PARTICIPATORY EXERCISES



Training curriculum for health care providers for management of intimate partner violence and sexual violence in Sierra Leone

THE WORLD BANK
IBRD • IDA

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These materials for participatory exercises form part of the training curriculum for health care providers for management of intimate partner violence and sexual violence in Sierra Leone. The exercises and materials here are based on resources for exercises in the WHO curriculum for caring for women subjected to violence,[1] and have been adapted for a Sierra Leonean context by integrating national legal frameworks and guidelines, and other resources. The Ministry of Health and Sanitation (MOHS) would like to thank the World Bank for its significant support in strengthening the country's health system. The development of this training package would not have been possible without the technical and financial support provided by the World Bank and the government of Japan through the Japan Policy and Human Resource Development (PHRD) grant for Advisory and Analytical Services.

1 World Health Organization (WHO). 2019. Caring for Women Subjected to Violence: A WHO Curriculum for Training Health-Care Providers.

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MODULE 2
Exercise 2.1: Voting with Your Feet (Facilitator Resource)

Pick 4–5 of the following 12 statements (depending on time) for values clarification.

1. **Women are just as violent as men in relationships.**

Points for the facilitator to emphasize: The few population-based studies that have examined women's perpetration of violence have found that the level of violence experienced by men at the hands of their female partners is much lower than the level of violence experienced by women at the hands of their male partners. The violence perpetrated by women is less likely to result in physical injuries, and often the violence is in response to violence perpetrated by their male partners. Violence by men against women is also more likely to include sexual violence.

2. **Most women are abused by strangers. Women are safe when they are at home.**

Points for the facilitator to emphasize: Studies show that in most settings, most of the perpetrators of sexual abuse are known to the survivors. Moreover, intimate partner violence, including physical and sexual violence by intimate partners, is the most common form of violence experienced by women. Therefore, unfortunately, for many women, home is not necessarily a safe space.

3. **Women who wear revealing clothing are asking to be raped.**
   OR: Survivors of intimate partner or sexual violence provoke the abuse through their inappropriate behaviour.

Points for the facilitator to emphasize: There is **NEVER** any excuse or justification for rape or any type of violence. Women who are abused should never be blamed or told that it is their fault.

4. **A woman can say "no" if she does not want to have sex with her husband.**

Points for the facilitator to emphasize: Every woman has the right to bodily integrity and the right to refuse sex. In many settings, however, gender norms socialize women and men into believing that once they are married, a man is entitled to have sex with his wife whenever he wants. In fact, in many countries, forced sex with your spouse is not considered to be rape. Nevertheless, women always have the right to control their bodies and sexuality, and this means that they can say "no" to sex with their husbands.

5. **Men cannot control themselves. Violence is simply a part of their nature.**

Points for the facilitator to emphasize: Violence is always a choice for the perpetrators. It is not a part of their nature, or inevitable. Violence is often a learned behaviour. Data show that children who are subjected to violence themselves, or who witness violence in their homes, are more likely to perpetrate or experience intimate partner violence when they grow up.

6. **Violence against women is a private matter and should not be discussed publicly.**
   OR: Intimate partner violence/domestic violence is a private matter, and outsiders should not interfere.

Points for the facilitator to emphasize: Violence against women is a public health issue with grave effects on the health of women and families. Violence has economic impacts because of the need to treat and respond to impacts on women's health, as well as the negative impact on survivors' economic productivity. There are also compounding effects on children who witness violence and may become violent themselves, drop out of school, or otherwise be unable to lead productive lives because of the violence to which they have been exposed.

7. **Men sometimes have a good reason to use violence against their partners.**

Points for the facilitator to emphasize: There is never any excuse or justification for any type of violence. Any conflict can be resolved without resorting to violence. It should never be used as a form of power or control.

8. **As a health care provider, how I respond to a woman who has suffered violence from a partner, or sexual abuse, is not very important.**

Points for the facilitator to emphasize: Women subjected to violence often do not disclose their experience of violence to anyone because they fear being blamed or stigmatized, or that no one will believe them. Even if a survivor does not disclose violence to you, studies show that such women are more likely to seek health care for a range of related conditions. Hence, you are likely to meet survivors of violence. Women also indicate that an empathic response from a health care provider can help gain their trust for disclosing experiences of violence. Therefore, an empathic, validating, and non-judgmental response to a survivor is very important for putting her on a path to healing.

9. **A sex worker cannot be sexually abused.**

Points for the facilitator to emphasize: The fact that a person sells sex for a living does not mean that she or he is always ready and willing to have sex. Forcing someone to have sex without their consent is sexual abuse. Sex workers are often forced to have sex because of the stigma that they are always available for sex. Even clients and potential clients can force sex workers to have sex. If someone has sex with you once, even when you are paid for it, she/he does not have the right to have sex with you again without your consent.

10. **If a woman stays with a violent partner, it is her fault.**

Points for the facilitator to emphasize: There are many reasons why women might stay with violent partners. It is not our place to judge these women. Leaving a violent relationship can result in an increased risk of violence from a controlling, violent partner. Other factors, such as economic dependence and social pressures not to break up her family, can prevent a woman from leaving her violent partner.

11. **Men who have sex with men do not experience gender-based violence.**

Points for the facilitator to emphasize: Gender-based violence is defined as "an umbrella term for any act, omission, or conduct that is perpetrated against a person's will and that is based on socially ascribed differences (gender) between males and females". Men who have sex with men defy the socially ascribed roles for males and females and, as a result, may experience abuse and violence. This is considered a form of gender-based violence, although it is more precisely described as violence based on sexual orientation.

12. If a drunk person is sexually abused, it is partially their fault because they chose to drink.

Points for the facilitator to emphasize: There is never any excuse or justification for sexual abuse or any type of violence. Although we may encourage people to stay aware of their surroundings and any potential risk of being in vulnerable or potentially abusive situations, not doing so does not mean that a person is at fault if they experience violence.

Miscellaneous statements

This exercise can be very personal and uncomfortable for some participants. If you hear discomfort or if group members become upset with one another, use these neutral statements in between the other statements to create a non-threatening atmosphere.

1. I would rather ride a bike a mile than walk a mile.
2. I love to cook.
3. I am a good dancer.
4. It makes me feel proud when someone thinks I have done a good job.
5. Babies are cute.

AGREE

DISAGREE

MODULE 2
Exercise 2.2: Blanketed by Blame (Character Cards)

Binta—central character

Binta is 35 years old. She has been married for 10 years. She has two children, aged 7 and 9. Binta works in a garment factory, sewing clothes for a big foreign company. Her husband, Abu, works for an automobile manufacturing factory. Soon after their younger child was born, Abu started beating her and eventually forcing her to have sex. This has continued for many years and has grown worse. Abu's drinking has also grown worse over the years. One day after Binta had to stay late at work to sew clothes for a big order, the garment factory manager dropped her home. Abu saw them together and became jealous and very angry. He beat her so badly that her arm was fractured, she had a big gash on her forehead, bruises everywhere, and a swollen black eye. Her children saw this and became very scared that something would happen to their mother. Binta could not take it anymore, as she was afraid for her life, and decided to take some action. She approached friends, family, a social worker in an NGO, a doctor, and the police.

You wait until all the blankets are on you and until the facilitator asks you:

"Binta, why do you put up with all this? Why don't you just leave?"

(As Binta sitting under the blankets, you reply non-verbally by attempting to move, but you cannot get up because of the weight of the blankets.)

Then you wait until all the blankets are removed, and the facilitator asks you:

"Binta, how do you feel now?"

And you reply "Free".

1. Friend—Anita

Binta tells her closest friend, Anita, about the abuse.

Anita: *"Are you telling me that wonderful husband of yours loses his temper, hits you even? Ah, I cannot believe that! He is always so kind and pleasant. You must have done something to make him angry."*

(After reading the statement, step forward and cover Binta with a blanket.)

REVERSE—EMPOWERING STATEMENT

11. Friend—Anita

"I'm so glad you told me about this. Breaking the silence is the first step. What he is doing is not acceptable. You do not deserve this. I will stand with you, Binta."

(After reading the statement, step forward and remove the blanket.)

2. Her mother—Aminata

Binta calls her mother, Aminata.

Aminata: *"Try harder, Binta. You were always the most stubborn one of all your sisters. Their marriages are all fine. They always listen to their husbands. Why did you have to go and work at that factory of yours? You must have neglected your husband. That is why he must be angry."*

(After reading the statement, step forward and cover Binta with a blanket.)

REVERSE—EMPOWERING STATEMENT

10. Her mother—Aminata

"Binta, you have tried so hard, but he hasn't. Your stubbornness is your strength. If I were in your shoes, I don't know if I would have struggled for so long."

(After reading the statement, step forward and remove the blanket.)

3. Neighbour

Binta's neighbours have heard her screams and sobs, and the police sirens.

Neighbour: *"The walls are pretty thin, Binta. People in the building are talking. These late shifts at work—it must be so frustrating for your husband. The poor guy was telling me that he now has to cook dinner on Wednesdays and Thursdays."*

(After reading the statement, step forward and cover Binta with a blanket.)

REVERSE—EMPOWERING STATEMENT

9. Neighbour

"Binta, we can help out by watching the children when you have to work late. Let them come over to our apartment, and we will cook their favourite noodles. When you come home, there will be some for you too."

(After reading the statement, step forward and remove the blanket.)

4. His mother, Binta's mother-in-law— Isatu

Binta's mother-in-law (Abu's mother), Isatu, lives close by, but she is often out of town visiting her other children.

Isatu: *"Don't whine, Binta. You are the one neglecting my son. Do you know how many times a day I must call him and make sure he is okay? You are always at that factory. Besides, who will believe you now? Remember those lies you told about my husband? That he tried to rape you?"*

(After reading the statement, step forward and cover Binta with a blanket.)

REVERSE—EMPOWERING STATEMENT

8. His mother, Binta's mother-in-law—Isatu

"I have worried for the longest time that Abu learned his abusive ways from his dad. I will advise Abu that he must get help. And I'm so sorry that I pretended not to notice that my husband was sexually harassing you."

(After reading the statement, step forward and remove the blanket.)

5. Community health worker—Mariama

The community health worker has often heard Binta and Abu fighting when she visits their home to talk about health.

Mariama: *"Binta, it is good to make peace with Abu. Is it nice that your children see the two of you fighting? Why don't you listen to him and not argue back? He is such a good man, always laughing and talking to everyone in this neighbourhood."*

(After reading the statement, step forward and cover Binta with a blanket.)

REVERSE—EMPOWERING STATEMENT

7. Community health worker—Mariama

"Binta, you don't deserve to be treated this way. This is abuse, and it is bad for your health and the children's health. I have heard about this women's NGO that helps women who face violence. Let me see if I can find out more about them and give you some information. In the meantime, here are some painkillers. They will help with the pain you have in your arm."

(After reading the statement, step forward and remove the blanket.)

6. Father

In desperation, Binta confides in the Father at her church, hoping that he will talk to Abu.

Father: *"Binta, marriage is not a contract you can walk away from because you don't like the terms; it's a lifelong promise taken in front of God. If you pray harder, things will work out."*

(After reading the statement, step forward and cover Binta with a blanket.)

REVERSE—EMPOWERING STATEMENT

6. Father

"As your pastor, I am here to support you, Binta. I talked to Abu to remind him it is also his duty to be a caring spouse and father, instead of terrifying you and the children. God does not condone a human beating another human."

(After reading the statement, step forward and remove the blanket.)

7. Child—Binta's daughter

Binta's 7-year-old daughter hides under the blankets whenever the violence begins.

Daughter: *"Mama, why don't you cook better so Papa won't get angry at you? Why can't we leave here?"*

(After reading the statement, step forward and cover Binta with a blanket.)

REVERSE—EMPOWERING STATEMENT

5. Child—Binta's daughter

"Mama, Papa's so mean to you, he's scaring me. Why doesn't he stop?"

(After reading the statement, step forward and remove the blanket.)

8. Police

The neighbours hear her screams and call the police. By the time the police come, Abu has left the house to go drinking with his friends.

Police: *"Hey, lady, why is there so much commotion? The neighbours are complaining. You should not fight so much with your husband. The poor man is always working hard to take care of his family. If you want to file a complaint, you can, but let me tell you it's not our job to come between a husband and wife. This is your private matter, and you should sort it out within the family."*

(After reading the statement, step forward and cover Binta with a blanket.)

REVERSE—EMPOWERING STATEMENT

4. Police

"I have arrested your husband, ma'am. We can keep him overnight. If you wish to file for a restraining order, you can do that, and it will help you stay safe. We will drive by to check that you are okay tomorrow. For tonight you and your children are safe, so rest easy."

(After reading the statement, step forward and remove the blanket.)

9. Social worker

Binta's son brings home a brochure from school. Binta sees that it is for an NGO that helps women, and calls them. A social worker answers the call.

Social worker: *"We have many programmes for women like you. Here is a lawyer who can help you if you agree to leave your husband. But If you will not leave your husband, it will be difficult to help you."*

(After reading the statement, step forward and cover Binta with a blanket.)

REVERSE—EMPOWERING STATEMENT

3. Social worker

"I can give you some information about what options you have, Binta. But it is best not to make a big decision when you're in a crisis. Tell me what would be most helpful to you right now, and then we can discuss some options so that you can decide what you would like to do."

(After reading the statement, step forward and remove the blanket.)

10. Lawyer

The lawyer hears her story, asks a few questions, and then responds.

Lawyer: *"These kinds of cases are difficult. It will cost you a lot of money and time. Have you thought about your children? What will happen to them without their father? I will need a witness, or someone else who can verify that you are telling the truth about your husband beating you and forcing you to have sex."*

(After reading the statement, step forward and cover Binta with a blanket.)

REVERSE—EMPOWERING STATEMENT

2. Lawyer

"No one deserves to be treated like this, Binta. Forced sex inside marriage is recognized as a crime in Sierra Leone. Physical abuse is also an offence. You have several options. First, think about whether you want to file a temporary restraining order. This could give you some time to think about what you want to do and what is best for you and your children. I can help you with this process."

(After reading the statement, step forward and remove the blanket.)

11. Doctor

After two days, when her arm is still in pain, and she is unable to work, Binta goes to the local clinic. The doctor examines her and tells her there is a fracture.

Doctor: *"Your X-ray shows you have a fracture. We will need to put it in a cast. It will heal in a few weeks. Did you say this happened because you fell down the stairs? Well, you need to be more careful next time. Now, do not cry—you can see I am very busy. I do not have time for all this emotional stuff. Please go to the nurse. She will get your arm into the cast, and then you can be on your way."*

(After reading the statement, step forward and cover Binta with a blanket.)

REVERSE—EMPOWERING STATEMENT

1. Doctor

"Binta, I can see from your X-ray that you have a fracture. I also see several bruises that are beginning to fade. Once we put your arm in a cast, it will heal in a few weeks. I can give you some pain medicine so that you are more comfortable. I am concerned about your health, and I'm wondering if everything is okay in your home. I see many women facing problems like you, and they trust me to confide their problems in. If you feel comfortable, you can do so as well. I will not tell anyone else. Has Abu done something to hurt you?"

(After reading the statement, step forward and remove the blanket.)

MODULE 5
Exercise 5.1: Role-Play on the Identification of Intimate Partner Violence

Demonstration role-play (facilitator's script)

SCENARIO 1

Instructions to the participant acting as the patient

- Read the entire scenario to yourself. Do not initially share the details with others in your group.
- When instructed by the facilitator, you will **only read the information in the first three sections (health care setting, demographics, and presenting health issue) to your provider.** Your provider's job is then to interview you and to elicit the rest of the information.

Health care setting: Primary care clinic.

Demographics: Woman, 55 years old, living in an urban area.

Presenting health issue: This is your yearly gynaecological exam. You tell the provider that your back hurts and you would like some medication to help with the back-muscle spasms. You have fading bruises along the outsides of both legs. Your hair is messy, and your clothes seem a bit dirty.

Patient description and concerns: You have been married for over 35 years and have five children, between the ages of 18 and 34 years old. Three of your children live with you. The others have moved away. You are a stay-at-home wife.

For the past month, you have been agitated and stressed, and often your day is ruined by terrible headaches. You are very tired, as you have not slept well in a month, and you have also gained a lot of weight. You are feeling ugly, stupid, and worthless, and have been having constant suicidal thoughts over recent days. Initially, you do not want to talk about the bruises, or what your husband has been doing to you. You express concern about your inability to pay for any necessary medication.

Description and history of violence: Your husband has abused you in many ways throughout your 35 years of marriage. He often calls you by offensive names and belittles you in front of your children. In previous years, you have spent the night at a friend or family member's house three times when your husband was more violent than usual, such as when he broke your arm, or he threatened to kill you. You returned to him primarily for financial reasons, and because he apologized and promised to stop the violence.

He had not been violent for most of this current year until he knocked you down two weeks ago, kicking you on both sides of your legs. You partly blame yourself because your husband recently lost his job and has been anxious lately, and you have not been able to find a paid job to help cover the family's expenses.

Handout for participants acting as the patient

SCENARIO 2

Instructions to the participant acting as the patient

- Read the entire scenario to yourself. Do not initially share the details with others in your group.
- When instructed by the facilitator, you will **only read the information in the first three sections (health care setting, demographics, and presenting health issue) to your provider.** Your provider's job is then to interview you and to elicit the rest of the information.

Health care setting: Mental health care consultation in a district hospital.

Demographics: Girl, 17 years old, living in a rural area.

Presenting health issue: You were referred to this mental health professional by a family doctor. Your mother has taken you to several health care appointments in different facilities, but no doctor has been able to provide a clear diagnosis. Your mother tells the provider that your behaviour has been very weird for some months, and she does not know what to do. She says you used to be an easy-going girl but that lately you have been easily irritated, and that you disappear every day after school without informing anyone of your whereabouts. You went from being a good student to failing the school year. She decided to take you to see a doctor after a crisis episode, in which you started to cry and scream uncontrollably in the middle of the night.

Patient description and concerns: You are a student who lives with your mother, your uncle (your mother's brother), two brothers and a 13-year-old sister. You have not told anyone, but for the past three months, you have been having intense headaches, low mood, and have been extremely anxious and sad most of the time.

You no longer feel like going out with your friends, and you have also quit the church choir, as you have no interest in singing anymore. You have insomnia and often have frightening dreams. You are withdrawn and somewhat silent in the interview with the provider. You do not volunteer any information; instead, you are evasive and do not tell the truth unless directly asked.

Description and history of violence: Your uncle has always been a "ladies' man", and it seems that women consider him very handsome. He is always in the company of a girlfriend, and you believe he may be the father of one or two children in your village, but your family has never discussed this topic. He is admired in your village for being so popular with women.

Three months ago, you came back from school a bit early, and nobody seemed to be home. You were in your room when your uncle arrived suddenly and sexually assaulted you. One week later, he came into your room at night while you were asleep and raped you again. You are always afraid when you are home, so after school, you hide by the forest or close to the river. You constantly worry about sexually transmitted infections or the fact that you could be pregnant.

SCENARIO 3

Instructions to the participant acting as the patient

- Read the entire scenario to yourself. Do not initially share the details with others in your group.
- When instructed by the facilitator, you will **only read the information in the first three sections (health care setting, demographics, presenting health issue) to your provider.** Your provider's job is then to interview you and to elicit the rest of the information.

Health care setting: Antenatal care clinic.

Demographics: Woman, 38 years old, living in a rural area.

Presenting health issue: You are three months pregnant and complain of a three-day history of vaginal bleeding. Your husband accompanies you to the clinic and seems concerned. As the health care provider begins taking the history and conducting a physical examination, you begin sobbing uncontrollably. You are very anxious and afraid, and you say, "Please don't let me lose my baby!" No bruises were visible during the examination.

Patient description and concerns: You have been married for 20 years and are a stay-at-home wife living in a large house with eight young children. You take care of the children on your own, with the help of a housemaid. You have stopped going to church and seeing your friends and family because of your husband's jealousy, which has caused many fights. Because of this, you feel isolated and alone.

A few months ago, a doctor asked you to take an HIV test, and the result came back positive. You did not receive any counselling, and you are worried about what this means for you and the baby you are expecting, as well as your other children.

Description and history of violence: Your husband comes from a wealthy, traditional family of farmers. You feel lucky to have married into such a wealthy family, and many times you tolerate it when he forces you to have sexual intercourse with him, which was behind most of your pregnancies. He is an unfaithful, aggressive, and possessive husband. You need to ask his permission if you want to see your family or friends; otherwise, he gets upset. He drinks very heavily, and then the abuse gets worse. When he is drunk, he often pushes you, throws objects at you and sometimes slaps you. Once he even pointed a gun at your head and threatened to kill you.

A few days ago, when he was very drunk, he arrived home, and you had gone out to visit a friend. When you arrived home, he was very mad and pushed you into the wall. You hit your head very hard, and your hair now covers the huge bruise on the top of your head. You constantly think about leaving him; however, for financial reasons, you do not believe you and your children can make it without him. Also, you are afraid that he would harass you and become more dangerous if you left.

MODULE 6
Exercise 6.1: Role-Play to Practice Lives (Participant Handout)

SCENARIO 1

Instructions to patients and observers

1. Read the entire scenario to yourself. Do not initially share the details with others in your group.
2. When instructed by the facilitator, the patient should **only read out loud the information in the first two sections (demographics and presenting health issue) to the health care provider**.
3. The job of the **health care provider** is to ask questions and provide first-line support/counselling as described in LIV(ES)—Listen, Inquire and Validate.
4. The role of the **patient** is to describe why you are there or what symptoms you are seeking care for, and to respond to the questions asked by the health **care provider**.
5. The **observer** should observe the interaction, take notes, and give feedback to the **health care provider** at the end of the role-play, and also keep track of the time.
6. You have 10 minutes to practice the role-play with the health care provider in your group.
7. The **observer** then should give the health care provider feedback on the role-play for about 5 minutes.
8. Then **switch roles** within your group and repeat the exercise using the other scenario.

Demographics: Woman, 23 years old, married for four years, two children, and pregnant.

Presenting health issue at the antenatal clinic: Symptoms include stomach pain, and she is worried because she is four months pregnant. As the health care provider begins taking history, she begins sobbing uncontrollably. She is very anxious and afraid and says, "Please don't let me lose my baby!" No bruises are visible during the examination.

Patient description and concerns: The woman cares for her two children at home and does not work outside. She has stopped seeing friends and most of her family because of her husband's jealousy, which has caused many fights. She feels isolated and alone. He comes from a wealthy family, and she feels lucky to have married such a man. He often becomes violent. A few days ago, he arrived home while she had gone out to visit her mother. When she arrived back home, he was very angry and pushed her against the wall. She slammed against the wall with her belly, and she has been feeling pain in her stomach ever since.

SCENARIO 2

Instructions to patients and observers

1. Read the entire scenario to yourself. Do not initially share the details with others in your group.
2. When instructed by the facilitator, the patient should **only read out loud the information in the first two sections (demographics and presenting health issue) to the health care provider**.
3. The job of the **health care provider** is to ask questions and provide first-line support/counselling as described in LIV(ES)—Listen, Inquire and Validate.
4. The role of the **patien**t is to describe why you are there or what symptoms you are seeking care for and to respond to the questions asked by a health care provider.
5. The **observer** should observe the interaction, take notes, and give feedback to the health care provider at the end of the role-play, and also keep track of the time.
6. You have 10 minutes to practice the role-play with the health care provider in your group.
7. The **observer** then should give the health care provider feedback on the role-play for about 5 minutes.
8. Then **switch roles** within your group and repeat the exercise using the other scenario.

Demographics: Woman, 19 years old, student, unmarried, living with her family, including her parents and grandparents.

Presenting health issue at a gynaecology outpatient department of the city hospital: The woman comes to the department with complaints that she missed her last period, which was supposed to start two weeks ago. She has also been feeling very tired for about three months. She has bruises on her forearm and bite marks on her upper chest. Speculum examination shows a foul, yellowish discharge.

Patient description and concerns: The woman is a student, working hard to become a nurse. Three months ago, she was struggling with some of her studies, and another student offered to help her study in the library. When other people left the library, the other student sexually assaulted her. She tried to stop him, and he became aggressive, causing multiple bruises over her back and her breasts. The sexual and physical assaults have happened several times since. The last time was two days ago. He threatened to kill her if she told anyone, but she is now worried that she might be pregnant and, therefore, has decided to come to the hospital.

SCENARIO 3

Instructions to patients and observers

1. Read the entire scenario to yourself. Do not initially share the details with others in your group.
2. When instructed by the facilitator, the patient should **only read out loud the information in the first two sections (demographics and presenting health issue) to the health care provider**.
3. The job of the **health care provider** is to ask questions and provide first-line support/counselling as described in LIV(ES)—Listen, Inquire and Validate.
4. The role of the **patient** is to describe why you are there or what symptoms you are seeking care for and to respond to the questions asked by a health care provider.
5. The **observer** should observe the interaction, take notes, and give feedback to the health care provider at the end of the role-play, and also manage the time.
6. You have 10 minutes to practice the role-play with the health care provider in your group.
7. The **observer** then should give you feedback on your role-play for about 5 minutes.
8. Then **switch roles** within your group and repeat the exercise using the other scenario.

Demographics: Woman, 55 years old, married for over 37 years, with five children aged between 18 and 34 years old (three of whom live with her; the others have moved away), a stay-at-home wife.

Presenting health issue at a local clinic: Presents to a local health centre for an examination because of a yellow and bad-smelling vaginal discharge. Her back hurts, and she wants help with the pain. Upon examination, there are fading bruises on her hips from a fall a few days ago. She does not tell the provider how she fell because she fears her husband finding out.

Patient description and concerns: The woman does not have money to pay for medication. Her husband has abused her throughout their marriage, calling her offensive names and belittling her in front of the children. Over the past five years, she has spent a night at the local shelter three times, when the husband was more violent than usual (e.g. broke her arm and threatened to kill her). She returned to him for financial reasons and because he apologized and promised to stop the violence. A few days ago, he knocked her down, and her back went into a spasm. The woman blames herself because he lost his job and is stressed - she is unable to find a job to help with family finances. For the past month, she has been agitated and stressed, and terrible headaches ruin her day. She is very tired, as she has been unable to sleep well for a month and has gained a lot of weight. She is feeling ugly, stupid, and worthless, and has had occasional suicidal thoughts.

AMINA

You are Amina, a 28-year-old woman who has been experiencing physical and sexual abuse from her boyfriend for the last six months. You do not know what to do, so you go to your sister for support and advice.

SISTER

Listen to Amina, talk to her, and then send Amina to the community/religious leader for advice.

COMMUNITY /RELIGIOUS LEADER

Listen to Amina, talk to her, and then send Amina to the Women's group for support.

WOMEN'S GROUP

Listen to Amina, talk to her, and then send Amina to Doctor/Clinic #1 for health care.

DOCTOR/ CLINIC #1

Listen to Amina, talk to her, and then send Amina to the Police #1 for the official medical reporting form.

POLICE #1

Listen to Amina, talk to her, and then send Amina to Doctor/Clinic #2 (Doctor #1 is not available). Explain that no charges can be filed without medical proof.

DOCTOR/ CLINIC #2

Listen to Amina, talk to her, take her history, perform a medical examination, and then send Amina to Police #2 with medical details.

POLICE #2

Listen to Amina, talk to her, and then send Amina to Legal Aid Lawyer.

LEGAL AID LAWYER

Ask Amina to tell her story, ask for all the documents, prepare her case, and make her practice saying her story in court again. Send her to the Court.

COURT

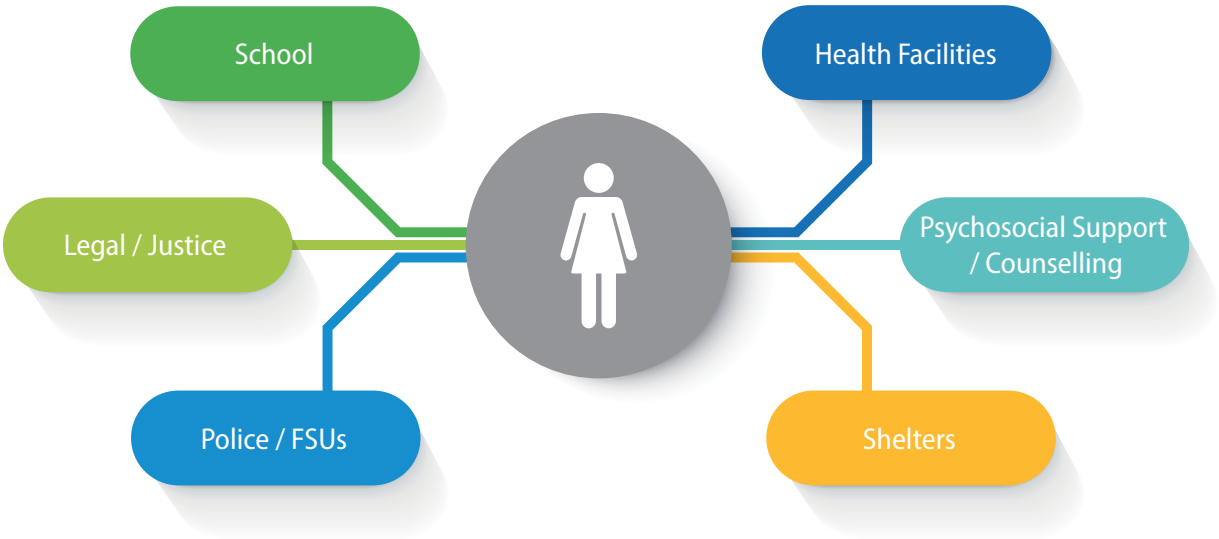
Welcome Amina and instruct her to re-tell her story in court.

MODULE 7

Exercise 7.2: Developing Facility-Level Service Provider Directories (Participant Handout)

Service Provider Directory Template						
Medical /Health Services						
Name of Institution	**Locations**	**Available Services**	**Operational Hours**	**Target Group**	**Focal Point**	**Service Fees**
Counselling and Case Management						
Police and Security Services						
Shelter/Safety Home						
Legal Services						

Referrals outside the health facility



MODULE 8

Exercise 8.1: Role-Play on History-Taking (Sample History and Examination Form)

CONFIDENTIAL

Health Service Provider Data Collection Form

1. General Information

Was the incident reported by the survivor or reported by the survivor's escort and received services at the time of the report? *			☐ Yes	☐ No
Staff Code*	**Date /Time of Exam*** DD / MM/ YYYY 00:00	**Present during the exam** *(note role or relationship, not names)*	**Age**	**Sex** ☐ Male ☐ Female

2. Incident Information

Description of Incident *(Only necessary if incident description varies from that given during counselling session, or additional details are needed for medical purposes)*		
Date / Time of Incident (estimate if unknown)		DD / MM/ YYYY 00:00
Physical Violence Involved? *	☐ Yes ☐ No	**Describe:**
Use of Restraints?	☐ Yes ☐ No	**Describe:**
Use of Weapon(s)?	☐ Yes ☐ No	**Describe:**
Drugs/Alcohol Involved?	☐ Yes ☐ No	**Describe:**

Penetration Involved? * (Mark all that apply)					
	No	**Vagina**	**Anus**	**Other Orifice**	**Describe**
Penis					
Finger					
Other					

3. Current Signs and Symptoms *(Note pain, bleeding, discharge from vagina or rectum, or any other symptoms)*

4. Medical History & Examination

	Yes	**No**	**Unknown**	**Describe**
Known allergies?				
Chronic conditions?				
Other Relevant Information				

Signs of pregnancy? *

☐ No ☐ Yes (# of Weeks: ___)

Current contraception used? * ☐ None ☐ Pill ☐ IUD ☐ Condoms ☐ Injectable contraceptive ☐ Other

After the incident did the survivor (mark all that apply)

☐ Brush teeth ☐ Change clothes ☐ Vomit ☐ Defecate ☐ Use tampon or pad
☐ Urinate ☐ Rinse mouth ☐ Wash or bath ☐ None

Weight	**Height**	**BP**	**RR**

HIV/AIDS status*

☐ Positive ☐ Negative ☐ Unknown

Pubertal stage*

☐ Pre-pubertal ☐ Pubertal ☐ Mature

Physical Exam			
Head and Face			**Mouth and Nose**
Eyes and Ears			**Neck**
Chest			**Back**
Abdomen			**Buttocks**
Arms and Hands			**Legs and Feet**

Genital Exam			
Genital examination done?	☐ Yes—External Exam ☐ Yes—Speculum Exam ☐ No—Patient Declined ☐ No—Not Applicable ☐ No—Not Available	☐ Yes ☐ No—Patient Declined ☐ No—Not Applicable ☐ No—Not Available	**Anal examination done?**
Position of patient (supine, prone, knee-chest, lateral, if a child—in adult's lap)			
For genital examination			**For anal examination**
Vulva/Scrotum			**Vagina/Penis**
Introitus and Hymen			**Cervix**
Anus			**Bimanual/ Recto-vaginal Exam**

5. Investigations Done

Tests Done	No - Patient Declined	No - Not Available	No - Not Applicable	Yes - Negative	Yes - Positive	Yes - No Results
Pregnancy Test*						
VCCT Counselling*						
HIV Test*						
Gonorrhoea Test*						
Chlamydia Test*						
Syphilis Test*						
Trichomoniasis Test*						
Hepatitis B Test*						

Evidence Collected	Type and Location	Sent to/Stored	Collected by/Date

6. Treatments Prescribed

STI Prevention*	Notes:
☐ Yes ☐ No—Patient declined ☐ No—Not applicable ☐ No—Not available	
STI Treatment*	**Notes:**
Yes ☐ No—Patient declined ☐ No—Not applicable ☐ No—Not available	
Emergency Contraception*	**Notes:**
Yes ☐ No—Patient declined ☐ No—Not applicable ☐ No—Not available	

Wound Treatment*	Notes:
☐ Yes ☐ No—Patient declined ☐ No—Not applicable ☐ No—Not available	
Tetanus Prophylaxis*	**Notes:**
☐ Yes ☐ No—Patient declined ☐ No—Not applicable ☐ No—Not available	
Hepatitis B Vaccination*	**Notes:**
☐ Yes ☐ No—Patient declined ☐ No—Not applicable ☐ No—Not available	
HIV Prophylaxis (PEP) *	**Notes:**
☐ Yes ☐ No—Patient declined ☐ No—Not applicable ☐ No—Not available	

7. Planned Action/Action Taken: Any Action/activity regarding this report.

Did you refer a patient for higher-level medical services? *	☐ Yes (Indicate for which of the following reasons): ☐ Antenatal Care ☐ Vaccination ☐ Family Planning ☐ Closer Facility ☐ Surgery ☐ VCCT Follow-up ☐ Other Advanced Treatment
	☐ No (Indicate for which of the following reasons): ☐ Services already received ☐ Patient declined ☐ Service not applicable ☐ Service unavailable

Did the patient request a medical certificate?*	**Was a medical certificate provided for the patient?***	**Was a follow-up visit scheduled?**	**Was the medical examination process explained before beginning the procedure?**
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

MODULE 8

Exercise 8.1: Role-Play on History-Taking (Participant Handout Scenarios)

Facilitator: *Separate these descriptions of each character and give the appropriate character description to each of the participants playing the client/patient and the mother*

✂ -

Character: Client/patient

You are Sia, an 18-year-old student. You were sexually abused 13 hours ago by someone from school as you were returning home from school. You do not know whether the perpetrator used a condom. You come to the health care facility with your mother. She is not aware that you are sexually active and that you had sex with your boyfriend 24 hours (one day) ago. Since the incident of sexual abuse, you have urinated but not taken a shower. Concerning your medical history, you had a tonsillectomy at the age of 5, and you are healthy. You have a regular menstrual cycle, and your last period was two weeks ago. You and your boyfriend use condoms.

✂ -

Character: Client's/patient's mother

You are Finda, Sia's mother. Your daughter is 18 years old. Last night, when she returned home from school, she was crying and upset. When you asked her what happened, she told you that she was raped by someone on the way home from school. You were immediately worried about what could happen to your daughter. However, since it was evening, you decided to wait until this morning to bring her to the health care facility. This morning you brought her to the health care provider for a check-up. You are concerned about her getting pregnant and what people would say if she does. You are worried about your daughter and want to remain with her throughout the consultation. You think she needs your support, and you will not be happy to leave the consulting room if asked by the health care provider. If you can stay in the consulting room, you keep trying to answer questions on Sia's behalf.

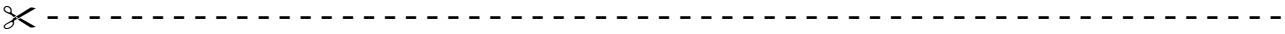
MODULE 9
Exercise 9.1: Decision-Making on Forensic Evidence Collection

Instructions for facilitator

- Assign each group one of the four scenarios so that each scenario is covered by at least one group, depending on the number of groups.

Instructions for participants

- Work in small groups (6–8 people).
- Read the scenario assigned to you.
- Based on the description, discuss in your group responses to the following questions:
  - What type of information would you need, or what questions would you ask, to decide whether or not to do a forensic examination?
  - What forensic evidence would you collect, and why?

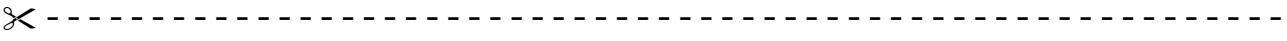


Scenario 1

Zainab is a 12-year-old girl. She was brought in by her older sister, who found her crying at home. For several months now their 35-year-old uncle has been coming home in the evening to spend time with the family. Several times he has found Zainab alone while her parents have gone out in the evening to run errands. Zainab usually stays at home to finish her homework. Her older sister is in college and comes home late. Her uncle has been sexually abusing Zainab for some months. First, it started as touching, then he kissed her and forced her to watch him masturbate. He threatened to harm her if she told her parents or sister. A few weeks ago, he forced her to have oral sex, and last evening he raped her vaginally. She has been facing sleepless nights, anxiety, and nightmares, but has been terrified to say anything, fearing he would hurt her. Finally, she told her sister the previous evening because she is experiencing pain in her vagina. Her sister brought her to the doctor first thing in the morning. She did not say anything to their parents because the man is their father's brother. Zainab and her sister are afraid of going to the police.

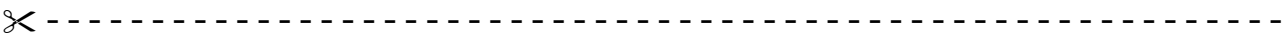
Scenario 2

Mariatu is a 70-year-old woman who lives with her daughter and son-in-law. She takes care of her grandchildren when her daughter and son-in-law are at work. There has been renovation work in the house, which has now been completed. Five days ago, on the last day of the renovation work, one of the workers entered her bedroom and forced her to perform oral sex while the children were playing outside. She has come to the clinic complaining of pain in her throat. She says she may want to go to the police.



Scenario 3

Titi is a 38-year-old woman living with her partner and three children. She recently suffered an accident and broke her leg. She is now using crutches to get around. While she was coming back from the market, a group of five men surrounded her and raped her repeatedly. They threatened her with a knife. She has pain in her abdomen, neck and pelvic area. They broke her crutch, but luckily a friendly woman who passed by afterwards helped her home. She is afraid, but her husband accompanied her to the doctor two days after it happened. She may want to report it to the police when she is feeling better again. Her clothes were torn, but they brought them along. She has washed since it happened.



Scenario 4

Umaru is a 9-year-old boy living with his mother and older brother. They are refugees who left their home country when war broke out. At present they are living with a family in their host country. The family has agreed to take them in temporarily until Umaru's mother, Fatmata, finds a job. The three of them and the host family live in a small, crowded home in the city not far from the border. They are lucky to have found shelter with this family because many others who left their homes are living in camps. One day Umaru was at home while Fatmata had gone out in search of work. The host family has an 18-year-old son, Sandy. Umaru was alone with Sandy, and his classmates were hanging out and decided to tease and bully Umaru. Eventually Sandy raped Umaru, while his classmates watched and egged Sandy on. Umaru was terrified and did not say anything to anyone for nearly a week because he was afraid that he and his family would be thrown out of their host's house. Sandy has been taunting him whenever he thought no one would hear or see. Umaru has become withdrawn, not speaking much, and crying out with nightmares at night. Last night he had a fever, and finally, his mother became anxious and brought him to a doctor in the camp who examined him. The doctor in the camp suspected something more, but because she was busy, she referred him to a nearby hospital. It has been a week since this incident happened.

Sheet to document responses

Scenario: _____ (Choose from Scenario 1, 2, 3 or 4)

Question 1: What type of information would you need, or what questions would you ask, to determine how to proceed with the examination?

Response:

Explanation why:

Question 2: What forensic evidence would you collect, and why?

Response:

Explanation why:

MODULE 10

Exercise 10.1: Case Studies on Treatment Decisions for Sexual Assault (Participant Handouts—Scripts)

CASE STUDY 1

An adult woman survivor comes to the clinic 36 hours after being raped. She states she wants all available treatment. She says she has no allergies that she knows of.

Treatment offered to the woman should include:

Do you provide:	Yes	No	Why?
HIV post-exposure prophylaxis (PEP)?			
Emergency contraception?			
STI presumptive treatment?			
Other? Specify.			

Which tests are required before you can prescribe the above treatment?	
What other care and treatment would you provide to her?	
What other services would you refer her to?	

CASE STUDY 2

An 18-year-old girl was brutally raped by five perpetrators four days ago. Her mother has brought her in and is very worried that the girl will get pregnant and bring shame to the family. On examination, you find multiple bruises on her breasts, healing lacerations around her genitals, and anal tears. When she takes off her skirt, you see that she has wet herself.

Treatment offered to the girl should include:

Do you provide:	Yes	No	Why?
HIV post-exposure prophylaxis (PEP)?			
Emergency contraception?			
STI presumptive treatment?			
Other? Specify.			

Which tests are required before you can prescribe the above treatment?	
What other care and treatment would you provide to her?	
What other services would you refer her to?	

CASE STUDY 3

A 15-year-old boy comes to the clinic 70 hours after being raped. His mother states she wants all available treatment. He says he has no allergies.

Treatment offered to the boy should include:

Do you provide:	Yes	No	Why?
HIV post-exposure prophylaxis (PEP)?			
Emergency contraception?			
STI presumptive treatment?			
Other? Specify.			

Which tests are required before you can prescribe the above treatment?	
What other care and treatment would you provide to him?	
What other services would you refer him to?	

CASE STUDY 4

A 42-year-old woman comes to the clinic. She was severely beaten and raped multiple times by an armed perpetrator two days ago. The perpetrator was unable to achieve sufficient erection for vaginal penetration. The survivor was also forced to perform oral sex on the perpetrator. On examination, she has multiple bruises around the face and legs and abdomen. There is a laceration on her forehead, and there are abrasions on her elbows. She is very emotional and very concerned about pregnancy.

Treatment offered to the woman should include:

Do you provide:	Yes	No	Why?
HIV post-exposure prophylaxis (PEP)?			
Emergency contraception?			
STI presumptive treatment?			
Other? Specify.			

Which tests are required before you can prescribe the above treatment?	
What other care and treatment would you provide to her?	
What other services would you refer her to?	

MODULE 12
Exercise 12.1: Case Studies on Treatment Decisions for Sexual Assault

CASE STUDY

1. Demographics:

Amina is a 17-year-old student in high school living with her mother, her uncle (father's brother), and siblings (a 14-year-old brother and 10-year-old sister). She has a boyfriend in school, with whom she has had sex several times.

2. Presenting health issue at a local clinic:

She was raped 13 hours ago by someone from school as she was returning home from school. Amina reports that the perpetrator did not use a condom. She has come to the health care facility with her mother. Her mother is not aware that she is sexually active and that she had sex with her boyfriend 24 hours (one day) ago. Since the sexual assault, she has urinated but not taken a shower. Concerning her medical history, she had a tonsillectomy at the age of 5 and has been generally healthy. Amina has a regular menstrual cycle, and her last period was two weeks ago. She and her boyfriend use condoms.

3. Clinical exam:

Amina's height is 170cm, and her weight is 50kg. Her blood pressure is 120/70. She has bruises on her right arm and left leg, her clothes are dirty and torn, she has a deep cut on her lip, and pain when you palpate her lower abdomen. The rest of her examination is normal.



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