

# Capacity Project Resource Paper

## **Gender-Based Violence Training Modules:**

### **A Collection and Review of Existing Materials for Training Health Workers**

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*The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.*

## Introduction

Addressing gender-based violence (GBV) successfully is an important step toward achieving Millennium Development Goals in the areas of gender equality, infant and maternal health and mortality and HIV/AIDS. Yet GBV remains one of the most widespread and socially accepted categories of human rights violations. Because GBV poses a serious threat to women's health, it can have a substantial impact on health systems. Health workers play a key role in screening for and treating the consequences of gender-based violence, and female health workers may themselves experience GBV, compromising their ability to work. Training health workers to identify, treat and respond effectively to GBV is essential for the health sector and the communities that health workers serve.

In 2005 and 2006, the Capacity Project conducted a search of existing training modules and training support materials on GBV, particularly those intended for health care personnel. The purpose of this activity was to identify and review existing GBV training modules that could be adapted and/or integrated into pre-service education or in-service training curricula in developing countries. As part of this activity, the Capacity Project coordinated and exchanged information with Intercambios (the Inter-American Alliance for Gender-Based Violence and Health),<sup>1</sup> which has identified GBV training modules designed specifically for Latin America.

Our selection and review criteria are summarized in Appendix I. In brief, we restricted our search to English-language materials, focused on materials that are freely available and considered the following:

- **Accuracy and currency**
- **Content** areas covered (e.g., GBV awareness, intimate partner violence, childhood sexual abuse)
- **Skills** covered (e.g., screening, confidentiality, counseling and communication, referral, community education and outreach, documentation, surveillance, forensics)
- **Instructional design** issues (e.g., usability, readability, consistency and adequacy of the materials' instructional components).

In the past, state-of-the-art materials on GBV tended to be produced by Western organizations and were not always applicable to developing country or low-resource environments. However, our review indicates that over the past five years an increasing number of GBV training materials have been developed that are **relevant to developing country contexts**. These more recent resources are available from international as well as country-based organizations.

In the pages that follow, we summarize the modules that our team considered to represent best practices in GBV training. (Appendix 2 provides citations for all of the materials identified and collected.) Each summary concludes with **recommendations** as to how the module could

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<sup>1</sup>Intercambios is a network of international and local nongovernmental organizations that work to strengthen the health sector response to violence in the Latin American region, and to strengthen community-based initiatives to prevent and respond to gender-based violence.

be integrated into pre-service education or in-service training. We group materials into two broad categories:

1. Materials that are the most current and applicable for GBV training for health workers in developing countries.
2. Materials that include useful GBV training exercises or content but may be less current and/or less applicable for health workers in developing country contexts.

- I. The following materials are the **most current and applicable** for GBV training for health workers in developing country contexts. The materials are listed in alphabetical order, by title.
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### **Family Violence Nursing Curriculum**

Minnesota Center Against Violence and Abuse, January 2004

<http://www.mincava.umn.edu/documents/nursing/nursing.pdf>

#### **Summary**

While nurses must be able to respond skillfully to victims of all types of violence, responding to victims of family violence requires sensitivity rooted in understanding how it differs from other types of violence. The Family Violence Nursing Curriculum was developed to provide Minnesota nursing faculty with essential curricular information to develop student competence in preventing, assessing and responding to family violence across the lifespan.

The curriculum was designed to be used in pre-service nursing education. The authors recommend weaving the family violence content in a purposeful way throughout the curriculum, rather than having a specific course on family violence. Each section of the curriculum contains relevant content and suggested teaching strategies, including exercises and teaching resources.

#### **Capacity Project Analysis**

*Accuracy and Currency:* The GBV content is current and accurate.

*Content:* Sections cover the scope of the problem, definitions, dynamics, health care implications, integrating into routine assessment, interventions, legal and ethical issues and prevention. The curriculum is notable for its description of core competencies, as well as its analysis of power and control and their use in violent relationships.

*Skills:* This curriculum is particularly valuable for its description of the clinical skills needed to screen for violence, assess risk, provide counseling and document violent situations in charts and referrals. The curriculum also provides a good description of how to develop violence prevention strategies at the individual, family, community and systems levels.

*Instructional Design:* The curriculum contains excellent training exercises, including case studies.

*Relevance and Recommendations:* Although the curriculum is intended for nursing education in the U.S., much of the content could be easily adapted for use in developing country or low-resource settings.

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### **Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals: Module on Gender-Based Violence**

World Health Organization, Regional Office for the Western Pacific, 2005.

[http://www.wpro.who.int/NR/rdonlyres/E517AAA7-E80B-4236-92A1-6EF28A6122B3/0/Integrating\\_poverty\\_gender\\_sourcebook.pdf](http://www.wpro.who.int/NR/rdonlyres/E517AAA7-E80B-4236-92A1-6EF28A6122B3/0/Integrating_poverty_gender_sourcebook.pdf)

## Summary

Although poverty and gender significantly influence health and socioeconomic development, health professionals are not always adequately prepared to address such issues in their work. This WHO publication aims to improve the awareness, knowledge and skills of health professionals on poverty and gender concerns in health. In the future, the Sourcebook will contain a full set of modules on poverty and gender that can be used in pre-service education and in-service training of health professionals. Currently, the GBV module is the only module in the Sourcebook available on the Internet. Modules on Mental Health and Curriculum Integration can be ordered from the World Health Organization. The Sourcebook is expected to be useful to health policymakers and program managers, either as a reference document or in conjunction with in-service training.

Each module in the series will be linked to the others but can be used on a stand-alone basis if required. The training design focuses on participatory learning methods that involve the learner, taking advantage of his or her experience and knowledge. The GBV module contains facilitators' notes and suggested exercises to assist in the learning process.

## Capacity Project Analysis

*Accuracy and Currency:* The GBV module is an excellent resource for health professionals on GBV and why they should integrate it into services and health programs.

*Content:* The Sourcebook will include two foundational modules that set out a conceptual framework for the analysis of poverty and gender issues in health. Additional modules are intended to be used in conjunction with the two foundational modules. The Sourcebook also contains a module on curricular integration to help health professional educational institutions integrate poverty and gender concerns into existing curricula.

*Skills:* The GBV module contains useful tools for screening, danger assessment, safety planning, and documentation.

*Instructional Design:* The training design is limited to three pages, containing learning objectives and brief descriptions of five interactive training sessions on GBV and health provider responses.

*Relevance and Recommendations:* The GBV module is very nicely laid out and appropriate for developing countries. The learning objectives, training exercises and tools could be easily adapted and supplemented with short presentations on essential content for either pre-service education or in-service training. The GBV module could serve as the reference manual for participants/students and trainers/instructors.

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## TEACH-VIP

World Health Organization, Department of Injuries and Violence Prevention, 2005.  
To download the TEACH-VIP Users' Manual, and to order the free CD-ROM containing the entire curriculum (including lesson plans and PowerPoint presentations), go to:  
[http://www.who.int/violence\\_injury\\_prevention/capacitybuilding/teach\\_vip/en/index.html](http://www.who.int/violence_injury_prevention/capacitybuilding/teach_vip/en/index.html)

## Summary

TEACH-VIP (Training, Educating and Advancing Collaboration in Health on Violence and Injury Prevention) is a comprehensive injury prevention and control curriculum developed by WHO and a network of global injury prevention experts. The curriculum was developed primarily for public health students but also can be used for allied medical and nursing students, injury prevention and response practitioners, health professionals, staff within government agencies and other relevant parties. The main goal of TEACH-VIP is to train participants to apply key injury prevention and control principles, develop preventive programs and policies, design effective surveillance systems, evaluate intervention programs and policies and collect and assess injury data. Gender-based violence is one subtopic in the curriculum.

TEACH-VIP uses a classroom instruction model, with PowerPoint slide presentations and supporting lecture notes. The training materials and various capacity-building resources are available in CD-ROM format, supported by a 32-page users' manual. The curriculum (pilot tested in September 2004 in 23 settings worldwide with a wide variety of training audiences), is freely available to any institution wishing to provide instruction in injury prevention. The curriculum is structured around 60 lessons, each lesson requiring approximately one hour of classroom time. Users of the materials are expected to select the lessons most appropriate to the needs of their training audience and may translate and adapt the materials as necessary. GBV is covered in two one-hour core lessons and one advanced lesson containing three one-hour sessions.

## Capacity Project Analysis

*Accuracy and Currency:* The GBV content is current and accurate.

*Content:* Intimate partner violence and sexual violence are the topics of the two core lessons. The advanced GBV lesson defines and describes different types of GBV, their health and human rights consequences and the role of health professionals in addressing gender-based violence.

*Skills:* The GBV sessions do not cover planning skills or clinical skills.

*Instructional Design:* The handouts and slides are generally well designed. Some slides contain a lot of information and could be divided into two slides. Each session includes an exercise for discussion and application of the session's content.

*Relevance and Recommendations:* The three one-hour sessions in the advanced GBV lesson and/or the two one-hour core GBV lessons could easily be adapted to include more participatory exercises and provide a full day of basic training on GBV. Core competency statements could be rewritten as behavioral objectives so that they contain observable and measurable behaviors, such as "identify" or "demonstrate" or "compare" (instead of knowledge objectives such as "understand" or "be aware of").

- II. The following materials may not be completely applicable to GBV training for health workers in developing country contexts or may not contain the most current content, but they **include some useful GBV training exercises or content** highlighted in the Capacity Project analysis. The materials are listed in alphabetical order, by title.
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### **Abuse During Pregnancy: A Protocol for Prevention and Intervention, 2nd Edition**

Judith McFarlane, Barbara Parker and Barbara Cross, March of Dimes, 2002.

[http://www.marchofdimes.com/nursing/index.bm2?cid=00000003&spid=ne\\_s2\\_l1&tpid=ne\\_s2\\_l1\\_2](http://www.marchofdimes.com/nursing/index.bm2?cid=00000003&spid=ne_s2_l1&tpid=ne_s2_l1_2)

#### **Summary**

This self-directed learning monograph for nurses and nurse-midwives presents research documentation and clinical protocols designed to enable health care providers to prevent abuse, interrupt existing abuse and protect the safety and well-being of pregnant women. It includes vignettes written from the perspectives of abused pregnant women and their health care providers.

#### **Capacity Project Analysis and Recommendations**

*Accuracy and Currency:* The content is current and accurate.

*Content:* Sections of the module cover effects of abuse during pregnancy on maternal and infant health, developing an abuse protocol for pregnant women, intervention strategies, special considerations and populations and legal actions to assist abused women.

*Skills:* Useful tools (in English and Spanish) that can be used to build skills in caring for abused women include a sample abuse assessment screen, a danger assessment, a handout on options, a safety plan and available resources for abuse during pregnancy.

*Instructional Design:* The monograph contains clear learning objectives, expected practice outcomes and key concepts, pre- and post-assessment tests, clinical application activities and group discussion and role-play activities.

*Relevance and Recommendations:* Although the learning module was developed for U.S. health care workers, much of the content and tools is relevant for use in developing countries, with adaptation. Because the materials were designed for continuing education credits, responses to the post-test must be mailed to the March of Dimes for scoring. However, an answer key could easily be developed by referring to the content in the module.

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### **Building Comprehensive Solutions to Domestic Violence: Outreach to Underserved Communities**

Sujata Warrier, National Resource Center on Domestic Violence, 2000.

[http://www.vawnet.org/NRCDVPublications/BCSDV/OtherPubs/BCS\\_UnSer.pdf](http://www.vawnet.org/NRCDVPublications/BCSDV/OtherPubs/BCS_UnSer.pdf)

## Summary

This curriculum is designed to help domestic violence programs reach out to underserved communities to address issues of diversity and limited access to quality services for battered women. The training is structured as a two-day workshop and is designed for a program rather than individuals. The rationale is that successful outreach efforts need institutional support from a program and cannot succeed when done only by an individual.

## Capacity Project Analysis

*Accuracy and Currency:* The content is current and accurate.

*Content:* The curriculum includes five modules titled Unraveling What We Know, The Threads, Beginning to Weave, Kinks in the Weave and Those Difficult Issues.

*Skills:* The training is intended to build skills in selecting a community for outreach, determining how to get to know that community, identifying barriers to that outreach, addressing problems that arise when conducting outreach and planning for a response to difficult outreach issues.

*Instructional Design:* Each of the five nicely organized training modules contains session plans, participant handouts and worksheets, overheads and readings. There are no learning objectives, although there are seven overall goals (not written in observable, behavioral terms). There are no learning assessment instruments, but there are many useful worksheets that could be used for assessment purposes.

*Relevance and Recommendations:* The curriculum is designed for staff of grassroots domestic violence organizations in the U.S. and not for health care providers. Although it is not very applicable to developing countries, the exercises on addressing bias and stereotypes (see Module 3) could be useful in some developing country settings.

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## Collaborating for Woman and Child Safety

Annelies K. Hagemester, Minnesota Center Against Violence and Abuse, 2003.

<http://www.mincava.umn.edu/rural/documents/cwcs/cwcs.html>

## Summary

This training curriculum, designed for multidisciplinary teams in Minnesota, is intended to enhance practice and policy when domestic violence and child maltreatment co-occur. The training sequence consists of four days totaling 24 to 28 hours. Participants are invited to attend an initial two-day training session, with two follow-up one-day training sessions occurring at three-month intervals after the initial core training.

## Capacity Project Analysis

*Accuracy and Currency:* The content is current and accurate.

*Content:* Chapters with training design and content cover the following topics: Overview of Violence and Abuse in Families, Social System Responses to Domestic Violence and Child



Maltreatment, Improving Capacities Within Agencies and Best Practices and Collaborative Response—Working Together.

*Skills:* Covers assessment skills, safety planning for adults and children and developing a multi-agency response protocol.

*Instructional Design:* The four training chapters contain sample training agendas, session plans, handouts, training exercises, case studies and worksheets. Each chapter has a purpose statement and participant objectives, although the objectives are not written in behavioral terms. There are no learning assessment instruments.

*Relevance and Recommendations:* Overall, the content is not very applicable to health workers or low-resource settings. However, three chapters contain useful content and training exercises that could be adapted for health workers in developing countries:

Chapter 3: Overview of Violence and Abuse in Families (especially cultural context and barriers)

Chapter 5: Improving Capacities Within Agencies (see risk assessment and personalized safety form)

Chapter 6: Best Practices and Collaborative Response (especially factors that influence the success of collaborations).

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## **Communication Skills Manual**

International Rescue Committee (IRC), Reproductive Health Response in Conflict (RHRC) Consortium and Family Health International (FHI), no date (after 2000 when the original curriculum was field-tested)

[http://www.rhrc.org/resources/gbv/comm\\_manual/comm\\_manual\\_toc.html](http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html)

### **Summary**

The GBV Communication Skills Manual is a collaborative effort of the IRC, RHRC Consortium and FHI. The training is designed to be completed in five days and is appropriate for health care workers, social service workers, psychologists and counselors, police and security workers and the like. The curriculum is not designed as a training of trainers; however, it provides the materials and knowledge for those participants who feel comfortable conducting subsequent training on topics relevant to their context.

### **Capacity Project Analysis**

*Accuracy and Currency:* The content is current and accurate.

*Content:* The themes for the five days are: GBV overview, engagement strategies for working with GBV survivors, methods to support service providers, service provider responsibilities and community referrals.

*Skills:* The training builds skills in using protocols of action and safety precautions for handling GBV survivors, self-care planning and facilitation skills.

*Instructional Design:* The manual contains components needed by trainers, including overall goals, a training outline and a list of materials needed. Each session plan includes learning objectives, estimated time, content/process, trainer's notes, activity descriptions, handouts and transparencies. The manual also includes daily and final workshop evaluation forms. (Note: The

pre- and post-test consist only of short answer recall questions and do not have an answer sheet.) The daily schedule allows time for reflecting on strategies for effective facilitation.

*Relevance and Recommendations:* This material is specifically intended to improve communication skills among those working with violence in conflict situations. However, it could easily be adapted for non-conflict situations. The most useful parts of the curriculum are its discussion of and background on trauma theory; the section on active listening skills; the description of the importance of self-care and stress management for service providers; and a game of myths and facts about violence, using the Jeopardy Game format.

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## **Counsellor's Training Manual**

Janice Jackson, Help & Shelter, Guyana, n.d.

<http://www.sdn.org.gy/hands/download/downloads.html>

### **Summary**

This training manual was written for volunteer counselors at Help & Shelter. The Guyana-based organization provides free assistance to impoverished persons with unmet needs for relief from domestic violence or other societal, socioeconomic or personal problems.

### **Capacity Project Analysis**

*Accuracy and Currency:* The content is current and accurate.

*Content:* The content includes: overview of GBV, human growth and development, sexual and reproductive health, violence against women and children, counseling introduction, legal aspects of domestic violence, referral options, effects of violence on children.

*Skills:* Counseling and referral for low-income victims of domestic violence and childhood sexual abuse.

*Instructional Design:* The training manual provides learning objectives, session plans, activity descriptions, handouts and a sample program for ten weekends of training. (The manual also includes a learning contract for a 12-week practicum with Help & Shelter to apply and assess counseling skills with abused women and children.)

*Relevance and Recommendations:* Although the training is targeted to volunteer counselors with no health background working at the Help & Shelter organization in Guyana, some of the exercises to improve counseling skills could be easily adapted for other contexts and for health workers.

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## **Ensuring Privacy and Confidentiality in Reproductive Health Services: A Training Module and Guide for Service Providers**

Program for Appropriate Technology in Health (PATH) and Global Health Council, Washington DC, 2003.

[http://www.globalhealth.org/images/pdf/privacy\\_module.pdf](http://www.globalhealth.org/images/pdf/privacy_module.pdf)

## Summary

This guide provides comprehensive information for reproductive health service providers on how to uphold their clients' right to privacy and ensure confidential service. The training module included in the guide provides instruction on planning and facilitating workshops, together with exercises, case studies and practical advice. The materials clarify the distinction between “privacy” (a right) and “confidentiality” (a duty) and suggest ways in which both can be supported by service providers. The guide also examines constraints to protecting privacy in low-resource settings and outlines strategies for handling breaches of confidentiality.

## Capacity Project Analysis

*Accuracy and Currency:* The content is current and accurate.

*Content:* This module provides good background information and exercises to help health providers understand the importance of privacy and confidentiality, which are important components of GBV training for providers.

*Skills:* The training module and guide may be useful for building skills in ensuring privacy and confidentiality for GBV services. The training design has four overall learning objectives but does not include learning assessment.

*Instructional Design:* The guide offers sample agendas and session plans for half-day training for frontline staff and service providers and for medical officers, supervisors and managers. The session plans include useful application exercises (case studies, discussions, planning next steps and actions), and the guide includes useful checklists (job aids) and resources.

*Relevance and Recommendations:* Some exercises and case studies could be adapted to highlight privacy and confidentiality as they relate to situations involving GBV.

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## Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers

Carole Warshaw and Ann Ganley, San Francisco, The Family Violence Prevention Fund, revised 1998.

<http://endabuse.org/programs/display.php3?DocID=238>

## Improving the Health Care Response to Domestic Violence: A Training Manual for Health Care Providers

Ann Ganley, San Francisco, The Family Violence Prevention Fund, 1998.

<http://endabuse.org/programs/display.php3?DocID=100202>

## Summary

This companion set of manuals was developed to educate practitioners (Resource Manual) and help health care providers and domestic violence advocates meet the challenge of training clinicians and other staff within busy clinic or hospital settings (Training Manual). The Resource Manual includes information, practical tools and ideas to help develop and implement response strategies and programs within a variety of health care practices and settings. The Training

Manual provides step-by-step instructions for teaching each section of the Resource Manual. Each training module is roughly one hour long—ideal for workshops, in-service trainings and grand rounds.

### **Capacity Project Analysis**

*Accuracy and Currency:* In 1998, these manuals were the state-of-the-art in GBV content and training for health care providers. Most GBV training materials developed since that time have drawn heavily from these manuals. Some of the content is a bit out of date.

*Content:* The Resource Manual provides information to educate practitioners on the dynamics of domestic violence; screening, identification, assessment and intervention with victims of domestic violence; and interventions with batterers. Practical tools include a Model Hospital Intervention packet that outlines effective protocols and sample forms for screening, domestic violence/abuse assessment, documentation, safety planning and discharge. The Training Manual covers the basics of domestic violence, clinical skills, legal issues, community resources and role-play scenarios, as well as a special module on cultural diversity.

*Skills:* The training covers skills in screening, assessment, counseling, intervention and documentation of domestic violence.

*Instructional Design:* The training manual contains all the instructions needed to facilitate the training, including session plans, handouts and participatory activity descriptions. The goals and objectives are written as training or trainer's objectives and would need to be rephrased as behavioral learning objectives, as appropriate. There are no knowledge assessment tools.

*Relevance and Recommendations:* Some exercises and case scenarios would need to be adapted for appropriateness in a developing country environment. Although these resources were developed for U.S.-based health workers and some of the content is a bit out of date, the manuals are still essential references for GBV training of health providers.

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### **Improving the Health Sector Response to Gender-Based Violence: A Resource Manual for Health Care Professionals in Developing Countries**

Sarah Bott, Alessandra Guedes, Maria Cecilia Claramunt, Ana Guezmes. International Planned Parenthood Federation, Western Hemisphere Region (IPPF/WHR), 2004.

[http://www.ippfwhr.org/publications/download/monographs/GBV\\_Manual\\_E.pdf](http://www.ippfwhr.org/publications/download/monographs/GBV_Manual_E.pdf)

### **Summary**

This manual is based on the experiences of an IPPF/WHR regional initiative to integrate services for victims of gender-based violence into reproductive health programs. The manual provides tools and guidelines for program managers working in developing countries.

### **Capacity Project Analysis and Recommendations**

*Accuracy and Currency:* The content is current and accurate.

*Content:* Topics include planning a program, implementing routine screenings, providing specialized and emergency services, building reference networks and legal advocacy.

*Skills:* The manual includes practical tools to determine provider attitudes about GBV, establish support groups, establish legal definitions and responsibilities and monitor the quality of care.

*Instructional Design:* The manual is written in clear and practical language with a user-friendly format.

*Relevance and Recommendations:* Although *not* a training module, this manual contains many useful tools, resources and guidelines that can form the basis for health worker training in GBV. It provides a very comprehensive description of the roles of health care workers in addressing violence; guidance to help health workers and managers set up GBV programs; and tools for assessment, monitoring and evaluation and screening. It is based on experiences in Latin America, and is particularly designed for low-resource settings. The manual's section on Training Health Care Providers provides lessons learned, practical recommendations and key elements for GBV training strategies and programs.

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### **Intimate Partner Violence During Pregnancy, a Guide for Clinicians**

American College of Obstetricians and Gynecologists (ACOG) and Centers for Disease Control and Prevention (CDC), 2004.

<http://www.cdc.gov/reproductivehealth/violence/IntimatePartnerViolence/index.htm>

#### **Summary**

This screen show was designed as a training tool for clinicians to increase understanding of the important role they can play in identifying, preventing and reducing intimate partner violence. The show also emphasizes the critical window of opportunity that prenatal care provides for the screening and referral of pregnant women. The screen show can be downloaded as a PowerPoint file, including lecture notes. Authors of the screen show recommend that it be used in conjunction with other reinforcing and enabling strategies, such as role-playing, periodic discussions at staff meetings, institutional support and linkages with community violence prevention and intervention services.

#### **Capacity Project Analysis**

*Accuracy and Currency:* The content is current and accurate.

*Content:* The content covers an overview of intimate partner violence, violence in pregnancy, possible effects on the fetus and children, screening and assessment during pregnancy, documentation, safety planning and referral.

*Skills:* Not applicable.

*Instructional Design:* The package includes a PowerPoint presentation with speaker notes, bibliography, resource lists and suggestions for use of the screen show.

*Relevance and Recommendations:* Although the screen show was designed for use with U.S. health care workers, it could easily be adapted for developing country contexts. The section on screening is particularly useful. As the authors recommend, the slide show should be combined with opportunities to role-play interactions with clients and discuss experiences with other health providers.

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## **Mobilising Communities to Prevent Domestic Violence: A Resource Guide for Organisations in East and Southern Africa**

Lori Michau and Dipak Naker, Raising Voices, 2003

[http://www.raisingvoices.org/women/mobilizing\\_communities.php](http://www.raisingvoices.org/women/mobilizing_communities.php)

### **Summary**

The Resource Guide is a tool for community-based organizations working to prevent domestic violence. It describes a five-phase process of community mobilization that uses five key strategies and a variety of participatory activities to help organizations develop and implement a domestic violence project in their communities. The guide includes a training curriculum (Appendix Q) for a Community Activism Course for GBV project staff, resource persons (health care providers, police, social welfare officers, etc.), community volunteers and domestic violence watch group members. The course is structured as three three-day participatory workshops.

### **Capacity Project Analysis**

*Accuracy and Currency:* The content is current and accurate.

*Content:* The Resource Guide includes a comprehensive community activism course; tools for planning, monitoring and documentation; and full-color examples of communication materials. The community activism course workshops address the following topics: Understanding Domestic Violence; Human Rights Awareness; and Advocating for Women's Rights.

*Skills:* Over the three workshops, participants develop, review and revise an Action Plan for implementation of GBV prevention activities, with the goal of keeping their organization focused, active and accountable.

*Instructional Design:* The guide is written in clear and practical language with a user-friendly format. The Community Activism workshops include timetables; session plans with learning objectives, activities and step-by-step instructions for conducting the sessions; and workshop evaluation forms.

*Relevance and Recommendations:* Although the resource guide and training curriculum are not specifically written for health care workers, they contain many useful, participatory activities that could be easily adapted for health care providers, particularly the activities pertaining to awareness about domestic violence and human rights.

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## **Responding to Domestic Abuse: A Handbook for Health Professionals**

Department of Health, United Kingdom, December 2005.

<http://www.dh.gov.uk/assetRoot/04/12/66/19/04126619.pdf>

### **Summary**

This handbook gives practical guidance to health care professionals on how to work with patients who may have experienced or are experiencing domestic abuse. Contained within the handbook is an action plan that follows recommendations by the Domestic Abuse and Pregnancy Advisory Group set up in the United Kingdom in 2005. The action plan includes

information and policy recommendations on how health services can meet the needs of pregnant women who may be experiencing abuse.

### **Capacity Project Analysis and Recommendations**

*Accuracy and Currency:* The content is current and accurate.

*Content:* As well as discussing support for abused women, the handbook covers the basic information that health care professionals need to know to respond effectively to children who have experienced or are experiencing domestic abuse.

*Skills:* Useful appendices described below can be used to build skills in caring for abused women and children.

*Instructional Design:* The handbook is written in clear and practical language with a user-friendly format.

*Relevance and Recommendations:* Like the IPPF/WHR manual, “Improving the Health Sector Response to Gender-based Violence: A Resource Manual for Health Care Professionals in Developing Countries,” this handbook is *not* a training module. However, it contains useful material that can form the basis for health worker training in GBV. In particular, it includes a clear description of health providers’ role in addressing domestic violence, annexes on providing services for women with particular needs, a sample safety plan and a sample risk assessment. Developed for the U.K., the handbook’s material would need careful adaptation to developing country or low-resource contexts.

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### **Rethinking Domestic Violence: A Training Process for Community Activists**

Dipak Naker and Lori Michau, Raising Voices, 2004

[http://www.raisingvoices.org/women/mobilizing\\_communities.php](http://www.raisingvoices.org/women/mobilizing_communities.php)

#### **Summary**

The Training Process is a tool for community activists to help strengthen the capacity of community members to prevent domestic violence. The tool includes more than 25 two-hour participatory modules. The sessions in the tool can be used as independent activities during any training; as part of regularly scheduled capacity-building sessions (e.g., weekly or monthly sessions with staff or community groups); as a four-part workshop series held over nine to 18 months with follow-up support for participants in between the workshops; or as a resource that can be adapted to fit specific needs and objectives.

#### **Capacity Project Analysis**

*Accuracy and Currency:* The content is current and accurate.

*Content:* The Training Process includes components on becoming aware of gender and rights; deepening understanding of domestic violence; and taking action to prevent domestic violence.

*Skills:* Some of the modules focus on development of skills and personal qualities.

*Instructional Design:* The tool is written in clear and practical language with a user-friendly format. Each of the four sections consists of a series of training sessions, each containing all the

instructions needed to facilitate the training, including learning objectives, trainer preparations, steps in conducting the highly participatory activities and handouts. The appendices contain games that can be used as ice breakers, information sheets, guidance for creating and pre-testing learning materials, action planning format and guidelines and a resource list. There are no knowledge assessment tools.

*Relevance and Recommendations:* Although the training tool is not specifically written for health care workers, the tool contains many useful, participatory activities that could be easily adapted for health care providers, particularly the activities pertaining to awareness about domestic violence and human rights.

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## **Training Manual: Facilitator's Guide, Interagency and Multisectoral Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict**

Beth Vann, Reproductive Health Response in Conflict (RHRC) Consortium, 2004.

[http://www.rhrc.org/resources/gbv/gbv\\_manual/full.pdf](http://www.rhrc.org/resources/gbv/gbv_manual/full.pdf)

### **Summary**

This *draft* training manual is the result of five years' experience by the RHRC Consortium conducting, testing and revising workshops and seminars to plan GBV interventions for displaced populations around the world. The manual is designed for an interdisciplinary group of people who are, or would like to be, working together as an interagency GBV team. The manual also can be used with a group of same-sector staff and volunteers (e.g., health providers, psychosocial workers, police or security workers). The training goal is to develop well-coordinated multisectoral and interagency actions to prevent GBV and respond to survivors and perpetrators of GBV.

The training is generally provided during two- to three-day workshops, preceded by pre-workshop assignments and followed by post-training follow-up. There are three modules that build on each other. The manual also contains lists of additional training topics and resources.

### **Capacity Project Analysis**

*Accuracy and Currency:* The content is current and accurate.

*Content:* The manual contains an overview for trainers (workshop opening) and three modules: Introduction to GBV, Multisectoral Prevention and Response to GBV and Establishing a Multisectoral, Interagency Plan.

*Skills:* The curriculum does not include training in clinical skills for working with survivors.

*Instructional Design:* Each module includes an overview and seven to 11 session plans with learning objectives, session procedures, key discussion points, activities and handouts.

*Relevance and Recommendations:* Although the manual was designed to train people working with violence in conflict situations, much of the content and many of the training exercises are relevant in non-conflict situations. Useful sensitization exercises on gender and GBV can be found in Modules 1 and 2, and Modules 3 and 4 include exercises on improving coordination and multisectoral work.



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## **Workplace Learnings About Woman Abuse: A Guide for Change II**

Donna Denham and Joan Gillespie, National Clearinghouse on Family Violence, 1995.

[http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femviochange2\\_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femviochange2_e.html)

### **Summary**

This guide is a follow-up to *Wife Abuse: A Workplace Issue—A Guide for Change*. Based on the original document, it compiles ideas, strategies and activities undertaken by Canadian organizations to address woman abuse. The guide is intended to raise awareness about woman abuse, help organizations support employees who are being abused and promote a violence-free, healthy work environment.

### **Capacity Project Analysis**

*Accuracy and Currency:* The content is current and accurate.

*Content:* The guide covers topics in power and control, respecting differences and valuing diversity, involving men and program challenges.

*Skills:* Not applicable.

*Instructional Design:* Section 2 contains a design for a half-day workshop on power and control, including a workshop outline, goals, training activities, key points and handouts. The next two sections are not training designs, but they identify issues related to respecting differences and valuing diversity (Section 3) and involving men (Section 4) and suggest workplace actions related to the issues. Section 5 outlines a process for dealing with challenges in workplace initiatives, and Section 6 contains a list of relevant resources and videos.

*Relevance and Recommendations:* Since this guide is specifically related to domestic violence as it affects the workplace, it is not completely relevant to training health workers. However, the guide includes some good exercises and handouts on power, privilege and how to use them for social change. The manual also addresses the needs of specific groups of disempowered women (in Canada), such as black, indigenous, poor and disabled women.

## **Appendix I: Materials Selection and Review Criteria**

### **Language**

English language only; track other languages

### **Types of resources**

Curricula/curriculum modules

Instructional materials (ppt slides, case examples, other learning activities/assignments, etc.)

Training manuals, guides

Job aids

Descriptions of training/educational approaches and methodologies

### **Content areas**

Gender-based violence awareness

Intimate partner violence (sexual and battery)

Childhood sexual abuse

### **Skills**

Screening (history, physical exam)

Confidentiality

Counseling, communication

Referral

Community education and outreach

Documentation

Surveillance

Forensics

### **Quality**

Up-to-date, accurate

Evidenced-based, where possible

Easily available

Electronic and downloadable into hard copy, if possible

Useful/relevant for field application

Instructionally sound (usability, readability, consistency and adequacy of the materials' instructional components)

## Appendix 2: Materials Identified and Reviewed

American College of Obstetricians and Gynecologists and Centers for Disease Control and Prevention Work Group on the Prevention of Violence During Pregnancy. *Intimate partner violence during pregnancy: a guide for clinicians* [online screen show presentation]. Centers for Disease Control and Prevention, 2006. Accessed 26 May 2006 at:

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Canada Nepal Gender in Organizations Project (CNGO). Module #1: violence against women and safety strategies. In: *Training package #5: gender practice and reflection*. Canada Nepal Gender in Organizations Project (CNGO), n.d.

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Family Health International, Reproductive Health Response in Conflict Consortium and the International Rescue Committee. *Communication skills manual*. Reproductive Health Response in Conflict, n.d. Available: [http://www.rhrc.org/resources/gbv/comm\\_manual/intro.pdf](http://www.rhrc.org/resources/gbv/comm_manual/intro.pdf)

Family Violence Prevention Fund. Screen to end abuse [Video on VHS and CD-ROM]. The Family Violence Prevention Fund, the University of California, San Francisco, and the California Medical Training Center, 2003. Ordering information available at:

<http://fvpfstore.stores.yahoo.net/screentoenda.html>

Family Violence Prevention Fund. Toolkit for working with men and boys to prevent gender-based violence [website]. Family Violence Prevention Fund, n.d. Accessed 26 May 2006 at:

<http://toolkit.endabuse.org/Home>

Ganley AL. *Improving the health care response to domestic violence: a trainer's manual for health care providers*. San Francisco, CA: Family Violence Prevention Fund, 1998. Accessed 26 May 2006 at:

<http://endabuse.org/programs/display.php3?DocID=100202>

Hagemeister AK. *Collaborating for woman and child safety*. Minnesota Rural Collaboration on Violence Intervention, 2003. Accessed 26 May 2006 at:

<http://www.mincava.umn.edu/rural/documents/cwcs/cwcs.html>

Hoff LA. Violence issues: an interdisciplinary curriculum guide for health professionals [website]. Ottawa, Ontario: National Clearinghouse on Family Violence, Public Health Agency of Canada, 1995. Accessed 26 May 2006 at:

[http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/fviolencei\\_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/fviolencei_e.html)

Institute for Family Violence Studies Rural Victimization Project. Domestic violence: a competency-based training manual for community mental health center staff [online tutorial]. Tallahassee, FL: Institute for Family Violence Studies Rural Victimization Project, Florida State University, School of Social Work, 2000. Accessed 26 May 2006 at:

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Minnesota Center Against Violence and Abuse. Global violence prevention [online tutorial]. Minneapolis, MN: Minnesota Center Against Violence and Abuse, 2000. Accessed on 26 May 2006 at: <http://www.globalvp.umn.edu/>

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Nicolaidis. Voices of survivors. [Video on VHS]. Family Violence Prevention Fund, n.d. Ordering information available at: <http://fvpfstore.stores.yahoo.net/screentoenda.html>

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**The Capacity Project** is an innovative global initiative to strengthen human resources for health funded by the United States Agency for International Development (USAID). The Capacity Project applies proven and promising approaches to improve the quality and use of priority health care services in developing countries by:

- Improving workforce planning and policy making
- Developing better education and training programs for the workforce
- Strengthening systems to support workforce performance.

### ***The Capacity Project Partnership***



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