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INTEGRATING GENDER-BASED VIOLENCE (GBV) SCREENING INTO HIV SERVICES PROVIDED BY NONGOVERNMENTAL ORGANIZATIONS IN GUYANA: GBV SCREENING PROTOCOL VERSION 2.0

MAY 2017

ADVANCING PARTNERS & COMMUNITIES

Ministry of Health
Guyana

Advancing Partners & Communities

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International Center for Research on Women

The International Center for Research on Women (ICRW) is a global research institute with headquarters in Washington, DC, and regional offices in Nairobi, Kenya, and New Delhi, India. Our research evidence identifies women's contributions as well as the obstacles that prevent them from being economically strong and able to fully participate in society. ICRW translates these insights into a path of action that honors women's human rights, ensures gender equality, and creates the conditions in which all women can thrive. ICRW's mission is to empower women, advance gender equality, and fight poverty in the developing world.

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ACRONYMS

AIDS	acquired immune deficiency syndrome
DV	domestic violence
GBV	gender-based violence
HCW	health care worker
HIV	human immunodeficiency virus
HCT	HIV counseling and testing
HT	human trafficking
MSM	men who have sex with men
NGO	nongovernmental organization
PEP	post-exposure prophylaxis
PLHIV	people living with HIV
TG	transgender
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS

"… [G]ender-based violence is violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty…. While women, men, boys and girls can be victims of gender-based violence, women and girls are the main victims."

—United Nations (UN) Convention on the Elimination of All Forms of Discrimination against Women

INTENDED AUDIENCE

The following protocol was created to assist community-based nongovernmental organizations (NGOs) in Guyana with implementing gender-based violence (GBV) screening. Social workers can use this tool to understand ways to detect GBV and to better prepare themselves for implementation of GBV screening.

INTRODUCTION

Topics of sexual violence, domestic violence (DV), human trafficking (HT), attacks against transgender (TG) persons, and violence against men who have sex with men (MSM) all raise sensitive issues. These are just some forms of GBV the global public health community has recognized as a critical point of intervention. Gender-based violence is now understood to have negative health impacts both in the short term and the long term (Mitchell et al., 2013). Preventing and responding to GBV requires effective and consistent interagency and multisector collaboration, communication, and coordination. All agencies and communities must work in harmony to prevent and respond to GBV, to help survivors take control of their lives, and to help perpetrators understand the consequences of their abusive conduct and discontinue their abusive behavior.

In addition to being a health issue, GBV is also a human rights issue. According to the UN's Universal Declaration of Human Rights (1948), every individual has the basic right to a life free from fear and violence. All forms of violence and intimidation constitute a violation of the individual's basic human rights. While women and girls are often victims of sexual violence and DV in Guyana, men, boys, the elderly, persons with disabilities, sex workers, and TG individuals are also victims of sexual violence, DV, hate-based violence, and other acts of GBV. Combating GBV is not the responsibility of any one sector but rather a collective responsibility. Each individual, community, and organization must play an active role in assisting victims and reducing the prevalence of GBV.

OVERVIEW

At the end of 2013, approximately 35 million people were living with HIV worldwide. While record numbers of people are now benefitting from antiretroviral therapy and AIDS-related deaths and new infections are declining, more work is needed to achieve an AIDS-free generation. In particular, it will be critical to engage key populations, who are most vulnerable to HIV infection, in prevention, care, and treatment services (Joint United Nations Programme on HIV/AIDS [UNAIDS] 2014).

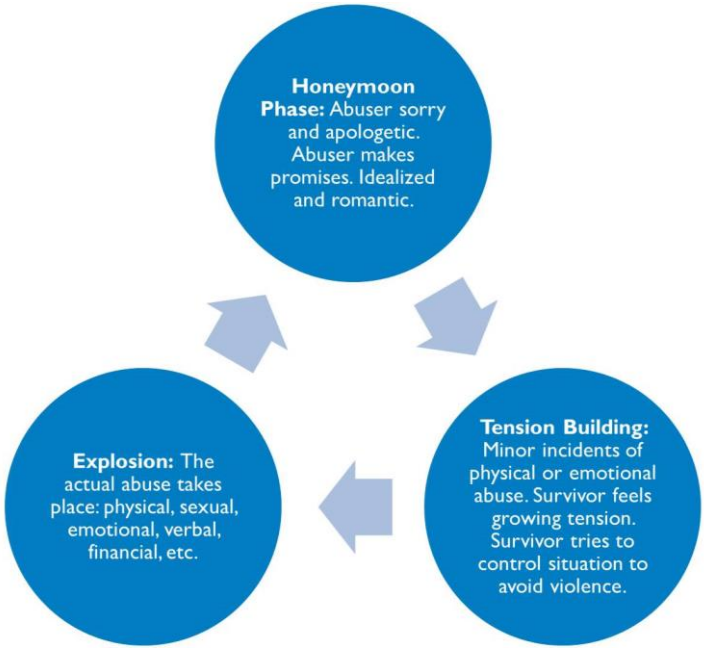
However, linking key populations to HIV testing and care services is particularly challenging due to the social and structural factors they face, such as stigma, discrimination, and violence. Around the world, reaching key populations is going to take new approaches. In Guyana, intervention and outreach efforts are needed to reach TG individuals, survivors of HT, survivors of sexual assault or DV, MSM, and all other individuals vulnerable to GBV.

Why GBV? New evidence has emerged showing a strong link between GBV and HIV. Research shows that HIV and GBV mutually reinforce one another, with each increasing the likelihood of the other (Dunkle et al. 2004; Durevall & Lindskog 2015). For example, a person in a violent relationship has a greater chance of becoming HIV-positive, and being HIV-positive can put a person at greater risk of physical violence. In this example, when a person has to tell a spouse that s/he just tested positive for HIV, that person is at a higher risk of suffering from GBV. Outside of intimate partner relations, survivors of other GBV are also at greater risk.

YOUR ROLE

As a community-based professional who provides HIV-related services, you have the unique opportunity to help survivors of violence and work to improve the health of your community at the same time. This protocol will support you in identifying cases of GBV, provide immediate psychosocial and safety planning support, and refer survivors for other services to promote their safety and well-being. Sometimes violence occurs in a cycle—it is experienced again and again in a relationship. Persons most vulnerable to being held back by this vicious cycle include MSM, TG individuals, those facing DV or sexual assault, sex workers, and persons forced into HT. Without your intervention, these persons are more likely to suffer from psychological effects, which, in turn, makes them less likely to adhere to their antiretroviral therapy for HIV treatment (Zunner et al. 2015).

Figure 1. Cycle of Violence: Driven by Denial



In many countries, the health care system is typically the first point of contact for linkage to GBV support services (e.g., when a survivor comes to an emergency department). Integrating GBV screening into the services provided by NGOs serving marginalized populations in Guyana, however, will support the identification of people who are experiencing GBV or who are at risk of GBV so that services can be provided to help break the cycle of violence. Figures 1[1] and 2 can help you understand what to look and how to help the survivor self-identify his/her situation. Gender-based violence is fueled by denial—at the individual and community levels. Awareness and recognition at all levels are the first steps to creating a world free of GBV.

[1] The Cycle of Violence is a widely used and adapted tool in the world of domestic violence. This version was adapted from the website of Domestic Violence Solutions for Santa Barbara County, available at http://www.dvsolutions.org/info/cycle.aspx.

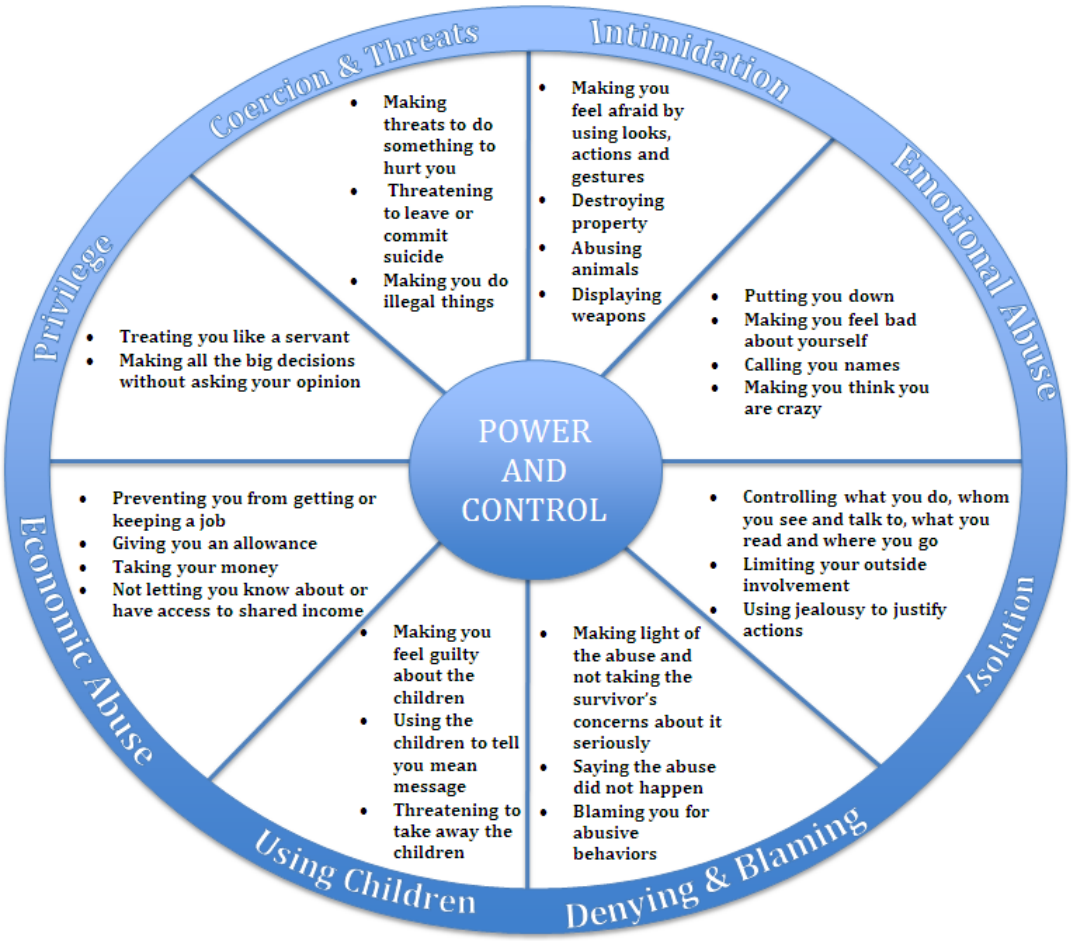


Figure 2. Power and Control Wheel: What's Inside the Cycle of Violence?[2]

You have a very important role to play in supporting survivors of violence in your community. It is very possible that being screened for GBV at an NGO may be the first time the survivor has been able to speak freely in a private setting with someone who is not directly linked to his/her abuser.

Conducting GBV screening routinely and universally with clients coming for HIV counseling and testing (HCT) services and with people living with HIV (PLHIV) coming for care and support services will help to identify survivors and give you the opportunity to offer appropriate referrals to health, protection, and psychosocial services. Moreover, screening can help all organizations involved in support and protection to better understand the types, frequency, and severity of GBV being experienced by women, MSM, TG individuals, PLHIV, and others.

[2] The Power and Control Wheel was originally designed to explain the cycle of violence in domestic violence relationships. Over the years it has been also applied to other types of abusive relationships, including GBV. This version was adapted from the Coalition Against Rape and Abuse.

PURPOSE STATEMENT FOR GUYANA

Gender-based violence is very common in Guyana. In 2013, a study showed that 49.9 percent of Guyanese health care workers (HCWs) themselves had experienced intimate partner violence (one type of GBV); 21 percent admitted to perpetrating violence, and 29.9 percent of HCWs believed that there were justifications for intimate partner violence. Strategies to reduce GBV and support survivors are urgently needed, and the Government of Guyana has taken important steps to enable a comprehensive response (Mitchell et al. 2013).

Health Vision 2020 outlined Guyana's 2013–2020 national health strategy and includes the reduction of GBV in the strategic objectives (Guyana Ministry of Health 2013). In this plan, the Government of Guyana also made the commitment to "establish partnership mechanisms with community-based NGOs and [faith-based organizations] to provide home-based chronic care and support inter-sectorial responses in the face of gender-based violence."

In addition, the Government of Guyana has also acknowledged the presence of DV and highlighted the need to proactively address it in Section 33 of the Guyana Domestic Violence Act, which makes the Government responsible for "public awareness and educational programs and for conducting studies and publishing reports on domestic violence."

An important step in breaking the cycle of violence is identifying people who are experiencing GBV and linking them to support services. **Given the links between HIV and GBV discussed above, this protocol was developed to provide guidance on how to integrate GBV screening into community-based HIV-related service delivery in Guyana.**

10-POINT CHECKLIST FOR ORGANIZATIONAL READINESS TO PROVIDE GENDER-BASED VIOLENCE INTERVENTION

When implementing GBV screening, **it is important to remember the phrase "do no harm." Organizations must prioritize the client's *confidentiality* and *safety* above all other concerns.** How can this be accomplished? This list offers some things to consider and how to get started:

1. ***Readiness to connect with GBV support services.*** Screening for GBV can be done in any setting where individuals can be directly linked to service providers ready to handle GBV issues. The minimum requirements for a referral system should include ways to access *medical, psychological, and legal services.* If your organization is not ready to connect GBV survivors directly with these services, then it should not conduct GBV screening.
2. ***Selection and training of staff.*** Before screening begins, the organization must select and appoint specific individuals who will be responsible for demonstrating core knowledge of GBV dynamics and consequences. These individuals must stay educated on guidelines and changing "best practices" for safely providing services to survivors in their community. These selected individuals should:

    - Be empathetic and nonjudgmental, understanding that, in the end, the survivor always knows more about his/her situation than anyone else.
    - Be knowledgeable about GBV and HIV dynamics.

- Understand the referral process to connect GBV survivors to the appropriate support services
- Strictly obey practices of confidentiality.
- Be knowledgeable about the client populations and the local community context.

3. ***Informing community and local partners about the GBV screening.*** Although screening with the individual must be confidential, a community overview and explanation of GBV should be provided to local organizations and leaders in a culturally appropriate manner so that the community understands the purpose and operation of screening.
4. ***Data management and security.*** Proper data management is critical to ensuring client confidentiality above all else. In addition, when properly used for case management, data can ensure that the survivor is always receiving comprehensive treatment and opportunities, which can empower the survivor to avoid being back in the same situation in the future. Lastly, secure and confidential data can be analyzed to inform the community about what is happening with their people. An efficient data system is achieved through the following:

    - Use only minimal personal identifiers and information on the forms. The organization should only collect information that is pertinent to referrals. Remember that if someone else were to find the data, the information could be used against the survivor in the news, in court, in public shaming, etc. Therefore, if information does *not* need to be written down or collected, then be respectful of this risk.
    - Forms should be kept in solid folders (not clear) so that others cannot view information recorded on the forms. Completed forms should *never* be left unattended or in areas where they may be viewed or obtained by other staff.
    - All completed screening forms should be stored in a secure, designated location.

5. ***Proactive self-care strategies for staff.*** Staff who screen and care for GBV survivors can often suffer from vicarious trauma—that is, trauma resulting from discussions of others' traumatic events. If this situation is neglected, the organization runs many risks, including (a) illogical or unclear thinking by the traumatized staff worker, which can put both the GBV survivor and the staff worker at risk of violence, and (b) high staff turnover, leading to loss of program effectiveness and institutional knowledge. Organizations can establish these self-care practices for their GBV screening staff by:

    - Making time for staff to confidentially discuss their work. This time should focus on the small successes and supporting one another with encouraging advice. Be careful that this space is not used only as a circle to lament, as this can lead to greater vicarious trauma risks for all involved staff.
    - Inviting an outside counselor to regularly meet with and counsel staff.
    - Holding trainings to expand staff knowledge and increase staff effectiveness.
    - Teaching screeners to take a break after an intense GBV screening session. Neglecting to pause to process the trauma could have a negative effect on the next client they meet with for screening.

6. ***Universal, routine use of the GBV Screening Tool (see Appendix 1).*** Screening for GBV should be applied to all individuals who meet the eligibility criteria (e.g., PLHIV and HCT clients). The screening should be conducted routinely. One way to ensure routine screening is to establish an organizational policy to offer GBV screening to (a) all new persons who come for HTC and (b) every six months for persons with a history of GBV (or other relevant risk factors).
7. ***Privacy policy.*** Interviews should be conducted in a private room where others cannot hear the conversation. The client should be interviewed alone; no other person (including partners, relatives,

and close friends) should be present. The screening should not draw public attention or raise suspicion that an individual who attends this venue is a GBV survivor. Screening for GBV has been found to work well when it is included and described as part of routine services for clients.

8. ***Confidentiality policy.*** Confidentiality is critical when dealing with actual or suspected cases of GBV. Disclosure of the fact that a report has been made or of the suspicion that a person has suffered sexual violence or DV is potentially harmful to survivors. If survivors believe that the fact that they have made a report and the contents of that report will be disclosed, they may be less inclined to report occurrences of sexual violence and DV. Maintaining confidentiality can be done by ensuring the following:

    - Details of reports describing sexual violence or DV should not be discussed with anyone other than those colleagues who are trained to support survivors of violence. When discussed with fellow GBV response colleagues, the worker must use non-identifying information so that the other people on the GBV response team do not know who the survivor or the abuser is.
    - **In the event that the identity of the survivor will be disclosed (i.e., for the protection of the survivor), prior consent of the survivor must be obtained.** The only exception is the case of a minor (<18 years old) who reports experiencing violence, in which case the event must be reported to authorities regardless of the minor's consent.
    - Except in the circumstances indicated above, information discovered during professional interaction with survivors of sexual violence or DV should not be disclosed at any time, including after prosecution of the perpetrator or elimination of the threat otherwise.
    - The survivor should be told that any information that s/he provides is confidential and will be disclosed only with permission or if necessary to seek further assistance or ensure her/his safety, in accordance with Guyana's mandated reporting laws.

9. ***Developing safety plans with survivors.*** Clients who do not feel safe returning to their homes following an assault should be supported in designing strategies and options for immediate protection while avoiding further isolation and stigmatization to the survivor. With the survivor's approval, families and trusted providers should be engaged to help develop mechanisms to keep survivors safe. Survivors returning home should be supported by friends and community members who can establish safe places and form neighborhood watch programs to help increase security of their communities.
10. ***Safety plans for staff and clients.*** Each organization should develop safety procedures to protect its staff when dealing with irate and violent perpetrators, especially in the case of family-based sexual and physical assault (see Appendix 2). If for any reason the survivor and perpetrator have to be at the same location at the same time, take precautions to reduce intimidation or abuse of the survivor. Do not leave the survivor and perpetrator together. Furthermore, neither should be left alone while on the premises. Keep them in separate areas. When the survivor and perpetrator are leaving, allow the survivor to leave some time before the perpetrator to reduce the possibility of a confrontation immediately after they leave, and also the possibility of the perpetrator following and further abusing the survivor.

SIX TIPS ON HOW TO COUNSEL AND SCREEN SURVIVORS OF VIOLENCE

1. ***Be nonjudgmental.*** Actively ignore your temptation to have an opinion about the survivors' actions or the situation. All that is important is that you accept and believe what the survivor tells you. Do not underestimate the abuse that the perpetrator is capable of inflicting or that the survivor has endured. Do not be judgmental, as this may discourage the survivor from seeking further assistance. There may be things that a survivor may not freely disclose that influence the survivor's decision, indecision, or inaction, for example:
    - Fear of reprisals if s/he leaves
    - Social isolation or limited support systems, feeling that there is no one who can help
    - Financial dependence on the perpetrator
    - Unwillingness to cause upheaval in the lives of children;
    - Wanting the violence to stop but not wanting the relationship to end
    - Feeling powerless and doubting the ability to manage on one's own
    - Self-blame for the abuse and shame in revealing injuries
    - Feeling that it may be safer to stay in the relationship because violence may escalate if s/he attempts to leave.

Key Information to Share During the Interview:

- Violence happens in all kinds of relationships.
- Most partner violence continues and often becomes more frequent and more severe.
- If the perpetrator doesn't get help, the violence is unlikely to stop.
- Any violence in the home can hurt children.
- Domestic violence, sexual assault, and other GBV affect the survivor's health.
- Stopping DV is the responsibility of the perpetrator, not the survivor.

2. ***Be an active listener.*** Do not interrupt the survivor, even if you are just trying to ask more questions. The individual may have to tell a long story to get to the narrow facts you need, because the brain requires that time and space to process the trauma. If you interrupt, the survivor may not be able to produce as clear a picture of the situation, which can even impact the survivor's decision on how to handle the abusive situation.
3. ***Show empathy and compassion.*** Always be mindful of the impact that abuse may have on the self-esteem and confidence of survivors of sexual violence and DV. Be careful to act in a manner that does not further damage and undermine self-esteem and confidence. Survivors of sexual violence, partner violence, and other GBV often suffer extreme physical and psychological trauma. They may feel trapped, powerless, and vulnerable as a result of the abuse that they have suffered. Therefore, when dealing with survivors of GBV, be sensitive to the abuse that they have endured and the likely effects of that abuse. Use a sympathetic voice.
4. ***Be aware of your body language.*** **How you stand or sit and hold your arms and head, the nature of your expression, and the tone of your voice all convey a clear message to the client about how you perceive the situation.** Use eye contact and focus all your attention on the client. Avoid doing paperwork, checking your phone, or engaging in other activities at the time.
5. ***Respect the client's wishes.*** The wishes of the survivor are of the utmost importance when dealing with reports or suspected cases of sexual violence or DV. Be flexible. The circumstances of each survivor are different and may require a different approach or response.
6. ***Listen for safety planning concerns.*** If the client answers "yes" to any of the GBV screening questions, always ask if s/he has ever thought about safety planning.

Listen for and Respond to Safety Issues:

- Show the client brochures about GBV and assistance available to survivors (see Appendix 3).
- Offer the survivor immediate access to counseling through an in-house social worker or counselor where available. Help and Shelter provides a 24-hour counseling hotline.
- If the survivor feels s/he is in danger, take this very seriously. Encourage the survivor to report the incident to the police.
- If the survivor is at high risk and is planning to leave the abusive environment, explain that leaving without telling the perpetrator is the safest route.
- Ensure that the survivor has a safe place to go and encourage her or him to discuss this.
- Reinforce the survivor's choice in deciding what to do.

HOW TO SAFETY PLAN

If someone is planning to leave an abusive situation, it is important for him/her to create a safety plan and memorize it. See ideas on safety planning in Figure 3. Leaving an abuser is the most dangerous time—in fact, women who leave abusive partners are far more likely to be killed in the process of leaving or immediately following than any other time. Domestic violence is sometimes more common during pregnancy, right after a child is born, or after disclosure of HIV-positive status (Women's Shelter of Central Arkansas 2014; Skye, Guedes, and La Rosa 2001).

IMPORTANT: For clients who have indicated that they were sexually assaulted or raped, provide information on the benefits of post-exposure prophylaxis (PEP) for HIV. In Guyana, it is recommended that PEP be provided soon after the exposure, preferably within two hours but not later than seventy-two hours.

Figure 3. A Few Safety Planning Basics

- Identify escape routes *before* you are scared.
- If a fight cannot be avoided, try to move toward a room or location with at least one easy exit.
- If conflict starts, stay away from rooms with weapons (e.g., kitchen).
- Identify a place to go if you need to leave your home (e.g., the home of a family member or friend).
- Memorize important phone numbers for individuals or organizations who may be able to help you at a time of crisis (e.g., family, friends, shelter, hotline).
- Notify one or more trusted friends or neighbors to watch for signs of violence (e.g., create a code word that friends or family know as a signal that you need help if your abuser is listening to you talk with them).
- Teach your children how to get help. Create a code word that they will recognize as a signal for them to get away. Teach them not to get involved in the violence between you and your partner.
- Leave a spare, packed bag at a friend's house or other safe location so that if you have to leave in a hurry or are unable to go home, you have some things you may need. Things to include in your emergency bag include a change of clothes, money, extra identification cards, extra keys, and any other important documents.
- If you have to leave quickly and can't bring anything with you, it is okay. Things can be replaced, people cannot.

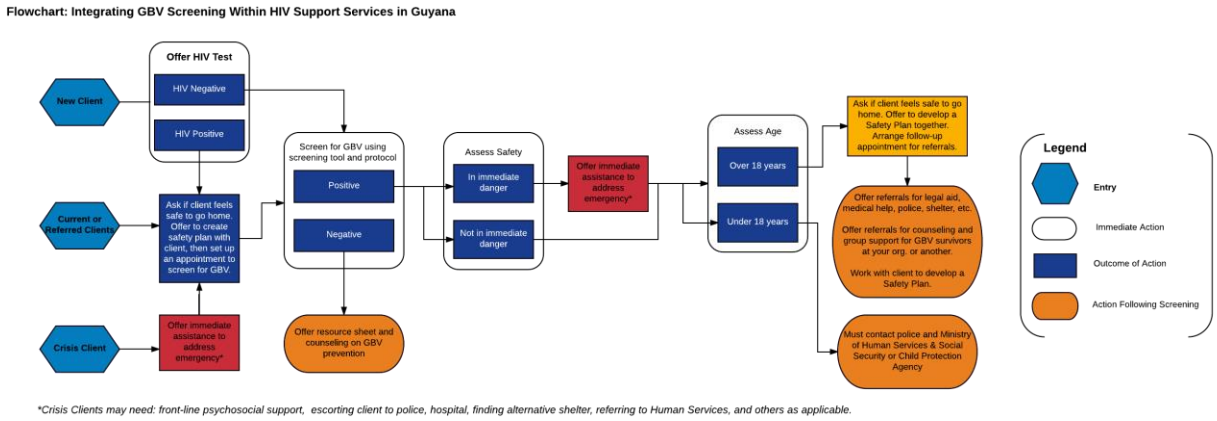
WHEN TO SAFETY PLAN

One of the most important actions a provider can take when a client discloses that s/he is living with a violent partner or otherwise in contact with a perpetrator is to work with the client to assess risk and help develop a safety plan. You can facilitate this planning process by helping the client identify the measures s/he can take when needing to make fast decisions that could save his/her life. During this process, it is important that you help the client understand the real risk of the situation. Figure 4 lists a few of the signs and symptoms of an abusive situation to help you know what to listen for when talking with a client. When in doubt, always offer to help develop a safety plan. Doing so not only helps keep the client safer in the future but also helps the client better understand that s/he is in an abusive situation. The provider should consider the client the expert in how to maximize his/her own safety and work to *support* her/him in developing this plan instead of leading the process.

Figure 4. Signs and Symptoms of an Abusive Situation[3]

[3] Adapted from the website of the Coalition Against Rape and Abuse, Domestic violence: Signs and symptoms of an abusive relationship, available at http://www.cara-cmc.org/domestic-violence.htm.

Figure 5. Flowchart for Integrating GBV Screening Within HIV Support Services in Guyana



***Find a full-page flowchart in Appendix 4 and instructions in Appendix 5.**

HOW TO USE THE GBV SCREENING FLOWCHART

The following section outlines the specific steps for screening clients who seek services at your organization to determine whether they may be experiencing GBV. It elaborates on the flowchart for integrating screening shown in Figure 5.

ENTRY POINTS

There are three potential entry points from which to begin the screening process:

1. **New clients** coming to your organization for an HIV test. For these clients, GBV screening is recommended immediately following a *negative* HIV test result. For clients testing *positive* for HIV, ask if they feel safe returning home to ensure they are not in immediate danger, offer to create a safety plan together, and then schedule a separate follow-up appointment to screen for GBV.
2. **Current or referred clients** who have already had an HIV test (i.e., clients living with HIV or members of groups at high risk for HIV who are seeking counseling and support services at your organization). Ask them if they feel safe to go home, offer to create a safety plan together, and then schedule an appointment to screen for GBV.
3. **Crisis clients** who come to your organization with an emergency (e.g., they have been threatened or hurt with violence, raped, or abused physically). The emergency must be dealt with immediately. Emergency assistance may include, for example, frontline psychosocial support, escorting a client to the police station or hospital, finding alternative shelter, or referral to human services. Once the emergency is addressed, ask clients if they feel safe returning home to ensure they are not in immediate danger, offer to create a safety plan together, and then schedule an appointment to screen for GBV.

SCREENING PROCESS

Once the client is ready to be screened for GBV, follow the steps below. Be sure to complete the GBV Screening Tool (see Appendix 1) as you conduct the screening process. Put the completed form in the client's file. This form should be stored securely at your organization.

1. **Introduce the GBV screening process to the client.** Begin by introducing the screening process to the client and seeking permission to proceed (see Section A, GBV Screening Tool). It is important to note that for adults, all information shared is kept confidential and anonymous, but for minors (<18 years old) information will only be kept confidential and anonymous if the client is *not* at risk and *not* currently being harmed. If you believe a client less than 18 years old is at risk or is currently being harmed, you must contact the police, the Ministry of Social Protection, and the Childcare and Protection Agency immediately following the conclusion of the screening process.
2. **Assess prior experience of violence in the past 12 months.** If the client wishes to participate in the screening, you will then ask the client four questions about his/her prior experiences with violence (see Section B). If the client responds "no" to all four questions (B1–4), the client has screened negative for experiencing GBV, and you may end the interview. If the client answers "yes" to any of the four questions, the client has screened positive for experiencing GBV. Proceed to the next section (Section C). If the client would like to proceed, it is important to ask for further details on his/her experiences of violence.
3. **Assess whether the client is in immediate danger.** Most importantly, assess whether your client is in immediate danger by asking a series of questions (see Section C).
4. **Gather additional details on the client's experiences of violence in the past 12 months.** With the client's permission (see Section D1), have him/her recount experiences with violence and record the responses in the table provided (see Section D2). Please note it is important to capture who the perpetrator of the violent act(s) was/is, when the abuse occurred or if it is ongoing, where the abuse occurred, and what happened, with particular note to key injuries. There are multiple spaces in the table provided in Section D2 to record multiple experiences.

ACTIONS FOLLOWING SCREENING

1. **For clients who screen negative for GBV**, provide the GBV resource brochure and brief counseling on GBV prevention as described in this GBV screening protocol.
2. **For clients *over 18 years old* who screen positive for GBV *and are in immediate danger***, first assist the client to develop a safety plan (see Section E) and provide the GBV resource sheet. Then, offer immediate assistance through such actions as escorting the client to the police, to the hospital for medical assistance, or to a shelter. Schedule a follow-up appointment as soon as possible to check in with the client, learn whether the situation has been resolved, and see what other assistance your organization can provide to the client. Once the immediate situation has been resolved, set up an appointment to review safety planning with the client and link the client to relevant support services. **For clients *less than 18 years old* who screen positive for GBV *and are in immediate danger***, offer immediate assistance through such actions as escorting the client to the police, to the hospital for medical assistance, or to a shelter. **You must report the abuse immediately** to the police, the Ministry of Social Protection and the Childcare and Protection Agency.[4]
3. **For clients (of any age) who have indicated that they there were sexually assaulted or raped**, provide crisis support (emotional support) and first aid. Let them know they are not responsible, they are not alone, and help is available. Explain PEP to prevent HIV, offer referrals to obtain PEP and any other needed health care, and explain what the client can expect at the health

[4] The national office is located at Broad & Charles Street, Charlestown, Georgetown. A 24-hotline is available at 227-4420 or 227-4082. Please see referral directory for local or regional office contact information.

center. **If the survivor is a minor (<18 years old), you must report the abuse immediately** to the police station closest to you, the Ministry of Social Protection, and the Childcare and Protection Agency. These clients must be provided with referrals and case navigation to required services.

4. **For clients over 18 years old who screen positive for GBV but are not in immediate danger**, assist in developing a safety plan. Offer referrals where applicable for medical management, legal aid, police assistance, psychosocial support (both individual counseling and support groups), shelter, and other services as needed.
5. After the appropriate referrals have been made and you have assisted the client in developing a safety plan, complete Section F of the GBV Screening Tool and make the relevant follow-up appointments.

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APPENDIX 1: GENDER-BASED VIOLENCE SCREENING TOOL

Client Code	Date of Interview	Age	Gender
			[ ] Male [ ] Female [ ] Prefer not to Disclose [ ] TG Male to Female [ ] TG Female to Male
Target Population	[ ] General [ ] MSM		[ ] Sex Workers [ ] Transgender

Occupation	Area of Residence	Marital Status	Ethnicity

A. Introduction of Screening to Client		
A1	*For adults:* Any information you share with me will be kept confidential and won't be shared with anyone outside our organization. The only exception to this is that if you tell me that a child in your care is being harmed or at risk of being harmed, I will have to report this—because we are mandated by law to do so. With this understanding, may I ask you these questions? *For minors:* Any information you share with me will be kept confidential and will not be shared with anyone outside our organization, unless you share that you are currently being harmed, or fear that you may be harmed—in which case I would be required to report this, so as to help ensure your safety. With this understanding, may I ask you these questions?	[ ] Yes (Go to B1) [ ] No *(End interview and give the client the list of resources.)*
B. Prior Experiences of Violence		
B1	In the past year, has anyone punched, slapped, kicked or bit you or caused you any type of physical harm? ("Anyone" can include your partner, a family member, friend, neighbor, client, stranger, supervisor, colleague, police officer, or other persons.)	[ ] Yes [ ] No [ ] No Response
B2	In the past year, has anyone insulted you, ignored you, yelled at you, or made you feel ashamed or bad about yourself? (As with the previous question, "anyone" can include your partner, a family member, friend, neighbor, client, stranger, supervisor, colleague, police officer, or other persons.)	[ ] Yes [ ] No [ ] No Response
B3	In the past year, has anyone forced you to have sex or perform any sexual act or touched you sexually in any way that you did not want? (As with the previous question, "anyone" can include your partner, a family member, friend, neighbor, client, stranger, supervisor, colleague, police officer, or other persons.)	[ ] Yes [ ] No [ ] No Response
B4	In the past year, has anyone made you feel afraid, unsafe, or in danger? (As with the	[ ] Yes

	previous question, "anyone" can include your partner, a family member, friend, neighbor, client, stranger, supervisor, colleague, police officer, or other persons)	[ ] No [ ] No Response

IF CLIENT RESPONDS "NO" TO QUESTIONS B1-B4: End the interview, and give the client the resource list.

C. Assessment of Client Safety		
C1	At this time, will you feel safe when you return home today?	[ ] Yes [ ] No [ ] No Response
C2	At this time, are you afraid that your partner or someone else will cause you harm?	[ ] Yes [ ] No [ ] No Response
	Screener: If client responds "yes," ask about and list the reason(s) for feeling unsafe:	
C3	At this time, have you thought of harming yourself due to the violence that has happened to you?	[ ] Yes [ ] No [ ] No Response
Instructions to Screener: *Based on the information obtained, do you think the client is in immediate danger?* *YES: If the client seems to be in immediate danger, offer referrals (including internal referral if your organization offers GBV psychosocial support), make a safety plan with the client, and escort the client to support services (e.g., police station, safe shelter, hospital).* *NO: If the client is not in immediate danger, offer referrals and help the client to develop a safety plan.* *(See Appendix V: How To Use the Flowchart for detailed instructions.)*		
D. Further Details on Experiences of Violence		
D1	Would you like to talk with me a bit more about these experiences? By telling me a bit more about what has happened, I will be able to help you better and refer you to appropriate support and services if you are interested.	[ ] Yes (Go to D2) [ ] No (Go to Section E)
D2	Let's talk about the experiences you have had in the past 12 months. What are some experiences of violence that have happened that you would like to share? *(If this is a repeat screen for a client who has a history of experiencing violence, ask about experiences in the past **6 months**.)*	

Who? *(Perpetrator of violent act/s?)*	**When?** *(Is the abuse ongoing?)*	**Where?** *(Location where abuse occurred)*	**What happened?** *(Inquire about key injuries.)*

(E) Instructions to Screener: ***After screening is completed, make appropriate referrals and assist client in developing a safety plan.***

Developing a Safety Plan*: Help the client develop a safety plan regarding measures that can be taken when needing to make urgent, life-saving decisions. Help the client assess the real risk of his/her situation. The clients are the experts in how to maximize their own safety.*

(F) Client Follow-Up: To be completed by the screener.

F1	Was a safety plan developed?	Yes [ ] No [ ]	***If not, why not?***
F2	Was a referral provided?	Yes [ ] No [ ]	***If "yes", to where?***

APPENDIX 2: ORGANIZATIONAL SAFETY PLANNING FOR STAFF AND CLIENTS

IDEAS FOR ORGANIZATIONAL SAFETY PLANNING

- ☐ Where possible, it is best if staff members only use one name and that the name is non-identifying (e.g., in the United States, crisis workers only give their first name to clients and others).
- ☐ Staff should never to leave the building alone at night.
- ☐ Where possible, a security camera or security guard should be posted just outside the entrance of the center/organization.
- ☐ If the building has multiple entrances and exits, staff and clients should use only one entrance/exit.
- ☐ All staff should take note of suspicious cars or people lingering around the building.
- ☐ Before accompanying a client to court, staff members should always ask the client first whether the client wishes to be seen with the staff member in public.
- ☐ A procedure should be in place for what to do when an abuser shows up or calls looking for the survivor or threatens staff. Some examples:
    - Contact the director in the event that an abuser says he or she just wants to talk.
    - Call the police if threats are made
    - Ensure that the abuser and the survivor are never put in the same room together on your premises.
- ☐ Staff should not give out personal cell phone numbers or home addresses.
- ☐ Staff should be trained on how to handle interaction with the abuser outside of the organization's building.
    - In court or in a hospital setting, staff member should avoid all interaction or acknowledgement of the abuser.
    - At no time should a staff member approach the abuser. If contact cannot be avoided, the staff member should kindly inform the abuser that it is inappropriate to speak to one another.
- ☐ Escape routes should be planned in case staff is threatened in or near the building.
- ☐ Staff members should ask the police or a security guard to escort them to their transportation after leaving the court, hospital, etc.

APPENDIX 3: BROCHURE: COMBATING GENDER-BASED VIOLENCE

It's your right to be free from abuse

- Abuse is never justified or deserved
- Violence is not love
- The only one to blame for abuse is the abuser.
- If the abuser does not get help, violence usually gets worse over time.
- If you have experienced abuse, you are not alone. Help is available

Police Stations

If you are hurt, seek immediate medical attention and report the incident to the authorities

Mabaruma: 777-5007
Port Kaituma : 777-4007
Anna Regina: 771-4010/12
Charity:771-4142
Leonora: 268-2222/2358-9
Parika: 260-44480
Vree-eh-hoop : 264-2224
Brickdam 225-6940-4
Cove & John 229-2700
Mahiacony: 2211-2296
La Penitence: 225-2661/6026
Diamond: 216-0251
Kuru Kururu: 261-5457
Fort Wellington: 232-0313
Albion: 322-0753
Whim: 337-2222/2519
Bartica 455-2222
Mahdia 638-8440
Lethem: 772-2087
Wismar: 442-0759
Mc Kenzie: 444-3429
Ituni: 441-2222

Important Contacts

Help and Shelter
24 hr. hotline: 227-0454 or 225-4731
Red Thread: 227-7010
Childcare and Protection Agency
24 hr. hotline: 227-0979 or 227-420/227-4082
Society Against Sexual Orientation Discrimination
Georgetown (Region # 4): 225-7283

Guyana Legal Aid Clinic
Georgetown (Region # 4): 225-9238/46
Anna Regina, Essequibo (Region # 2): 771-4007/8
Fort Wellington, Berbice (Region # 5): 232-0952/3
New Amsterdam, Berbice (Region # 6): 333-5254

Ministry of Human Services and Social Security
Port Kaituma (Region #1): 777-4151/4139
Ann Regina (Region # 2): 771-4311
Vreed-en-Hoop (region # 3): 264-2690
Georgetown (Region # 4): 225-6545 or 225-6202/12
Fort Wellington (region # 5): 232-0952/53
New Amsterdam (Region # 6) : 333-3970/3318
Whim (Region # 6) : 337-2667
Bartica (Region # 7): 455-2964-2226
Mahdia (Region # 8) :655-4803 (cell)
Lethem (Region #9): 777-0529/4011
Christiansburg (Region # 10) 442-2272

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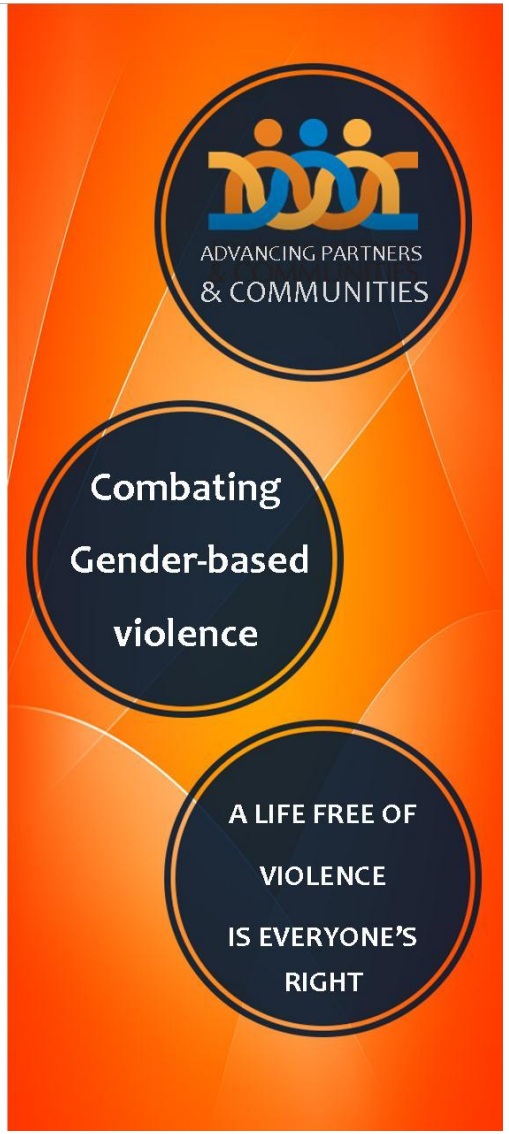


Gender Based Violence

Gender-based violence can be defined as:

"Any act of violence against a person based on their biological sex or gender identity that results in, or is likely to result in, physical, sexual, emotional, psychological or economic abuse ;threats, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life.".

Women, men, and people of all genders experience abuse

Gender-based violence takes many forms

- Physical - slapping, kicking, burning and strangulation
- Sexual - rape, forced participation in sexual activities, childhood sexual abuse
- Psychological- threats, instilling fear, humiliation and stalking
- Economic-withholding support, restricting partner education or employment
- Abduction of women and girls for prostitution
- Harassment or abuse of members in the Lesbian , Gay, Bisexual and transgender (LGBT) community

Early Warning Signs

- Extreme jealousy, controls how you dress or interact with others, forces you to be sexual
- Explosive anger, threatens violence
- Verbal abuse, puts people down, including your friends and family
- Isolates you from friends and family
- Has a history of violence, abused former partners
- Has a history of fighting or trouble with the law

Create a safety plan if you are in an abusive relationship

- Identify escape routes. Avoid rooms with weapons (e.g., Kitchen)
- Identify a safe place if you must leave your home (e.g. shelter, home of family member or friend)
- Memorize phone #'s for people who can help you in a crisis (e.g. family, friends, shelter, hotline)
- Ask someone you trust to watch for signs of violence.
- Teach your child how to get help. Have a code word to signal them to get away.
- Leave a packed bag at a friend's house or other safe location, in case you must leave home quickly.
- If you want to leave your partner, call a hotline or talk with a counselor.

Unhealthy Relationship

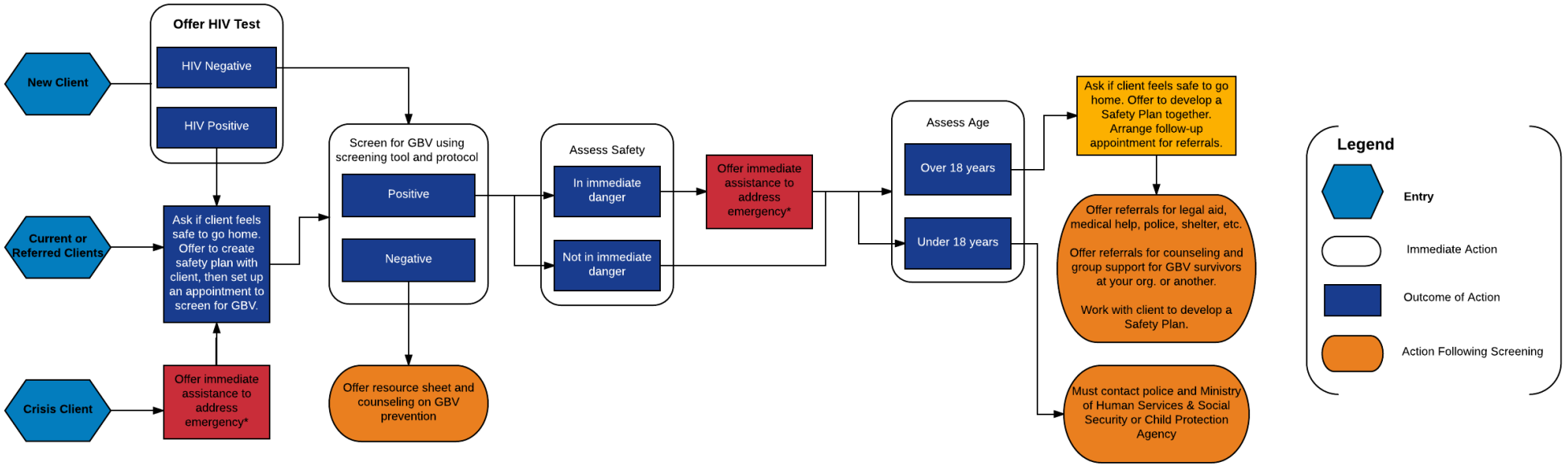
Ask yourself:

1. Does my partner hide my birth control or try to get me pregnant ?
2. Am I afraid to ask my partner to use condoms?
3. Am I afraid to break up with my partner?
4. Am I depressed over the relationship?
5. Are quarrels becoming increasingly heated and violent?
6. Does my partner make me have sex when I don't want to?
7. Does my partner tell me who I can talk to or where I can go?

If you answered *YES* to any of these questions, your relationship is unhealthy.

APPENDIX 4: FLOWCHART FOR GBV SCREENING

Flowchart: Integrating GBV Screening Within HIV Support Services in Guyana



**Crisis Clients may need: front-line psychosocial support, escorting client to police, hospital, finding alternative shelter, referring to Human Services, and others as applicable.*

APPENDIX 5: HOW TO USE THE GBV SCREENING FLOWCHART

The following section outlines the specific steps for screening clients who seek services at your organization to determine whether they may be experiencing GBV. It elaborates on the flowchart for integrating screening (Appendix 4).

ENTRY POINTS

There are three potential entry points from which to begin the screening process:

1. **New clients** coming to your organization for an HIV test. For these clients, GBV screening is recommended immediately following a *negative* HIV test result. For clients testing *positive* for HIV, ask if they feel safe returning home to ensure they are not in immediate danger, offer to create a safety plan together, and then schedule a separate follow-up appointment to screen for GBV.
2. **Current or referred clients** who have already had an HIV test (i.e., clients living with HIV or members of groups at high risk for HIV who are seeking counseling and support services at your organization). Ask them if they feel safe to go home, offer to create a safety plan together, and then schedule an appointment to screen for GBV.
3. **Crisis clients** who come to your organization with an emergency (e.g., they have been threatened or hurt with violence, raped, or abused physically). The emergency must be dealt with immediately. Emergency assistance may include, for example, frontline psychosocial support, escorting a client to the police station or hospital, finding alternative shelter, or referral to human services. Once the emergency is addressed, ask clients if they feel safe returning home to ensure they are not in immediate danger, offer to create a safety plan together, and then schedule an appointment to screen for GBV.

SCREENING PROCESS

Once the client is ready to be screened for GBV, follow the steps below. Be sure to complete the GBV Screening Tool (see Appendix 1) as you conduct the screening process. Put the completed form in the client's file. This form should be stored securely at your organization.

1. **Introduce the GBV screening process to the client.** Begin by introducing the screening process to the client and seeking permission to proceed (see Section A, GBV Screening Tool). It is important to note that for adults, all information shared is kept confidential and anonymous, but for minors (<18 years old) information will only be kept confidential and anonymous if the client is *not* at risk and *not* currently being harmed. If you believe a client less than 18 years old is at risk or is currently being harmed, you must contact the police, the Ministry of Social Protection, and the Childcare and Protection Agency immediately following the conclusion of the screening process.
2. **Assess prior experience of violence in the past 12 months.** If the client wishes to participate in the screening, you will then ask the client four questions about his/her prior experiences with violence (see Section B). If the client responds "no" to all four questions (B1–4), the client has screened negative for experiencing GBV, and you may end the interview. If the client answers "yes" to any of the four questions, the client has screened positive for experiencing GBV. Proceed to the next section (Section C). If the client would like to proceed, it is important to ask for further details on his/her experiences of violence.

3. **Assess whether the client is in immediate danger.** Most importantly, assess whether your client is in immediate danger by asking a series of questions (see Section C).
4. **Gather additional details on the client's experiences of violence in the past 12 months.** With the client's permission (see Section D1), have him/her recount experiences with violence and record the responses in the table provided (see Section D2). Please note it is important to capture who the perpetrator of the violent act(s) was/is, when the abuse occurred or if it is ongoing, where the abuse occurred, and what happened, with particular note to key injuries. There are multiple spaces in the table provided in Section D2 to record multiple experiences.

ACTIONS FOLLOWING SCREENING

1. **For clients who screen negative for GBV**, provide the GBV resource brochure and brief counseling on GBV prevention as described in this GBV screening protocol.
2. **For clients *over 18 years old* who screen positive for GBV *and are in immediate danger***, first assist the client to develop a safety plan (see Section E) and provide the GBV resource sheet. Then, offer immediate assistance through such actions as escorting the client to the police, to the hospital for medical assistance, or to a shelter. Schedule a follow-up appointment as soon as possible to check in with the client, learn whether the situation has been resolved, and see what other assistance your organization can provide to the client. Once the immediate situation has been resolved, set up an appointment to review safety planning with the client and link the client to relevant support services.
3. **For clients *less than 18 years old* who screen positive for GBV *and are in immediate danger***, offer immediate assistance through such actions as escorting the client to the police, to the hospital for medical assistance, or to a shelter. **You must report the abuse immediately** to the police, the Ministry of Human Services and Social Security and the Childcare and Protection Agency.[5]
4. **For clients (of any age) who have indicated that they there were sexually assaulted or raped**, provide crisis support (emotional support) and first aid. Let them know they are not responsible, they are not alone, and help is available. Explain PEP to prevent HIV, offer referrals to obtain PEP and any other needed health care, and explain what the client can expect at the health center. **If the survivor is a minor (<18 years old), you must report the abuse immediately** to the police station closest to you, the Ministry of Social Protection, and the Childcare and Protection Agency. These clients must be provided with referrals and case navigation to required services.
5. **For clients over 18 years old who screen positive for GBV but are not in immediate danger**, assist in developing a safety plan. Offer referrals where applicable for medical management, legal aid, police assistance, psychosocial support (both individual counseling and support groups), shelter, and other services as needed.
6. After the appropriate referrals have been made and you have assisted the client in developing a safety plan, complete Section F of the GBV Screening Tool and make the relevant follow-up appointments.

[5] The national office is located at Broad & Charles Street, Charlestown, Georgetown. A 24-hotline is available at 227-4420 or 227-4082. Please see referral directory for local or regional office contact information.

APPENDIX 6: MONTHLY REPORT FOR GENDER-BASED VIOLENCE

Name of Organization	Name of Provider Completing Report	Period Covered by Report
Service Entry Area		**Name of Person Completing Report**
HCT: ☐ Yes ☐ No **Care and Support:** ☐ Yes ☐ No		

INTRODUCTION

Provide a brief overview of the profile of persons who were screened. It should include age and gender breakdown, area of residence and marital status, and percentage who were PLHIV. It should also include whether there was refusal at any point, the time taken to screen, whether referrals were made, and whether the client accepted or refused the referral.

ANALYSIS

	Number Screened	Violence Exp. In Past 12 Months			Type of Violence Experienced					Number of Safety Plans Developed	Number of Referrals Provided	Number of Referrals Accessed
		Yes	No	No Resp.	Physical (B1)	Emotional (B2)	Sexual (B3)	Psychological (B4)	All Types			
Male												
Female												

CHALLENGES ENCOUNTERED

Was there any feedback on the adequacy and appropriateness of the language or difficulty in administering the tool? Were there challenges in accessing referrals or coordinating utilization of those services? Was there feedback from clients who were referred? Was the screening process smooth within the organization?

LESSONS LEARNED

Are there any activities or areas within the program that you would recommend for adoption? What would you recommend be done differently?

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