



***STANDARD OPERATING  
PROCEDURES FOR HEALTHCARE  
SECTOR RESPONSE TO GENDER-  
BASED VIOLENCE***



Referral procedures and guidelines for  
health care providers as part of the  
Implementation Package of Multi-agency  
Coordination Model



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*Standard operating procedures are specific standardized procedures that regulate the routine actions of individuals in specific positions and assign roles and responsibilities within health sector in coordination with other agencies.* The procedures described below present the delineation of specific roles and responsibilities for GBV prevention and response including identification, documentation, evidence collection and referral of GBV cases within health sector. The procedures include elements securing coordination with other actors involved in multi-agency response to GBV. Thus safety and ethical considerations as well as coordination present a cross-cutting element incorporated in various types of procedures.

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# 1. INTRODUCTION

The SOPs are developed for the healthcare facilities involved in the multi-agency coordination model developed by the Ministry of Public Health (MoPH) with the technical assistance of UNFPA. The SOPs benefitted from comments and suggestions offered by WHO experts. The SOPs include separate sets of procedures for the healthcare facilities of various levels. SOPs reflect the difference in opportunities, capacity and vulnerability of the healthcare staff in different levels of the healthcare system. Table 1 presents the functions assigned to the staff employed in the primary, secondary and tertiary level healthcare facilities.

### 1.1. Purpose

The SOPs for the healthcare sector present one of the elements of the multi-agency coordination model that seeks to *generate a coherent set of relationships among agencies and organizations that would allow the victims of gender-based violence to receive maximum level of assistance and protection while investing minimum resources.*

The **purpose** of the Standard Operating Procedures is to provide clear and detailed description of step by step routine actions of key staff members providing services for GBV victims. The introduction of SOPs pursues the following objectives:

- Put the safety of women experiencing GBV at the center of all efforts in the GBV response and introduce multiple mechanisms for increasing the safety of GBV victims at all levels of service provision;
- Introduce the identification, documentation and referral of women with GBV into routine daily activities of the healthcare facilities;
- Overcome the isolation of healthcare facilities from the other parts of the referral network and provide the primary, secondary and tertiary level healthcare facilities with the custom-made mechanisms for efficient GBV response;
- Address the vulnerability related concerns of the healthcare staff in primary, secondary and tertiary level healthcare facilities. Increase the security of the staff in all types of the

healthcare facilities (especially in rural areas) in situations involving the identification and referral of GBV victims.

- Ensure that the care of GBV victims by service providers guarantees the confidentiality of information regarding GBV and is compliant with ethical and safety standards developed by WHO;

SOPs present clear procedures, roles, and responsibilities for the healthcare providers in primary, secondary and tertiary level healthcare facilities. The SOPs are developed and implemented in order to eliminate the practices that deprive GBV victims of their right to receive comprehensive care and seriously limit their access to psychosocial and legal assistance. The SOPs will also provide a quality standard for comparison among different health institutions.

## 1.2. Accompanying resources

SOPs are accompanied by a Health Service Provider Data Collection Form, Consent Form, sample medical record format and check lists featuring the clinical conditions that should alert healthcare provider to the possibility of GBV.

## 2. THE SETTINGS AND PERSONS OF CONCERN

Persons of concern include all patients attending healthcare facilities. One of the important elements of the coordinated multi-agency response to GBV is the establishment of **One Stop Assistance Center for GBV victims (OSAC)** in certain healthcare facilities, specifically at District or Provincial Hospitals. In case that the One Stop Assistance Center is established it will ensure further connection and referral of the victims to other sectors. If the OSAC is not functioning in a province or district then the *focal point* in each provincial and district hospital should be appointed who will liaise with other sectors for further referral. Comprehensive Health Centers (CHC) that have psychosocial counsellors should appoint them as focal points for GBV related referrals. The CHCs that do not have psychological counselors should appoint other employee as a focal point. While focal points cannot provide a cluster of services delivered by OSAC they should offer basic information regarding contact details for nearest services addressing the needs of GBV victims (such as, the local offices of the Ministry of Women's

Affairs, women's rights NGOs, Afghanistan Independent Human Rights Commission, legal assistance NGOs, police presincts and Prosecutor's office).

The settings covered by current SOPs include the following types of the healthcare facilities and the following types of procedures:

<i>Healthcare facility</i>	<i>Functions within GBV response model</i>					
<b>Regional/Provincial/District Hospital (hosting OSAC or GBV focal point)</b>	<u><i>Identification</i></u>	<u><i>Medical assistance</i></u>	<u><i>Evidence collection</i></u>	<u><i>Documentation</i></u> <sup>1</sup>  <u><i>Healthcare Provider's Data Collection Form</i></u>	<i>Referral to OSAC, if OSAC is not available referral should be made to a focal point within the hospital.</i>	<u><i>Information sharing</i></u> : based on the medical record and Health Service Provider Data Collection Form, for more detailed information refer to OSAC if available.
<b>Comprehensive Health Center</b>	<i>Detection</i>	<i>Medical assistance</i>	<i>Evidence collection (based on lab and physical examination - subject to need and availability of trained staff)</i>	<i>Documentation</i>  <u><i>Healthcare Provider's Data Collection Form</i></u>	<i>Referral to the Provincial or District Hospital (hosting OSAC) if such facility is not available in the closest PH/DH the referral should be made to the focal point in PH/DH or the psychosocial counsellor in CHC (if available.)</i>	<i>based on the medical record and Health Service Provider Data Collection Form, for more detailed information refer to OSAC if available</i>

<sup>1</sup> Healthcare Provider's Data Collection Form will serve as a basis for documentation when a woman discloses GBV and the healthcare provider feels secure enough to pose questions and fill the Form (see VII). If the healthcare provider does not feel safe enough to do it or lacks necessary skills, he/she should proceed with providing a supportive response and routine documentation procedure adopted in the respective facility, however the note of the referral to higher HF hosting OSAC or GBV focal point should be made in patient's medical records (if it is safe to do so, has been discussed with the woman and there is some guarantee that the information will remain confidential). A body map is included in the current Implementation package as an additional tool for recording observable injuries (Appendix V). The healthcare facilities working with OSAC will be required to use the Form : Record of Examination Findings (see Appendix IV).

<b>Basic Health Center</b>	<i>Detection</i>	<i>Medical assistance</i>	<i>Evidence collection (based on physical examination)</i>	<i>Documentation<sup>2</sup></i>  <b><u>Healthcare Provider's Data Collection Form</u></b>	<i>Referral to the Provincial or District Hospital (hosting OSAC) if such facility is not available in the closest PH/DH the referral should be made to the focal point in PH/DH or the psychosocial counsellor in CHC (if available.)</i>	<i>based on the medical record and Health Service Provider Data Collection Form, for more detailed information refer to OSAC if available</i>
<b>Health Sub-Center</b>	<i>Detection</i>	<i>Medical assistance</i>	<i>- Evidence collection (based on physical examination)</i>	<i>Documentation</i>  <i>Based on routine documentation procedure adopted in HSC</i>	<i>Referral to the Provincial or District Hospital (hosting OSAC) if such facility is not available in the closest PH/DH the referral should be made to the focal point in PH/DH or the psychosocial counsellor in CHC (if available.)</i>	<i>-</i>
<b>Health Post</b>	<i>Detection</i>	<i>Medical assistance</i>	<i>-</i>	<i>Based on routine documentation procedure adopted in HPs</i>	<i>Referral to the Provincial or District Hospital (hosting OSAC) if such facility is not available in the closest PH/DH the referral should be made to the focal</i>	<i>-</i>

<sup>2</sup> On all levels of service provision confidentiality and safety of the information must be guaranteed and any documentation should be discussed and agreed with the woman.

					<i>point in PH/DH or the psychosocial counsellor in CHC (if available.)</i>	
<b>Mobile Health Team</b>	<i>Detection</i>	<i>Medical assistance</i>	-	<i>Based on routine documentation procedure adopted in MHTs</i>	<i>Referral to the Provincial or District Hospital (hosting OSAC) if such facility is not available in the closest PH/DH the referral should be made to the focal point in PH/DH or the psychosocial counsellor in CHC (if available.)</i>	-

## 3. DEFINITIONS AND TERMS

### 3.1. GBV case definitions

"Violence against women" means any act of **gender-based violence** that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life. <sup>3</sup> GBV can affect women and men (girls and boys), however all over the world women and girls are main targets of GBV.

**GENDER BASED VIOLENCE (GBV) VICTIM(s)** – a person (or a group of people) subjected to GBV. Gender Based Violence is a violation of human rights. People subjected to GBV are the victims of human rights violation.

<sup>3</sup> 1993 UN Declaration on the Elimination of Violence Against Women



**GBV PERPETRATOR** – a person (or a group of people) committing acts that constitute GBV, including physical, sexual, psychological/emotional abuse or denial of vital resources. GBV perpetrator(s) violates the human rights of GBV victim(s).

Incident type definitions presented below are accompanied by the examples of situations that healthcare providers may encounter in their practice and the references to national legislation.

***Incident Type Definitions<sup>4</sup>:***

1. **SEXUAL VIOLENCE** is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object. *For example, if a midwife discovers that her adult female patient was raped, she should know that rape constitutes sexual violence and is to be punished by continued imprisonment according to EAW Law (Article 17.1) and Afghanistan Penal Code (Article 426). The punishment is even harsher for rape of an underage girl.*
2. **SEXUAL ASSAULT:** any form of non-consensual sexual contact that does not result in or include penetration. *Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. This incident type does not include rape, i.e., where penetration has occurred.*
3. **PHYSICAL ASSAULT:** an act of physical violence that is not sexual in nature and involves intentionally using or threatening to use physical force, strength or a weapon to harm or injure the woman. *Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury. According to the Law on Elimination of Violence against Women and Afghanistan's Penal Code these actions constitute a crime and should be punished (EAW Law, chapter 3, article 22 and Article 407 – 410 of the Penal Code).*
4. **FORCED MARRIAGE:** the marriage of an individual against her or his will. *Forced marriage may provide a context for physical, sexual and psychological abuse. The mention of forced marriage should alert the healthcare provider to the possibility of GBV.*
5. **DENIAL OF VITAL RESOURCES, SUCH AS NUTRITION AND SHELTER:** This category covers the acts of deliberate deprivation from nutrition and shelter as means of punishment or discipline. *For example, the doctor asks about patient's eating habits and finds out that female patient's husband have been denying her food for last four days. Female*

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<sup>4</sup> The incident type definitions are adopted from the Guidelines for GBV Interventions in Humanitarian Settings (IASC, 2005).

*patient is never given money and cannot buy her own food. The doctor encountered a case of violence that is a crime according to EAW Law. The Law orders offender to provide victim with food/support and sentences him to up to one month of imprisonment (Article 35). This category does not include people suffering from general poverty.*

6. **PSYCHOLOGICAL/EMOTIONAL ABUSE:** infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc. *For example, if a midwife during her field visit discovers that a woman is verbally abused, degraded and humiliated by her mother-in-law, she has encountered a case of psychological violence. These actions constitute a crime according to EAW Law (Article 29).*

## 4. GUIDING PRINCIPLES

### 4.1. Guiding principles for all actions

- Safety should be placed at the center of all services provided to those suffering from gender based violence.
- The procedures followed by all actors should comply with good clinical practice, professional ethical principles, and the recommendations outlined in the WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies (WHO 2007).
- The actors should recognize GBV as a multi-dimensional social problem. Healthcare facilities and providers should recognize that the health issues affecting GBV victims are closely connected to a range of grave social and economic conditions.
- The facilities and individual practitioners should carefully follow all procedures regulating the services provided to GBV victims
- The coordination (including referral and information sharing) between facilities providing services for GBV victims should be operationalized based on the procedures outlined in current SOPs.

## 4.2. Guiding principles for working with victims.

While examining the patient, asking questions, collecting evidence, documenting or referring the case:

- make the safety of the victim/survivor and her family members your top priority;
- respect the confidentiality of the victim and her family at all times;
- respect the choices, decisions and dignity of GBV victims;
- while referring your patient to other facilities always remember that GBV victims have very limited opportunities for visiting various locations (lack of money, time and freedom to travel); try to offer the most efficient route (minimize the number of contacts and do as much as possible on the first contact) and give very clear directions;
- while sharing information about a ‘GBV case’ with other agencies or service providers obtain the consent of the victim and follow the procedure that protects the confidentiality of the victim;
- all written information about the patients subjected to GBV must be maintained in secure, locked files;
- put your best effort into conducting examination/interview in private settings whenever it is possible and ensure it does not threaten the security of your patient.
- Ensure that you treat all GBV victims equally regardless of ethnicity, gender, social status or religion.

## 5. IDENTIFICATION AND DISCLOSURE

### 5.1. Healthcare providers assisting GBV victims: risks and opportunities.

The Basic Package of Health Services implemented in Afghanistan covers the following types of healthcare facilities: Health Post (HP), Health Sub-Center (HSC), Basic Health Center (BHC), Mobile Health Team (MHT), Comprehensive Health Center (CHC) and District Hospital (DH). Healthcare providers working in big and small healthcare facilities in rural and urban areas across the country face different obstacles and risks. Their ability to assist the persons suffering from GBV depends on a range of factors: personal security, professional skills, personal attitudes, necessary supplies and equipment, relations with local community and the coordination with other agencies offering help and protection to GBV victims. Some healthcare providers feel confident enough to ask the patient about possible GBV exposure, if they have reasons to suspect that she/he suffers from violence. Others feel insecure and threatened by the victim's family and community.

The Model of multi-agency Coordinated Response to GBV is designed to accommodate the needs of service providers on various levels of the healthcare system and eliminate some risks that stop the healthcare staff from rendering assistance to persons suffering from GBV.

The Current Implementation Package presents a **6 step procedure (Identify-Assist-Collect Evidence-Document-Refer-Share Information)** that should regulate the treatment of GBV victims by the healthcare providers. The healthcare providers in District Hospitals, Provincial and Regional Hospitals should implement every step of the 6 step procedure while the healthcare providers from lower level healthcare facilities are required to implement only specific steps.

**1 step: Identify.** The healthcare provider becomes aware that a patient suffers (once suffered) from GBV. The procedure describes various ways of obtaining this information and regulates the actions of the healthcare provider.

**2 step: Assist.** The healthcare provider renders necessary medical assistance to the patient suffering from GBV.

**3 step: Collect evidence.** Upon receiving a request from the patient, police, or prosecutor's office, the healthcare provider collects the evidence of GBV (signs of physical or sexual abuse on patient's body). The healthcare provider follows the procedure to collect the evidence of GBV and pass the evidence to a relevant party. While primary healthcare providers perform basic evidence collection, they refer the patient to specialized forensic examination units, whenever necessary.

**4 step: Document.** The healthcare provider records the information about the GBV victim and the details of abuse in a standard format (medical record, Health Service Provider Data Collection Form) and takes necessary measures to keep the information confidential.

**5 step: Refer.** The healthcare provider follows the procedure to refer the patient to other services within the same hospital or to other facility/agency where she/he will receive further assistance

- 5 **6 step: Share Information.** The healthcare provider gets informed consent from the person and follows the procedures and uses standard form to respond to information requests (from police, prosecutor's office and court) regarding the 'GBV case'. The information should be shared in line with Information Sharing Protocol.



## I STEP. IDENTIFY

Healthcare provider has three ways of establishing that a patient is suffering from gender based violence:

- ✓ **Identification.** While examining the patient the healthcare provider identifies clinical conditions that suggest the possibility of GBV. Initial purpose of examination may have nothing to do with GBV and the patient may never acknowledge suffering from abuse. However, given the high prevalence of violence against women and girls in the country, the signs suggesting that the female patient is suffering from violence will very often indicate gender based violence. Boys and men can also become victims of GBV, however women and girls represent the vast majority of people subjected to gender based violence.
- ✓ **Reporting by third party.** Healthcare provider receives information about specific patient that suffers from GBV. The information is offered by a third party (victim's family member, friend, referral from the fellow health practitioner or community health worker, referral from MOWA, police, prosecutor's office, court or NGO). Referrals from community based structures are currently rare, but may happen occasionally.
- ✓ **Self-reporting.** Healthcare provider receives information directly from the person suffering from GBV. In this case the patient reveals exposure to GBV during the visit to the healthcare facility. The nurse/doctor/vaccinator/community health worker may receive information about GBV from GBV victim while paying routine visits in the community. Given the cultural stigma of disclosing violence (especially all types of domestic violence and sexual

violence outside of family circle) direct disclosure is rather rare and often indicates the extreme severity of violence and/or the presence of direct threat to a victim's life.



### ***Who can and should identify GBV?***

Doctors, nurses and midwives can detect the clinical conditions that suggest a possibility of GBV. These healthcare providers should receive training covering GBV and its health and social consequences and learn to identify the clinical conditions suggesting the possibility of GBV.



### ***When should healthcare provider look for GBV?***

Specific clinical conditions should raise a suspicion in a healthcare provider that GBV may be an underlying cause of the patient's complaints. Healthcare providers familiar with these clues will be alerted upon identifying them during the initial and routine visits, emergency room visits, hospital admissions, vaccination and immunization, pregnancy care and deliveries, screening for HIV and Sexually Transmitted Infections (STIs), screening for mal-nutrition, psychosocial counseling and counseling on family planning and other types of encounters with patients that allow an opportunity for observation and detection.

Healthcare provider's goal is to establish whether a patient suffers (once suffered) from GBV, assess the extent of health damage caused by GBV and determine the most efficient treatment (or the need for referring a patient to higher level healthcare facility).

### ***GENERAL RULES FOR CONDUCTING EXAMINATION: PROTECTING PATIENTS' DIGNITY, PRIVACY AND CONFIDENTIALITY***

- *Always obtain patients's consent prior to the examination (use the Consent Form);*
- *Do your best to arrange maximum possible level of privacy during the examination;*
- *Assure patients that all examination results will be kept confidential and make sure procedures are in place to ensure this;*
- *Be sensitive and respectful, choose your words carefully, avoid sounding judgmental;*
- *Provide encouragement and support your patient's decisions (unless you have strong reason to believe that these decisions put your patient in danger);*
- *Keep all the examination results securely locked and only share patients' medical history upon receiving their consent.*

**In order to not miss the clinical conditions that suggest the possibility of GBV healthcare provider should:**

- ✓ Check the patient's medical history (if available) for the records of past abuse (please see Appendix I). Remember that GBV often involves a pattern of repeated abuse. If the patient was once subjected to GBV, her (his) chances to encounter the same or similar violent treatment are increased.
- ✓ Know how to recognize the clinical conditions suggesting the possibility of GBV while examining the patient: learn about the clinical conditions that should alert you to a possibility of GBV.
- ✓ Prior to examination explain to a patient the actions that you will perform. Explain that careful examination is crucial in determining the nature of the health problem, its possible outcomes and correct treatment. Do not bring up your suspicions regarding GBV at any time prior and during the examination.
- ✓ If the patient has at least one of the clinical conditions suggesting the possibility of physical violence proceed with examining for signs of physical abuse. (Please see the list in Appendix II). During the whole process of examination do not make any comments indicating your suspicions.
- ✓ To detect the clinical conditions of physical violence first examine parts of the body not covered by clothes.
- ✓ If appropriate, proceed with asking the patient's permission to examine the body parts normally covered by cloth to check for abuse on breasts, back and abdomen. Examine the parts of the body normally covered by clothes.
- ✓ Check the patient for symptoms of mal-nutrition and dehydration – these may indicate that the patient was intentionally deprived of food and water. Remember that deprivation from food and shelter constitutes another form of GBV and may be accompanied by physical, psychological and sexual violence.
- ✓ Proceed with asking questions to examine the mental health/psychological abuse (Please see the list of mental health/psychological conditions suggesting the possibility of GBV in Appendix III). If the symptoms of possible psychological abuse constituted the patient's initial complaint, move from mental health/psychological conditions suggesting the possibility of GBV to looking for the clinical conditions suggesting the possibility of physical and/or sexual violence. Remember that GBV victims are often subjected to physical, sexual and psychological violence at the same time.
- ✓ If appropriate ask if the patient suffers from sexually transmitted infections and/or HIV (inquire about a few specific symptoms, rather than naming the infection), sexual



dysfunction, chronic pelvic pain– these may suggest the possibility of physical or sexual abuse. If the symptoms of sexual violence or rape constituted the patient's initial complaint look for the clinical conditions suggesting the possibility of physical and psychological violence. Remember that GBV victims are often subjected to sexual and physical violence or sexual, physical and psychological violence at the same time

- ✓ Conduct the examination (or at least part of it) in private. If it is impossible to conduct complete examination in privacy, try to conduct part of the examination in a private space (without husband/partner present or within hearing range). Do not mention your suspicions to the patient or person(s) accompanying the patient.

### **PRIVACY DURING EXAMINATION**

**WHY IS IT IMPORTANT?** *Keeping confidential the information regarding GBV is crucially important for your patients' safety and well-being. It may be also important for protecting your and your colleagues' security. That is why you should ensure that all questions or actions that could jeopardize the person's safety or well-being are conducted in privacy.*

**HOW TO ARRANGE IT?** *Private space is any area within the healthcare facility where you can examine and/or interview the patient confidentially. Private space can be arranged, for example, in a section of your office (or other office in the healthcare facility) separated by curtains or partition walls from the rest of the room. The section allocated for private examination should not be used for any other purposes (storing supplies, washing hands etc). The section should have everything you need for examination and recording of examination results. The section should not be entered by anyone unless requested by you.*

#### **WHILE CONDUCTING PRIVATE EXAMINATION:**

- *Honor Islamic and cultural rules of bodily modesty and intimacy.*
- *Remember that Islamic rule regarding privacy restricts the complete uncovering of the body even in the presence of the individuals of the same gender, unless it is necessary for medical purposes.*
- *Remember, that nudity can be very humiliating for your patient. Avoid requesting the patient to remove all of her/his clothes at once unless it is absolutely vital for conducting thorough examination. Rather request to see specific parts of the body one by one.*
- *Avoid unnecessary touching.*
- *Keep your voice low enough that the contents of your conversation with the patient are not audible outside of the section allocated for private examination.*



**Follow these simple rules:**

- ✓ Do your best to arrange at least a part of interview in private. You can, for example, temporarily move the patient to other room (or a section of the room allocated for private examination) explaining that there is a need for additional tests (for instance, urine sample) to be taken privately.
  - ✓ Assure the patient that the information she/he provides will be kept confidential.
  - ✓ Clearly explain that according to Afghanistan's legislation you (or other healthcare staff) are not obliged to report GBV to anyone. Only the patient will decide whether GBV should be reported to other agency/organization.
  - ✓ If you suspect that the person is suffering from physical, psychological or sexual violence, start with general questions about economic pressures, family issues and her mental state.
- 
- ✓ If you identified the clinical conditions suggesting the possibility that the patient was subjected to a single or multiple forms of violence take the following steps. After completing the examination assess the situation. Will asking the patient about GBV a) jeopardize her safety<sup>5</sup>; b) jeopardize your safety<sup>6</sup>? If you answered "yes" to at least one of these questions, refrain from asking. Remember, that family members accompanying the patient may include violence perpetrator(s) or pass the information about GBV disclosure to the perpetrator (s) or punish the victim for revealing GBV. However, do your best to arrange for at least a short interview with the patient in private (for example, explain that she needs to accompany you to another room or specific section of the room (allocated for private examination) for additional tests).
  - ✓ If you can ask the patient about GBV, approach the topic through several introductory statements and questions.
  - ✓ Pay attention to formulating your statements and questions in a supportive and non-judgmental way.
  - ✓ Clearly explain that according to Afghanistan's legislation you (or other healthcare staff) are not obliged to report GBV to anyone. The person will decide whether GBV should be reported to other agency/organization.

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<sup>5</sup> That may be the case if healthcare provider did not have an opportunity to arrange for private interview

<sup>6</sup> This may be relevant for the staff of small healthcare facilities (Health Posts, Health Sub-Centers, Basic Health Centers), located in remote rural areas.

**Use these or similar introductory statements:**

*“Recently have you noticed feeling more tired or stressed than usual? Could you give me examples of situations that cause this stress?”*

*“Many women feel stressed because of tension in the family. Is it possible that your stress is caused by similar issues?”*

*“Economic difficulties are commonly experienced by people in our area, often they cause arguments and tension, which in turn may lead to serious health problems. If you lived through this type of experience, please let me know, so that I can determine correct treatment for you.”*

**If in the course of interview you received a response confirming that the patient is (was) subjected to GBV**, conduct brief assessment of the patient’s needs:

- ✓ Use the questions from Health Service Provider Data Collection Form to inquire about the perpetrator(s), nature of abuse, severity of abuse and presence of life threat.
- ✓ **Show compassion, validate the patient’s concerns and demonstrate respect for her/his situation, decisions and choices.** Choose the wording appropriate for the specific situation. Make sure that your words convey the following important general messages: “No one deserves to be abused”, “our religion does not support violence”, “you are not alone”, “I know that you are worried about revealing the truth, but there is help available for people that faced abuse”.
- ✓ Explain the purpose of evidence collection and ask if the patient would require the evidence of abuse to be collected and stored (see the respective sections of the Implementation Package for details).
- ✓ Explain the referral options and the assistance options available for the patient. (Please see the Referral section of the Implementation Package for further details).
- ✓ Respect the feelings and choices of the patient. Never impose your choices or decisions on the patient. Remember, you cannot force a person to leave a violent relationship or report violence to law enforcement.
- ✓ ***Proceeding to referral after identifying the clinical conditions suggesting the possibility of GBV.*** If you a) did not ask the patient about GBV but have strong reasons to suspect that the patient is suffering from violence; b) asked the patient about GBV and received positive response; c) asked the patient about GBV, received negative response, but have strong

reasons to suspect that the patient is scared/embarrassed to acknowledge GBV – continue with referring the patient within the healthcare system:

- If you work in a Health Post, Health Sub-Center, Basic Health Center, Mobile Health Team or Comprehensive Health Center and your healthcare facility does not have a One Stop Assistance Center (OSAC). Please refer the patient to the District Hospital or Provincial Hospital hosting OSAC if you have one in your area (see Referral section of this Implementation Package for detailed instructions). If the Provincial and District Hospitals in your area do not host OSAC refer the patient to the focal point in these facilities or the nearest Comprehensive Health Center.
  - If you work in a Comprehensive Health Center your healthcare facility does not have a One Stop Assistance Center (OSAC). It, however, probably has a psychosocial counsellor. This person could help your patient with contact details for various services available in your area. Please refer the patient to the psychosocial counsellor in your CHC. If for some reason this is not possible or creates a security risk for you or your patient, please, refer your patient to a focal point in your facility. If it is not possible, please, the patient to the nearest District Hospital or Provincial Hospital (see Referral section of this Implementation Package for detailed instructions).
  - If you work in a District Hospital, Provincial or Regional Hospital and your healthcare facility does not host OSAC, please refer the patient to specific District Hospital or Provincial Hospital hosting OSAC (see Referral section of this Implementation Package for detailed instructions). If that involves a time-consuming and complicated travel for your patient please refer her/him to the focal point in your facility or nearby facilities.
  - If you work in a District Hospital, Provincial or Regional Hospital and your healthcare facility hosts OSAC, please refer the patient to OSAC located in your hospital (see Referral section of this Implementation Package for detailed instructions).
- ✓ Proceed with medical care, evidence collection (if appropriate/requested by patient), documentation (based on the documentation procedure used in your healthcare facility) and referral (*please see respective sections of the Implementation Package for more detailed instructions*).

**Reporting by third party. Healthcare provider should:**

- ✓ Upon receiving information (from the third party) that the patient suffers from one or multiple forms of GBV, healthcare provider should proceed with examination as described

above. The patient should be made familiar with the consent form and sign it before the examination. Healthcare provider should start with the clinical conditions suggesting GBV form reported by the third party. For example, if the third party informed you that the patient suffers(ed) from physical violence, examine the clinical conditions of physical violence. Your goal is to establish the extent of damage caused by GBV to patient's health and determine the most efficient response (and/or need to refer a patient to higher level healthcare facility).

- ✓ Proceed with examining the patient for symptoms of mal-nutrition and dehydration – these may indicate that the patient was intentionally deprived of food and water.
- ✓ Proceed with checking if the patient suffers from other forms of gender based violence.
- ✓ Do your best to conduct at least a part of the examination in private. **Do not ask any questions that may jeopardize person's safety and well-being unless you provide her/him with necessary privacy** (please see recommendations regarding the privacy of examination).
- ✓ Since the information about GBV was already offered to you, you can ask the patient about the frequency and severity of abuse. However only pose the question if it does not jeopardise the safety of the patient. Given that the perpetrator(s) may include family members accompanying the patient, you must conduct this part of the interview in private. If safe, ask the patient whether the abuse was escalating, decreasing or staying on the same level of intensity and whether it was accompanied by other forms of violence.
- ✓ Ask all your questions in a supportive and non-judgmental way. Respect the feelings and choices of the patient. Never impose your choices or decisions on the patient. Remember, you can not force the patient to leave a violent relationship or report violence to law enforcement.
- ✓ Check the patient's responses against your own conclusions. Document your findings based on the procedure used in your healthcare facility. (Please see Documentation section of the Implementation Package for further details).
- ✓ After completing the examination, if the results of the examination confirmed that patient is suffering from GBV, proceed with medical care, evidence collection (if appropriate/requested by patient), documentation and referral (please see respective sections for more detailed instructions). Always refer a person suffering from GBV to specific District or Provincial/Regional Hospital hosting OSAC. If the facilities in your area do not host OSAC please refer patient to the focal points in the nearest PH/DH or nearest CHC.

## **Self-reporting of GBV**

- ✓ If patient reported that she/he suffers (once suffered) from one or multiple forms of GBV proceed with examination as described above. Make sure that GBV victim is familiar with the consent form and signs it before the examination. Start with examining for GBV form that you were informed about. For example, if the patient informed you about physical violence, examine for the clinical conditions indicating physical violence. Your goal is to establish the extent of damage caused by GBV to patient's health and determine the most efficient response (and/or need to refer a patient to higher level healthcare facility).
- ✓ Proceed with examining the patient for the symptoms of mal-nutrition and dehydration – these may indicate that the patient was intentionally deprived of food and water.
- ✓ Proceed with checking if the patient suffers from other forms of gender- based violence.
- ✓ Since the information about GBV was already offered to you by the patient, ask about the frequency and severity of abuse. However only pose the question if it does not jeopardise the safety of the patient
- ✓ Do your best to arrange for at least a short interview with the patient in private (for example, explain that she needs to accompany you to another room or specific section of the room (allocated for private examination) for additional tests).
- ✓ If safe, ask the patient whether the abuse was escalating, decreasing or staying on the same level of intensity and whether it was accompanied by other forms of violence. While asking about her history of violence, listen carefully, but not pressuring her to talk<sup>7</sup>. Remember, that recounting past experience of GBV can be very traumatic.
- ✓ Check the patient's responses against your own conclusions. Document your findings according to the procedure used in your healthcare facility.
- ✓ After completing the examination, if the results of the examination confirmed that patient is suffering from GBV, proceed with medical care, evidence collection (if appropriate/requested by patient), documentation (based on the documentation procedure used in your healthcare facility) and referral (please see respective sections for more detailed instructions). Always refer a patient suffering from GBV to specific District or Provincial/Regional Hospital hosting OSAC. If the facilities in your area do not host OSAC please refer patient to the focal points in the nearest PH/DH or nearest CHC.

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<sup>7</sup> Adapted from WHO Psychological First Aid, 2010 [whqlibdoc.who.int/publications/2011/9789241548205\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf)



## **STEP II. ASSIST.**

### Providing medical assistance

- Urgent health issues always take precedence over the identification of GBV patients' urgent health needs. Check for any life-threatening conditions and serious injuries before moving to identification of GBV.
- While providing medical assistance do not relate to the patient and her/his family members your suspicions regarding GBV, since the fear of disclosure may result in family members/or the patient refusing medical assistance.
- If you have reasons to believe that a person was subjected to sexual violence provide tests and prophylactic of STIs and HIV if appropriate. Provide emergency contraception if needed.
- Provide practical care and support, which does not intrude and responds to her concerns.<sup>8</sup>
- If you have established/have strong reasons to believe that the patient suffers (once suffered) from GBV and your healthcare facility has a staff member trained in psychosocial counseling suggest that the patient should attend a psychosocial help session in your healthcare facility. The suggestion can be explained as important for general mental health of the patient, if mention of GBV is dangerous for the safety of the patient or healthcare provider



## **STEP III. COLLECT EVIDENCE**

### Forensic examination and evidence collection

Timely and proper collection of evidence can play a crucial role in the investigation of GBV related crimes; assist the victim in seeking protection and justice from the police, prosecutor's office and courts.

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<sup>8</sup> Adapted from WHO Psychological First Aid, 2010 [whqlibdoc.who.int/publications/2011/9789241548205\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf)



### **Who should collect GBV evidence?**

The evidence of GBV ***should be only collected by the healthcare providers that received relevant training in forensic evidence collection techniques.***

#### **Collect evidence. Healthcare provider should:**

- ***If the patient acknowledged/disclosed GBV, healthcare provider should inquire*** if she/he would like the evidence of abuse to be collected. Explain that the evidence may become very important for police investigation or court proceedings. If the patient requests evidence collection ask her/him to mark the relevant box in the consent form and sign the form.
- ***Healthcare providers that did not receive training on forensic examination and GBV evidence collection should obtain the detailed address for nearest healthcare facility providing this service.*** The address details should be written on small slips of paper that healthcare provider should provide to any patient requesting evidence collection. However it is important that all healthcare providers conduct full examination (head to toe and genital area if they have reason to suspect sexual violence), complete history taking and record findings (e.g. bruises and other injuries) accurately and completely, as this is equally important evidence.
- If healthcare provider is concerned that giving out this information will threaten her/his safety or put the patient under risk, they should ***refer the patient to the nearest District Hospital or Provincial Hospital that hosts an OSAC. If this option is not available, please refer the patient to the nearest Provincial/District Hospital or the nearest CHC that has a designated focal point.*** (For detailed information regarding referral please see the Referral section of the Implementation Package).
- It is important to ***collect evidence as soon as possible after the act(s) of violence was committed.*** For instance, in the case of sexual assault general guidelines recommend collecting evidence within next 72 hours.
- ***Healthcare provider that refers GBV victim to other healthcare facility for forensic examination should explain to her/him the importance of time factor for evidence collection and of preserving evidence.*** The person should ideally proceed as soon as possible and within 72 hours for data collection and refrain from washing, changing clothes and brushing teeth.
- ***Clothing may sometimes carry important evidence of abuse.*** Healthcare provider should explain that these items (or parts of them) may be withheld by forensic examiner for further examination and/or storage. If possible, the patient should bring a clean change of clothes with her/him to the forensic examination site.

- *Healthcare provider trained to collect GBV evidence should only proceed with collecting evidence after receiving written consent from the patient* (Please use the consent form).
- *Follow the exact procedure of collecting, labeling and storing forensic evidence* (as was explained in your Forensic Evidence Collection Training).
- *In order to save patients' time and minimize trauma integrate medical and forensic exam procedures where possible. For example, draw blood needed for medical and evidentiary purposes at the same time.*
- *Explain to the patient that all records of forensic examination will be kept confidential and shared only subject to the patient's consent.*
- *Follow the evidence sharing protocol to share evidence with police department, prosecutor's office and court officials if GBV victim gave consent to the release of this information.*



#### **STEP IV. DOCUMENT**



***Who should document the findings of medical examination (and interview if the latter took place)?***

*The findings should be documented by the same healthcare provider that conducted the medical examination. This is important for keeping the records accurate and confidential. Remember that confidentiality of information regarding GBV related health issues and signs of abuse is often crucial for protecting patients' dignity and security.*



***When should the documentation take place?***

*The findings of the medical examination (and interview, if available) should be recorded in the course of /or as soon as possible after the examination. If the patient requires urgent medical assistance, the assistance should be provided immediately and all other steps should be postponed.*



#### While documenting the findings:

- ***Healthcare providers should accurately record all findings of medical examination regardless of whether the fact of GBV was established/revealed.***
- The reporting of recorded information for data collection purposes should not include any personal details that may reveal patients' identity.
- Community Health Workers in the Health Posts and the male nurse and community midwife in the Health Sub-Centers should follow the procedures for recording and reporting adopted by respective facilities.
- Healthcare providers in the Basic Health Centers, Comprehensive Health Centers, District Hospital (and Mobile Health Teams, subject to staff's capacity) should ***record all findings of medical examination in the patient's medical history and the Health Service Provider Data Collection Form.*** Please see sample of the medical record in Appendix V.
- Injury location chart or "(Appendix VI) map" is a tool that allows for fast recording of observable injuries. While the "body map" cannot substitute for a detailed record of medical examination, it can be useful when a) health provider lacks skills or training necessary for generating a thorough medical record; b) taking detailed record threatens the security of the patient and/or healthcare provider. The "body map" should be added to the patient's file.
- Healthcare providers should do their best to ***provide a complete and detailed account*** of the examination findings and ***an accurate, neutral and comprehensive account of the history (using the patient's own words where relevant).***
- After the documentation of findings is finalized ***the records should be filed and safely locked to protect the confidentiality of patients' medical history***
- The information recorded in medical history file ***can be released only based on the consent of the respective patient.*** (Please see the section on information sharing for more details).



## STEP V. REFER

Referral to the higher level healthcare facility is an important element of Basic Package of Health Services. Through referral the patients with complicated health problems receive an opportunity to access more comprehensive and qualified medical assistance than the one provided by smaller size community based healthcare facilities (for instance, Health Posts or Health Sub-centers).

- The referral should be provided in the following situations involving GBV (or suspicion that patient suffers from GBV)
  - If healthcare provider detected *clinical conditions that suggest a possibility of* GBV.
  - If healthcare provider received from a third party information about a patient being subjected to GBV and confirmed the report through medical examination and/or interview with the patient.
  - If in the course of interview healthcare provider established that a patient suffers from GBV.
  - If a person self-reported exposure to GBV.
  - If the patient requested that the GBV evidence were collected, however healthcare provider was not trained to conduct a forensic examination. In this case, the patient is referred to the nearest healthcare facility with trained staff and necessary equipment.



*Where should healthcare providers refer patients suffering from (or possibly subjected to) GBV?*

- If healthcare provider works in the Health Post, Health Sub-Center, Basic Health Center, Comprehensive Health Center or Mobile Health Team the referral should be made to the nearest District, Provincial or Regional hospital hosting OSAC Department. If the nearest District, Provincial or Regional hospitals do not host OSAC Department the referral should be made to designated focal points in these facilities. Healthcare providers working in CHC can also refer their patients to the psychosocial counselors that serve as GBV focal points in their own facilities.
- If healthcare provider works in the District, Provincial or Regional hospital not hosting OSAC department the referral should be made to the designated focal points in these facilities or the nearest healthcare facility hosting OSAC department.
- If healthcare provider works in the District, Provincial or Regional hospital hosting OSAC department the referral should be made to the OSAC department.
- The referral for evidence collection should be made to the nearest healthcare facility providing full forensic examination service. Within the Model of Coordinated Response to GBV the hospital hosting OSAC is also providing full forensic examination. Please

make sure that you refer patients requesting evidence collection to the hospital that provides OSAC and full forensic examinations. This arrangement will help to save patients' resources and decrease the amount of time spent on attending public offices.



***How should healthcare staff provide the referral?***

***If GBV experience was never acknowledged by a patient, but a healthcare provider has reasons to suspect GBV, healthcare provider should:***

- Explain that patient's health issues require further examination and more intensive treatment, which could not be performed in the current healthcare facility.
- Strongly recommend to the patient and her/his family members to follow the referral path and visit the recommended healthcare facility. Stress the importance of prompt action, designate and confirm the date of patients' visit to the hospital.
- Never mention OSAC and avoid bringing up suspicions regarding GBV.
- If you refer the patient to the designated focal point in your own or another facility do not specify the relation of the focal point to GBV response. Describe her/him as a "good specialist" in relevant area. Remember your lack of caution may generate a serious security threat for your colleagues!
- Emphasize that referral to higher level healthcare facility is a procedure widely used by your healthcare facility.
- Use routine referral procedure adopted by your healthcare facility.
- Provide the patient with detailed written explanation of how to reach the healthcare facility and address details.
- If the OSAC department is located in your healthcare facility, explain to the patient (and any accompanying third party) that in her/his situation there is a need for further examination that will be provided by another department within the hospital. Give the patient a referral slip and accompany them (or ask someone to accompany them) to OSAC department within the same healthcare facility.

*If GBV experience was acknowledged/self-reported by patient,*

***Healthcare provider should:***

- Provide validation and moral support. Assure the patient that the details of his/her situation, medical examination tests and the information regarding referral will be kept confidential.
- Explain the range of services provided in the hospital hosting OSAC (including forensic examination service). If OSAC is not available in the PH/DH close to your area and you are planning to refer your patient to the designated GBV focal point, explain that the PH/DH or CHC in your area has a good specialist that can assist with patient's health issues.
- Ask the patient if she/he would like to visit the hospital and use the assistance available there.
- Follow routine referral procedure adopted by your healthcare facility.
- Provide the patient with detailed written explanation of how to reach the healthcare facility and address details.
- Always make a note regarding referral in patients' medical history.
- If next visit is scheduled with the same patient, do not forget to follow-up on whether the patient attended the hospital.

***If you are a designated GBV focal point:***

- ✓ Please make sure that you have the most up to date contacts for all government agencies /organizations in your area that assist GBV victims.
- ✓ Your list of contacts should include (however does not need to be limited to):
  - ❖ *The Ministry of Women's Affairs (would in many cases provide a link to the nearest shelter/safe house where available)*
  - ❖ *Afghanistan Independent Human Rights Commission*
  - ❖ *Police*
  - ❖ *Prosecutor's Office*
  - ❖ *Community based organizations (elders' shura, women's shura, teachers' shura)*
  - ❖ *Women's NGOs/ NGOs providing free legal assistance*

- ❖ *Government bodies or non-governmental organizations in your area that assist in integration into livelihood support programs*
  - ✓ Determine the primary needs of patient suffering from GBV, liaise with the healthcare provider that referred the patient to obtain more information if necessary.
  - ✓ Remember that the contacts you provide should address specific needs related by the patient.
  - ✓ Provide the patient with detailed written explanation of how to reach the units/organizations providing services and address details (including phone numbers). Make sure that the information is provided discreetly and does not threaten patient's security.
  - ✓ Make sure to explain to the patient how to liaise with you if she/he needs further assistance.
- 



## STEP VI. SHARE INFORMATION

Sharing information regarding the findings of medical and forensic examination is a highly sensitive issue. Healthcare provider is responsible for protecting GBV victim's confidentiality. At the same time sharing information with other agencies can be crucial for ensuring fair investigation and court decision. Exchange of information among various agencies working in the area of GBV response helps to coordinate efforts, determine the best course of action and improve the quality and efficiency of assistance provided to GBV victims.

Few simple rules will guide your decisions and actions with regard to information sharing:

- **Explain to the patient the purpose and extent of information sharing** (who will have access to information and why). Go through all boxes in the "authorization for release of information" section in the Health Service Provider's Data Collection Form.
- **Always obtain patients' written consent for release of information before sharing it** with anyone. (Please use the "authorization for release of information" section in the Health Service Provider's Data Collection Form).
- **Only share information with specifically designated staff members** in other health facilities or coordinating agencies.

- **While responding to information requests carefully follow the standard format<sup>9</sup> and only provide relevant and accurate information.**
- **If you are willing to share information for the purpose of data collection and/or reporting, make sure that the data you provide is non-identifiable.**

### **Ethical and safety considerations**

The following principles should inform all decisions and actions of healthcare provider, regardless of whether the GBV was established or only suspected.

- ❖ Never leave your patient without help. Withholding assistance from the person in need of cure goes against the teachings of Islam and the regulations of Islamic medical ethics.
- ❖ Physical safety of the survivor/victim and those who help her/him should be placed at the center of all efforts.
- ❖ Safety and well-being of children (possibly witnessing abuse) should constitute one of the primary concerns. Decisions and actions should be guided by the best interests of the child
- ❖ Confidentiality of patient's identity, medical records and GBV related experience should be protected by healthcare provider at all times.
- ❖ Healthcare provider should always respect the patient's wishes, rights, and dignity.
- ❖ Healthcare provider should respect and support the patients' choices at all times.
- ❖ Healthcare provider should treat all patients in non-judgemental, compassionate and understanding way.
- ❖ Healthcare provider should never discriminate against any patient based on ethnicity, gender, religion, wealth and other socio-cultural and economic factors.
- ❖ Leaving abusive relationship is one of the choices that GBV victim can make, however the choice should not be imposed by the healthcare provider.
- ❖ Healthcare provider should invest maximum effort into arranging privacy for the patient suffering (or possibly suffering from GBV).
- ❖ Healthcare provider should be familiar with safe exits and entrances into the healthcare facility venue and need to ensure that GBV victims have safe access to the healthcare facility.

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<sup>9</sup> The Information Request Form will be developed as a part of SOPs for police, Prosecutor's offices and courts

## APPENDIX I

***Signs suggesting the possibility that a person is (was) subjected to GBV (to be recorded in patient's medical history). Checklist:***

<i>Signs of GBV in medical history</i>	<i>Mark with <math>\sqrt{\phantom{x}}</math> if present</i>
<b>Patient has a history of “accidents” causing physical injuries</b>	
<b>Delay in seeking care</b>	
<b>Documented history of family violence</b>	
<b>Frequent visits with requests for urgent care</b>	
<b>poisoning</b>	
<b>Need for the medication of mental disorders. (Depression , Anxiety , PTSD and others)</b>	

***Note:*** Individual signs should alert healthcare provider to the possibility of GBV, combination of two or more signs increases the possibility that patient is suffering from GBV.



## APPENDIX II

*Clinical conditions indicating the possibility that a person suffers (once suffered) from physical or sexual violence.*

<i>Clinical conditions</i>	<i>Mark with √ if present</i>
Injuries to multiple sites	
Injuries to areas not prone to injury by falls	
Unexplained injuries or injuries inconsistent with history given	
Injuries located symmetrically	
Lacerations to arms and face	
Wounds or bruises in varying stages of healing	
Mid arm injuries (defensive)	
Strangulation marks: petechiae, ligature marks, and subconjunctival hemorrhage	
Weapon injuries or marks	
Bites/burns	
Black eyes	
Dental injuries	
Mid-face injuries	
Breast/abdomen	
Neck injury	
Injuries to hidden sites (covered by clothes)	
Internal injuries	



<b>Injury to abdomen, breasts, genitalia (especially during pregnancy)</b>	
<b>Hemorrhaging, including placental separation</b>	
<b>Uterine rupture</b>	
<b>Miscarriage/stillbirth</b>	
<b>Pre-term labor</b>	
<b>Premature rupture of membranes</b>	
<b>Sexually Transmitted Infections</b>	
<b>Spontaneous abortion</b>	

***Note:** Individual clinical conditions should alert healthcare providers to the possibility of GBV, while the combination of two or more increases the possibility that patient is suffering from GBV.*

## APPENDIX III

*Mental health/psychological conditions indicating the possibility that the patient suffers (once suffered) from violence. Psychological conditions can be related to any form of violence (physical, sexual, psychological/emotional violence or the deprivation from nutrition and/or shelter) by any perpetrator.*

<i>Mental health/Psychological conditions/Actions</i>	<i>Mark with √ if present</i>
<b>Depression</b>	
<b>Fear</b>	
<b>Anxiety</b>	
<b>Panic attacks</b>	
<b>Low self-esteem</b>	
<b>Sexual dysfunction</b>	
<b>Eating problems</b>	
<b>Obsessive-compulsive disorder</b>	
<b>Post-traumatic stress disorder</b>	
<b>Feelings of isolation and inability to cope.</b>	
<b>Suicide attempts or gestures</b>	

## APPENDIX IV

### RECORD OF EXAMINATION FINDINGS

- *Age*
- *Sex*
- *Date and time of the examination*
- *Patient's personal information: (name, Age, Marital status, children)*
- *Chief Complaint and results of medical examination:*
  - Include details of the Chief Complaint and all accompanying health issues.
  - Include details of signs and symptoms of abuse revealed through the examination . Describe the type of injuries, the number, color and size). Note the location of injuries using “body map ” .
  - Indicate the degrees of resolution. If you have the relevant information indicate possible causes and explanations provided by the patient.)
  - Note any lab test results and/or results of other diagnostic procedures relevant for chief complaint, accompanying health issues or detected signs and symptoms of GBV(or add copies of test results if available)
  - Describe the patient's behaviour and reactions (for instance, “crying”)
  - Note the relation (if present) between the abuse (suspected abuse) and the chief complaint and accompanying health problem(s).

#### ➤ *Past Medical History*

Note past records of medical, obstetrical/gynecological, psychiatric or substance abuse histories.

#### ➤ *Sexual history*

Document signs and symptoms of sexual assault, STD's, HIV, unplanned pregnancy  
Note the history of abortions, miscarriages and use of family planning tools.

#### ➤ *Medication History:*

Document any relation between the abuse and the use of psychoactive, analgesic and other medications

## APPENDIX V

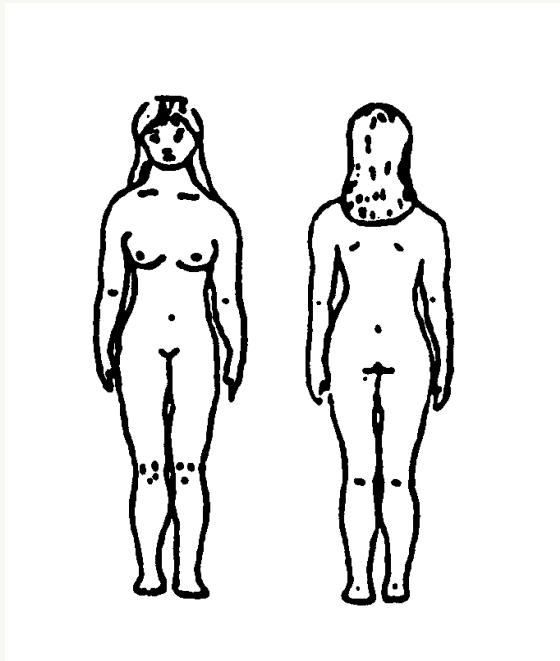
### **Health Service Provider's Data Collection Form and Consent Form.**

*(add, when finalized)*

## APPENDIX VI

### Injury location chart or “body map”

The map presents a generalized visual representation of a patient’s body. Naturally, people have different proportions however this map allows you to quickly mark the areas where you identified the clinical conditions suggesting abuse. Mark the areas using the system below. *For example, for burns, put “4” on the area where you detected the burns.*



Mark the clinical conditions suggesting abuse:

- 1= malnutrition, exhaustion;
- 2=black eyes, dental injuries;
- 3= signs of punching, kicking, bruises, cuts and/or the areas of continuing pain;
- 4= severe contusions, burns, broken bones, other conditions suggesting severe beating up
- 5= head injury, internal injury, permanent injury
- 6= strangulation marks
- 7= marks of weapon or wound from weapon
- 8 = injuries to sexual organs and surrounding areas
- 9 = injuries to abdomen, breasts and genitalia on a pregnant women

## APPENDIX VII

### *What are the health outcomes of Gender Based Violence?*

Physical health outcomes	Mental health outcomes
<ul style="list-style-type: none"> <li>■ Injury(from lacerations to fractures and internal organs injury)</li> <li>■ Unwanted pregnancy</li> <li>■ Gynecological problems</li> <li>■ STDs including HIV</li> <li>■ Miscarriage</li> <li>■ Pelvic inflammatory disease</li> <li>■ Chronic pelvic pain</li> <li>■ Headaches</li> <li>■ Permanent disabilities</li> <li>■ Asthma</li> <li>■ Irritable bowel syndrome</li> <li>■ Self-injurious behavior</li> </ul>	<ul style="list-style-type: none"> <li>■ Depression</li> <li>■ Fear</li> <li>■ Anxiety</li> <li>■ Low self-esteem</li> <li>■ Sexual dysfunction Eating problems</li> <li>■ Obsessive-compulsive disorder</li> <li>■ Post-traumatic stress disorder</li> </ul>
Fatal outcomes	
<ul style="list-style-type: none"> <li>■ <b>Suicide</b></li> <li>■ <b>Homicide</b></li> <li>■ <b>Maternal mortality</b></li> </ul> <p>AIDS</p>	

Source: World Health Organization, *Violence against Women: A Priority Health Issue*, WHO Briefing Kit on Violence and Health.

# 1. ACRONYMS

- **UNFPA:** *United Nations Population Fund*
- **WHO:** *World Health Organization*
- **MOPH:** *Ministry of Public Health*
- **IASC:** *Inter-Agency Standing Committee*
- **NGO:** *Non-governmental Organization*
- **OSAC:** *One-Stop Assistance Center*
- **SOP:** *Standard Operating Procedures*
- **CHC:** *Comprehensive Health Center*
- **AIHRC:** *Afghanistan Independent Human Rights Commission*
- **GBV:** *Gender Based Violence*
- **VAW:** *Violence Against Women*
- **EVAW:** *Elimination of Violence Against Women*
- **PH:** *Provincial Hospital*
- **DH:** *District Hospital*
- **HP:** *Health Post*
- **MHT:** *Mobile Health Team*
- **HIV:** *Human Immunodeficiency Virus*
- **STI:** *Sexually Transmitted Infections*
- **STD:** *Sexually Transmitted Diseases*
- **PTSD:** *Post Traumatic Stress Disorder*