

Training Health Care Providers to Respond to VAW in Primary and Secondary Healthcare Settings: An Overview



UDAAN PROJECT



Purpose and overview

Violence against women, including domestic violence, is a widespread global issue and significantly affects women's physical, mental, and reproductive health. Healthcare system can play a crucial but underutilized role in both responding to and preventing such violence. Training healthcare professionals to identify and treat survivors of domestic violence is essential and aligns with public health goals, explicitly stated under the National Health Policy of 2017. The World Health Organization (WHO) considers it a public health concern and has issued clinical and policy guideline in 2013, which was subsequently translated into two tools - a clinical handbook (2014) to help health-care providers respond effectively and a manual for training health care providers (HCPs) "Health care for women subjected to intimate partner violence and sexual violence." The documents recommend integration of response to violence against women in healthcare services at all levels.

This 2-day in-service training curriculum based on the WHO documents is designed to equip health care providers in two intervention blocks of Chhatrapati Sambhaji Nagar with the knowledge and skills essential to improving health systems' response to such violence. It focuses on building practical skills and addressing attitudes through the LIVES approach: Listen, Inquire, Validate, Enhance safety, and Support. Participants will learn to offer woman-centered care, recognize signs of violence, provide essential clinical support, and connect survivors with local resources. The training emphasizes empathetic communication and encourages providers to reflect on their attitudes. Health system leaders also play a critical role in supporting this response through effective planning and management. This initiative will enhance the accessibility, availability, and quality of both health-related and non-health support services for women survivors of violence.



About WW2 project

This training is part of a randomised controlled trial using randomized block design to examine both the effectiveness of the intervention in reducing domestic violence and testing the strategies to implement the intervention. The intervention blocks are Gangapur and Paithan and control blocks are Kannad and Vaijapur. The proposed study will build understanding on the integration of violence against women responses by health care system in a rural context.



SESSION DETAILS

Session 0: Opening Session

- This session set the tone for the training and contextualize the importance of strengthening the health system's response to VAW.
- Participants introduce each other through a ice-breaker game.
- KAP survey was done
- Acknowledge HCPs concerns about caring VAW survivors through an activity

Session 1: Understanding Violence Against women and Domestic violence as a public health issue

Objective 1: Demonstrate general knowledge of VAW as a public health problem

Competencies:

- Know the epidemiology of VAW
- Know the health consequences of VAW
- Understand the role and limitations of providers responding to VAW

Session 2: Understanding survivor's perspective and unpacking health workers' biases towards survivors

Objective 2: Demonstrate behaviours and understand values contributing to safe and supportive services

Competencies:

- Demonstrate self-awareness of one's beliefs, assumptions, potential biases and emotional responses that can affect interactions with survivors of violence against women.

- Understand the circumstances and the barriers that women experiencing violence face when seeking support.
- Recognize the importance of having empathy with survivors.

Session 3: Guiding principles for health system response to VAW

Objective 2: Demonstrate behaviours and understand values contributing to safe and supportive services

Competencies:

- Know the guiding principles of providing woman-centred care in a culturally appropriate way.
Understand how to apply the guiding principles for women-centred care in your practice.



But after the 5 days training, we understood exactly how we can help domestic violence survivors, how to identify. Our perspective has changed- we now know that causes of poor health can be violence as well. Many women come with repeated complaints, which could be because of domestic violence, is what we have realized after the training. So now when we identify such cases, we can provide help as per their needs. We can also refer them to other resources.
-MO , Lasur station PHC



Session 4: Provider-survivor communication skills

Objective 2: Demonstrate behaviours and understand values contributing to safe and supportive services

Competency:

- Communicate empathically and effectively with survivors.

Session 5: How to identify cases of domestic violence (DV) using clinical inquiry

Objective 3: Demonstrate clinical skills appropriate to one's profession and specialty to respond to VAW

Competencies:

- Understand the minimum standards that need to be met to enquire about and respond appropriately to violence against women.
- Recognize the signs and symptoms that suggest domestic violence.
- Understand when and how to ask about domestic violence.
- Demonstrate appropriate ways to ask about domestic violence.

Session 6: Understanding legal mandate of healthcare providers to respond to VAW

Objective 4: Demonstrate knowledge of how to deal with legal obligations to support survivors of violence.

Competencies:

- Know the legal and policy context, including health-care providers' legal obligations, with regards to the local and national response to violence against women.

Session 7: Providing first line support- LIV(ES) Part 1: Listen, Inquire and Validate

Objective 3: Demonstrate clinical skills appropriate to one's profession and specialty to respond to violence against women

Competencies:

- Know the content of first-line support (LIVES).



I want to share that the training conducted by MASUM and CEHAT was very effective. Before this, we were apprehensive about dealing with such issues of patients, we usually ignored and sent patients away after minimal enquiry. But now, after the training, we got to learn so many new things- because of which now we won't leave patients just like that- we have got the confidence that all of us are ready- with the knowledge and skills to assess who needs what kind of support.

-MO from Jikthan PHC



- Demonstrate skills in offering the first three elements (listening, inquiring and validating) of first-line support to survivors who disclose abuse.

Session 8: Multi-sectoral coordination and referrals

Objective 5: Demonstrate knowledge of how to access resources and support for survivors

Competencies:

- Understand the role of other services in caring for survivors of VAW
- Know what resources are available in the community.

Session 9: Providing first line support- (LIV) ES Part 2: Enhancing safety and providing Support

Objective 3: Demonstrate clinical skills appropriate to one's profession and specialty to respond to violence against women

Objective 5: Demonstrate knowledge of how to access resources and support for patients and for oneself

Competencies:

- Demonstrate the skills to assess immediate risk/safety and to support safety planning.
- Know what resources are available in the community.

- Know how to collaborate with partners to help survivors access other services and to provide referrals.
- Demonstrate skills to provide warm referrals.

Session 10: Documenting violence against women

Objective 3: Demonstrate clinical skills appropriate to one's profession and specialty to respond to violence against women

Competency:

- Know how to document violence against women in a safe and confidential manner.

Session 11: Understanding roles of each cadre in implementation of standard operating procedure (SOP)

Objective 3: Demonstrate clinical skills appropriate to one's profession and specialty to respond to violence against women

Competencies:

- Assess how to improve service quality and create an enabling environment for service delivery

Session 12: Concluding session

- Endline assessment
- Certificate distribution

List of Handouts

Session	Handout no.	Title
1	1.1	Concern & reflections
	1.2	Why does the HCPs response matter?
3	3.1	Myths & Facts
	3.2	Why don't women leave
4	4.1	Active listening principles
5	5.1	Identification of survivors
	5.2	HCPs common questions
6	6.1	The relief that aggrieved person can avail under PWDVA
	6.2	Laws addressing prevalent forms of GBV
7	7.1	Communication skills & Pathway
11	11.1	Roles & responsibilities
	11.2	Patient flow chart

List of Activities conducted during training

Session	Activity no.	Activity
0	1.1	Fear & motivation in hat
2	2.1	Blanketed by Blame
	2.2	Vote with your feet
3	3.1	Myths & Facts
4	4.1	Activity for listening skills
5	5.1	Role play on identification of domestic violence
	5.2	Case reviews on identification of intimate partner violence (if time allows)
7	7.1	Role play-Identification of DV and practicing LIVES
8	8.1	Web of referral
	8.2	Developing a plant for strengthening referrals
9	9.1	LIVES practice 6 case studies
10	10.1	Documentation (case study)

List of materials provided at each HCF

IEC material (Job Aids) provided to display at the facility in the designated room or doctor's room:

- LIVES Poster
- Signs and symptoms associated with domestic violence against women
- Dos and Don'ts of Active Listening
- Roles and Responsibilities of HCPs
- Flow chart of patient
- Standard protocol on responding to intimate partner violence
- Safety planning
- First line support
- Referral directory
- Standard Operating Procedure (SOP) for responding to DV in primary and secondary healthcare settings

Posters for the waiting area/ corridors

- You can make the change
- Violence free homes, violence free community



Earlier the violence cases were referred to SDH, RH., as we did not know what to do. But now we know that there is a Protection Officer at taluka level; their role, and how we can refer patients to them for support. And the PO will ensure her accommodation, care of children, other needs. Earlier, even when it was not safe for her, we used to advise women to 'go home'; but now we know that if she is feeling unsafe in her home and is willing to stay at the hospital, we can keep her admitted for 2 days, get in touch with the PO, find out where she and her children can be safely accommodated, even help her to become financially independent, ensure funds for her children's education and make sure they do well in life. But with the involvement of the PO, we can make sure that the next generation is violence-free.

-LHV Waluj PHC ”





The training which was conducted over 5 days, it was in so much depth- not only theoretical but also through statistical data, it was brought to our notice that this is a grave public health issue with multisectoral dimensions- police department, legal, women and child department, and organizations working for women and children. It was the first time that I came to know about the role and of 'Protection Officer'. MASUM and CEHAT very nicely explained multi-sectoral linkages, and I realized how we can play a big role through our position as healthcare providers.

-MO (Master-trainer) from Gangapur



OBJECTIVES OF THE TRAINING

1. Demonstrate general knowledge of violence against women as a public health problem.
2. Demonstrate behaviours and understand values contributing to safe and supportive services for survivors.
3. Demonstrate clinical skills appropriate to one's profession and specialty to respond to violence against women.
4. Demonstrate knowledge of how to deal with legal obligations to support survivors of violence
5. Demonstrate knowledge of how to access resources and support for patients.

Target audience

1. Health care providers (HCPs), particularly Medical officers, nurses, ANMs, lab technicians and pharmacists of primary and secondary health care facilities.
2. It can also be useful for In-charges of health care facilities having supervisory and administrative responsibilities

Training approach

The curriculum follows a participant-centred approach, focusing on active, collaborative, and inquiry-based learning. It emphasizes that trainees play an active role in the learning process, engaging directly in building knowledge and skills rather than relying solely on facilitators. The intervention adopts a cascading training approach, where selected HCPs having supervisory role from different cadres are trained (MOs and LHVs) to become master trainers, who then facilitate the training of HCPs with help from MASUM.

Training methods/techniques

Reflective learning - Encouraging learners to reflect on their own experiences

Role playing and simulation: Using simulations to create realistic healthcare scenarios for practice and skill development

Brainstorming: Encouraging idea generation

Group exercises through case studies: Realistic scenarios are analyzed and discussed in small groups

Supplementary materials: Videos, handouts to enhance learning

Training materials provided to HCFs (Master trainers)

HCP training manual for the facilitators / Master trainers (English & Marathi)

Pen drive which contains training materials including LIVES video, session wise PPTs in both English and Marathi

Referral Directory for the referral support (Marathi)

Training materials provided to participants (HCPs)

Handouts along with PPTs

AGENDA

Day 1

9:00 – 9:30 AM	Registration
9:30 - 11:00 AM	Session 0: Opening Session - Introduction and KAP
11:00 – 11:45 AM	Session 1: Understanding Violence Against women and Domestic violence as a public health issue
	11:45 – 12:00 PM - TEA
12:00 – 12:45 PM	Session 2: Understanding survivor's perspective and unpacking health workers' biases towards survivor
12:45 – 1:30 PM	Session 3: Guiding principles for health system response to VAW
	1:30 – 2:30 PM LUNCH
2:30 – 3:15 PM	Session 4: Provider-survivor communication skills
3:15 – 4:15 PM	Session 5: How to identify cases of DV using clinical inquiry
	4:15 – 4:30 PM - TEA
4:30 – 5:15 PM	Session 6: Understanding legal mandate of healthcare providers to respond to VAW
5:15 – 5:30 PM	Wrap-up of Day 1 - Feedback from participants

Day 2

9:00 – 9:30 AM	Recap of day 1 and Parking lot questions
10:00 – 11:30 AM	Session 7: Providing first line support- LIV(ES) Part 1: Listen, Inquire and Validate
	11:30 – 12:00 PM - TEA
12:00 – 1:30 PM	Session 8: Multi-sectoral coordination and referrals
	1:30 – 2:30 PM LUNCH
2:30 – 3:00 PM	Session 9: Providing first line support- (LIV)ES Part 2: Enhancing safety and providing Support
3:00 – 3:30 PM	Session 10: Documenting violence against women
3:30 – 4:15 PM	Session 11: Understanding roles of each cadre in implementation of standard operating procedure (SOP)
	4:15 – 4:30 PM - TEA
4:30 – 6:00 PM	Session 12: Concluding session

