



# **TRAINING MODULE FOR THE SOCIAL WELFARE AND HEALTH SERVICE PROVIDERS**

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## Day1: VAWG Legal Framework

9.00 – 9.15	Welcome and Introductions
9.15 – 9.35	Reflections on Foundational Module
10.00 -10.20	Pre-training Knowledge Evaluation
10.20 -10.30	Short Health Break
10.30 -12.00	National Legislation that protects women and girls from violence.
2.00 -3.30	Legal responsibilities of social welfare officers and health care providers towards survivors of VAWG
11.30 – 12.00	Exploring Human rights Concerns of VAWG
2.00 – 3.00	Application of customary laws to VAWG matters
2.00 – 3.30	Reflection session

## INTRODUCTION

This session is comprised of various activities that will give participants a better and informed understanding of the legal responsibilities of social welfare officers and health care providers in assisting survivors of VAWG. The module also gives a general outline of the laws that protect survivors of VAWG in Malawi.

### Aim and Rationale

This module aims at developing a shared understanding of the regulatory legal framework and available services for various types of VAWG; a critical analysis of how laws and other norms deal with VAWG, and the legal responsibilities of social welfare officers and health care providers under various laws in Malawi. This is important because norms and laws shape society by constructing what should or should not be done and how.

### Specific Objectives

By the end of this training, participants will:

- a) Outline applicable legal provisions in Malawi for the protection of women and girls from violence.
- b) Explore the various legal responsibilities of social welfare officers and health care providers towards survivors of VAWG.
- c) Interrogate the sufficiency of duty bearers' legal responsibilities towards VAWG survivors.
- d) Explore available services for survivors of VAWG

### Notes for Facilitators

This session is comprised of different activities that will give participants a better understanding of how the law protects VAWG survivors by imposing various duties to social welfare officers and health care providers. Some of the pieces of legislation that encompass VAWG aspects apart from the Constitution are the Chiefs Act, Gender Equality Act, Penal Code, Prevention of Domestic Violence Act, Child Care, Protection and Justice Act.

The facilitator should take note of the materials that are required for each activity in this module and ensure that all relevant facilitation resources are available. These include:

- a) Flipcharts and marker
- b) Projector
- c) Printed copies of Handouts for all participants and facilitator(s)
- d) Printed copies of Worksheets for facilitator(s)

### A few quick points to get you started:

#### 1. creating an enabling environment for personal reflection and growth:

As a facilitator, you can help enhance the effectiveness of your group by following some guidelines:

- Create an emotionally safe setting. (*see intro session day 1 for ways to achieve this*)
- Bring a positive attitude.
- Encourage group members to share their ideas and feelings.
- Build on group members' knowledge and experience.
- Avoid lecturing or giving "sermons" and being judgmental.
- Focus on the objectives of the activities.
- Vary the training methodologies to keep it interesting.
- Monitor the energy levels and always have some fun energisers at hand to spark new energy

#### 2. Are you ready to be an agent of change?

A major part of your role as a facilitator is to introduce the activities and guide the discussions. At appropriate times, you will summarise or encourage group members to summarise what is going on in the group. Some of the activities in this manual deal with sensitive subjects and will challenge your own views and stereotypes. This training prepares you to be a change agent.

Before changing others, you need to be aware of the change you need to make within yourself and go through the process of change, i.e., you have to be the change you want to see in others.

As was stated in the foundational module, these three days are a journey of self-discovery and personal growth, and it is important to keep note of areas where you need to grow as a person, and develop action plans for your own gender transformative personal growth. The training programme already provides a framework for that through various activities and tools.

## **REFLECTIONS ON FOUNDATIONAL MODULE (20 mins)**

### **Objectives:**

- To hear from each other any personal insights, reflections or conversations they have overnight after the sessions yesterday
- Encourage participants to discuss the issues being debated as part of their own personal journey

### **Step by step**

#### **Step 1 (2 minutes)**

Ask the participants how their night was. Move on by requesting the participants to be in pairs and ask them to be as open as possible with their partner in sharing their experiences.

#### **Step 2 (5 minutes)**

In the pairs, ask the participants to share with their partner what they took from Module A. Did the module meet their expectations? What were the main thoughts they left with? Did they view their work any differently? What changes in attitudes, if any, has the Module imparted in them?

#### **Step 3 (10 minutes)**

Facilitator can randomly appoint any person (maximum of 5) to share what his/her partner shared or can ask any pair that is ready to share to the whole group what their partner said.

#### **Step 4 (3 minutes)**

The facilitator should remind the participants that what was covered in Module A should not be cast aside. Module A is the foundation stone for all the modules that will be covered. The participants should further be reminded that this is a journey of personal growth which requires active participation of each participant individually, but of course in company of others (i.e. workmates).

## **PRE-TRAINING KNOWLEDGE EVALUATION. (20 MINUTES)**

### **Objectives**

- *To assess the participants' level of knowledge on applicable laws on VAWG.*
- *To understand how conversant the participants are with their legal responsibilities towards survivors of VAWG*

**Materials:** worksheet 1, pens, pencils

### **facilitator notes**

Before the training starts, it is important to get a feeling of the levels of already existing knowledge among the participants. Make the participants comfortable in sharing their knowledge even if they are not sure about whether what they know is true or not. The beginning of this module should be conducted in a very interactive manner.

### **Methodology**

- a. Question and answer

### **Step by step**

#### **Step 1:(Group –5 minutes)**

Facilitator should ensure that participants are conversant with the title of the module so that they are able to form an impression of what the module will be about.

#### **Step 2: (individual – 10 minutes)**

In order to assess the knowledge of participants in laws applicable to VAWG, facilitator should ask participants to fill in Worksheet 1 below.

Give the participants 10 minutes to fill in the worksheet.

#### **Step 3:(5 minutes)**

Collect the answers and put them aside. They will become important during the knowledge consolidation session.

### **Worksheet 1: Pre-training knowledge evaluation exercise.**

1. Do you know any laws applicable to matters of VAWG?
2. Name any laws that deal with criminal matters of VAWG
3. Name any laws that deal with civil matters of VAWG
4. Briefly state any laws that confer on your profession legal responsibilities towards VAWG survivors?
5. What are some of these legal duties?
6. What is your expectation from this module?

## **NATIONAL LEGISLATION THAT PROTECTS WOMEN AND GIRLS FROM VIOLENCE. (90 MINUTES)**

### **Objectives**

1. To familiarize participants with the law relating to VAWG and the distinction between civil and criminal VAWG matters.
2. To discuss trends on how statutory and case law address issues of VAWG in Malawi

**Materials Needed:** *Constitution of the Republic of Malawi, flip chart, markers*

Credits: Preventing Gender-Based Violence: A Training Manual. (Mozambique)

[https://www.healthpolicyproject.com/pubs/367\\_MozambiqueGBVManualFINAL.pdf](https://www.healthpolicyproject.com/pubs/367_MozambiqueGBVManualFINAL.pdf)

Gender Based Violence in Malawi: A Literature Review to Inform the National Response.

[https://www.healthpolicyproject.com/pubs/436\\_FINALHPPMalawiGBVLiteratureReview.p](https://www.healthpolicyproject.com/pubs/436_FINALHPPMalawiGBVLiteratureReview.pdf)

[df](#)

### **Facilitator Notes**

Some of the participants may be familiar with the content of this session and others may not be. If the majority of the participants already know the content, use the session as revision and question and answer method. If most of the participants are not familiar with the content, present the content in an interactive and participatory way.

Do not let the participants who already know the content get in the way of others to master the content very well. Utilize their knowledge for the better understanding of the content by the other participants.

### **Methodology**

- a. Open discussion
- b. Group discussion

### **Step by step**

#### **Step 1: (5 minutes)**

Ask participants to list down sources of Malawian law. Take down the answers on a flipchart.

Discuss with participants the hierarchy of the sources of law and stress the supremacy of the Constitution and why the constitution is the supreme law of the land.

#### **Step 2: (25 minutes)**

Together with the participants the facilitator should discuss what the supreme law of the land says about matters of gender and VAWG. The facilitator should distribute copies of the Constitution to the participants and highlight pertinent provisions. Specific reference should be made to the following provisions:

- Section 5: supremacy of the Constitution
- Section 10: Application of the Constitution
- Section 11: Interpretation of the Constitution
- Section 12: Constitution principles
- Section 13(a): gender equality
- Section 13(i): family
- Section 13(h): children
- Section 15: protection of human rights
- Section 19: human dignity and freedoms
- Section 20: non discrimination
- Section 21: privacy
- Section 22: family and marriage
- Section 23: rights of children

- Section 23: rights of women
- Section 42: administrative justice

### Step 3: (Group – 60 minutes)

The facilitator should divide the participants into groups of no more than 4 individuals. Assign each group one statute and hand out the summary of provisions in the law related to violence. Ask each group to review the law summary and discuss the extent to which the law protects the rights of women and children to be free from violence. The participants should make reference to the Foundational Module, specifically on the various forms of VAWG and discuss how the statute deals with any of the types of VAWG.

The following statutes accompanied with a summary of each may be shared to the groups:

- The Gender Equality Act
- Deceased Estate (Wills, Inheritance and Protection) Act
- Prevention of Domestic Violence Act
- Marriage, Divorce and Family Relations Act
- The Penal Code
- Child Care Protection and Justice Act

Give the groups 30 minutes to discuss their laws. After 30 minutes, ask each group to report on its discussion to the larger group. Ask the participants to answer the following questions:

- What are the key provisions that protect women and girls?
- With reference to the types of VAWG, how do the provisions ensure such protection?

### Facilitator Notes

Malawi is a signatory of several international and regional legal instruments that protect the rights of all citizens. According to the Constitution of the Republic of Malawi, all international and regional instruments ratified and entered into before the coming into force of the constitution continue to be part of the laws of Malawi. While those entered into and ratified after the coming into force of the constitution, form part of our laws if approved by parliament.

Thus, Malawi ratified and adopted important conventions and protocols such as the Universal Declaration of Human Rights (UDHR), the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the African Charter on Human and People's Rights, the UN Convention on the Rights and Welfare of the Child

At the national level, the government has made progress in formulating and implementing laws and policies that take into consideration the regional and international instruments for protecting the rights of women and children. Under the Constitution of Malawi, all citizens have the right to life, and physical and moral integrities and cannot be subjected to torture or cruel and inhuman treatments.

## Handout: Summary of laws

<p><b>Prevention of Domestic Violence Act (2006)</b></p>	<p>A broad definition of domestic violence is used to encompass not only violence between man and wife, but also violence between persons living in the same household (e.g., including family members) and violence toward persons who are socially or financially dependent.</p> <p>It recognizes physical, sexual, emotional, psychological, and financial abuse as forms of violence. The law's stated purpose is "to ensure the commitment of the State to eliminate gender-based violence occurring within a domestic relationship, and to provide for effective legal remedies and other social services to persons affected by domestic violence".</p> <p>It establishes structures for protection of victims by defining who can apply for a protection order, occupancy order, or tenancy order under the Act, and outlining what the different orders mandate and entail, as well as detailing the enforcement of the orders. It speaks to roles and responsibilities of enforcement officers as well as service providers. It establishes the duty to report GBV by anyone who witnesses it or has a reason to believe it is occurring.</p>
<p><b>Gender equality Act (2013)</b></p>	<p>GBV is addressed in the context of prohibiting harmful practices, along with sexual harassment. Harmful practices are social, cultural, or religious practices that, "on account of sex, gender or marital status" [are likely to, or do] "undermine the dignity, health or liberty of any person," or "result in physical, sexual, emotional or psychological harm". The act also mandates that the government ensure that employers create and implement policies to comply with the law regarding sexual harassment.</p>
<p><b>Child Care, Protection and Justice Act (2010)</b></p>	<p>Legal procedures to keep children safe are outlined. This includes procedures on what to do in cases of suspected or known violence, including sexual abuse, child trafficking, abduction, harmful cultural practices, and forced marriage.</p>
<p><b>Penal Code (amended in 2010)</b></p>	<p>The Penal Code establishes punishments and legal definitions for various forms of gender-based violence. These include rape, punishment for rape, attempted rape, abduction, abduction of girls under sixteen, indecent assaults on females, insulting the modesty of a woman, defilement of a girl under thirteen, attempt of defilement of a girl under thirteen, defilement of the mentally handicapped, prostitution (obtaining or forcing a girl into), detention with intent or in brothel, conspiracy to</p>

	defile, attempt to procure abortion, assault of boys under fifteen, incest, and assault.
<b>Deceased Estate (Wills, Inheritance and Protection) Act</b>	This law protects spousal property rights. The law has abolished the old legal regime that dealt with testate and intestate succession. The new laws have now prioritised what are now known as immediate family members as being primary beneficiaries. Customary law is now no longer applicable to the issues to do with succession

## LEGAL RESPONSIBILITIES OF SOCIAL WELFARE OFFICERS AND HEALTH CARE PROVIDERS TOWARDS SURVIVORS OF VAWG (90 MINUTES)

### Objectives:

1. Explore the various legal responsibilities that the law imposes on social welfare officers and health care providers.

### Material: flip chart and marker

### Credit:

### Methodology

- a. Role play
- b. Question and answer
- c. Brainstorming

### Step by step (For Social Welfare Officers)

#### Step 1 (5 mins)

Select 5 volunteers who are willing to take various roles in a role play that will portray the various duties and responsibilities of social welfare officers.

#### Step 2 (5 mins)

Assign to the volunteers the various roles as elaborated in the story of Ndazona below. The facilitator should be well conversant with the story to create a play of no more than 15 minutes.

#### Step 3 (10 mins)

Give the role players 10 minutes to practice the play. At this time, the other participants should be thinking of what they regard to be their legal duties in assisting victims/survivors of VAWG.

#### Step 4 (15 mins)

Having rehearsed, the volunteers should be given 15 minutes to perform the play. The other participants should pay attention to what is happening and should be thinking what each would have done differently given the circumstances.

#### Step 5 (25 mins)

Given what the participants have observed in the play allow the participants to make general comments. Then ask the participants to state what they think their legal duties are in relation to what they have seen and noticed in the play. What is it that they would have done differently if it were them acting in their professional capacity? The facilitator should be jotting down the points in bullet form on the flip chart.

#### Step 6 (30 mins)

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The facilitator should then discuss together with the participants the contents of the handout below on the various legal provisions imposing responsibilities on social welfare officers.

### **Step 7 (10 mins)**

The facilitator should finally randomly appoint at least five participants to state what it is that they have learnt during the afternoon session.

## **STORY OF NDAZIONA**

Ndazona is a 13-year-old girl who is now in form 1. She lives with her mother, Mrs Tolani and step father, Mr Zakeyu. Her biological father passed away when she was 10 and her mom got remarried to Mr. Zakeyu. One day, during the night, Mr Zakeyu entered her room and forced himself on her. He threatened that if she dares to tell anyone what had happened, he will skin her alive and also stop paying her school fees. Due to the resistance that she first showed, she sustained some serious bruises on the neck and arms which were visible to anyone. When asked where she got her bruises from, Ndazona always responded that she got injured when she went to fetch firewood.

Mr. Kapunjunju, a social welfare officer, noticed Ndazona during his routine visit to the area where ndazona stays. With his vast knowledge in sexual violence, he noticed that Ndazona was being sexually abused. However, he did not take any action and thought to himself that it was none of his business since the purpose for the visit was not to notice who was being victimized. He even joked with one of his friends that the child (Ndazona) should have learnt by now what life is all about.

Meanwhile, the mother is clueless as to what has been happening to Ndazona and Mr. Zakeyu continues to sexually abuse her.

### **ROLES**

1. Ndazona
2. Mr. Zakeyu
3. Mrs Tolani
4. Mr. Kapunjunju
5. Friend to Mr Kapunjunju

### **Note**

For health service providers, the story of Ndazona can be slightly modified to fit a hospital scenario. Mr. Kapunjunju can be a health service provider who notices that Ndazona has continuously been a victim of sexual violence, but does nothing and only treats her for other illnesses.

## **HANDOUT 1– LEGAL RESPONSIBILITIES OF SOCIAL WELFARE OFFICERS**

Rape and sexual assault, both in adults and in children is against the laws of Malawi. This means that all cases of rape, defilement and sexual assault can be taken into court for prosecution. Both the Child Care, Protection and Justice Act No 22 of 2010 and the Protection

of Domestic Violence Act consider the key roles of various duty bearers in assisting children and adult survivors of sexual assault and domestic violence.

**The Child Care, Protection and Justice Act No 22 of 2010**

Section 9	A social welfare officer can apply to child justice court where a parent or any other person who is legally liable to maintain a child or to contribute towards the maintenance of the child, neglects to maintain the child, or to make the contribution.
Section 11	A social welfare officer may be asked by the child justice court to prepare a social inquiry report on the issue of maintenance and submit the report to the child justice court for consideration before the child justice court makes the maintenance order.
Sections 24 & 25	<p>A social welfare officer if satisfied on reasonable grounds that a child is in need of care and protection, may take the child and place him/her into his/her temporary custody or a place of safety. He/she is then supposed to bring the child before the child justice court within forty-eight hours.</p> <p>Among others, a child is deemed to be in need of care and protection if</p> <ul style="list-style-type: none"> <li>• the child has been or there is substantial risk that the child will be physically, psychologically or emotionally injured or sexually abused by the parent or guardian or a member of the family or any other person.</li> <li>• The child has been or there is substantial risk that the child will be physically injured or emotionally injured or sexually abused and the parent or guardian or any other person, knowing of such injury, risk or abuse, has not protected or is unlikely to protect the child from such injury, risk or abuse.</li> </ul>
Section 26	If a social welfare officer is of the opinion that a child is in need of medical examination or treatment he may, instead of bringing the child before a child justice court present the child for medical care.

**PREVENTION OF DOMESTIC VIOLENCE ACT, 2006**

Section 42	Any person who has reason to believe that an act of domestic violence has been, is being or is likely to be committed, may report to the police, or give information to an enforcement officer, who shall then report the matter to the police.
Section 43	<p>Any service provider may, upon being aware of an incident of domestic violence or soon thereafter as is reasonably practicable render such assistance to the victim of domestic violence as may be required in the circumstances including</p> <ul style="list-style-type: none"> <li>• making arrangements for the victim of domestic violence to find suitable temporary shelter and to obtain medical treatment, if so required;</li> </ul>

	<ul style="list-style-type: none"> <li>ensuring that the victim of domestic violence has access to information about the range of service providers and the kind of support that may be provided by any service provider;</li> <li>inform the victim of domestic violence of the right to the available legal remedies, including the right to apply for an order under this the Act.</li> </ul>

## HANDOUT 2- LEGAL RESPONSIBILITIES OF HEALTH WORKERS

<b>The Child Care, Protection and Justice Act No 22 of 2010</b>	
Section 27	A medical officer before whom a child is presented by a social welfare officer or any other legally mandated person should provide or cause to be provided such examination or treatment as the medical officer thinks necessary, and issue a report thereafter.
Section 33	<p>A medical officer who believes on reasonable grounds that a child being examined or treated is physically, psychologically or emotionally injured as a result of being ill-treated, neglected, abandoned or exposed, or is sexually abused, should immediately inform a social welfare officer or police officer.</p> <p>Failure to comply is an offence and can be liable to a fine of K20,000 and to imprisonment for six months</p>
<b>Medical Practitioners and Dentists Act and Nurses &amp; Midwives Act</b>	
	<p>All health care workers registered at either the Medical Council or the Nurses and Midwives council are competent to write and provide a medical report in case of sexual assault and rape, which can be considered a legal document in court.</p> <p>It is therefore important that the medical record is legible and accurately documented, signed and dated by the health care worker who undertook the physical examination</p>

## REFLECTION SESSION (30 MINS)

### Objective

To critically interrogate the sufficiency of the legal responsibilities of social workers and health workers towards survivors of VAWG.

### Methodology

- a. Reflective practice

### Step by step

- 1) Ask the participants to be in pairs.
- 2) Ask the participants the following questions
  - a. What is it that they have learnt in today's sessions?
  - b. What is their general impression of the laws governing their duties towards survivors of VAWG?
  - c. Have they been doing what the law requires of them?
  - d. Can they identify any social norms that acted as a barrier in performing the legal responsibilities effectively?
  - e. Are they satisfied with the prevailing laws? If yes, why? If no, why not?
  - f. Can they suggest of changes, if any, that should be reflected in the laws as far their duties are concerned.
- 3) Ask anyone who is ready to present what their partner said.
- 4) After at least half of the participants have presented, the facilitator should make a brief summary of what the participants have learnt and make an assessment of the same in terms of whether the participants are on the right track or not. Ask the participants to reflect deeply on everything they have learnt and play their important role towards a better gender-sensitive, survivor-centered response to VAWG
- 5) Ask any participants to give the last remarks

## DAY 2: THE VAWG REFERRAL SYSTEM IN CIVIL AND CRIMINAL VAWG MATTERS

### Day 2 Outline

9.00 – 9.30	Welcome, reflections and expectations
9.30 – 10.30	Institutions that support survivors of VAWG in Malawi
10.30 -10.40	Short Health Break
10.40 -11.40	Key areas of VAWG related response
2.00 -3.00	Efficient victim-centred VAWG response system

3.00 – 3.50	Reflection session
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## WELCOME, REFLECTIONS AND EXPECTATIONS (30 Minutes)

### Objective

To create a conducive environment for another session where participants will build on knowledge and skills so far acquired.

### Step by step

#### Step 1

Facilitator should welcome all participants, and express gratitude for their decision to turn up for today's training.

#### Step 2

Ask participants to share in 1 minute a reflection on the previous days' activities. In the reflection, ask participants to mention the activity, incident, statement or thought that they liked most about the previous day's session. Participants should also feel free to express what they were not impressed with.

#### Step 3

If no one steps up, casually ask participants randomly to just say something about the previous session in general. Targeting at least half of the participants would be okay.

#### Step 4

Facilitator should then briefly outline the objectives and activities for the day. These should not be given in great detail to avoid planting the thought that it will be a long day.

## INSTITUTIONS THAT SUPPORT VICTIMS OF GENDER BASED VIOLENCE (60 mins)

### Objectives

1. Identify institutions that offer services to victims of violence.
2. Discuss the services offered by some of the institutions.

### Materials Needed:

- Flipchart and markers
- 

### Methodology

- a. Focus group discussion
- b. Interactive group session

### Notes to facilitator

Government Ministries, the Civil Society and NGOs offer different services to victims of violence such as counselling, legal assistance, case documentation, awareness creation, sensitization and legal representations for victims during court proceedings. Despite the availability of these institutions many victims suffer in silence or get frustrated in the process of getting services as they do not know which institutions, provide what services.

It is very vital that the participants are made aware of these institutions and how they operate so that they (participants) can better coordinate with them in effectively assisting survivors of VAWG.

### Step by step

#### Step 1( 10 mins)

Divide participants into groups of 4/5 and ask each group to mention the institutions which they know that provide services to victims of violence.

Possible answers

- Ministry of Gender, Children Disability and Social Welfare
- Ministry of Justice
- Police
- Judiciary
- Prison
- Office of the District Commissioners
- Ministry of Health and Population
- NGOs (participants to mention specific examples)

#### Step 2 (20 mins)

Ask participants in their groups to mention the services that each of the institutions mentioned above provides. They should write them down on the flipchart.

#### Step 3 (30 mins)

Ask the groups to present their answers to the entire group of participants.

### HANDOUT - SERVICES OFFERED BY SOME INSTITUTIONS

	Institution	Activities
1.	Ministry of Gender, Children, Disability and Social Welfare	<ul style="list-style-type: none"> <li>• Sensitisation of the public at grassroots level on violence against women through the Social Welfare Assistants.</li> <li>• Counselling victims of violence.</li> <li>• Refer victims to other appropriate service providers.</li> <li>• Initiate legislation of new laws on violence against women.</li> </ul>
2.	Malawi Police Services	<ul style="list-style-type: none"> <li>• Has established the community policing programme partly to prevent violence against women.</li> <li>• Has established the victim support units at each police station to deal with victims of violence.</li> <li>• Interviewing, examining, counselling and providing hospital referrals.</li> </ul>

		<ul style="list-style-type: none"> <li>• Preparation of court documents for victims of rape defilement.</li> <li>• Arrests and prosecutes the perpetrators of violence against women.</li> </ul>
3.	The Judiciary	<ul style="list-style-type: none"> <li>• Interpretation of the laws which are applied to the culprits.</li> <li>• Passing appropriate sentences to those found guilty of abusing women.</li> <li>• Hearing various cases lodged with court including GBV cases</li> </ul>
4.	Prison Service	<ul style="list-style-type: none"> <li>• Rehabilitation of remandees</li> </ul>
5.	Ministry of Health and Population	<ul style="list-style-type: none"> <li>• Examination of victims of violence and preparations of medical reports.</li> <li>• Counselling victims of violence.</li> <li>• Providing emergency treatment and normal treatment to VAWG survivors eg provision of PEP within 72 hours of rape, emergency pills to avoid pregnancy within 72 hours after rape, treating other ailments after exposure to violence egSTIsand , wounds and others</li> <li>• Adducing/ presenting expert testimony in court</li> </ul>
6.	Administrator General Office/Office of the District Commissioners	<ul style="list-style-type: none"> <li>• Settling disputes arising from acts of violence especially property grabbing.</li> <li>• Providing referrals to victims of violence.</li> </ul>
7.	Ministry of Justice (Director of Public Prosecutions, Office of the Attorney General, Solicitor General	<ul style="list-style-type: none"> <li>• Reviewing of old laws and proposing new laws including those dealing with violence against women.</li> <li>• Training of paralegals.</li> <li>• Litigation in criminal matters including sexual violence cases</li> <li>• reviewing and writing state party reports on international human rights instruments</li> </ul>
8.	<b>Non-Governmental Organisations</b>	
a	Malawi Human Rights Resource Centre (MHRRC)	<ul style="list-style-type: none"> <li>• Provide documentation/information on human rights.</li> </ul>

		<ul style="list-style-type: none"> <li>• Providing support in producing their own publications and civic education materials.</li> <li>• Training human rights NGOs on human rights issues, institutions and capacity, gender awareness.</li> <li>• Providing conference and communication facilities e.g. phone, fax e-mail, computers etc.</li> <li>• Initiating human rights networks</li> <li>• Counselling.</li> <li>• Providing study tour grants/projects grants <ul style="list-style-type: none"> <li>□ Developing gender related training manuals.</li> <li>□ Public litigation.</li> </ul> </li> </ul>
b	Women Rights Orgs (WROs, CBOs)	<ul style="list-style-type: none"> <li>• providing social support and accompaniment to GBV survivors</li> </ul>
c.	Society for the Advancement of Women (SAW)	<ul style="list-style-type: none"> <li>• Conducting gender awareness campaigns</li> <li>• Provide counseling and legal assistance to victims of GBV</li> <li>• Provide local training for members on gender awareness.</li> <li>• Networking with other human rights NGOs in the country and at regional level.</li> <li>• Training of traditional leaders/police.</li> <li>• Offer shelter for victims of violence especially women and children</li> </ul>
d.	WORLEC	<ul style="list-style-type: none"> <li>• Provision of legal services to GBV survivors</li> </ul>
e.	Women and Law in Southern Africa Malawi Chapter (WLSA)	<ul style="list-style-type: none"> <li>• Developing the research skills of women law researchers in the network countries.</li> <li>• Conduct research on gender issues in Southern Africa particularly those related to legal rights.</li> <li>• Provide information on gender and the law and influencing policy and law reform in each country.</li> <li>• Conducting training and planning seminars, research and producing materials in the seven countries.</li> <li>• Exploring and developing new methodologies and new perspectives for study of gender and law in seven countries.</li> <li>• Cooperating and liaising with other organizations in each country in the region</li> </ul>

		<p>and internationally which are interested in issues relevant to women and law.</p> <ul style="list-style-type: none"> <li>• Providing legal support to survivors of violence</li> </ul>
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## KEY AREAS OF VAWG RELATED RESPONSE (60 minutes)

### Objective

To outline the response systems (e.g. services available in local settings, roles and responsibilities of each service provider) and key areas of VAWG related response.

### Materials

Flipchart and markers

### Methodology

- Lecture
- Case study
- Break away groups

### Notes to facilitator

- This activity is for participants to understand the system within which they operate and how their roles and responsibilities in relation to each other can be made better in responding to VAWG and effectively assisting survivors of VAWG.
- The participants, being Social Welfare Officers and health service providers, are key players in this system, so the session needs to be participatory throughout as much as possible.

Always bear in mind that the approach should be survivor-centered so always ask participants to picture the journey of the survivor through the system of which they are custodians.

### Step by step

#### Step 1

On a flipchart visible to all, write down the following sectors and give the simple explanation of them as provided below (Make sure to pause after each sector and have the participants weigh in by giving examples, asking questions or making any comments)

#### a. Medical/ Health Response

Good quality medical responses for survivors of GBV include examination, treatment, medical evidence documentation, and follow-up. In most cases, however, medical responses do not include all four due to a lack of resources, staff shortages or a lack of training.

In order to provide the best medical care for survivors, healthcare should be easily accessible and examinations and treatment should be done by trained staff using appropriate methods and with adequate equipment, supplies, and medicine.

#### b. Legal and Justice Response

If a survivor chooses, she or he may involve the justice system in a case. All actors involved should work to ensure that prosecution and case closure happens with few or no delays. Court proceedings should be monitored to make sure that the survivor is receiving appropriate legal support. At a very minimum, the survivor

should understand the benefits and barriers of taking a case through the legal process.

**c. Psychosocial Response**

Psychosocial responses provide any of the following types of support for a survivor:

- Emotional support
- Social and community reintegration
- Self-sufficiency to reduce vulnerability in the form of skills training and income generating activities

Sensitization and awareness-raising activities can help increase awareness about gender-based violence and services available for survivors. Though this may seem like a prevention activity, awareness-raising activities are also very useful and an integral part of response strategies.

Psychosocial actors should reach out to and assist GBV survivors, offering compassionate, caring, appropriate and confidential service. A place in the community should be set as a designated space for psychosocial service.

Crisis counselling, short-term care, emotional support, and reassurance should be given to survivors and their families with referrals for ongoing emotional support if needed. Psychosocial support may also provide assistance for survivors with other sectors of response, like the police and healthcare professionals.

**d. Safety and security Response**

Safety and security responses can provide the following types of support for a survivor:

- Safety, security, protection of the survivor and any witnesses
- Investigation of the case or incident
- Arrest of the alleged perpetrator

**Step 2**

Having outlined and explained these concepts, ask the participants to bear them in mind throughout and to always look at the flipchart whenever they need a reminder.

**Step 3**

Distribute the case study below and divide the participants into groups of no more than 4/5.

**Step 4**

Using the case study below and the above four sector responses, the participants should discuss how best as social workers or as health service providers they can help Tadala. The Participants should move with the victim through the various sector responses with an open mind. The participants should be reminded that at any stage of their discussions, the interests of Tadala are of paramount importance. The participants should also discuss the challenges they can face in helping Tadala in their professional capacity. Solutions to the suggested problems should also be discussed in the groups.

**Step 5**

Brief presentations should be made on what has been discussed in the groups

**CASE STUDY**

Tadala is a 17-year-old girl who has been repeatedly assaulted sexually by her father for two years. Her mother died three years earlier from a road traffic accident. She is the only child of her

father who is a 48-year-old civil servant. She became pregnant and the father made her have an abortion. Her father enticed her with gifts and presents and threatened to kill her should she tell anybody. She has been living in fear over the past two years. When she visited the hospital, she was diagnosed with a rare STI. Upon further medical examination at the hospital, matters came to light that Tadala has been subjected to repeated sexual violence. Tadala revealed that she has never had any other sexual partner other than her father. The father confirmed the above story and begged for leniency claiming it was the handiwork of the devil. Tadala also begged that the police should not be informed as she fears the stigmatization she would be subjected to if the matter was brought to the public domain, she is also scared that the father who is responsible for her schooling would not be able to continue to take care of her if imprisoned and that would lead to more suffering for her. Based on the above, the hospital management did not report the case to the police.

## **EFFICIENT VICTIM CENTRED VAWG RESPONSE SYSTEM (60 mins)**

### **Objective**

To discuss the VAWG referral system and interrogate the role of social workers and health services providers when faced with VAWG matter.

### **Materials:**

### **Methodology**

- a. Brainstorming
- b. Plenary

### **Notes to facilitators**

Before starting the exercise, it is important to alert the participants of the following:

- GBV referral systems aim to improve timely access to quality services for survivors of GBV. In an emergency and during periods where services are not yet available or are starting, establishing a functional referral system is crucial and can help survivors negotiate the variety of services available to meet their multiple needs.
- Referral systems help ensure that survivors are active participants in defining their needs and deciding what options best meet those needs. In a case management approach, caseworkers advocate for survivors' access to services, monitor service delivery, and follow up with survivors. The goal of referral systems is not to increase the number of cases referred but to improve the quality and timeliness of care received.
- Methods for reporting gender-based violence and the referral network should be continuously monitored and reviewed between different actors. Referral networks should be free of bureaucratic delays, focusing on providing prompt and appropriate services to survivors.

### **Step by step**

#### **Step 1 (5 mins)**

From the knowledge the participants have gained so far since Day 1 module and the present, ask them to list down the key VAWG service providers. Write these on a flip chart. Reference can be made to the following diagram.



**Adapted from Botswana's Gender-Based Violence Referral System**

**Step 2 (10 mins)**

Ask the participants to briefly discuss the role played by each provider in the referral system with specific reference to what type of VAWG each can handle.

**Step 3 (15 mins)**

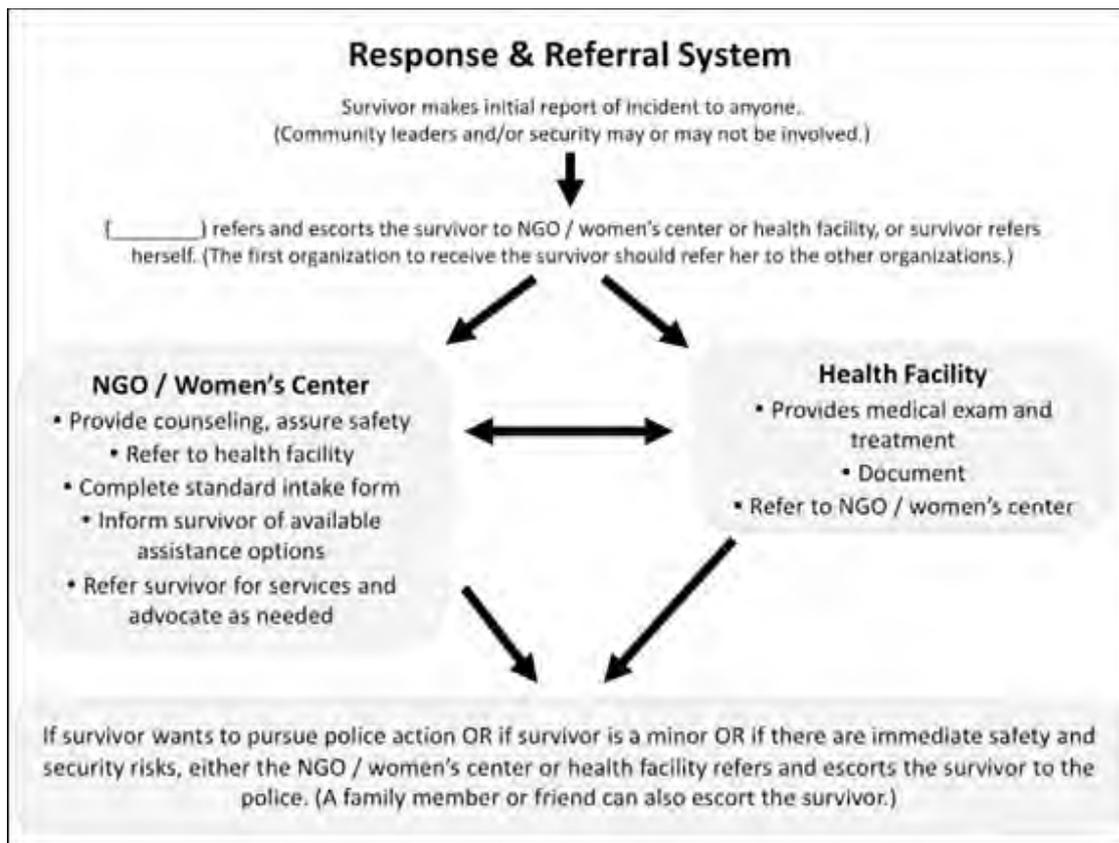
Request the participants to be in pairs and ask them to share personal experiences on how they have ever assisted a VAWG survivor referred to them and the challenges, if any, that they faced. Ask them if they had to refer the survivor to another agency, and if so, whether in their opinion the survivor was effectively assisted.

**Step 4 (15 mins)**

Ask willing participants to present what their partner shared with them

**Step 5 (15 mins)**

Conclude by brainstorming with the participants on how the referral system can be adapted to ensure that survivors are adequately assisted at all levels.



Adapted from [endvawnow.org](http://endvawnow.org)

## ATTITUDE CHECK (50 mins)

### Objective

To interrogate how best social welfare and health service providers can participate in the VAWG referral system

### Methodology

- a. Reflective practice
- b. Group discussion

### Notes to facilitator

The purpose of this activity is to test the attitudes of the participants on how to effectively handle the survivor of VAWG through the referral system.

For this activity, the case study of Tadala above will be used for reference.

### Step by step

#### Step 1 (5 mins)

Ask the participants to be in pairs and refer back to the case study of Tadala

## Step 2 (15 mins)

Request the participants to assume that in one way or the other they have heard what has been happening to Tadala before she even went to the hospital. Ask them to answer and reflect on the following questions:

- What steps can they take in ensuring that Tadala gets the necessary assistance, and from where can they get that assistance?
- In the event that Tadala, as was the case in the case study, does not wish to have her uncle reported to police, what can you as a social worker do?
- Were the medical practitioners justified in letting the matter go and not reporting the father to the police?
- What would you have done differently, and why?

## Step 3 (10 mins)

Ask any pair that is ready to share what has discussed with their partner.

## DAY 3: ROLE OF SOCIAL WELFARE AND HEALTH SERVICE PROVIDERS IN ADDRESSING VAWG MATTERS: SURVIVOR CENTRED APPROACH

### Day 3 Outline

9.00 – 9.30	<b>Welcome, reflections and expectations</b>
9.30 – 10.30	<b>Duties of Social Welfare Officers and Health Service Providers</b>
10.30 -10.40	<b>Short Health Break</b>
10.40 -12.00	<b>Handling survivors</b>
2.00 -3.00	<b>VAWG Case management</b>
3.00 – 4.00	<b>Reflection session</b>

## **WELCOME, REFLECTIONS AND EXPECTATIONS (30 Minutes)**

### **Objective**

To create a conducive environment for another session where participants will build on knowledge and skills so far acquired.

### **Methodology**

- a. Interactive group session

### **Step by step**

#### **Step 1**

Facilitator should welcome all participants, and as usual express gratitude for their decision to turn up for today's training. Ask participants if they had a good night.

#### **Step 2**

Ask participants to share in 1 minute a reflection on the previous days' (both days) activities. In the reflection, ask participants to mention the activity, incident, statement or thought that they liked most about the previous day's session. Participants should also feel free to express what they were not impressed with

#### **Step 3**

If no one steps up, casually ask participants randomly to just say something about the previous session in general. Targeting at least half of the participants would be okay.

#### **Step 4**

Facilitator should then briefly outline the objectives and activities for the day. These should not be given in great detail to avoid planting the thought that it will be a long day.

## **DUTIES OF SOCIAL WELFARE OFFICERS AND HEALTH SERVICE PROVIDERS TOWARDS SURVIVORS OF VAWG (60 mins)**

### **Objective**

- a. To identify the different duties of social welfare officers in assisting a survivor of VAWG.
- b. To discuss the different duties of social welfare officers in assisting a survivor of VAWG.

### **Methodology**

- a. Participants-led group discussion
- b. Focus group discussion
- c. Plenary

### **Facilitator notes**

As the facilitator, make sure that the participants take a leading role in this session. The participants are most likely very experienced in this area and have vast body of knowledge. You can choose one or two of the participants to take a leading role of a facilitator(s) if you so choose.

### **Step by step**

## Step 1 (15 mins)

Ask the group to think quietly on their professional work. Then, invite all participants to share with the group what each considers to be his/her duties in assisting VAWG survivors. As the participants are mentioning their duties, the facilitator can make reference to the guidelines below and observe those mentioned often and those mentioned less.

### Roles of Social Welfare Officers

Social Welfare Assistants and Community Child Protection Workers serve multiple roles, including assessing families, planning for safety, implementing services, providing follow-up, and working with families to create long-term plans to ensure a safe, healthy future.

These roles include:

- c. **Interviewing role** (assessment/facilitate disclosure)
- d. **Therapeutic role** (facilitating the healing)
- e. **Empowerment role** (teach safety skills)
- f. **Protection role** (safety of the survivor)
- g. **Monitoring role** (monitoring and follow up)
- h. **Advocacy role** (informing and counselling)

#### 1. Initial Assessment and Investigation Stage

The social worker will be responsible for carrying out an assessment of the child, the family environment and those reporting the case. The assessment will be carried out with a view of determining the proper course of action on a particular case. The following will be taken into account during assessment:

- a. Determine whether an abuse or maltreatment occurred and the nature of maltreatment
- b. Make an assessment of the family environment of the survivor including cultural and family beliefs
- c. Make an assessment of the level of risk of the survivor
- d. Make a determination of the survivors' safety
- e. Determine emergency needs of the survivor
- f. Determine the type of services that will be offered
- g. Make healing statements to all survivors
  - i. **"I believe you."** Builds trust
  - ii. **"I am glad that you told me."** Builds a relationship with the survivor
  - iii. **"I am sorry this happened to you."** Expresses empathy.
  - iv. **"This is not your fault."** Non-blaming.
  - v. **"You are very brave to talk with me, and we will try to help you."** reassuring and empowering

#### 2. Case Planning and Service Delivery Stage

The social worker will plan for:

- a. Safety and security mechanisms in order for the client to return home
- b. Finding alternative placement for the survivor
- c. Providing psychosocial counselling for both the survivor and caregiver
- d. Provide or make referrals for trauma therapy
- e. Consultations with caregivers as well as mapping significant people
- f. Follow up using networks with various stakeholders such as community child protection workers
- g. Social workers need to obtain informed consent from the survivor

#### 3. Case Closure

The social worker shall ensure that:

- a. The child is safe from revictimization,
- b. The survivor is coping well,
- c. The survivor's needs have been met and is satisfied with the services provided
- d. Counselling and trauma therapy are provided when needed
- e. The survivor has been reintegrated back into her family or community and has been fully reintegrated.
- f. Periodic home visits are conducted to see how the survivor is settling.

**Adopted from Malawi National Guidelines for Provision of services for physical and sexual violence, 2014**

**Roles of Health Service Providers**

All survivors who are suspected victims of abuse should receive a medical evaluation by a health provider who has received training in the diagnosis and treatment of sexual abuse, physical abuse, and emotional abuse

Individuals who have suffered sexual assault, irrespective of the point at which they present themselves at the hospital should be offered services:

- a. Obtain consent for examination
- b. Full physical examination.
- c. Laboratory investigations.
- d. Recording injuries.
- e. Treatment and prophylaxis.
- f. Trauma therapy and ongoing
- g. psychosocial counselling
- h. Protection of survivors against further assault
- i. Follow-up care
- j. Regular case review by the multidisciplinary team
- k. Provision of medico-legal report
- l. Support for survivors appearing in court

A survivor of sexual abuse or physical abuse must be attended to immediately upon arrival in the health facility.

The survivor is NOT REQUIRED BY LAW to produce a letter from the police before she can be attended to. Insisting on a police letter will cause a great burden on the survivor and cause unnecessary delays, and must be avoided at all times.

**Adopted from Malawi National Guidelines for Provision of services for physical and sexual violence, 2014**

**Step 2 (25 mins)**

Ask the participants to be in groups of 4 and ask them to share among which of the duties they think they performed well or did not perform well, and why. They should also discuss whether in discharging those duties they were survivor oriented and how. If they were not survivor oriented, why not? They should write their answers on a flip chart in bullet points.

**Step 3 (20 mins)**

The groups should present their responses to the larger group. The facilitator should finish by summarising the duties of social welfare officers and health services, with an emphasis on the need to take a survivor-centered approach.

## **HANDLING SURVIVORS (60 mins)**

### **Objective**

To attain skills of a conducting a safe, effective and ethical interviews that are gender sensitive and survivor- centred.

### **Methodology**

- a. Lecture/talk
- b. Role-play

### **Notes to Facilitator**

Before starting the next exercise, it is important to alert the participants of the following:

- Before interviewing a survivor of VAWG, it is important to take time to understand and consider the impact that this violence can have on an individual. Some of these have been discussed throughout the training.
- VAWG affects everyone: women, men and children and it is a traumatic experience for survivors.
- The effects of VAWG differ for every individual and can be long-lasting and variable over time. Common effects include (but are not limited to): physical injuries, illness and psychosocial issues such as shock, anxiety and post-traumatic stress disorder

### **Step by step**

#### **Step 1**

Refer to the extract from witness.org below

## WHAT TO KEEP IN MIND WHEN DEVELOPING QUESTIONS

### CREATE OPEN-ENDED QUESTIONS

Avoid questions that can be answered with "yes" or "no". A good way to ensure a complete answer by your interviewee is to ask questions that begin with prompts:

- Please describe your experience.
- Can you tell me about...?
- Explain what was said...

### QUESTION ETHICALLY

Avoid directly or indirectly blaming the survivor for their experience or implying that they could have prevented, avoided or resisted the incident. Avoid offensive, rude or shaming language. Do not intentionally ask questions aimed at provoking an emotional response from

your interviewee or revealing something they would prefer to keep private. In your questions and approach, avoid reinforcing incorrect perceptions about SGBV, such as that survivors are to blame for the acts committed against them or that SGBV is inevitable.

### INAPPROPRIATE QUESTIONS



- What were you wearing on the evening that you were raped?
- Why didn't you have someone accompany you?
- How is it possible that you don't know who raped you?

### APPROPRIATE QUESTIONS



- Tell me about the events leading up to the assault?
- What did you do after this attack?
- What are your hopes for the future?

### BE CONSCIOUS OF YOUR WORD CHOICE

The words you use are important. Be accurate - 'rape' is not 'sex'. Realize, however, that some interviewees may not use the word 'rape' as they may not be comfortable speaking directly about sexual violence. Work with your interviewee to determine the best approach,

framing and language for their interview. For example, do they identify themselves as a victim, a survivor, neither or both? Whatever they decide, respect this in the interview

## Step 2

Present the contents of the extract above to the participants

## Step 3

Divide the participants in groups of three and assign each group a type of VAWG. In the groups, one should take the role of survivor, one the role of the Social Welfare Officer/ Health Service Provider handling her issue and the other a referee.

## Step 4

In 10 minutes, the survivor should approach the duty bearer who should then interview the survivor. The referee should observe to make sure the interview is being handled in accordance with the guidance given.

## Step 5

The facilitator should walk around the room to observe how the interviews are going.

## Step 6

At the end, ask one pair to volunteer showcasing their role play to the entire group and have people make comments at the end.

## VAWG CASE MANAGEMENT (60 mins)

### Objective

To explain and apply a survivor-centred approach in service delivery; procedure for handling the cases; expediency in handling and reporting and impact

Credit: *Building Survivor-Centered Response Services*, UNFPA Pakistan, November, 2010

### Methodology

- a. Lecture/talk
- b. Brainstorming

### Notes to facilitator

This session is intended to equip the participants with things to know when handling VAWG case with the survivor as the primary concern.

Participants should always remember that whatever service they seek to provide should be such that the survivor feels helped as opposed to just them feeling they have executed their role. As such, approach may be altered slightly on a case by case basis. There should be an individualised service-delivery based on the survivor's wishes. Participants should be made to always remember that the survivor is the primary actor.

To achieve this, participants should be able to differentiate between giving advice and providing information.

## Step by step

### Step 1

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## 5 STEPS OF CASE MANAGEMENT

1. Let the client tell her story, **listen** to her and assess her needs and any danger
2. Give relevant **information** help the client develop an **action plan** and/or a **safety plan** that addresses her needs
3. Help the client **implement** that plan
4. **Follow-up** and review the plan
5. Case closure

Share the following information with participants clearly and slowly, making sure they are free to ask and comment as you do so. Make the session as interactive as possible.

- A. The principle that underpins survivor-centred case management is individualized service-delivery based on the client's wishes:
- The client is the primary actor.
  - The response should be developed in collaboration with the client and must reflect her wishes and choices.
  - The goal is to empower the client and ensure that she is involved in all aspects of the planning and service delivery.

### B. Why you should not Advise Client

Giving advice means telling someone what you think they should do and how you think they should do it or giving your personal opinion.

- You cannot know if you are giving the 'right' advice.
- You might give the 'wrong' advice and it can have a bad outcome for the client. This can lead to a client's problems getting worse.
- Case management is about the client's opinions and judgments, not the case workers.
- Case management is about empowering clients to make their own decisions about their own lives. Telling someone what to do does not help a person to understand her choices. It should be up to the client to decide the best way to solve her problems.
- Giving advice is based on your values and beliefs.

### C. STEPS IN CASE MANAGEMENT

Every time you respond to an incident of VAWG, you must ensure that you include the following five steps in your action:

## **1. *Listening to a Client and Assessing Her Needs***

Why has the person come for help?

Carrying out an assessment involves getting information. Case workers should consider the following:

- What has happened?
- How does the client see the situation?
- What needs does the client have?
- What supports does the client have?

This means listening to a client tell her story and helping her to identify her needs and problems.

## **2. *Planning***

What does the client want to happen next?

To help a client plan how to meet those needs and solve problems, we give her relevant information.

We help her identify her options and choices and make decisions about what she wants to do.

It is good to have a written plan specifying what action needs to be taken, by whom and when.

## **3. *Implementing the Plan***

How can we help her achieve her goals?

This step means putting the plan into action. This involves direct service delivery (e.g. counselling), referral for services we don't provide, advocacy and support.

Consider some referrals you might give a client (Refer to what was covered on referrals)

Remember, the action plan is just a road map. When implementing a plan, consider a car with a driver

and a navigator. The client has drawn up a map and is driving the car, determining how fast to go, where

to turn and when to stop. The caseworker is like a navigator, helping the client maneuver through the

steps in her plan or road map.

## **4. *Follow-Up and Review***

Is the situation better? Has our help been effective?

This step includes following-up to make sure the client is getting the help and services she needs to

improve her situation and solve her problems. It involves:

- Monitoring and evaluating outcomes for the client
- Identifying barriers to achieving outcomes

Remember, the plan of action should be time-framed and based on the needs of an individual.

## 5. Case Closure

This usually happens when the client's needs are met and/or her own (normal or new) support systems are functioning.

### D. Why you should Give Information

- It empowers a client to have control over her choices.
- It shows that you respect a client's opinions and judgements.
- The client has responsibility for making the right decisions about her life, not the case worker.
- The client is the one who will have to live with the consequences of her or his decision, not the counselor.
- Giving information means telling someone facts so they can make an informed decision about what to do

### What to always remember when assisting a VAWG survivor

Social welfare officers and healthy service providers should remember:-

- i. To be aware of the different feelings a survivor will have and help her to talk about them if she wants to.
- ii. To be aware that not all survivors will react the same way.
- iii. To treat the survivor gently, with respect and compassion, even if she doesn't look or act affected.
- iv. To take the survivors fears and feelings seriously.
- v. To give her privacy. Some people can be very embarrassed talking about their experience and may not want to talk about the details.
- vi. Not to force a survivor to talk if she doesn't want to.
- vii. To use active listening and empathy.
- viii. Not to push the survivor. Let her talk at her own speed.
- ix. To remain calm at all times. This will help the survivor feel calm.
- x. To tell her she is not alone and although the trauma has disrupted her life, it will not last forever.
- xi. To assure her that her feelings are normal.
- xii. To provide help, but not to take over. It's up to the survivor to make decisions about what action to take.
- xiii. To allow the survivor to choose her own action.
- xiv. To encourage the survivor to talk about what happened and how she is feeling with someone she trusts.
- xv. Not to cause further damage to a woman who has already been brutalized.

- xvi. Perpetrators of violence are responsible for the abuse and for stopping it.

*Adapted from UNFPA Pakistan Participant Manual - BUILDING SURVIVORCENTERED RESPONSE SERVICES*

## **Step 2**

Ask participants to name some of the challenges they think they would face in going about it as outlined above. Allow for a discussion on points that will be raised.

## **REFLECTION SESSION (60 minutes)**

### **Objective**

To Examine participants understanding of day 1 -3 using case studies

### **Methodology**

- a. Reflective practice
- b. Pair work
- c. Interactive group session

### **Step by step**

#### **Step 1**

Ask participants to be in pairs. They should try to pair with someone they have not interacted with during the entire period of the training. (Starting from day 1 to now)

#### **Step 2**

Ask the participants to share each with their partner:

- a. what their general impression of the training was
- b. The thing that has most interested them
- c. The thing that has least interested them
- d. Any 3 main important things that they have learnt throughout the training period
- e. What they will do differently here onwards

#### **Step 3**

Ask anyone who is ready to present what their partner said.

- i. First state the name of the partner and what they do
- j. Then present the answers in the order they appear in step 2.

#### **Step 4**

After at least half of the participants have presented, the facilitator should make a brief summary of what the participants have learnt and make an assessment of the same in terms of whether the participants are on the right track or not. Ask the participants to reflect deeply on everything they have learnt and play their important role towards a better gender-sensitive, survivor-centred response to VAWG.

#### **Step 5**

Ask any participants to give the last remarks