



REPUBLIC OF NAMIBIA

**Ministry of Gender Equality, Poverty Eradication and Social Welfare
(MGEPESW)**

THE ROLE OF SERVICE PROVIDERS IN ADDRESSING GENDER BASED VIOLENCE

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1. INTRODUCTION

1.1 Gender Based Violence (GBV) involves physical, sexual, psychological, emotional and economic harm against a person on the basis of their sex and it includes threats to take such actions. GBV can happen at any settings including in private, domestic or humanitarian settings.

This pamphlet aims at empowering service providers with information to identify, manage and refer victims of GBV. Frontline service providers included but not limited to medical personnel, social workers, psychologists, uniformed personnel, educators, church counsellors, food distributors, etc.

2. HOW TO IDENTIFY A PERSON WHO MAY BE SUBJECTED TO GBV DURING SERVICE PROVISION INCLUDING DURING EMERGENCY PERIODS

2.1 It is important for service providers to be aware that a person's health and other problems may be caused or made worse by Gender Based Violence especially during emergency related periods such as drought, floods and health related emergencies. S/he may be facing ongoing abuse at home or at community or has in the past, and they may now escalate. Persons subjected to GBV often seek health care, psycho-social support, protection/ safety for related emotional, financial, psychological, or physical conditions. However, often they do not tell you about the violence due to shame, stigma or fear of being judged or fear of their partner.



3. Signs/ symptoms that may indicate that a child, adolescent, woman or a man has been subjected to violence:

- 3.1 if children have emotional and behavioural problems
- 3.2 often misses own or her children's health-care appointments
- 3.3 engages in harmful behaviours such alcohol or substance abuse
- 3.4 thoughts, plans or acts of self-harm or (attempted) suicide
- 3.5 ongoing emotional health issues, such as stress, anxiety or depression
- 3.6 repeated sexually transmitted infections
- 3.7.unwanted pregnancies
- 3.8 injuries that are repeated or not well explained
- 3.9 unexplained and explained miscarriages
- 3.10 gastrointestinal problems, kidney or bladder infections, headaches)
- 3.11 repeated health consultations with no clear diagnosis
- 3.12 Repeatedly and unexplainable buying of over the counter medication.

4. WHAT DO I DO IF I SUSPECT VIOLENCE

4.1 Never raise the issue of partner violence unless the person is alone. Even if s/he is with another person, that person could be a relative of the suspected abuser.

4.2 If you do ask about violence, do it in an empathic, non-judgemental manner.

4.3 Use language that is appropriate and relevant to the age, culture and community you are working in.

4.4 Some survivors may not prefer the words "violence" and "abuse". Cultures and communities have ways of referring to the problem with other words. It is important to use words that survivors themselves use.

5. TIPS ON HOW DO I ASK ABOUT VIOLENCE

Here are some statements you can make to raise the subject of violence to adult survivors before you ask direct questions:

5.1 Please be assured that I am here to help you. Anything you say to me will be kept confidential, unless you tell me you would like it to be disclosed.

5.2 Many survivors experience problems with their partner, or someone else.

5.3 I have seen people with problems like yours who have been experiencing trouble at home.

6. Examples of simple and direct questions that you can start with that show you want to hear about her/his problems. Depending on her/his answers, continue to ask questions and listen to her/his story. If s/he answers “yes” to any of these questions, offer her/his first-line support.

6.1 Are you afraid of your husband/wife (or partner)/ or someone else?” If yes, “Could you tell me why you are afraid?”

6.2 Has your husband/wife (or partner)/ someone else at home ever threatened to hurt you or physically harm you in some way? If so, when has it happened and what happened?

6.3 Does your husband/wife (or partner) or someone at home bully you or insult you?

6.4 Does your husband/wife (or partner)/ someone else try to control you, for example not letting you have money or go out of the house?

6.5 Has your husband/wife (or partner)/ someone else forced you into sex or forced you to have any sexual contact you did not want?

6.6 Has your husband/wife (or partner)/ someone else ever threatened to kill you?”

7. HOW TO OFFER FIRST-LINE SUPPORT TO VICTIMS THAT DISCLOSE

First-line support involves 5 simple tasks. It responds to both emotional and practical needs at the same time. The letters in the abbreviation “LIVES” can remind you of these 5 tasks that protect survivor’s lives:

LISTEN	Listen to the survivor closely, with empathy, and without judging.
INQUIRE ABOUT NEEDS AND CONCERNS	Assess and respond to her/his various needs and concerns—emotional, physical, social and practical (e.g. childcare)
VALIDATE	Show her/him that you understand and believe her/him. Assure her/him that she/he is not to blame.
ENHANCE SAFETY	Discuss a plan to protect herself/himself from further harm if violence occurs again.
SUPPORT	Support her/him by helping her/him connect to information, services and social support.

8. WHAT TO DO IF YOU SUSPECT VIOLENCE, BUT S/HE DOESN'T DISCLOSE IT

8.1 Do not pressurise the person, and give him/her time to decide what s/he wants to tell you.

8.2 Inform the person about services that are available if s/he chooses to use them.

8.3 Offer information on the effects of violence on survivor's health and that of significant others.

8.4 Offer the person a follow-up visit.



9. WHERE TO REFER THE CLIENT FOR SUPPORT

The provision of correct care and response to GBV survivors largely depends on how fast victims of GBV can access the required services at first contact. It is therefore important that frontline service providers be aware of the existence institutions/ organizations and their contact details in the community/ region/constituencies in which they serve in order to refer victims. This include but not limited to:

- Ministry of Health and Social Services
- Namibian Police Force: GBV Protective Unit
- Ministry of Gender Equality, Poverty Eradication and Social Welfare
- Lifeline/Child-Line
- Bel Esprit Hospital
- Faith Based Organisation
- Nearest Psychosocial Support
- Nearest legal support
- health extension worker
- Social worker
- Psychologist
- Psychiatrist
- Spiritual leader

10. RECORD KEEPING AND FURTHER CONTACTS

Please complete the **following referral template**, keep the statistics and forward to: the Executive Director: Cluster Gender Equality, Poverty Eradication and Social Welfare: genderequality@mgecw.gov.na

Referral Chart (Confidential)						
Name of the client/ Unique identification no		Sex	What to refer for	Where/ who to refer to	Contact information of client	Responsibility for follow up

This pamphlet content is extracted/ adapted from the Clinical Handbook on the Health Care of Survivors Subjected to Intimate Partner Violence and/or Sexual Violence, Namibia



Ministry of Gender Equality, Poverty Eradication and Social Welfare

Nictus Building, Independence Avenue, Windhoek

Private Bag 13359 Windhoek, Namibia

Telephone: 061-2833111 (main switchboard)

Fax: 061-229569 or 061-238941

Email: genderequality@mgecw.gov.na