

Online Course for Responding to
Gender Based Violence



Facilitating Collaborative Practices in Health Settings: Risk Management and Safety Planning

VEILOMANI TRAINING

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Session Objectives

Build health worker confidence in responding to gender-based violence by:

- Identifying safety risks for survivors of violence in facilities
- Discussing adaptations for safety, assessment and support strategies to the local context
- Exploring opportunities to increase referrals among health workers with different disciplines

Pacific Partnership to End Violence Against Women and Girls

Pacific Partnership brings together governments, civil society organizations, communities and other partners to promote gender equality, prevent violence against women and girls (VAWG), and increase

These country summaries give an overview of Pacific Partnership's work under way in **Fiji, Kiribati, Republic of the Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu.**

<https://asiapacific.unwomen.org/en/digital-library/publications/2021/02/pacific-partnership-country-summaries>



Domestic Violence Act- Fiji (2009)

“Domestic violence” in relation to any person means violence against the person (“victim”) committed, directed or undertaken by a person (“the perpetrator”) with whom the victim is, or has been, in a family or domestic relationship.

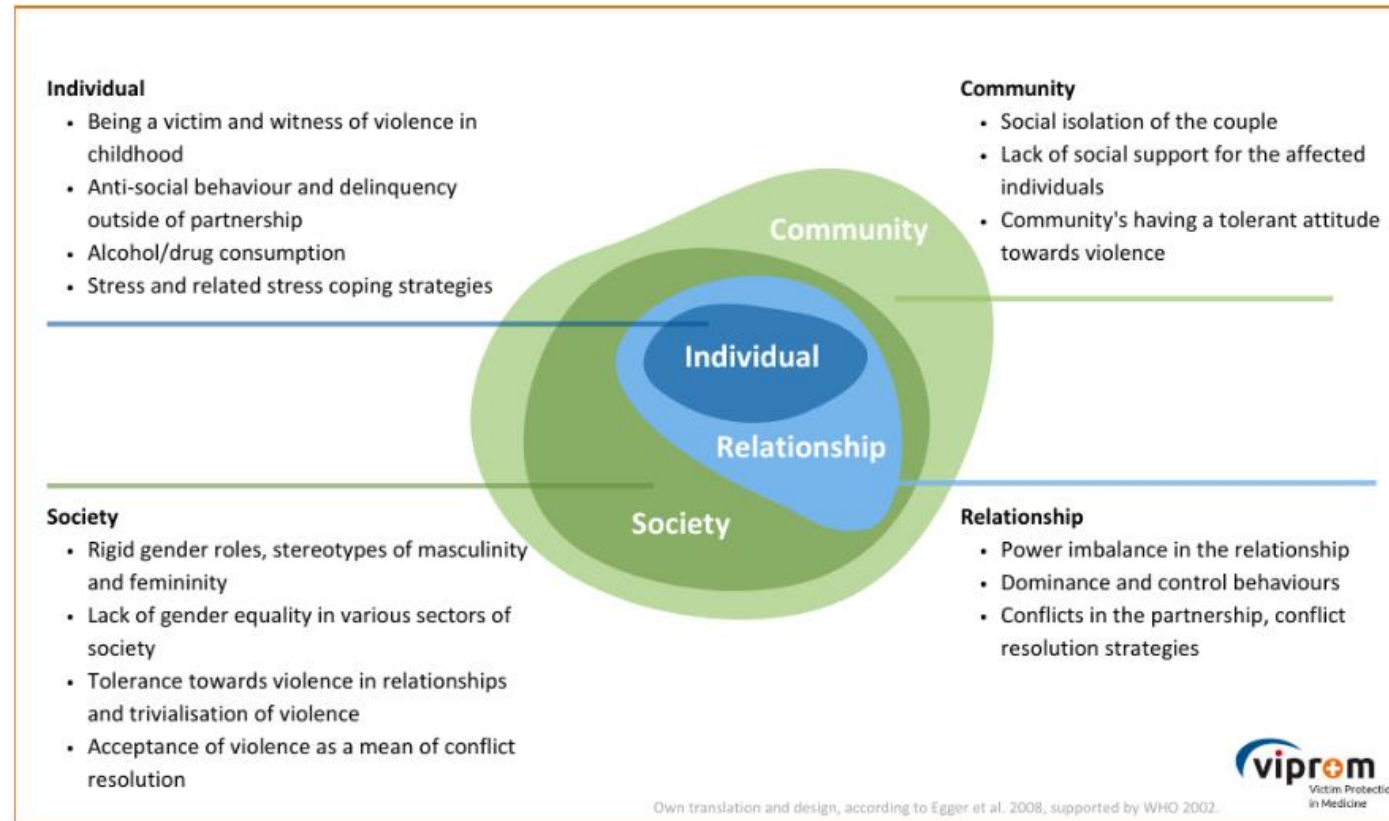
Intimate “partner violence” is behavior by an intimate partner that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors.

Sexual Violence: Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person by taking and making them have sex with others, or actions otherwise directed against a person’s sexuality, using coercion or persuasion by a person, regardless of their relationship to the victim, in any setting, including, but not limited to home and work.

Who are Family Members?

- Partner (current and ex-)
- LGBTIQ+ relationships including same sex partner(s)
- Relatives including parent, grandparent, child, sibling and cousin
- Young people against parents or siblings
- Carer/s in a domestic setting against a sick/disabled family member
- Extended families, kinship networks and communities
- Families of choice in LGBTIQ+ communities

Risk Factors for Gender-Based Violence



Risk Assessment

LISTEN TO VICTIM/ SURVIVOR

Risk is dynamic and can change over time.

Strongest indicator for future risks/violence is the perpetrator's current and past behavior.*

Immediate risk of suicide and self-injury

Risk Management

Elements

Addressing immediate risks promptly

Safety planning (including children or young individuals)

Engaging in conversations with victim/survivors

Continuously assessing and managing risks over time, monitoring for any shifts or escalations

Collaboration with other services by sharing relevant information

Immediate risk

- Police /emergency services often best positioned to respond
- Emergency accommodation

USE YOUR RADAR

Routinely screen every patient

Ask directly, kindly,
nonjudgmentally

Document your findings

Assess the patient's safety

Review options and provide
referrals

Safety Planning

Contact numbers

Where to go

How to get there

Who to ask for help

Ready cash, keep valuables together

Children, pets

Safety Planning

Safety Plan Questions	Sample format for responses
What phone numbers do you need to memorize in case of emergency? (i.e.: someone she trusts, emergency response, shelter provider)	I have memorized:
Whom do you trust if you need help? (Neighbors, friends, family, female leaders and how people can keep her safe. People survivor wouldn't be embarrassed or ashamed to contact for help.)	Who?
Are there neighbors who you could help if you are in an emergency situation?	Who?
Is there a signal you could create to alert your neighbors that you need help? (I.e.: Discuss signal with the neighbor and upon seeing/hearing signal, neighbors plan a group visit. Establish code word to call for help).	What is the signal?
Are there places you can go in case of an emergency (relative, neighbor, or leader)?	I can go to:
If the violence begins, can you move into a room where you could escape or others could hear you? Or that might be safer? (i.e.: kitchens have knives, kerosene, etc.)	If the violence starts and I can't leave the house I will try to move to:
Are there weapons in the house? Where? (Guide fights away from weapons if possible)	I can try to avoid weapons by:

Can you keep a bag hidden (at home or at a friends or neighbors) for emergencies filled with a change of clothes, some money, emergency snacks/drink, keys, and copies of important information/documents in case you need to leave quickly? (explain consequences if bag at home and found)	I will keep the bag:
If yes, what items would be useful and important to you?	I will keep copies of documents:
What important documents do you have for you (and your children) and may need copies? (ID, proof of status, medical or school records; consider keeping copies with friends).	I need:
How will you involve your children in planning for safety? (Children should know not to try and stop the fighting and that the fighting is not their fault. The children should know how and who to call in case of an emergency. The survivor should alert school and daycare(r) who is allowed to pick the child up. If the survivor goes somewhere for safety, the children should know to keep their new location a secret.)	I will involve my children by:

Facilitating Collaborative Practice

Primary aims

- Safety of victim survivors
- Visibility of perpetrators

Regular communication

Work together to provide holistic support (health, legal, shelter)

Using shared risk assessment tools

Frontline Service Provision- Fiji

1. Health and Medical Response- MOHMS, Medical Services Pacific (MSP).
2. Counselling and Survivor Advocacy Response- FWCC, Empower Pacific
3. Safe Shelter Accommodation- The Salvation Army (Lautoka, Suva, Labasa), Homes of Hope
4. Police Response- Fiji Police Force
5. Social Welfare/ Child Protection- Department of Social Welfare
6. Legal Aid Commission
7. Judicial Department

Best Practice in Multi-Agency Responses

1. Survivor Safety & Perpetrator Accountability
2. Collaborative Approach & Shared Values
3. Effective Governance & Coordination
4. Information Sharing & Confidentiality

Best Practice in Multi-Agency Responses

- 5. Staff Training & Professionalism
- 6. Identify service gaps (e.g., children's counseling) and develop new services.
- 7. Regular Case Management & Monitoring
- 8. Transparency & Evaluation

Functions of a Collaborative Response to GBV

- Improving communication between individuals and organisations
- Improving decision making on collective strategies and individual cases based on more complete information
- Facilitating consistent and philosophically coherent policy development across services
- Improving the accountability of each network participant to victim survivors
- Facilitating broader cultural change

THANK YOU FOR LISTENING

ANY QUESTIONS? COMMENTS?

WOULD ANYONE WOULD LIKE TO SHARE ANY EXPERIENCES?

