



Online course for
responding to Gender
Based Violence

Referral pathways to community resources for GBV Clients

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Learning objective



- Discuss the multi-sectoral approach to support survivors of violence
- Review referral pathways in local communities and identify key entry points for MHPSS services

Caring for women subjected to violence: A WHO curriculum for training health-care providers

Session 7

**Know your setting:
identify referral
networks and
understand the legal
and policy context**



Principles for referral pathways

Referral pathways should:

- respect **self-determination**
- **minimize points of care** and retelling of the story
- maintain **safety** of the woman and **confidentiality** of her information

Establishing referral pathways

Make referral agreements with known resources

- Identify and map available **community services**
 - police/law enforcement
 - justice/legal services
 - social services
 - economic/livelihood support
 - child protection
- Make a **referral directory** (job aid on next slide)
- **Agreements** can be formal or informal
- Specify how you will learn **whether the woman reaches** the referral resource
- **Monitor** referrals and coordination mechanisms

What does it mean to “know” a resource?

- **Know at least one person** at that service
 - Be able to refer to these people by name
- Know **what services are provided**, so that you can tell patients
- **Maintain relationships** through
 - hosting cross-trainings
 - sharing information

It helps if providers can refer women to resources and providers they know personally.

“Warm referrals”- helping people to reach further care

1. Ask: “What would **help most** if we could do it now?”
2. Help her **identify and consider** referral and social support options
3. Explain how the referral service can **meet her need**
4. Give her **contact details** – location, how to get there, names
5. Offer to help **make an appointment**, if it helps
 1. Offer to call on her behalf OR
 2. Offer to make a call with her OR offer a private place where she can call
6. Help her **solve any practical problems** that might interfere – for example, no transportation, no childcare.

Know the legal & policy context

Know the law & policy that affects the care you give

- Laws that cover:
 - **sexual violence**, including rape, sexual harassment, child sexual abuse
 - **intimate partner violence**

What laws & policies say about:

- **abortion** services for survivors of violence
- **limits to access** to abortion, emergency contraception
- age of **sexual consent**
- age of **parental consent** for adolescents' care

What are the legal or policy obligations

- requiring **health care** for survivors
- mandatory **reporting** to police
- who is authorized to perform **forensic exams** and testify in court?
- **confidentiality** of information and data sharing

Client

Step 1: Identify likely points of entry within the health system & who will provide front-line care.

Step 2: Identify entry points from & referral linkages with other sector agencies and services.

Hospitals/Polyclinics:
Secondary & tertiary care

Laboratory

OPD

Mental
health

A&E

STI/HIV

Ob/Gyn

ENT

Forensic

Government agencies

Police

Forensic

Prosecutor's office,
legal bureau

Child
protection

Financial
aid

Coordinator*

(for example, victim
advocate, social worker/
family protection unit)

Primary care

GP

FP

Child
health

ANC

STI/HIV

Private-sector organizations/
services (for example, NGOs)

Livelihood/employment

Crisis
centre

Shelter

Legal aid

Support
groups

Step 3: Identify the person/unit responsible for coordinating* access to care and services and the contact details.

*See Annex 4 for coordinator's role and responsibilities including terms of reference/job description.

The services that are highlighted in bold are the likely entry points within the health system for providing front-line care.

2017 WHO Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health Managers

Job aid 8.1

Steps for developing your referral pathways for care of women subjected to violence

Step 4: Specify roles and responsibilities, name, contact details, and forms to be used between referring and receiving unit.¹

Role of referring unit (i.e. Health Facility)

- maintains an updated referral directory with contact details of referral services²
- identifies client
- provides ongoing treatment
- refers client for services not provided onsite
- follows up with client and receiving organization
- documents referral activity³
- conducts quality assurance.

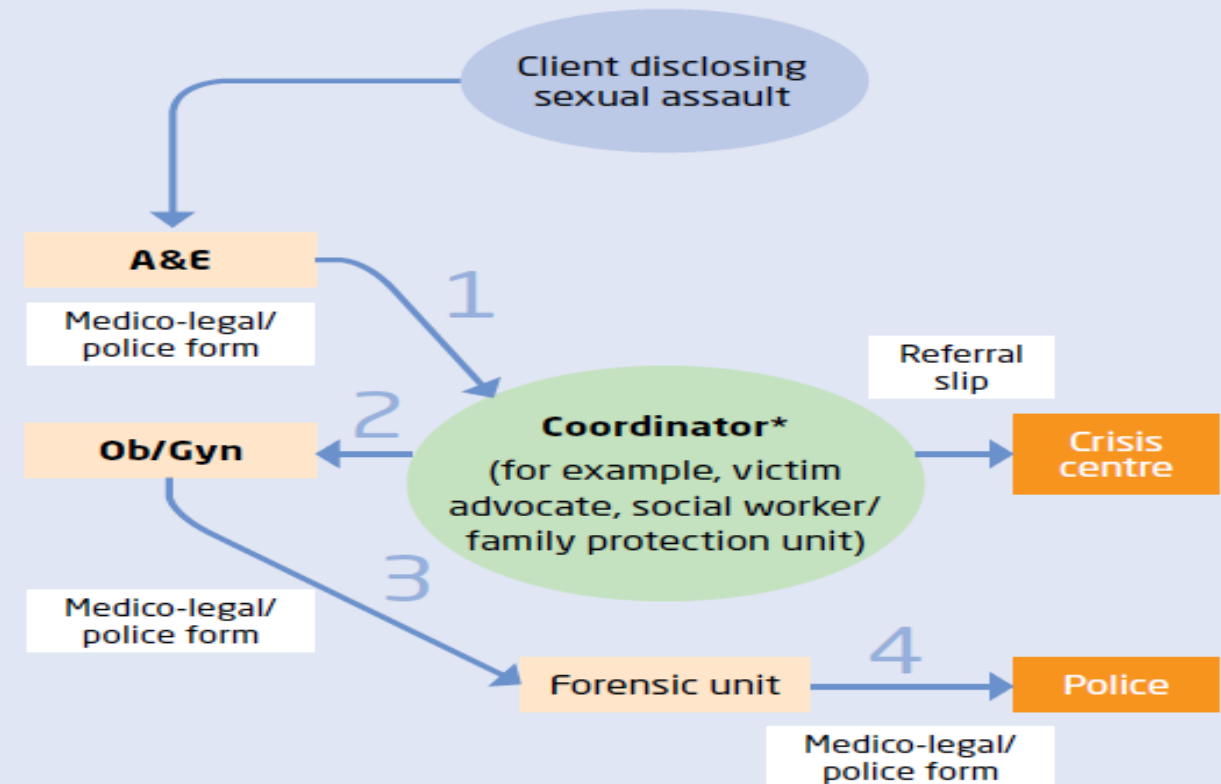
Role of receiving unit

- receives client
- provides service
- documents service
- refers clients to other needed services.

Roles & Responsibilities can be formalized in an MOU⁴ &/or protocols/SOPs

Step 5: Specify the sequence in which referrals will be provided to other services (for example, for sexual assault survivors – from accidents and emergencies to coordinator to gynaecologist to forensic unit to police. See example below.) This sequence may be different for survivors of intimate partner violence.

Step 6: Specify the forms that will be shared/passed between services (for example, police/medico-legal forms, referral slips/ forms).



Annex 6. Sample referral directory form

Job aid: Referral directory

Need	Name of agency &/or contact person	Contact	Responsible for follow-up	Form
Victim advocate/Family protection unit/Social worker		Phone: E-mail:		
Counselling/Crisis centre/		Phone: E-mail:		
Support groups		Phone: E-mail:		

Need	Name of agency &/or contact person	Contact	Responsible for follow-up	Form
Mental health care				
Reproductive health care	Forensics	Phone: E-mail:		
Laboratory services	Shelter/housing	Phone: E-mail:		
Child care	Financial aid	Phone: E-mail:		
Child protection	Legal aid	Phone: E-mail:		
Police	Livelihood/ employment	Phone: E-mail:		
	[Other]	Phone: E-mail:		
	[Other]	Phone: E-mail:		

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Examples of referral directories and networks

NOTE: The Pacific Humanitarian GBV Sub Cluster (GBV SC) is a coordinating body under the Pacific Humanitarian Protection Cluster and The Pacific Humanitarian team.

- Pacific GBV Sub-cluster online resources directory- national resources for 14 Pacific Island Countries and Territories
- If you have resources you would like added to this directory, please contact: pacificgbvsc@unfpa.org
- <https://sites.google.com/unfpa.org/pacific-gbv-sc/home>
- <https://sites.google.com/unfpa.org/pacific-gbv-sc/national-resources>

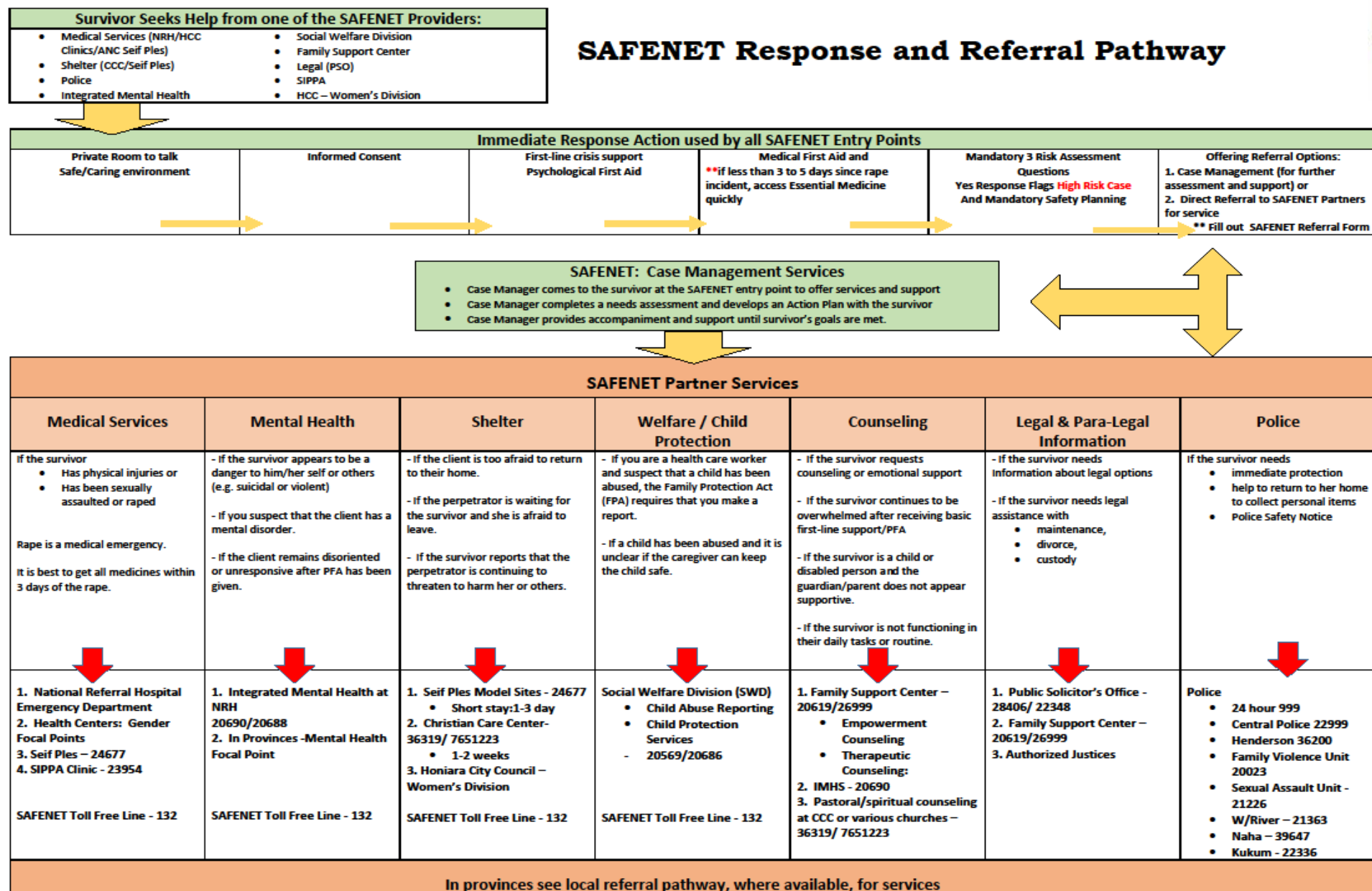
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SAFENET Response and Referral Pathway

SAFENET Referral Pathway



In Fiji:

Helplines:			
Lifeline Fiji (Toll Free) -	132454	Fiji Women's Crisis Centre -	331 3300 / 920 9470
Empower Pacific (Toll Free) -	5626	Domestic Violence Helpline (Toll Free)	1560
Medical Services Pacific (MSP) -	991 0894	Ministry of Health Stress Management Ward-	CWMH 331 3444, Lautoka 666 0399 Labasa 881 1444

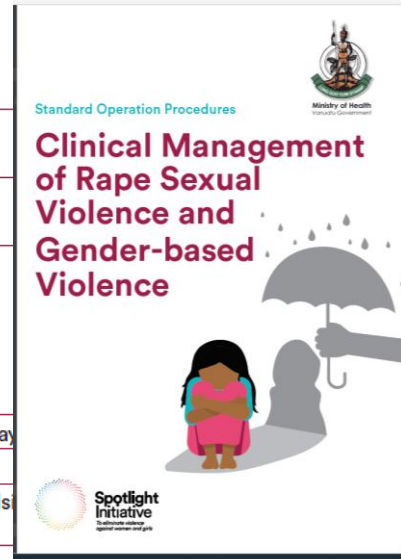
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Vanuatu

- In all circumstances, a range of ethical and safety issues **must** be considered and addressed prior to the information sharing. The information must remain strictly confidential to protect survivors, witnesses, and the alleged perpetrator
- Information can only be shared in the interest of survivors. Service providers can only refer if the survivor understands the process, including the type of information to be shared, and has given their informed consent beforehand.
- Standard Operating Procedure of the Ministry of Health
- What other supports will health care workers need to understand the processes?

Annex 7. Referral Contacts

Services provided	Who to refer to Location	Contact Info	Responsibility to follow-up
Shelter/ housing	Local Chief Local Church Leader Police	Each village has contacts	
Crisis Center Support Groups	Vanuatu Women Center (Port Vila) Tafea Counselling Center Sanma Counselling Center Torba Counselling Center	25764/24000 88660/7101869 36076/36157/37110 7793459/7102422	
Legal Aid	Vanuatu Women Center Contact local Police Posts (below)	25764/24000	
Police and Protection	Vanuatu Police Family Protection Unit Port Vila, Efate	22222/5454000/23163	
	Luganville, Santo	7336418/ Hotline – 111	
	Malekula	7770942/33886	
	Tanna	7793087/88658	
	Ambae Torba	7791394 7793066	
Counseling and Support	Tafea WVC Committee	Aneitym, Aniwa, Futuna, Port Narvin, Williams Bay	
	Shefa WVC Committee	Burumba– Epi, Lamenu island, Emae, Tongoa	
	Penama WVC Committee	East Ambae, Gaivo, Huritahi, Lavul, Loltong, Mels Nduindui, Not Ambae, Pangi, Walaha	
	Malampa WVC Committee	Aulua, Burbar, Lolihor, Lonhali, Maskelynes, Notw Wala, Wawafonhal	
	Sanma WVC Committee	Big Bay bush, Matantas, South Santo, Winsau	
	Torba Province	Gaua, Hiu, Loh, Mota, Mota Lava, Ureparapara, West vanua Lava	



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Papua New Guinea

- In an attempt to promote coordination, DFCDR and UNDP developed the first ever national website on GBV to collect and share information about activities being implemented at national and sub-national levels <http://www.ngbvs.gov.pg/>
- <https://femilipng.org/resources/stopping-violence/other-help-available/>
- The 1-Tok Kaunselin Helpim Lain Service Provider Directory 2017
- Meri Toksave Directory 2015
- Family and Sexual Violence Action Committee (FSVAC), National Secretariat
- Family Support Centres
- Meri Seif Line, 1-Tok Kaunselin Helpim Lain.

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Services in Port Moresby

These services are available for everyone experiencing violence not just those who work for an organisation

Key contacts are below. For other services ask a Bel isi

Port Moresby General Hospital Emergency Department

Open: 24 Hours 7 days a week

Services: URGENT medical treatment

Family Support Centre (FSC), Port Moresby General Hospital, 3 Mile

Phone: **324 8246**

Open: 8am to 4pm weekdays

Services: Five essential services

Bel isi PNG Case Management Centre (Operated by Femili PNG)

Phone: **7055 4401**

Open: 9am to 4pm weekdays

Services: Case Management,
Safe House Referral

1-Tok Kaunselin Helpim Lain

Phone: **7150 8000**

Open: 7am to 7pm 7 days

Services: Counselling

Badili Police Station

Geratobla Road Badili

Gordons Police

Cobon Street,
the corner of
Geauta Drive,
Head Office

Hohola Police

Near Big Roost

Waigani Police

Near the corner
and Mokoraha

6 Mile Police

Gerehu Drive,
Gerehu High School

St. John Ambulance

Ambulance En
or **7111 1234**

Kaugere 4 Squares

Living Light H
Phone: **7076 2**

Open: 8am to

Key messages



- Active and up-to-date **referral networks** and **warm referral practices** help women reach care
- Make referral agreements with **known resources**
- Referral pathways should:
 - respect **self-determination**
 - **minimize points of care** and retelling the story
 - maintain **confidentiality and safety**
- Know the relevant **laws & policies**

References

UNFPA & Fiji Min. of Health & Medical Services, (2014), Responding to Intimate Partner Violence & Sexual Violence Against Women & Girls, Suva, Fiji.

UNFPA, 2010, Health Sector Response to Gender-based Violence: An assessment of the Asia Pacific Region, UNFPA Asia and the Pacific Regional Office, Bangkok;

UNFPA, 2008, Managing Gender-based Violence Programmes in Emergencies E-learning Companion Guide, Third Ave., New York;

UNWomen, 2011, Ending Violence Against Women & Girls: Evidence, Data and Knowledge in the Pacific Island Countries - Literature Review and Annotated Bibliography, Vanua House, Suva. (2nd Edition).

Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: a manual for health managers. Geneva: World Health Organization; 2017

- Fiji's clinical guidelines: https://pacific.unfpa.org/sites/default/files/pub-pdf/VAWClinicalGuideline_02122015.pdf
- Caring for Child Survivors of Sexual Abuse: Guidelines for Health and Psychosocial Service Providers in Humanitarian Settings where information on working with teenagers can be found: <https://www.unicef.org/documents/caring-child-survivors-sexual-abuse>

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