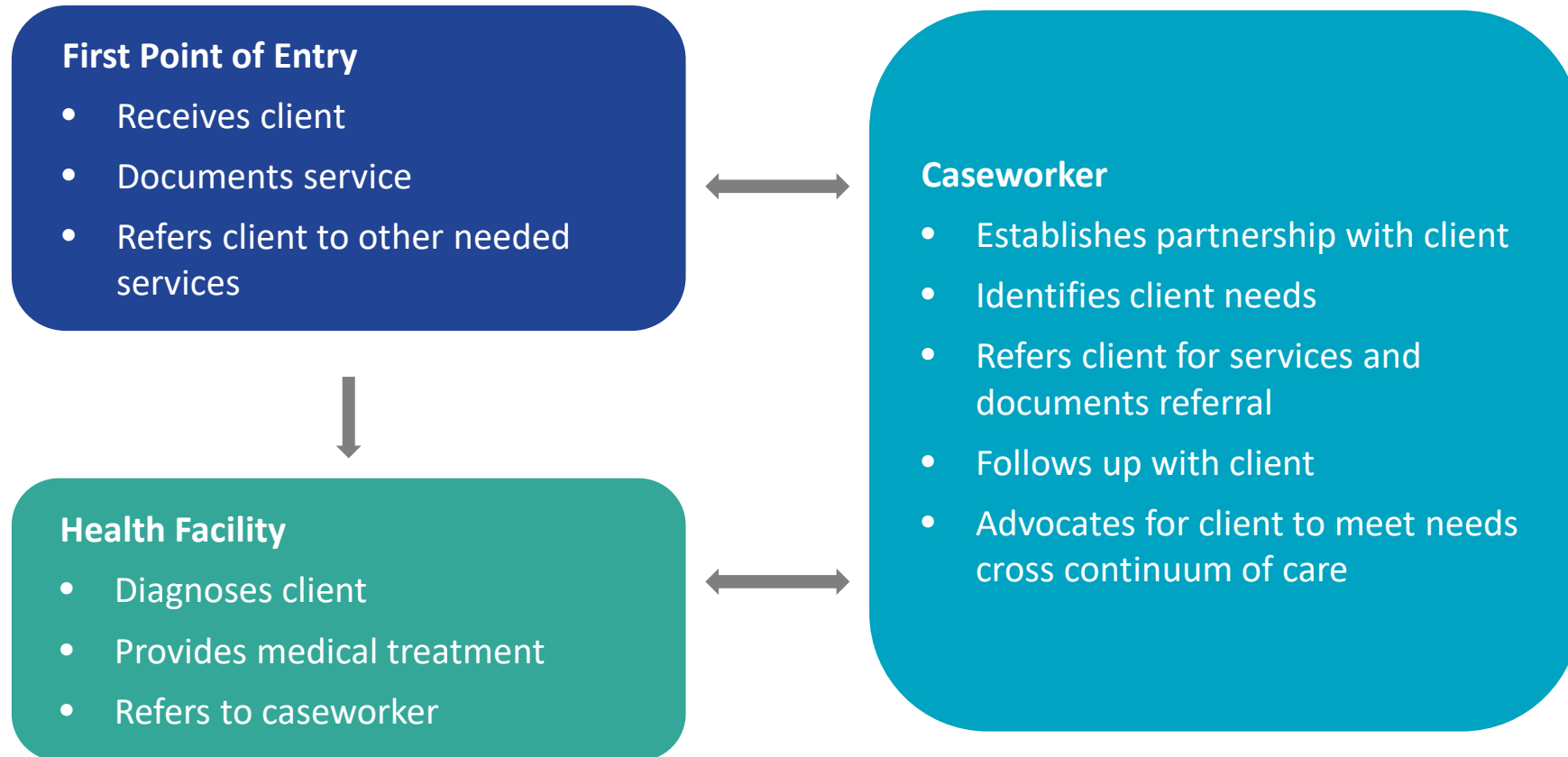
# Making GBV Referrals

### What You Can Expect to Learn

- Know when and how to provide referrals for comprehensive first line response to GBV

# Effective Referral Pathway

## Case Management Referral System



# Case Study 9: Lovely



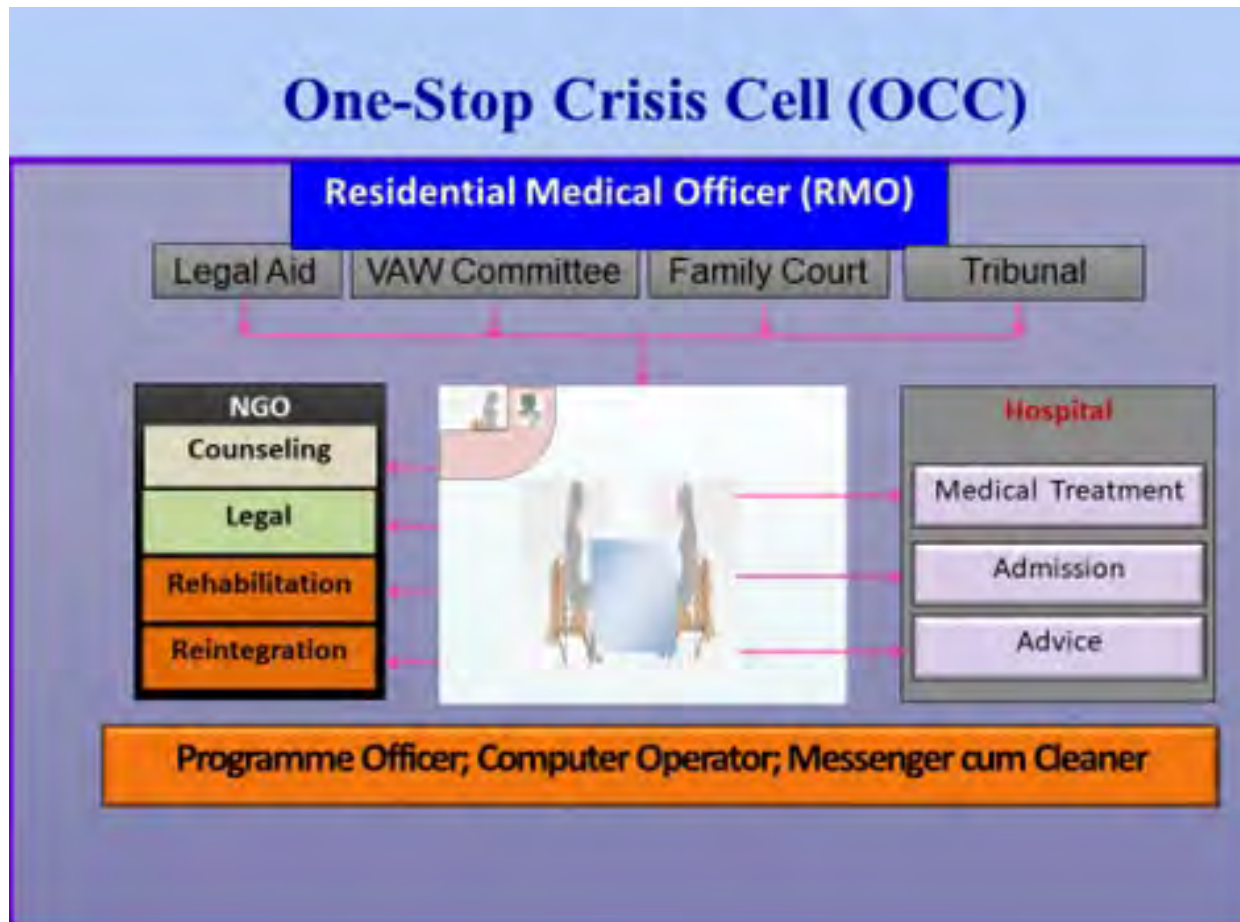
## *For Group Discussion*

- What are the steps you will follow to counsel her in a real situation?
- In what way you will support the case so she can continue her pregnancy?
- What kinds of referrals might you want to make for this case?

# One-Stop Crisis Cell

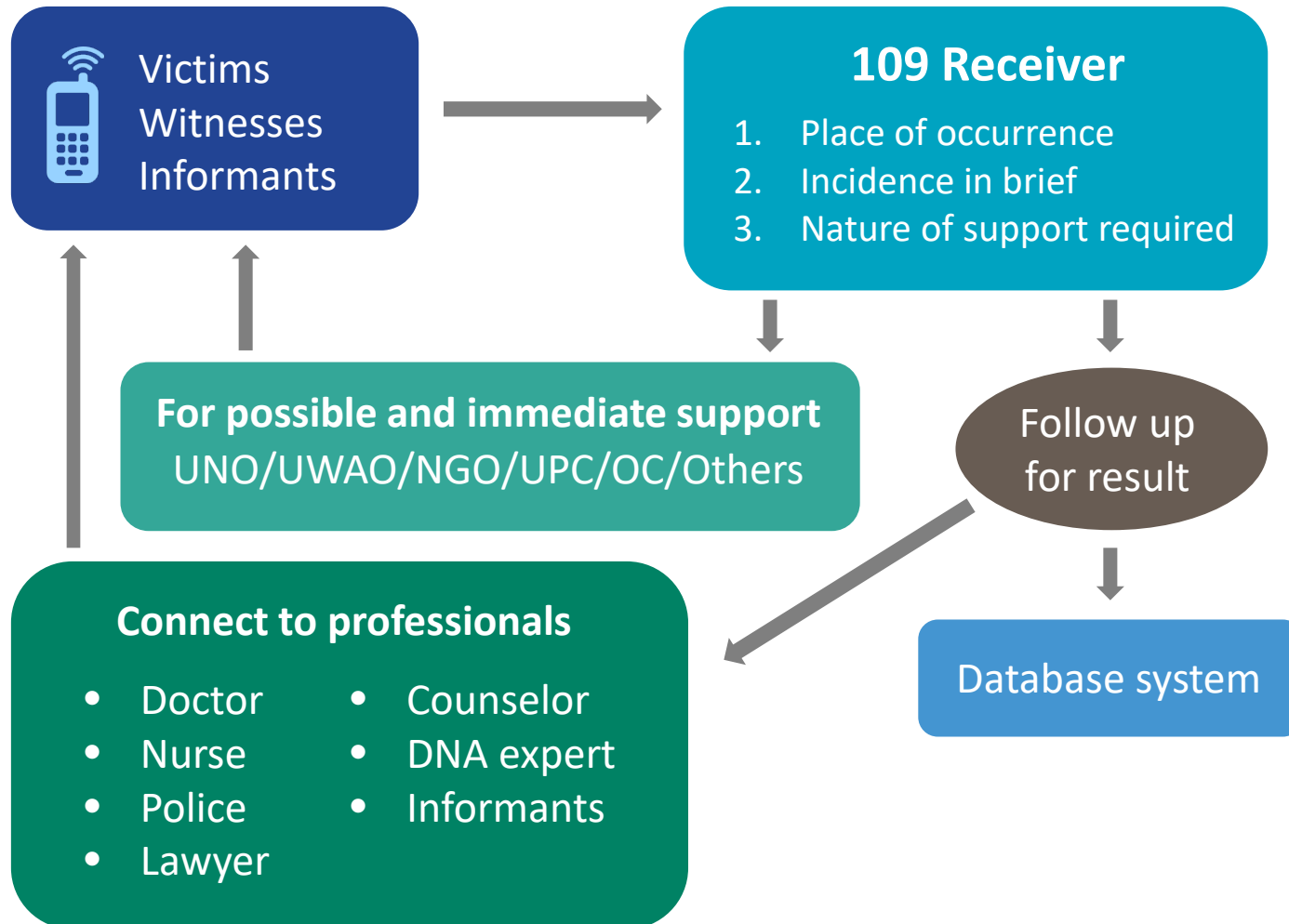
## Services of OCC at MCHs

- Medical treatment
- Social reintegration
- Safe custody/shelter home
- Rehabilitation
- Psychosocial counseling
- Social welfare services
- Legal support
- Police assistance
- Forensic DNA test










# National Helpline Center as a Referral Way Out

## National Helpline Center for VAWC



# Important GBV Referral Centre Locations in Bangladesh



-  One-Stop Crisis Center at MCH
-  One-Stop Crisis Cell at District
-  One-Stop Crisis Cell at Upazila
-  National Trauma Counseling Center (NTCC)
-  National Forensic DNA Profiling Laboratory
-  National Helpline Center for Violence Against Women and Children
-  Regional Trauma Counseling Center (NTCC)

# Helplines for the Prevention GBV (VAW) and Child Marriage

<b>109</b>	<b>National Helpline Centre for Violence against Women and Children</b>	Offering multisectoral referral and psychosocial support, this is the main helpline number to call and is circulated nationwide. It is a 24-hour-per-day, 365-days-per-year, free emergency phone service for women and children in need of aid and assistance.
<b>333</b>	<b>National Hotline Number</b>	Immediate reports/help for any social problems, from queries related to COVID-19 to child marriage and sexual harassment cases.
<b>10921</b>	<b>National Helpline Center for Violence against Women</b>	Immediate service for victims, offering links to relevant agencies, including doctors, counselors, lawyers, DNA experts, police officers.
<b>16767</b>	<b>DGFP Call Center</b>	Call center that is available 24 hours per day, seven days per week for any information on FP, maternal and child health, and nutrition.
<b>999</b>	<b>National Emergency Service Bangladesh</b>	A centralized 24-hours-per-day, seven-days-per-week emergency support service allowing any citizen within the country border to directly connect with the police, fire, and ambulance emergency responding teams on the ground to get aid in an emergency state.



# Where to Report

**There are several places where we can report:**

- One-Stop Crisis Center
- Trauma Counseling Center
- Forensic DNA Laboratory
- National Help Line for Violence Against Women
- Legal Aid Center
- Legal Action Center/Police Station
- Social Support Center/rehabilitation center
- Safe Custody/Shelter Home
- Rehabilitation Center

# National Trauma Counseling Center (NTCC)

## Objective of NTCC

- Provide psychosocial counseling support in NTCC, OCC, and safe home to those experiencing violence against women and children.
- Conduct different types psychosocial counseling training for Human Resource Development.
- Organize awareness-raising program for changing mindsets.
- Establish a strong network among organizations/stakeholders who work on GBV issues.

## Psychosocial Counseling Services

NTCC provides psychosocial counseling support for those experience VAWC free of cost. NTCC provides a wide range of counseling support including:

- Individual face-to-face counseling
- Individual tele-counseling
- Couple counseling
- Family counseling
- Group counseling
- Online Counseling

# Intra-Facility versus Inter-Facility Referral

## Intra-Facility

Facility has an emergency department, GBV specialist, and/or other needed services.

Client has declined legal referral and is seeking medical aid only.

## Inter-Facility

Client has need and desire for full case management and the full scope of an OCC cell.

FP service facility does not house:

- GBV subject matter expert
- Necessary equipment and/or commodities for treatment
- Capacity to protect confidentiality of the client

# Role Play 7: Web of Referrals

Let's better understand and gain empathy for how uncoordinated systems and too much specialization can make referrals burdensome for a survivor of GBV.

# Forms and Formats of GBV Recording and Reporting

## **REFERRAL SLIP**

**Client number (as recorded):**

**Name of client (first name only/optional):**

**Age:**

**Gender:**

**Immediate management given (if any): first aid / LIV / Helpline info**

**Cause of referral:**

**Place of referral:**

**Date referral completed:**

*Source: Pathfinder International*

# Case Study 9: Lovely

Lovely Begum (*pseudonym*) is only 16 years old. Her parents had arranged to have her married to a nearby acquaintance when she turns 18, but a jealous cousin abducted her and forced her into wedlock. She tried to escape to her parents' home after that the cousin made her isolated from everyone in the family, but her parents explained that because the marriage had been consummated, her previous betrothed will not take her anymore and told her she needed to go back to her husband.

Lovely returns to her husband's house. Her husband continues to keep her at home and does not allow her to visit her parents anymore. He is angry that she tried to stay at her parents. He yells at Lovely and beats her frequently. He accuses Lovely of not getting pregnant on purpose. Finally, after six months of life as a wife, Lovely discovers she is pregnant and goes to the SRH service center to get help for continuing her pregnancy. She is very worried about protecting her precious child in her womb and concerned that the beatings she is receiving at home will harm her child

# Module 4

## Foundational Knowledge of GBV Case Recording, Documentation, and Record Keeping

## MODULE 4 | SESSION A

# Legality, Protecting Confidentiality, and Reporting GBV

### What You Can Expect to Learn

- Gain an understanding of the legality and reporting aspect of a GBV case identification, notification to primary management and referral



## Defining “Legality”

Legality is an act, agreement, or contract that is consistent with the law or state of being lawful or unlawful in a given jurisdiction, and the construct of power. Legal assistance describes a range of legal services, from the provision of generic legal information and advice to representation by a legal professional in court.

# Legal Considerations for FP and SRH Providers Around GBV

- Health care providers do not have a legal mandate to report GBV. You should only report cases to judicial authorities if and with a client's written consent.
- Documentation of disclosure, injuries, or other medical records may become evidence in the event a survivor chooses to file a legal complaint and prosecution follows.
- Universal provision of referral options and GBV services available is not legally required but is ethically mandated.

# Integrating GBV Disclosure and Response Reporting into an FP and SRH Visit

## What to Include in Your Report

- Basic demographic information
- Consents obtained
- History
- Account of the assault
- Results of the physical examination
- Tests and results
- Treatment plan medication provided or prescribed
- Referrals provided
- Anonymous code for use in referral communication
- Information shared by client
- Provider observations

- Use separate forms provided. GBV disclosures should NOT be noted in the regular FP register.
- Immediately following the visit, place your documentation form in an assigned, locked storage space.
- Document in three places: confidential client record, referral slip, and anonymized facility log.

# Facility Registers for Recording Cases of GBV

Date of visit	Date of incident	Case Code	Client sex	Client age	Type of GBV					Response				
					Physical	Contraceptive Sabotage	Emotional	Sexual (IPV)	Sexual (non-IPV)	Treatment (first aid)	LIV(ES)	Referral Issued	Referral Completed*	Police Report Made
23/9/2022	19/9/22	922-05	F	22		X		X			X	X		N

Source: Pathfinder International

# Case Study 10: Aklima

Using the sample referral and GBV record forms, fill out the documentation needed based on the information from Aklima's story.



## *For Reflection and Group Discussion*

- What was the hardest pieces of the form to complete?
- Do you think you will be able to do this during a normal day of work?
- Do you have any questions on how to fill out a certain portion of the forms?

# Module 5

## Closing

# Key Messages

- ✓ FP/SRH providers have a critical role to play in first line response for violence against women and girls.
- ✓ Basic services such as GBV-responsive FP method counseling, psychological first aid, and appropriate activation of a referral chain can have significant impact on the trajectory of care for people living with GBV.
- ✓ FP/SRH providers have a significant role to play in safe, confidential reporting, and documentation of GBV prevalence and incidence.

# Wrap Up

You have three final steps in this training:

- 1) Complete your individual action plan
- 2) Take the post-test
- 3) Meet with a trainer for clinical competency assessment





**Questions?**



Thank you!



**USAID**  
FROM THE AMERICAN PEOPLE

Shukhi Jibon

**PATHFINDER**