

SEPTEMBER 2018

Strengthening HIV/AIDS Services for Key Populations

IN PAPUA NEW GUINEA

Gender-Based Violence Integration Tools

(ANNEXES)



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ANNEX 1: MODIFIED GENDER-BASED VIOLENCE READINESS CHECKLIST

CATEGORY	Yes?	No?
INSTITUTIONAL COMMITMENT		
1. Have the senior directors of your institution (e.g., the board of directors) voiced their support for the effort to address gender-based violence (GBV) as a public health problem?	<input type="checkbox"/>	<input type="checkbox"/>
REFERRAL NETWORKS AND ALLIANCES WITH OTHER ORGANIZATIONS		
2. Have you met with representatives from other organizations working in the GBV area to identify how you can collaborate?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your institution part of a network or coalition of organizations working on GBV-related issues?	<input type="checkbox"/>	<input type="checkbox"/>
PRIVACY AND CONFIDENTIALITY		
4. Are consultation rooms built in such a way that clients cannot be heard or seen from outside?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all GBV patient records stored securely and confidentially using identifying codes?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all medical records (except patient consent and medical report) anonymous (i.e., without the patient's name)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are the patient consent and medical report stored separately from the patient records?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the book which links the client's name with the identifying medical record file number stored separately from the records in a locked filing cabinet?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is access to the client's name/number book limited to GBV service providers only?	<input type="checkbox"/>	<input type="checkbox"/>
STAFF SENSITIZATION AND TRAINING		
10. Have all staff who have direct contact with female clients received in-depth training about GBV?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have all providers offering GBV services been trained to follow the protocol?	<input type="checkbox"/>	<input type="checkbox"/>
12. In your clinic, is there a staff member trained to provide treatment for physical injuries?	<input type="checkbox"/>	<input type="checkbox"/>
13. In your clinic, is there a staff member trained to provide emergency contraception?	<input type="checkbox"/>	<input type="checkbox"/>

14.	In your clinic, is there a staff member trained to provide HIV testing and post-exposure prophylaxis?	<input type="checkbox"/>	<input type="checkbox"/>
15.	In your clinic, is there a staff member trained to provide psychological first aid?	<input type="checkbox"/>	<input type="checkbox"/>
16.	In your clinic, is there a staff member trained to provide sexually transmitted infection (STI) screening/testing and treatment?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are there trained male and female staff members who can offer the full range of GBV services?	<input type="checkbox"/>	<input type="checkbox"/>
18.	If not, have you planned internal referral?	<input type="checkbox"/>	<input type="checkbox"/>

ESSENTIAL GBV DRUGS

19.	Do you have the necessary post-exposure prophylaxis drugs available in your clinic?	<input type="checkbox"/>	<input type="checkbox"/>
20.	If not, can you obtain the supply?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Do you have the necessary STI treatment drugs available in your clinic?	<input type="checkbox"/>	<input type="checkbox"/>
22.	If not, can you obtain the supply?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Do you have the necessary emergency contraception drugs available in your clinic?	<input type="checkbox"/>	<input type="checkbox"/>
24.	If not, can you obtain the supply?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Do you have the necessary hepatitis B vaccine available in your clinic?	<input type="checkbox"/>	<input type="checkbox"/>
26.	If not, can you obtain the supply?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Do you have the necessary tetanus toxoid vaccine available in your clinic?	<input type="checkbox"/>	<input type="checkbox"/>
28.	If not, can you obtain the supply?	<input type="checkbox"/>	<input type="checkbox"/>

ADMINISTRATIVE SUPPLIES

29.	Does each GBV service provider have a copy of the GBV screening protocol?	<input type="checkbox"/>	<input type="checkbox"/>
30.	Does each GBV service provider have a copy of the National Department of Health's Medical and Psychosocial Care for Survivors of Sexual and Gender-Based Violence, National Clinical Practice Guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
31.	Are GBV Service Consent/Assent forms available?	<input type="checkbox"/>	<input type="checkbox"/>
32.	Are GBV Medical Examination Record forms available?	<input type="checkbox"/>	<input type="checkbox"/>
33.	Are GBV Medical (legal) Report forms available?	<input type="checkbox"/>	<input type="checkbox"/>
34.	Are GBV Notification for Release of Survivor Medical Report forms available?	<input type="checkbox"/>	<input type="checkbox"/>

35.	Are updated initial and follow-up Voluntary Counseling and Testing/Sexually Transmitted Infection/Antiretroviral Therapy forms available?	<input type="checkbox"/>	<input type="checkbox"/>
36.	Are updated Voluntary Counseling and Testing/Sexually Transmitted Infection/Antiretroviral Therapy registers available?	<input type="checkbox"/>	<input type="checkbox"/>
37.	Are GBV registers available?	<input type="checkbox"/>	<input type="checkbox"/>
38.	Are monthly GBV data summary forms available?	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION, EDUCATION AND COMMUNICATION MATERIALS

39.	Are GBV posters or signs available in your clinic?	<input type="checkbox"/>	<input type="checkbox"/>
40.	Are GBV materials available for clients to take away in your clinic?	<input type="checkbox"/>	<input type="checkbox"/>
41.	Are referral cards for each population available?	<input type="checkbox"/>	<input type="checkbox"/>

CLIENT FLOW

42.	Has the clinic assessed patient flow and considered whether any adjustments need to be made in order to offer routine GBV screening and GBV services?	<input type="checkbox"/>	<input type="checkbox"/>
43.	Will changes need to be made in order to minimize movement of GBV survivors to access all the GBV services?	<input type="checkbox"/>	<input type="checkbox"/>

REFERRAL FOLLOW-UP

44.	Is there a mechanism to verify if a client went to referral services within the clinic?	<input type="checkbox"/>	<input type="checkbox"/>
45.	Is there a mechanism to verify if a client went to referral services outside the clinic?	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY OF CARE

46.	Is there a plan in place to monitor the quality of GBV screening and services on an ongoing basis?	<input type="checkbox"/>	<input type="checkbox"/>
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ANNEX 2:

GENDER-BASED VIOLENCE SCREENING PROTOCOL

“From the very first moment, throughout the entire interaction with survivors of GBV and at every encounter, health workers must ensure to apply a survivor-centred approach, which means prioritizing the rights, wishes and needs of the survivor.”

National Department of Health, Medical and Psychosocial Care for Survivors of Sexual and Gender Based Violence, National Clinical Practice Guidelines

As per the National Department of Health¹ recommendation above, our gender-based violence (GBV) services will be provided in accordance with the international human rights agreements Papua New Guinea has signed.

These rights include the right to:

Life a life free from fear and violence.

Self-determination being entitled to make decisions independently, including sexual and reproductive decisions, refusing medical procedures and/or taking legal action.

The highest attainable standard of health health services of good quality that are available, accessible and acceptable to the client.

Non-discrimination health care services offered without discrimination; treatment is not refused based on race, ethnicity, caste, sexual orientation, religion, disability, marital status, occupation or political beliefs.

Privacy and confidentiality provision of care, treatment and counseling are private and confidential; information is only disclosed with the consent of the client.

Information the right to know what information has been collected and have access to such information, including medical records.

How GBV survivors are identified

In our facility, we may identify GBV survivors in three different ways:

- The survivor comes to the clinic because he/she has experienced violence and needs help.
- A client discloses GBV within the context of seeking other services (for example, a client may answer “no” to all the screening questions but, after testing positive for HIV, share that they are afraid to tell the partner because he/she beats them).
- Survivors are identified through screening.

¹ Throughout this protocol, “NCPG” followed by a page number indicates the page in the National Clinical Practice Guidelines that should be referenced for additional support.

a. Client seeks help after experiencing GBV

Some clients will come to our clinic because they have experienced GBV. From the moment they arrive, they need to be treated with compassion and have their confidentiality respected:

- At registration, the client should be able to state the reason for her/his visit privately to the receptionist.
- This client should be prioritized ahead of other clients for immediate service with a nurse.
- **Proceed to step 3.**

b. Client spontaneously discloses GBV

It is not unusual that a client may refuse GBV screening or deny GBV during screening only to disclose it later. They may not recognize their experience as GBV or be used to denying their GBV experiences as a protective measure. They may need time to become comfortable with the provider before being willing to share their experience. When this happens:

- If the client discloses GBV in the presence of others (such as a partner, friends, family members or anyone else), take the client aside to see whether he/she feels safe discussing GBV or receiving GBV services with others in the room.
- **Proceed to step 3.**

c. Clients identified through GBV screening

Who, when, where, by whom and how to screen

WHO	every person who comes in for voluntary counseling and testing (VCT), sexually transmitted infection (STI) or antiretroviral therapy (ART) will be screened unless they are below the age of 18. <i>Do not screen individuals under the age of 18 or clients who come for couples counseling, whether for VCT, ART or STI.</i>
WHEN	at every clinic visit at the client's first point of service contact – whether VCT, STI or ART – prompted by the VCT, ART or STI intake/initial visit or follow-up/recall visit form. Clients should only be screened once per visit.
WHERE	screening questions may only be asked in a VCT, STI or ART consultation room with the door closed to ensure confidentiality; no one else should be able to hear or see the screening take place.
BY WHOM	screening may be done only by VCT counselors and STI or ART nurses who have been trained to screen. Male counselors/nurses should screen male clients, and female counselors/nurses should screen female clients. Transgender clients should be screened by whichever sex provider they have chosen to see.
HOW	all screening must ensure confidentiality, privacy and respect for the client's rights and follow the GBV screening protocol.

STEP 1 Say this to all clients:

Mistreatment and violence are common in our community and can have an effect on people's health. Because of that, I like to ask clients about their experience with violence to help them receive the most appropriate health care and support. I want you to feel comfortable and trust that you can talk to me about any violence or other type of abuse you may be experiencing. What you share is confidential and won't be shared with anyone outside of the health care team. There is support available here at the center if you want or need it. Is it OK if I ask you a few questions? Let me know if you prefer not to answer any of these questions; that is perfectly fine.

If the client indicates it is OK, proceed to step 2.

STEP 2 Ask all clients these questions:

1. In the past six months or since your last visit, has anyone tried to force, has forced or coerced you to have sex against your will? (Anyone includes your partner, a client, a family member, a friend, a neighbor, a police officer or other persons you know or don't know.)
YES ☐ NO ☐ NO RESPONSE ☐
2. In the past six months or since your last visit, has anyone slapped you, punched you, hit you or caused you any other type of physical harm? (Anyone includes your partner, a client, a family member, a friend, a neighbor, a police officer or other persons you know or don't know.)
YES ☐ NO ☐ NO RESPONSE ☐
3. In the past six months or since your last visit, has anyone insulted you, threatened you, made you feel inadequate or yelled at you? (Anyone includes your partner, a client, a family member, a friend, a neighbor, a police officer or other persons you know or don't know.)
YES ☐ NO ☐ NO RESPONSE ☐
4. Do you currently feel threatened by, fearful of or in danger from anyone? (Anyone includes your partner, a client, a family member, a friend, a neighbor, a police officer or other persons you know or don't know.)
YES ☐ NO ☐ NO RESPONSE ☐

If the client answered "no" to all the screening questions above but is currently in danger, proceed to step 7.

If the client answered “no” to all questions, and you have no reason to suspect GBV, continue with the services the client came for.

If the client answered “no” to all questions, but you suspect GBV:

- Do not pressure them. Give them time to decide what they want to tell you.
- Tell them about the services that are available.
- Offer information on the effects violence has on health.
- Offer them a follow-up visit.
- Continue with the services they came for.

STEP 3 Begin psychological first aid

If the client answered “yes” to any GBV screening question:

- a. Immediately commence psychological first aid. See NCPG:
 - **Providing Psychological First Aid**, pages 18–20.
 - **Reception of the Survivor**, page 12.
 - **Establishing Initial Interaction With the Survivor of Sexual and Gender-Based Violence**, pages 12–13.
 - **Annex 5: Psychological Support**, pages 54–57.

If you are a VCT counselor, immediately refer the survivor to a trained STI or ART nurse in your clinic to provide the full GBV services. Inform the survivor of what you are doing, ask for their permission to be referred, escort them to the nurse and stay for the history taking if they wish.

- b. Start by saying:

I am so sorry to hear about your experience. Please know that you are not alone. Mistreatment and abuse are quite common. No one deserves to be abused, and you have the right to live a life free of violence. I would like to ask you more about your experience so that we can evaluate any effects on your health. Once we determine what services you need, you will have the information to decide what you want to do. Do I have your permission to ask questions?

STEP 4 History taking

- a. Obtain consent for history taking. Use NCPG **Consent/Assent form**.
- b. If consent is given, take history. Use NCPG **Medical Examination Record** for history and medical examination. See NCPG, **Medical Interview**, page 12.

STEP 5 Carry out a medical exam

- For physical and sexual violence cases, proceed to the physical exam only after seeking consent. Use the NCPG **Consent/Assent form** and document findings in the NCPG **Medical Examination Record** for history and medical examination. See NCPG, **Physical Examination**, pages 14–16 as applicable.
- Carry out a pelvic exam and collect evidence as appropriate and only after seeking consent.** Use the NCPG **Consent/Assent form** and document findings in the NCPG **Medical Examination Record** for history and medical examination. See NCPG, **Physical Examination**, page 15.

Step 6 Offer health services based on the exam findings

Services should be offered according to the following NCPG chart:

Intervention	Survivors making contact within 72 hours		Survivors making contact between 72 and 120 hours		Survivors making contact after 120 hours	
	Women/girls	Men/boys	Women/girls	Men/boys	Women/girls	Men/boys
Physical injuries	Clean/repair wounds (for traumatic fistulas, refer to specialist care)	Clean/repair wounds	Clean/repair wounds (for traumatic fistulas, refer to specialist care)	Clean/repair wounds	Clean/repair wounds (for traumatic fistulas, refer to specialist care)	Clean/repair wounds
Psychological first aid	Yes	Yes	Yes	Yes	Offer basic counseling	Offer basic counseling
Determination of pregnancy	Determine if survivor was pregnant already before rape (not a pre-requisite for treatment)	N/A	Determine if survivor was pregnant already before rape (not a pre-requisite for treatment)	N/A	Determine if survivor was pregnant already before rape (not a pre-requisite for treatment)	N/A
Emergency contraceptives	Give within 120 hours after rape if reproductive age (menstruating)	N/A	Give within 120 hours after rape if reproductive age (menstruating)	N/A	No	N/A
Termination of unwanted pregnancy	N/A	N/A	Offer option of TOP	N/A	Offer option of TOP	N/A
Prophylaxis of STI	Yes	Yes	Yes	Yes	Yes	Yes
Prevention of HIV	Yes	Yes	No	No	No	No
HIV testing	Recommended but not pre-requisite	Recommended but not pre-requisite	Recommended but not pre-requisite	Recommended but not pre-requisite	Recommended but not pre-requisite	Recommended but not pre-requisite
Tetanus prophylaxis	According to risk and pre-exposure vaccination status	According to risk and pre-exposure vaccination status	According to risk and pre-exposure vaccination status	According to risk and pre-exposure vaccination status	According to risk and pre-exposure vaccination status	According to risk and pre-exposure vaccination status
Hepatitis B prophylaxis	Vaccinate according to protocol	Vaccinate according to protocol	Vaccinate according to protocol	Vaccinate according to protocol	Vaccinate according to protocol	Vaccinate according to protocol

Refer to the Medical and Psychosocial Care for Survivors of Sexual and Gender-Based Violence, NCPG for the following:

Medical Issue	Treatment page in NCPG	Algorithm page in NCPG
Wounds and other injuries	17	62
Prevention of pregnancy and unwanted pregnancy	21–22	61
Prevention/treatment of STIs	23	
Post-exposure prophylaxis (PEP)	24–27	59, 60
Prevention of hepatitis B	28	63
Prevention of tetanus	28–29	64
Psychological first Aid	18–20	65

Step 7 Assist the survivor in developing an action plan and connecting to support

Before the survivor leaves, assist him/her in developing a plan that covers the following:

Returning to daily life and connecting to social support: help the survivor to think about how he/she will resume normal daily activities; encourage structure and explain how engaging family, friends and others in his/her social network might be helpful in the healing process. See Link section of Psychological First Aid, NCPG page 19.

Adherence to treatment: if the survivor is taking medications, review the schedule and help him/her to plan for adhering to the treatment.

Follow-up care: help the survivor understand the importance of and plan for all follow-up visits. See Follow-up Care, NCPG page 32.

Referrals: many survivors will need support in dealing with the effects of violence. In addition to referrals and follow-ups for medical care, be prepared to refer for:

- Police:
 - If the survivor is in immediate danger (see safety below), refer him/her to the police and arrange for facilitated referral/transportation.
 - If the survivor wishes to report the violence to the police, seek consent to provide the medical report to the police. Consent is needed in two places. First, check the box “Provide a medical report to the police” on the **Consent/Assent** form and fill out the **Medical Report – Family Support Centre** form (see **Medico-Legal Interaction**, NCPG page 31). Second, seek the survivor’s consent using the **Notification for Release of Survivor Medical Report** form. Then arrange for transportation to the police.

- Safe house: if the survivor cannot return home safely, call the safe house and arrange transport.
- Counseling: refer the survivor to the designated counseling.

Safety: if the survivor answered “yes” to question 4 (Do you currently feel threatened by, fearful of or in danger from anyone?) or if at any time they expressed concern for their safety, discuss with the survivor what can be done to help ensure their safety. If the survivor is in immediate danger, encourage her/him to go to the police. Every safety plan is different depending on who the survivor is in danger from and their own strengths and resources. Help the survivor to assess:

- Whether he/she has a safe place to return to after the visit.
- If not, organize an alternative that can provide some degree of safety or provide a referral to a safe house.
- If the individual has children to care for, ask about their safety and plan for their short-term care and protection.

Step 8 Record data

As per the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) guidance, each case of GBV must have access to the following services at the same facility:

- Sexual violence.** A case is classified under this category only if there was rape with penetration. All other kinds of sexual assault should be classified as **non-penetrative sexual, physical and/or emotional violence**.

To count as a sexual violence case, the survivor must be assessed and offered all of the following, as applicable:

- Rapid HIV testing with referral to care and treatment as appropriate
- PEP for HIV if the survivor made contact within 72 hours
- STI screening and treatment
- Emergency contraception if the survivor made contact within 72 hours
- Counseling (other than counseling for testing, PEP, STI and emergency contraception)
- Referrals – legal, police, psychosocial support, safe house and child protection
- Tetanus and hepatitis B are not required under PEPFAR but are part of the package of services under the NCPG

- b. **Non-penetrative sexual, physical and/or emotional violence.** A case is classified under this category if there was no rape with penetration. To count as a non-penetrative sexual, physical and/or emotional violence case, the survivor must be assessed and offered all of the following, as appropriate:
- Rapid HIV testing with referral to care and treatment as appropriate
 - STI screening, testing and treatment
 - Counseling (other than counseling for testing, PEP, STI and emergency contraception)
 - Referrals – legal, police, psychosocial support, safe house, child protection and economic empowerment
 - Tetanus and hepatitis B are not required under PEPFAR but are part of the package of services under the NCPG
- c. **PEP.** A case can only be counted as PEP if the person completes the full course of treatment.

REFERENCES

National Department of Health. Medical and Psychosocial Care for Survivors of Sexual and Gender-Based Violence, National Clinical Practice Guidelines. Papua New Guinea; 2014.

World Health Organization. *Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook*. Geneva, Switzerland: WHO Document Production Services; 2014. Available from: www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/.

ANNEX 3: GENDER-BASED VIOLENCE SCREENING AND CLINICAL SERVICES TRAINING AGENDA

Overall workshop objective: by the time the participants complete this workshop, they should have the knowledge and skills to be able to provide ethical, quality and complete gender-based violence (GBV) services.

Day 1

Session name and number	Time	By the end of the session, participants will be able to
Opening remarks	8:30–8:40	
1. Introduction	8:40–9:20	<ul style="list-style-type: none"> • Share their hopes, fears and expectations for the workshop and compare with learning objectives • Understand the objectives and schedule for the workshop
Workshop pre-test	9:20–9:35	<ul style="list-style-type: none"> • Identify a baseline for participants
2. Gender	9:35–10:35	<ul style="list-style-type: none"> • Define key gender terms • Identify ways that gender norms are enforced
3. Defining GBV	10:35–11:20	<ul style="list-style-type: none"> • Name four types of GBV • Identify some of the consequences of GBV
4. My values, your health Part 1: What are my values?	11:20–12:00	<ul style="list-style-type: none"> • Describe the difference between personal and professional values • Identify values that may act as barriers to providing quality voluntary counseling and testing (VCT), sexually transmitted infection (STI) or antiretroviral therapy (ART) services
Lunch	12:00–1:00	
My values, your health Part 2: Is there a disconnect in values?	1:00–1:30	<ul style="list-style-type: none"> • Discuss the importance of distinguishing between personal and professional values in providing STI/ART/GBV services
5. Josephine's story: barriers to services	1:30–2:15	<ul style="list-style-type: none"> • Identify barriers at all levels of the socio-ecological model that key populations face in accessing GBV services
6. Professional ethics and patient rights	2:15–3:15	<ul style="list-style-type: none"> • Name and define four core professional ethics • Explain the relationship between professional ethics, patient rights and services catered to key populations and survivors
7. Human rights and Papua New Guinea laws	3:15–3:50	<ul style="list-style-type: none"> • Name key international conventions that Papua New Guinea has signed
Wrap-up and evaluation	3:50–4:00	<ul style="list-style-type: none"> • Provide feedback to the workshop

Day 2

Session name and number	Time	By the end of the session, participants will be able to
Morning recap	8:30–8:40	<ul style="list-style-type: none"> Recap of the previous day's sessions
1. Overview of psychological first aid	8:40–9:10	<ul style="list-style-type: none"> Understand and explain the purpose of psychological first aid and its core actions/principles
2. Communication and basic counseling skills	9:10–11:40	<ul style="list-style-type: none"> Apply effective communication skills, therapeutic techniques and active listening skills Apply basic counseling skills to support survivor's recovery Understand the importance of using good communication and counseling skills in aiding the survivor's recovery
3. GBV screening protocol	11:40–12:00	<ul style="list-style-type: none"> Be familiar with the GBV screening protocol and services flowchart
Lunch	12:00–1:00	
4. Contact and engagement, safety, calming, screening and helping a survivor disclose	1:00–2:00	<ul style="list-style-type: none"> Receive and engage clients in a therapeutic manner Support someone through disclosure Recognize when someone does not want to disclose and understand the reasons why Reassure and offer safety and recognize those who need additional support
5. Gathering information: history taking	2:00–3:00	<ul style="list-style-type: none"> Gather information from survivors in a helpful and sensitive way Act on the assessment and make decisions about the care and treatment the survivor needs Prioritize needs and emergency situations
6. Connect to social supports, information on coping and traumatic stress, vicarious trauma	3:00–3:50	<ul style="list-style-type: none"> Understand the benefits of social connections in aiding recovery Give information and support for positive coping strategies Understand and explain signs of traumatic stress Understand the impact of traumatic stress on health workers and know how to take care of yourself
Wrap-up and evaluation	3:50–4:00	<ul style="list-style-type: none"> Provide feedback to the workshop

Day 3

Session name and number	Time	By the end of the session, participants will be able to
Morning recap	8:30–8:40	<ul style="list-style-type: none"> Recap of the previous day's sessions
1. Triage	8:40–9:00	<ul style="list-style-type: none"> Know and be able to triage the survivor and commence psychological support Assess urgent medical needs
2. Terminology for forms, physical examination, pictogram adults and children	9:00–12:00	<ul style="list-style-type: none"> Know and be able to do a physical fitness assessment Document a physical assessment with the correct terminology Show on a pictogram the injuries sustained by a survivor
Lunch	12:00–1:00	
3. Flowchart of care, brief physical fitness assessment, medical first aid	1:00–1:30	<ul style="list-style-type: none"> Examine a survivor of sexual violence, including special cases
4. Consequences of sexual violence	1:30–2:00	<ul style="list-style-type: none"> Identify how sexual violence affects a person State how attitudes and behavior increase the consequences
5. STI	2:00–3:30	<ul style="list-style-type: none"> Demonstrate with good effective STI treatment how it can reduce the morbidity and mortality of a person
Wrap-up and evaluation	3:50–4:00	<ul style="list-style-type: none"> Provide feedback to the workshop

Day 4

Session name and number	Time	By the end of the session, participants will be able to
Morning recap	8:30–8:40	<ul style="list-style-type: none"> Recap of the previous day's sessions
1. Post-exposure prophylaxis: adherence, counseling, follow-up and provider-initiated counseling and testing	8:40–11:00	<ul style="list-style-type: none"> Describe the differences between post-exposure prophylaxis and ART, the assessment risks and the need for the survivor to have continued counseling and adherence to the program State when to ask survivors to return
2. Emergency contraception: risks, efficacy and effective family planning	11:00–12:00	<ul style="list-style-type: none"> Define what emergency contraception is, how it works and how and when to administer it
Lunch	12:00–1:00	
3. Pregnancy testing and follow-up	1:00–2:00	<ul style="list-style-type: none"> Know when and how to administer a pregnancy test
4. Vaccinations: hepatitis B and tetanus	2:00–3:50	<ul style="list-style-type: none"> Define and describe all five essential services, including vaccinations, and when best to use
Wrap-up and evaluation	3:50–4:00	<ul style="list-style-type: none"> Provide feedback to the workshop

Day 5

Session name and number	Time	By the end of the session, participants will be able to
Morning recap	8:30–8:40	<ul style="list-style-type: none"> Recap of the previous day's sessions
1. Completion of medical report: legal terminology, police advice letter and consent	8:40–11:00	<ul style="list-style-type: none"> Use correct terminology to complete documentation of notes (in case it is needed for court) Complete a medical report
2. Action planning	11:00–12:00	<ul style="list-style-type: none"> Name and provide the five components of the survivor action plan
Lunch	12:00–1:00	
3. Referrals	1:00–1:45	<ul style="list-style-type: none"> Provide women and key populations referrals to police, legal, medical, shelter and counseling services
4. Data	1:45–2:30	<ul style="list-style-type: none"> Use new data collection forms correctly Categorize types of GBV
5. Clinic action plans	2:30–3:30	<ul style="list-style-type: none"> Assess current clinic readiness to offer GBV screening and services Develop a draft action plan for implementing GBV screening and services in their clinic
Workshop post-test	3:30–3:50	<ul style="list-style-type: none"> Assess their own progress
Wrap-up and evaluation	3:50–4:00	<ul style="list-style-type: none"> Provide feedback to the workshop

ANNEX 4: GENDER-BASED VIOLENCE STANDARD OPERATING PROCEDURES

Gender-Based Violence (GBV) Common Barriers and Responses



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FROM THE AMERICAN PEOPLE

fhi360
THE SCIENCE OF IMPROVING LIVES

- 1** **BARRIER:** I don't know what GBV is.

KEY MESSAGE: GBV is physical, sexual, emotional and economic violence and abuse committed by any person against someone because of their biological sex or because they do not conform to how the community expects a man or woman to act.

SUPPORTING INFORMATION: All kinds of violence are common in our communities but GBV is a certain kind of violence which mainly affects women, girls, MSM, trans people, and sex workers. Our community has set ideas about how men and women should behave and look. Anyone who doesn't behave or look that way is stigmatized, shamed and valued less. People who are stigmatized and valued less are more vulnerable to violence and abuse.
- 2** **BARRIER:** GBV is normal. It is just part of life.

KEY MESSAGE: You have the right to a life free from fear and violence. It's a basic human right.

SUPPORTING INFORMATION: Every human being, no matter their sex, ethnicity, age, gender identity or behaviors deserves to be safe in their homes, workplaces, health facilities and communities. Gender-based violence may be common in our communities but it is not normal and we should not accept it.
- 3** **BARRIER:** Why is an HIV Peer Educator talking to me about GBV?

KEY MESSAGE: GBV has many negative health consequences, including that GBV can be a cause of HIV and a consequence of HIV.

SUPPORTING INFORMATION: Rape can directly lead to HIV. Threats and physical violence can make it impossible to negotiate safe sex. People in violent or controlling relationships may not be able to access HIV testing and treatment. Stigma, discrimination and violence on the part of health workers or around health facilities prevent KP from starting or returning for services. GBV can make it difficult for people to stick to treatment. Child sexual abuse can increase a child's sexual risk taking and vulnerability to sex work. An HIV+ person can experience abuse and violence from their families when they disclose their status and from their partners who may accuse them of being unfaithful. HIV+ individuals face economic violence when partners abandon them or when their families throw them out.
- 4** **BARRIER:** I know my life is risky but there is nothing I can do.

KEY MESSAGE: No matter whether you are an MSM, TG or sex worker, there are things that can be done to help you be safer.

SUPPORTING INFORMATION: MSM, TG and sex workers face many kinds of violence and abuse from clients, regular partners, family, health care workers and the community. I can help you identify which kinds of violence is most risky for you and help you plan ways to be safer.
- 5** **BARRIER:** No one understands what I am going through. I am all alone.

KEY MESSAGE: Talk to me about the violence affecting your life: I can help!

SUPPORTING INFORMATION: Many people experience GBV. You are not alone. You can't control someone's abuse towards you. If you experience GBV, it's never your fault. I am here to support you and let you know about available resources, including medical services provided by healthcare workers trained to serve KP. Any GBV experience you share with me or a healthcare worker is confidential. We want you to feel comfortable and to trust that you can talk to us about any abuse you may be facing. If you need healthcare services, I will go with you.

GBV SCREENING AND SERVICES

Because GBV is so common, clinic nurses ask every client going for VCT, STI, ART services a few questions about any GBV they have experienced. This is to make sure that you get all of the services you need to be healthy.

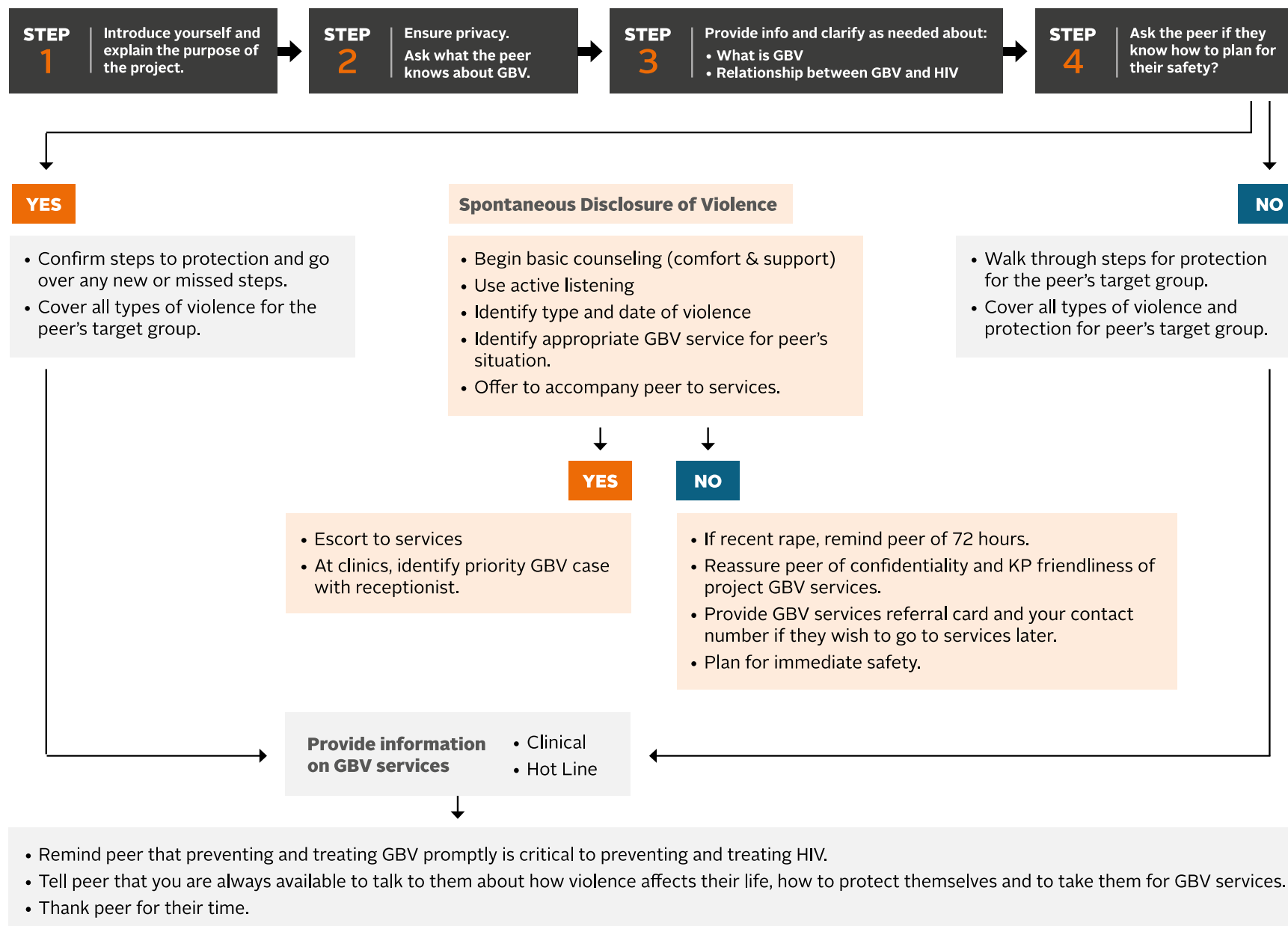
You can also walk into the clinic and ask for GBV services if you have experienced any type of violence.

! If you have been raped and come within 72 hours, the clinic can help you prevent pregnancy, STI and HIV.

No matter what you share about your experiences the health care provider will respect your privacy and keep what you tell them confidential.

If you share that you have experienced violence, the nurse will ask questions about the violence in order to provide you with the right services, including:

- Counseling and referrals to legal, police, psychosocial support, safe house, child protection as needed and if you want.
- For physical and sexual violence, you will have a medical exam.
- For Rape, comprehensive rape services: Rapid HIV testing with referral to care and treatment as appropriate; PEP for HIV – if the person reached within 72 hours; STI screening and treatment; Emergency contraception – if the person reached within 72 hours; Tetanus and Hepatitis B vaccines.
- For non-rape Sexual, Physical and/or Emotional violence: (as appropriate) Rapid HIV testing with referral to care and treatment as appropriate; STI screening, testing and treatment; Tetanus and Hepatitis B vaccines.
- The nurse will fill out the Medico- Legal interaction form if you wish to press charges.
- Before you leave the nurse will help you develop an action plan including a safety plan if you are still in danger.



ANNEX 4A: INTIMATE PARTNER VIOLENCE SAFETY

What is intimate partner violence? (for all)

There are many kinds of gender-based violence (GBV), including domestic and intimate partner violence:

- Domestic violence: violence or abuse by one family member against another, including intimate partner violence.
- Intimate partner violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner (lover). (U.S. Centers for Disease Control and Prevention)

What does intimate partner violence look like?

For an overview, see below. For specific examples of the use of power and control against LGBT, see figure 1. For specific examples of the use of power and control against women, see figure 2. For specific examples of the use of power and control against and by transgender women, see table 1.

Signs of an abusive partner (for all)

Quick involvement: the abuser comes on very strong and quickly pressures the partner for an exclusive commitment.

Jealousy: very possessive, calls constantly or visits unexpectedly and checks up on the partner frequently.

Lies and cheating: while the abuser expects the partner to be faithful, he/she has multiple partners and either lies about it or uses the information to make his/her partner jealous.

Controlling:

- Makes all the decisions
- Intensely questions the partner about where he/she has been and who he/she has talked to
- Keeps all the money (theirs and their partner's)
- Insists that the partner ask for permission to go anywhere or do anything
- Restricts the partner's access to medicines (hormones, anti-anxiety/depression, pre/post-exposure prophylaxis, ART, substance replacement therapy, birth control)
- Uses the welfare of the children to control the partner's behavior (e.g., "If you don't do what I say, I will hurt the children or take them away from you.")
- Threatens to out the partner's gender identity, sexual orientation, HIV status or sex work to friends, family or co-workers
- Refuses to recognize the partner's name, pronoun or identity

Forced or coerced sex: forces or manipulates the partner to have sex or to engage in a sexual activity which he/she does not want. May use the threat of physical violence to make the partner go along. Prevents the partner from practicing safe sex.

Sudden mood swings: switches from sweetly loving to explosively violent in a matter of minutes. The partner is stressed and constantly worried about “setting” the abuser off.

Isolation: tries to keep the partner from seeing or calling family and friends and/or tries to prevent the partner from working.

Blames others for problems: it's always someone else's fault (often the partner's) if anything goes wrong in the abuser's life.

Blames alcohol or drugs for problems: whenever something goes wrong in the abuser's life or they hurt the partner, it isn't their fault but the alcohol or drugs (e.g., “I wouldn't have gotten into trouble, but I was high/drunk.” “You know me. I wouldn't hurt you. But I was drunk/high.”).

Makes everyone else responsible for his/her feelings: blames the partner for all arguments and problems in the relationship (e.g., by saying, “You make me angry,” instead of, “I am angry.”).

Verbal abuse: constantly criticizes the partner or says blatantly cruel, hurtful things – degrades, curses or calls the partner ugly names.

Cruelty to animals and children: kills or punishes animals. May expect children to do things that are beyond their ability or teases them mercilessly.

Threats of violence and intimidation: makes violent statements such as, “I'll break your neck,” or “I'll kill you,” and then dismisses them with, “Everyone talks that way,” or “I didn't really mean it.”

Actual violence: pushes, shoves, grabs, punches, hits or strikes the partner with hands or fists. Assaults the partner with weapons, such as household objects or knives.

Can men who have sex with men and transgender women experience intimate partner violence?

When we hear the words “family and sexual violence” or “domestic violence,” we often think these only affect women. But men who have sex with men and transgender women can also experience violence from their families and intimate partners.

Safety Plan: what you can do if you are experiencing intimate partner violence (for all)

What is a safety plan?

A safety plan is a personalized, practical plan that includes ways to remain safe while in a relationship, while planning to leave or after you leave. Safety planning involves coping with emotions, telling friends and family about the abuse, taking legal action and more.

By taking a moment now to plan what you will do if your situation becomes more dangerous, you will be better prepared to take action during a stressful time, when it might be difficult to think clearly.

What is in a safety plan?

A safety plan includes:

Contact numbers: a list of phone numbers of people who can help you in an emergency (GBV hotline, police, taxi, friends, etc.).

Where to go: have in mind a place where you (and your children) can go quickly, such as a friend's or family member's house, a church or a shelter.

How to get there: work out how you (and your children) will get there, such as being picked up by your friend or taking a taxi or other public transport.

Who to ask for help: if you can, share with supportive friends, family members or neighbors what is happening. Arrange for a friend, relative or neighbor to come quickly when you call to help you leave.

Ready cash: if you can, keep some cash aside for emergencies.

What to take: keep valuables and documents together in a safe place in case you need to leave in a hurry. These may include credit/debit cards, birth certificates, passports, medications, prescriptions, driver's license and family photographs. If you can, make copies of these documents and leave them with a trusted friend, just in case you can't take them when you go.

Actions you can take (for all)

Before the violence

- Plan and practice quick **emergency exit routes** from all the rooms in your house/flat.
- Prepare a small **escape bag** with spare keys, important papers, a special toy for the kids and some spare cash in case you need to leave in a hurry. If you need prescription medications, keep a spare prescription in your escape bag.
- Leave spare copies of keys, important papers, photocopies of bank cards and credit cards etc. with a family member, a friend or someone you trust.
- If you have any mobility issues or disabilities, arrange in advance for a friend to come straight away if you ring or text them. Some people use a **code word agreed on in advance**. That way, you can call even if the perpetrator can hear you.
- If it's safe, keep a diary of abusive or frightening incidents. This can help you to identify patterns and escalation in violence and provide information for obtaining a protection order.
- Plan where you will go in advance.
- Identify a neighbor you can trust and tell them about the violence; ask them to call the police if they hear a disturbance coming from your house. Develop a code or signal between you to alert them if you are in danger.
- Know the local bus schedule and/or have the name of a trusted taxi driver in your mobile phone.
- Avoid wearing any clothing or jewelry that could be used to strangle you.
- Create several plausible reasons for leaving the house at different times of the day or night.
- Keep weapons like guns and knives locked away and as inaccessible as possible. Be aware of anything the abuser can use as a weapon. If you can, try and keep any sharp or heavy objects that he/she may use to hurt you (like a hammer or an ice pick) out of the way and out of sight.

If you have children

It is essential for children who live in violent environments to have a simple safety plan, so they know what to do when domestic violence occurs. This could include:

- Teaching children to call or go to a trusted neighbor to ask for help.
- Teaching your children that violence is never right, even when someone they love is being violent. Tell them that neither you nor they are at fault or are the cause of the violence, and when anyone is being violent, it is important to stay safe. Reassure them that their job is to stay safe, not to protect you.
- Warning children to stay out of the conflict. Instruct them not to get involved in the violence between you and your partner. Plan a code word to signal to them that they should get help or leave the house.
- Deciding ahead of time on a safe place the children can go when they feel unsafe, like a room with a lock or a friend's house where they can seek help. Have them practice escaping.

Plan for what you will do if your children tell your partner or if your partner finds out about your plan.

Safety while living with an abusive partner or during violence (for all)

- If it looks like violence may happen, try to remove yourself (and your children) from the situation before the violence begins.
- Identify your partner's use and level of force so that you can assess the risk of physical danger to you (and your children) before it occurs. The abuser may have patterns to his/her abuse. Try to be aware of any signs that show he/she is about to become violent and assess how dangerous the situation may be for you (and your children).
- Identify safe areas of the house where there are no weapons and there are ways to escape. If arguments occur, try to move to those safe areas. Stay out of the kitchen, garage, workshop or other rooms where items that can be used as weapons are kept.
- If you have children, don't run to where the children are, as your partner may hurt them as well.
- If violence is unavoidable, make yourself a small target. Dive into a corner and curl up into a ball, with your face protected and arms around each side of your head, fingers entwined.
- If possible, have a phone accessible at all times and know what numbers to call for help. If your life is in danger, call the police.

Safety when leaving an abusive partner (for all)

Make a plan for how and where you will escape. Prepare an escape bag in case you have to leave in a hurry. Use the following list of items as a guide to what you need to bring with you:

1) Identification

- | | |
|---|--|
| • Driver's license | • Financial information |
| • Birth certificate and children's birth certificates | • Money and/or credit cards (in your name) |
| • Social security cards | • Checking and/or savings account books |

2) Legal papers

- Protective order
- Copies of any lease or rental agreements or the deed to your home
- Car registration and insurance papers
- Health and life insurance papers
- Medical records for you and your children
- School records
- Work permits/Green Card/visa
- Passport
- Divorce and custody papers
- Marriage license

3) Emergency numbers

- Your local police department
- Your local domestic violence program or shelter
- Friends, relatives and family members
- Taxi service
- Your local medical clinic or hospital family support center

4) Other

- Medications
- Extra set of house and car keys
- Valuable jewelry
- Pay-as-you-go mobile phone
- Address book
- Pictures and sentimental items
- Several changes of clothes for you and your children
- Emergency money

For transgender women:

- Hormones
- Prescriptions
- Contact information for doctor and pharmacy
- Wigs
- Gaffing materials
- Shaving/plucking tools
- Breast/hip forms or other feminizing prosthetics
- Makeup

Hide this bag somewhere the abuser will not find it. If possible, leave it with a trusted friend or neighbor. Avoid using next-door neighbors, close family members or mutual friends, as the abuser might be more likely to find it there.

If you're in an emergency and need to get out right away, don't worry about gathering these things. While they're helpful to have, getting out safely should come first.

Try to set money aside. If the abuser controls the household money, this might mean that you can only save a few dollars per week. The most important thing is that you save whatever amount you can without putting yourself in further danger; you can ask trusted friends or family members to hold money for you so that the abuser cannot find it and/or use it.

Leave when the abuser least expects it. This will give you more time to get away before the abuser realizes that you are gone.

If you have time, call a trusted friend or family member before leaving. You can ask them to escort you out of the house as you leave. You can also ask them to be "on call" while you're leaving, in case you need help.

After you leave (for all)

Your safety plan should include ways to ensure your continued safety after leaving an abusive relationship. Here are some things to consider:

- If you see your partner or ex, get into a public or busy place as soon as possible.
- Change your locks and phone number, if possible.
- Change your work hours and the route you take to work. If you are a sex worker, change the location where you work.
- If you have children, change the route you take to school or consider changing your children's schools.
- If you have a protective order, keep a copy of it with you at all times and inform friends, neighbors and employers that you have a protective order in effect.
- Call law enforcement to enforce the protective order.
- Reschedule appointments that the offender is aware of.
- Use different stores and frequent different social spots.
- Alert neighbors and request that they call the police if they feel you may be in danger.
- Tell people you work with about the situation.
- If you have children, explain your situation to the people who take care of your children or drive them to/pick them up from school and activities.

Places where you can get help (for all)

For biological women, including female sex workers

You have a right to protection under the law, as all citizens do, but be aware that there are laws against sex work and anal sex. You can access legal services, but if they know that you are a sex worker, it may expose you to harm.

You can access medical services here: Koki Clinic, Ela Beach Clinic and Kaugere Clinic; DSD sites: Lawes Road Clinic, Tokarara Clinic, Nine Mile Clinic, Heduru Clinic and Port Moresby General Hospital FSC; TA sites excluding PMGH FSC.

Shelters: Hope of Hope, Haus Ruth and Meri Seif Haus.

Hotline: 1-Tok Kauselin Helpim Lain – 7150 8000.

For men who have sex with men and transgender women

Because laws against GBV do not cover same-sex relationships, you cannot get an order of protection, but you are protected under laws prohibiting assault.

Unfortunately, no shelters currently accept men or transgender women.

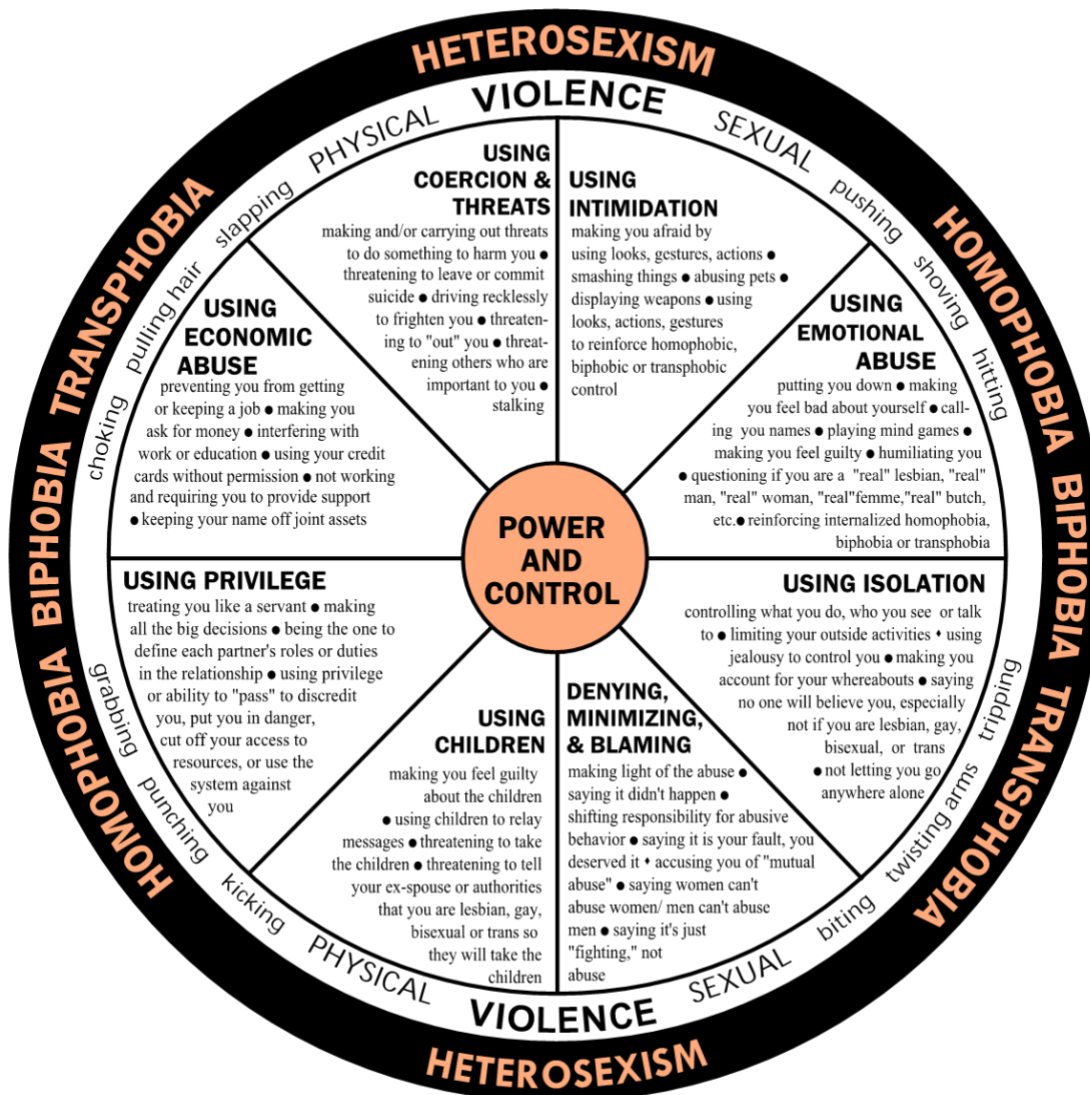
You can access medical services here: our clinics

You have a right to protection under the law, as all citizens do, but be aware that there are laws against sex work and anal sex. You can access legal services, but if they know that you are a sex worker, a man who has sex with men or transgender, it may expose you to harm.

Hotline: 1-Tok Kauselin Helpim Lain – 7150 8000.

Figure 1. Power and control wheel – LGBT.²

Power and Control Wheel for Lesbian, Gay, Bisexual and Trans Relationships



Developed by Roe & Jagodinsky

Adapted from the Power & Control and Equity Wheels developed by the Domestic Abuse Intervention Project • 206 West Fourth Street • Duluth, Minnesota 55806 • 218/722-4134

² Source: www.thehotline.org/is-this-abuse/lgbt-abuse/.

Figure 2: Power and control wheel – women.³



³ Source: www.thehotline.org/is-this-abuse/abuse-defined/.

Table 1: Trans-specific power and control tactics.⁴

	Tactics Used Against a Trans Partners	Tactics Used By a Trans Partner
Using or undermining identify	<ul style="list-style-type: none"> • Using pronouns not preferred by you or calling you “it” • Calling you pejorative names • Ridiculing how your body looks • Telling you that nobody would believe you because you’re transgender 	<ul style="list-style-type: none"> • Accusing you of not allowing hir to have a “proper adolescence” • Claiming that your identity “undermines” or is “disrespectful” of theirs • Stating that trans people are superior because they don’t limit themselves to a restrictive binary and sex role stereotypes
Violating Boundaries	<ul style="list-style-type: none"> • Eroticizing/fetishizing your body against your will • Touching parts of your body you don’t want touched, or using terms about your body they know you find offensive • Forbidding you to talk to others about transgender topics 	<ul style="list-style-type: none"> • Denying that you are affected by transition or by being partnered with a trans person • Charging you with “not being supportive” if you ask to discuss questions of transitioning timing and/or expense • Forbidding you to talk to others about transgender topics
Restricting Access	<ul style="list-style-type: none"> • Denying access to medical treatment or hormones, or coercing you to not pursue medical treatment • Hiding or throwing away hormones, clothes, prosthetics, or other trans-specific items • Negating your personal decisions • Controlling finances to not allow for purchase of hormones, surgery, clothes, make up, prosthetics 	<ul style="list-style-type: none"> • Not allowing you to talk to or see your friends • Denying access to parts of the house or apartment (where hormones or clothes may be stored) • Negating your personal decisions • Controlling finances to prioritize paying for hormones, surgery, trans-related items (even if risking not paying for rent, food or mutual expenses)

⁴ Source: www.forge-forward.org/wp-content/docs/power-control-tactics-categories_FINAL.pdf.

Safety, Outing, Disclosure

- Threatening to “out” you to your employer, friends, or family members
- Threatening to take the children or turn them against you
- Threatening to tell your family, friends, employers that you aren't who you say you are (e.g. straight, lesbian...)
- Turning the children against you

Community Attitudes

- Ridiculing or belittling your identity as bisexual, trans, femme, butch, genderqueer....
- Claiming they are more “politically correct” and using their status as an L, G, B, and/or T person against you
- Stating you would harm the LGB and/or T community if you exposed what was happening
- Ridiculing or belittling your identity as bisexual, trans, femme, butch, genderqueer....
- Claiming they are more “politically correct” and using their status as an L, G, B, and/or T person against you
- Stating you would harm the LGB and/or T community if you exposed what was happening
- Using "cisgender" as a slur and insult

Gender Stereotypes & Transphobia

- Telling you they thought you liked “rough sex” or “this is how real men/women like sex”
- Declaring you are not a real man/woman
- Telling you that nobody will ever love you
- Telling you that you don’t deserve better and/or would never find a better partner
- Claiming they know what’s best for you, how you should dress or wear makeup (or not) etc.
- Claiming they are just being “butch” or that “it’s the hormones” (to explain their violent behavior)
- Telling you that there is no way to have safer sex with trans bodies, so you'll have to have unprotected sex
- Threatening suicide, especially while reminding you of how many trans people commit suicide
- Demanding greater share of clothing/grooming funds because their safety is at stake
- Claiming they make a better or more attractive man or woman than you do

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ANNEX 4B: GENDER-BASED VIOLENCE PREVENTION – SEX WORKERS

General safety tips (for all sex workers)

- Trust your intuition. If you sense something is not right, walk away.
- Keep your phone with you and fully charged. If you don't have a phone, take some cash.
- Get to know and use a local, reliable taxi company. Keep their number in your phone.
- Save emergency numbers in your phone.
- Know your co-workers/fellow sex workers and the area in which you work. Have a signal to alert other sex workers if you are worried about your safety.
- Only go to a venue/place you are familiar with.
- Have a support system and people to talk to if something happens.
- Use your own equipment (condoms, lube, sex toys, domination gear etc.).
- Appearances can be deceptive. Don't assume someone is OK just because they look "respectable."
- Assess whether a client is drunk or high. Some clients will use being drunk or high as an excuse for hurting people. For some, their behavior gets worse the drunker they get. If they are drunk, rude and/or disrespectful to start with, they will likely only become more so once you have agreed to go with them.
- Avoid hot spots at closing time because you are more likely to be subjected to drunken abuse.
- Be careful with how much you drink or party because it changes your perceptions of danger.
- Accept only unopened drinks or packaged food from clients. Don't leave your drink unattended in a bar. Ask a friend to watch it for you.
- Pick your own parking spots, hotels or other work areas and become familiar with your surroundings.
- Be aware of exits and avoid letting your customer block access to those exits.
- Be aware of where your client is at all times, as much as possible.
- Before going with a client, wave goodbye to a work partner (or pretend to) and shout expected return time.
- Let the client see you stash their payment and keep it separate from the rest of your money. If they try to rob you, maybe they won't find the rest of your money.
- If you carry a purse, put it where you can find it without looking (e.g., in a car, put it in the open space on the floor between your feet).
- Act in control and keep your eyes on the client and his/her hands at all times.
- Do not carry a weapon that can be taken away and used against you. If you are threatened or being attacked, your best weapon is your voice.
- Keep at least one arm free and be mentally and physically prepared to protect yourself.
- Be wary of accepting more than one client at a time.
- Carry a whistle and don't be afraid to use it to call attention to yourself. Keep it somewhere you can get it quickly. The bottom of your bag is not handy; pockets are better.
- Have sex sitting astride (on top of) the customer for vaginal or anal sex, as this gives you the best position for control; you have your hands free, and your customer is lying below you.

- Avoid having the customer behind you (doggy style), as you can't see what they are doing.
- It is wiser to give than to get. This goes for bondage, spanking, water sports, oral sex and rimming.
- It is never a good idea to allow a stranger to tie you up.

Dressing for safety (for all sex workers)

- Walk tall, act confident and be assertive. Perpetrators often go for people who look vulnerable.
- Shoes should come off easily or be appropriate for running.
- Long earrings or big hoops may get pulled accidentally or intentionally. Wear small earrings, clip-ons or none at all.
- Avoid necklaces, scarves, across-the-body shoulder bags or anything else that can accidentally or intentionally be tightened around your throat.
- Wigs should fit so that they can't slip and cover the face.
- Wear clothing that doesn't have to be removed for sex or that can come off and be put on easily and quickly. This saves time and, if there's a problem, you won't lose your clothing when you run away.
- Clothing should be "straitjacket-proof." A half-zipped or buttoned jacket can be pulled around your shoulders to trap your arms.
- Do not wear anything that can get caught in or on car doors, such as big bracelets, loose or flowing dresses, jackets with dangling belts or *bilums* with long straps.
- Ensure that you can see the customers well. If you need glasses or contact lenses, wear them.
- Keep your pubic hair trimmed short to avoid being pulled accidentally or intentionally. This also enables you to check easily for lice.
- If you work on the street, wear clothes that make you visible at night.
- Wear trousers with easy access, especially if you go with clients in cars.
- If you are wearing trousers/jeans and need to take them off, remove them completely, if possible. You can't run with them around your knees, and they will slow you down.

Working together – "buddy" systems (for all sex workers)

It is important to have at least one person you can talk to about your work. The more you can build a community, the safer the work will be. At a minimum, you should have a co-worker who can be your "buddy" to help ensure each other's safety.

Safe calls and check-ins – making and receiving them (for all sex workers)

- Use safe calls at the beginning and end of each work appointment.
- Tell the client that you are going to make a quick safety phone call. Make sure that the client knows you have someone who you will be checking in with to tell them where you are and who you are with.
- Save your buddy as a "speed-dial" number, so you can call them quickly at the press of one button.
- If you're getting into a car, message the license plate to your buddy.
- Only agree to be someone's safe call if you are sure that you can drop what you're doing and deal with anything that comes up.
- For each safety call, ask (or tell):
 - Where they are
 - The name of the client they're seeing

- A contact for the client, if they have it
 - How long the session is or when you should expect to hear back from them
 - Whether it's someone they have seen before or a new client.
- Have a conversation beforehand about what your buddy wants you to do if there is a problem.
For example:
 - What is their code phrase or word to signal that they are in trouble?
 - If you don't hear from them at the end of the session, how long should you wait before going into your emergency plan?
 - Would they want you to come bang on the door and get them?
 - Would they want you to call the police? If so, when?
 - What do they want/not want you to say to the police?
- Instead of calling the police, do you have male friends your buddy could call to come and help?
- Do they want you to just be a support afterward if something bad happens? If so, be prepared to offer whatever kind of support might be needed.
- Make sure your phone ringer is on and you are able to hear it and answer immediately.
- Don't accidentally fall asleep if your friend needs a safe call late at night.
- Set an alarm to remind you when you are supposed to hear from them.
- If you don't hear from your buddy, send them a text a few minutes after they were supposed to contact you. If you don't hear back in a few minutes, activate the emergency plan you agreed on.

Using technology

If you and your friends have smartphones (iPhone, Android device, Blackberry etc.), you can use it to share your location with your buddy or a group of friends. On an iPhone, you can use the "find my friends" function; on iPhone, Android and Blackberry you can use the "Google latitude" function. Your buddy can check where you are from any web-enabled device. Don't tell your client about this safety mechanism so that they don't turn your phone off.

Working together – "bad dates" (for all sex workers)

- Remember that solidarity with your colleagues has advantages: you can share information about clients that you consider dangerous, police raids and other important issues to protect yourselves.
- Share your working experience by, for instance, developing a list of dangerous clients or "bad dates," such as clients who do not respect a worker's boundaries (e.g., taking off a condom during a service) and violent or disrespectful individuals.
- If you have a bad experience with a customer, pay attention to and memorize as much as you can of the details listed below, so you can share them with co-workers and the police:
 - Hair color, style and length
 - Build, height, age and skin tone
 - Earrings, chains, rings and watches
 - Distinguishing features such as scars, spots, facial hair, tattoos and piercings
 - Eye color and glasses
 - Accent, speech impediment and expressions used
 - Aftershave and body odor
 - Physical disabilities
 - Clothing and footwear: style, brand name labels, rips/tears and badges

- Vehicle: make, model, color, registration plate, bumps/scrapes, items inside and stickers
- House/room: address, area, type of property, door color, features in the rooms and photographs
- Any other information that would help other workers or the police identify them
- Remember the date and time of the incident

Negotiate with customers before going to work (for all sex workers)

- Have a price list and stick to it.
- Decide in advance what you are and are not willing to do and be clear with the client.
- Negotiation and agreement with the client should always take place before the sexual service is provided. Be clear about the sexual practices and prices you offer. If you say “no” to something, do not do it.
- Every additional service has to be paid for.
- If getting into a car to go somewhere else, ask who and how many people will be at the other end.
- Have a time limit for each service; if a customer can’t finish within a reasonable period, not only are they costing you money, but they may also become agitated or violent about not being able to finish.
- Be willing to turn down particular customers, particular requests and payment offers that are below your standards.

Specifically for transgender women

- If you are transgender (TG), think carefully about how you want to present yourself and whether you will disclose your gender. Be aware of how clients might react.
- Some find it is better to be honest about their gender; many TG women have had extremely bad dates due to not disclosing their identity.
- Some male-to-female TG sex workers have problems with disclosure, while others find that there is a market for pre-operation male-to-female TG people. Some TG workers have reported that clients can become aggressive if confused about their own sexuality.
- Street-based TG sex workers are also vulnerable to abuse by clients and the public. It is fundamental that you know the area. Work where other TG sex workers are; there is safety in numbers.
- Some male sex workers (who would not otherwise identify as TG and have no intention of transitioning) cross-dress to secure more clients. These workers – often with no intention of looking female – should think carefully about the places in which they sell their services.
- While you do not have to talk about your genitals prior to a sexual encounter, it may be safer to do so. It may also be less awkward or uncomfortable in general. When you negotiate with a client about the type of sex they want to have, this may be a good time to talk about your body. You should watch their body language and other nonverbal cues to continually assess safety. Make sure you have this conversation while still in a public place, in case the person responds in a threatening manner. Also, sexual conversations can be less awkward when they take place in a non-sexual setting.

By location (choose according to where the sex worker works)

On the street

- Try to work near a busy road and stay on the same side as oncoming traffic. If a car stops, and you think that something is not quite right, walk quickly against the direction of traffic.
- Know your area well, especially the safest escape routes and any shops. Know the bus routes and where to get a taxi.
- Avoid pubs and clubs at closing time, as you may be subjected to drunken abuse.
- If possible, have a clear idea of where you're going. Always tell your buddy where you're going and arrange for safety calls.
- Be aware of your surroundings and familiarize yourself with new areas before you work there. Never work in areas you don't know.
- Avoid working in areas with no easy escape routes.
- At night, try to work in fairly busy, well-lit areas. Stay away from isolated places where no one can hear you if you scream.
- Tell the client where to go for the service, so you can be sure it's somewhere safe. If the client doesn't agree, ask them where they want to go. If you don't like the sound of it, do not go. If the place they suggest seems OK, make sure you tell your buddy where you're going and how long you'll be.
- Unless it is a regular client, avoid bridges, tunnels and dimly lit, unfamiliar places.
- Keep as much clothing on as possible, in case you have to get away fast.

In a car

- Try to avoid vans, pickups and SUVs, especially with tinted windows.
- Approach the driver's window, keeping enough distance to avoid being grabbed.
- Study the customer, the car and the door-lock system.
- Circle the car completely before entering (so you're clear on how many passengers are in the car) and take the license plate number.
- Message the license plate to your buddy.
- Arrange price, service and location outside the car.
- Before you get in, make sure the passenger-side door can open from the inside by asking the driver to open it for you. If it doesn't open from the inside, do not get into the car.
- Before you close your door, check the back seat or rear cab for anyone else that may be hiding. If you see a blanket, lift it up and check underneath.
- Get a good look at the customer and the car; it's still not too late to back out. If they are drunker than you thought, you see a weapon under their seat or you get a creepy feeling, get out immediately.
- Check the address. If the client says he/she is taking you to one place but pulls up somewhere else, this may not be all they are lying about.
- Try to make sure the client doesn't park with the passenger door close to a wall or another obstacle that would make opening the car door difficult. If they do, give them a reason to move it (for example, you saw a police car or other people can see you).
- Most modern cars have central locking so be aware of this. Once parked, keep the door open a crack.
- In two-door cars, insist on staying in the front seat; escaping from the back is very difficult.
- Keep on as much clothing as possible, in case you have to get away fast.

In the sex worker's home

- If you work at home, when you open the door to the client, do not move. If the client rushes into the house, do not follow him. Stay close to the entry door. This way you can leave if you need to. When the client comes back to you at the door, ask him for the money. A bad client won't pay you and will try to touch you before paying.
- Don't leave anything of value out where the client can see it, such as your wallet, purse, phone, jewelry etc.
- Don't leave the client alone in the room and don't let him walk around the entire house.
- Do not leave the key to the house out. This will reduce the chance of you being locked in.
- Tell your client (even if it isn't true) that your neighbor has a key and will come if you yell for them.
- Ask a friend to do a "walk-through" when the client arrives. Welcome the client inside and say, "My friend is just on her way out; we'll have plenty of privacy in just a moment." Your friend walks through the room and says something like, "See you later; have fun!" then walks by the client, looks them in the eye (while taking note of their physical attributes) and walks out the door. The client will know that someone has seen their face and won't be able to hurt you without someone knowing they were there.
- If possible, work with another sex worker in the same place. Share the same house or rent a hotel room together and trade who gets the room as you each get clients. Your buddy will be close by if something goes wrong and will be coming back to the room/house.
- If you share a place, ask your friend to knock on your door if the client is taking too long.
- Give the client the impression that you are not alone by:
 - Keeping one of the rooms closed and with a television or radio on in the room
 - Telling the client your co-worker or your brother is resting or working in the room next door
 - When the client pays you, tell them that you will hand the money to the owner of the house, who is in the room next door. Go into the room and carry on a conversation as if someone were there.

In a hotel or the client's home

- It is safer for you to bring a client to your home and hide a friend in the closet, while if you go to the client's house, they might have a friend hiding in their closet.
- Do not enter a room if there is more than one person. If others show up, leave immediately.
- Always keep your mobile phone close to you and fully charged.
- Always plan an escape route.
- If the doors in the rooms have locks, always know how to open them quickly. Never leave a key in the door, as you could be locked in.
- If you are not entirely comfortable with the client, do not lock the door.
- If you are not sure about an object in the room, you can put your clothes over it.
- If you are going to a hotel, try to choose the hotel yourself.
- If you are going to the client's home, make a safe call to your buddy and make sure the client knows that you have spoken to someone.
- Memorize the layout of the hotel and the escape routes from the bedroom or suite. If you are at a client's home, memorize the way to the door. You could ask to use the bathroom; on your way, you can get a better idea of the layout.

- If visiting a client's home or workplace, check to see if there are lights on in nearby properties or any signs that neighbors may be home. It's important to have an idea of how isolated (or not) you are.
- Check how many cars are parked outside the property or in the driveway. If there are more than you would expect, it might not be safe.
- Pay close attention to which way the door opens and locks. If the door gets locked behind you, note where the key is kept.
- Check on which floor you are. This will affect potential escape routes.

Feeling unsafe (for all sex workers)

If you are followed:

- Cross the road (maybe twice) to be sure that the person is following you.
- If they are, head for the nearest open store, bar or public place as quickly as you can. Take the most public route to the most public place.
- Be positive and confident about your actions. Focus on the fact that you are heading to a safe place, where you will be with other people.
- Do not head for home, even if someone is waiting for you there. It's safer to go to a public place than to let a stranger know where you live.
- When you get to a public place, if the stalker follows you and takes a position where they can observe you, try to socialize with other people in the venue to give the impression that you are meeting friends.
- If you have a mobile phone, call a friend, your buddy or a trusted taxi driver to come and meet you at the venue.
- If the stalker leaves the venue, wait at least 20 to 30 minutes before planning your exit to ensure they do not return and are not waiting outside. Either wait to be collected by your friend or taxi driver or, if it feels safe to do so, leave the venue at the same time as other people.
- If you think you need to, cause a commotion. Make lots of noise and fuss to attract attention and to deter the person following you.
- Make a "bad date report" about the person.

If someone becomes aggressive:

- If they want your money or bag, decide if it is really worth the fight and potential risk to your life to hang onto it.
- Stay calm and try to calm the person by talking them out of it:
 - Use openhanded gestures
 - Speak in a low, quiet tone and do not raise your voice or shout
 - Use friendly, sensitive language
 - Try to show understanding and sympathy
 - Try not to show any signs of fear
- Keep thinking about how you will get out of the situation. Have an "exit strategy" such as:
 - Go to the washroom, pretend to vomit and say you are not feeling well and must leave
 - Be calm and strong and invite the client to leave
 - Tell them someone knows where you are and is meeting you, expecting you home soon or waiting for you
 - Cry hysterically, even if you have to pretend
- Make a "bad date" report about the person.

If you are attacked:

- Make as much noise as possible by shouting, screaming or yelling. Blow your whistle.
- Use your mobile phone to call for help.
- If you are in a car, hit the horn or flash the lights to attract attention.
- Although this is difficult, you may have to submit to your attacker in order to save your life:
 - The perpetrator may be physically stronger than you are. Do not try to fight them unless you are certain you can win or you are convinced they intend to kill you.
 - If you decide to submit, concentrate on the fact that the attack will end, and you will hold on for that moment and then get help.
 - If you decide to fight back to escape, you must be confident that you are going to be able to immobilize your attacker. Aim for the eyes, throat, groin or chest.

Places where you can get help (for all)**For biological women, including female sex workers**

You have a right to protection under the law, as all citizens do, but be aware that there are laws against sex work and anal sex. You can access legal services, but if they know that you are a sex worker, it may expose you to harm.

You can access medical services here: Koki Clinic, Ela Beach Clinic and Kaugere Clinic; DSD sites: Lawes Road Clinic, Tokarara Clinic, Nine Mile Clinic, Heduru Clinic and Port Moresby General Hospital FSC; TA sites excluding PMGH FSC.

Shelters: Hope of Hope, Haus Ruth and Meri Seif Haus.

Hotline: 1-Tok Kauselin Helpim Lain – 7150 8000.

For men who have sex with men and transgender women

Because laws against GBV do not cover same-sex relationships, you cannot get an order of protection, but you are protected under laws prohibiting assault.

Unfortunately, no shelters currently accept men or transgender women.

You can access medical services here: our clinics

You have a right to protection under the law, as all citizens do, but be aware that there are laws against sex work and anal sex. You can access legal services, but if they know that you are a sex worker, a man who has sex with men or transgender, it may expose you to harm.

Hotline: 1-Tok Kauselin Helpim Lain – 7150 8000.

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