



## Gender Based Violence Fact-Sheet

### What's so Significant about our GBV Integrated Screening Process?

Violence by men towards women is a serious problem in all Pacific island countries and territories (RRT, 2009).

According to the Fiji's Women's Crisis Centre (FWCC), two out of three women report that they have been the victim of domestic violence in Fiji. Indeed the UNFPA suggests that "Violence and the threat or fear of violence forms a part of many women's daily realities in Fiji" (UNFPA, 2008).

In light of these statistics, Empower Pacific has been working to include GBV screening questions during pre-test counseling for the Voluntary HIV Screening Test offered to women at 6 Antenatal Clinics across Fiji. It is hoped that these screening questions may act as a "first point of contact" for many victims of GBV.

Those who are picked up as identifying with GBV issues are offered information and referral to services targeted at assisting those who have experienced GBV.

Empower Pacific is also looking to further include GBV initiatives across its complete range of services.

Integrating GBV into HIV/STI screening programs offers an opportunity to both reach large numbers of women with a holistic

service targeting primary health and wellbeing risks during pregnancy; and to address the two issues as inter-related.

A growing body of evidence suggests that gender inequality, including gender-based violence, is a key obstacle to in the prevention of mother to child transmission of HIV and affects the ability of women and girls to protect themselves from HIV (Ghanotakis, Peacock & Wilcher, 2012).

Empower Pacific antenatal programs offer GBV intervention in a mainstream service context (not GBV identified or specific to any particular client group or service type), reducing stigma and engaging women who may not otherwise self assess as a "victim" of GBV or feel safe to access identified GBV services.

Since women are expected to return to health clinics for regular check-ups for themselves and their infant throughout pregnancy and even after giving birth, women can safely return to access Empower Pacific counselling and social work services through the health clinics without risking suspicion or escalating abuse from their partners

Data from the 2012 project period shows preliminary effectiveness of Empower Pacific's strategy of integrating GBV awareness raising and screening questions into pre-test

HIV/STI behaviour change interviews provided in antenatal clinics across Fiji. Figures from Jan-May 2012 indicate that at current levels,

**At least 12,000 women per year will participate in behaviour change interviewing, awareness raising and information about available services.**

**Almost 1000 women a year receive direct support services (referral to counselling and social work) as a consequence of participation in antenatal screening interviews.**

Given that the majority of women participating in behaviour change interviews (pre-test) have a partner (89.5%) and almost all of these (89.2% of women) said that they had discussed the information that they received with their partner following the pre-test HIV/STI/GBV screening session, **this represents at least 23,000 people per year directly or indirectly exposed to GBV information and support options.**

A further 62% reported that they had discussed the information with someone other than their partner, which brings the annual exposure levels to well over 30,000 people a year.

Post test questions additionally show that 96% of participants state that they had made behavioural changes following the first interview. *(continued on page 3)*

## Gender Based Violence Screening

The screening questions included in the interview are displayed in the table below, along with the responses given by women interviewed in the five month period between January and May

Screening Question	Number "yes" Responses	Percentage "yes" Responses
1a. Have you ever been in a relationship with someone who hurts or threatens you?	380	7.59%
2. Do you ever feel afraid of your husband/partner?	391	7.81%
3. Have you been exposed to physical violence in the last 6 months?	198	3.96%
4. Would you like to be referred to a counsellor to discuss this further?	237	4.74%

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These figures indicate that the pre-test interview is a powerful mode for large scale impact. Empower Pacific anticipates further significant rises in these numbers with more extensive program development.

## What's so Significant about our GBV Integrated Screening Process? (From page 1)

These figures indicate that the pre-test interview is a powerful mode for large scale impact. Empower Pacific anticipates further significant rises in these numbers with more extensive program development.

1. Explore and respond to the reasons for lower reporting rates of GBV compared to population data indications.
2. Enhance processes for more effective referral to counselling and social work by working with MoH and internal re-

sources to address the immediate logistical limitations of time and space at antenatal clinics.

3. Broaden the GBV violence questions to include other forms of GBV including rape as well as doing consultative review of the format of GBV elements of the interview to ensure that the most effective best practice engagement and behaviour change strategies are being implemented.
4. Broaden exposure to interviews by working with MoH to con-

tinue to expand HIV/STI/GBV antenatal services to decentralised health centres.

5. Continue to enhance collaborative cooperation between MoH and Empower Pacific to ensure maximised participation of women in all program elements, and full integration of programs into MoH facilities (new MOU in progress).

## Gender Based Violence: A statistical snapshot

- From March to June 2012, Empower Pacific has processed screening forms from a total of 3716 mums who have been pre-tested at the ante-natal clinics in CWM, Lautoka, Labasa, Nadi and Nausori hospitals respectively.
- Out of the 3716 pretested mums, 333 (9%) had answered that they have been in a relationship with someone who hurts them.
- Out of the 333 mums who identified as having being exposed to violence, 239 (72%) mums have stated that this relationship includes their current husband/ partner or family member.
- From the 333 mums, 180 (54%) mentioned that they have been exposed to physical violence in the last 6 months
- The majority of mothers identifying with GBV came from Lautoka- 32% of GBV cases, Nadi- 29% and CWM- 21%.
- Proportionally, the Western Division shows the highest percentage of women identifying with GBV; 10.6 % of all mothers screened in Lautoka and 18.7% in Nadi.
- Labasa recorded 8.5% of all mothers screened as identifying with GBV
- 208 (62%) of women who identified as experience GBV were referred for counseling. In addition, the social work department recorded outcomes for 37 closed GBV cases and continues to attend to an average of 5 GBV related cases per week.
- Outcomes which have been recorded in the General Counseling Statistics (drawn from closed cases) include positive reports that clients (who had been referred for GBV) were able to re-gain their self confidence, gained increase awareness and knowledge about the Crimes Decree and felt empowered to take positive steps to ensure their own personal safety.
- At current levels, at least 12,000 women per year will participate in behaviour change interviewing, awareness raising and information about available services.
- Almost 1000 women a year receive direct support services (referral to counselling and social work) as a consequence of participation in antenatal screening interviews.

## Men's Involvement in the ANC Program

Given the links between sexual health and GBV, including the risk of conflict associated with negotiation of condom use, Empower Pacific has designed a men's program aimed at encouraging men to take responsibility for reproductive health choices such as the use of condoms for STI protection and family planning.

Women in the antenatal program are offered a "men's pack" to give to their partner, containing IEC materials regarding sexual health for the couple during pregnancy and breastfeeding, condoms and lubricant, an invitation to accompany their partner and be involved in the antenatal care including a general counseling session with a male counselor, and a card for free replenishment of their initial supply of condoms throughout the duration of the pregnancy and while their partner is breastfeeding.

Empower Pacific has recently included information about how male partners can protect their partners and baby from violence during pregnancy and throughout infancy.

**In 2012 a total 67.3% women confirmed at post test that they had given the men's pack to their partner (women who did not take a pack were generally those who reported being single or in no stable relationship).**

**From the 1st quarter stats of 2012, 1,921 men received a men's pack from their partners' participation in the antenatal program.**

In post-test counselling clients are prompted to respond to a range of questions enquiring about specific changes they have made with regard to HIV/STI risk reduction since the pre-test session. ANC women reported a significant number of changes (96.6%) following the pre-test session, in fact

only 3.4% said they made no changes.

A sample of 2899 women reported the following changes:

**89.2% discussed the information they received during pretest with their partner (87.8% in 2011)**

**60.5% discussed the information with someone other than their partner**

**42.1% reported their attitude towards using condoms had changed**

**82.3% reported their attitude towards HIV+ people had changed**

The increased knowledge and sharing of information with others is significant given the low level of knowledge at pre-test counselling (ie, only 76.6% reported they knew what an STI was).

The pre-test screening offers an amazing opportunity to present and share information to both men and women to encourage positive behaviour change.

Of those women who returned and gave feedback (at post-test sessions),

**96% indicated that their male partners opened the packs.**

**The majority of men reacted positively (80%) with many using the condoms included in the pack,**

**1.62% of male partners showed a neutral reaction, and only (1.93%) reacted in a way that could be interpreted as negative.**

**Examples of positive reactions include "he read it and shared it [with] other men", "[he is] interested to come for the test", and "talked about it [the in-**

**formation] with partner, started using condoms".**

Over the past decade, male involvement in the prevention of GBV and reproductive health is recognized as paramount to addressing the MDG's including gender equity, reduction of maternal mortality, reducing poverty and mitigating the spread of HIV/AIDS (Betron & Fort, 2006).

Empower Pacific sees that incorporation of male targeted programs through antenatal programs can serve to reduce stigma barriers to men accessing GBV support by mainstreaming it as a health issue.

Empower Pacific sees the vast potential impact of a broadened three pronged antenatal men's program which incorporates :

**1. Men's Packs taken home by women attending antenatal clinics containing updated and collaboratively designed IEC materials and resources. Men's Packs to be evaluated to ensure that the contents achieve maximum impact.**

**2. Male targeted awareness raising presentations alongside women's antenatal presentations currently being run in antenatal clinics**

**3. Enhanced strategies to engage men in referral for counselling, social work and other holistic services offered by Empower Pacific and other community agencies.**

## Potential Trends and Emerging Themes

So far this year, Empower Pacific is seeing a sharp increase in the percentage of women who identified as experiencing GBV and wanted counseling compared to 2011 figures (4% of all mothers sampled in 2011 compared to 9% for the period Jan-June 2012).

Whilst it is promising to see the rate of referrals for counseling has doubled since 2011, it is interesting to reflect on the overall rate women identifying with GBV during the pre-test screening questions.

Preliminary data from 1st quarter statistics show that around 9% of women screened at the anti-natal clinics had ever been afraid of their partner and 11.4% had actually experienced **physical violence** or abuse.

Fiji Police Force statistics indicates that women made up about 82% of domestic violence cases and around 13% of all Crimes Against the Person in the period from 2003 to 2007.

Yet this 13% may represent a gross under-reporting of Domestic Violence cases to police as national research on domestic violence and sexual assaults conducted by the FWCC reveals that 80 percent of survey respondents had witnessed some form of violence in the home.

These same statistics offered by the FWCC state that 66 percent of women surveyed reported that they had been abused by their partners; 30 percent of these suffered repeated physical abuse; 44 percent reported being hit while pregnant.

74% percent of female victims did not report violence to the police or seek medical attention (FWCC, 2010).

What the statistics from the FWCC suggest, and what we know from anecdotal evidence is that actual rates of GBV within the community affects up to 80% of women at some point in their lives, and 44% of women whilst they are pregnant.

We also know that  $\frac{3}{4}$  of these women do

not report domestic violence to police or seek medical attention.

At this stage we cannot be certain as to why we are not seeing a similar rate of exposure to GBV being picked up during our screening in the Anti-Natal clinics.

However it is likely that several factors are coming into play such as:

- Cultural acceptance of GBV as 'normal'
- Rates of violence targeted at pregnant women is decreasing
- Women are experiencing violence at other stages of their marriage/relationship (not whilst pregnant)
- There is a misunderstanding about what constitutes violence and threat
- Belief that 'slapping' or 'hitting' is ok- this is not the same as 'violence'
- There are language barriers or other communication issues during pre-testing
- The husband or male partner is present with women during the pre-test interview
- There is fear of disclosing violence to a health worker or pre-test counselor
- There is shame associate with disclosing violence and threat of violence

Work done with both the Asian Development bank and the FWCC has suggested that the number of women who condone violence or believe men have the right to physically punish their wives is higher than reported in national domestic violence statistics.

Both groups posit that Fiji Police records are not representative; assault of women is a commonly recorded offence but most women who have been assaulted do not

report it, because they have been taught to accept violence, or because of family pressure, or because of fear of reprisals if a complaint is made (Schoeffel, 2006).

This suggests continued need for community awareness, education, outreach and sector-collaboration is required.

**Other interesting figures to consider are:**

**The majority of mothers identifying with GBV came from Lautoka- 32% of GBV cases, Nadi- 29% and CWM- 21%.**

**Proportionally, the Western Division shows the highest percentage of women identifying with GBV; 10.6 % of all mothers screened in Lautoka and 18.7% in Nadi.**

**Labasa recorded 8.5% of all mothers screened as identifying with GBV**

**Current recording rates are much higher in the Western and northern division than in Suva. This may suggest that outreach and awareness programs tend to be concentrated in Suva. Outreach and intervention needs to be expanded to other divisions of Fiji, including the interior to address the significantly higher rates of GBV being detected.**

The biggest theme which has emerged during the data collected and analyzed over the past few months, is the gross under-reporting of gender based violence amongst the communities in which Empower Pacific works.

*(article continue on page 6)*



## Potential Trends and Emerging Themes (From page 5)

Labasa represents the lowest rates of GBV general counseling cases. Interestingly an article featured in the March 11<sup>th</sup> edition of the Fiji Times suggests that Labasa actually represents the highest recorded incidents of domestic violence within Fiji.

According to the article, FWCC's executive director, Shamima Ali, revealed that 26 of the 85 cases recorded were from the northern branch. Yet alarmingly, Labasa Empower Pacific offices feature the lowest rates of GBV related cases.

This could potentially indicate that the high rate of GBV in these areas coupled with the low numbers of women accessing support is a symptom of poor community awareness and education surrounding GBV and women's rights.

It could also be a sign that women in these areas face additional barriers to accessing help and support regarding GBV.

For Empower Pacific, one of the most valuable lessons has stemmed from statistics which validate the need for further GBV outreach and intervention.

We know that women are experiencing GBV, we know that many recite positive changes as a consequence of Empower Pacific social work and counselling interventions, and we know that a lot more needs to and can be done.

As such Empower Pacific is seeking to expand the GBV screening process across all programs.

This in turn will result in an increase capacity to identify GBV and provided counseling and social support to women and children.

Empower Pacific also hopes to facilitate ongoing partnerships to address GBV and MDGs 3, 4, 5, 6 & 8 nationally.

We also hope to mobilize staff to reach those 'most effected' including the often neglected rural communities.

## WORKING IN PARTNERSHIP (WITH MEN, CROSS SECTORALLY)

Men are both part of the problem and the key elimination of violence against women.

Men's awareness of gendered power in relationships, men's behaviours and attitudes towards women's rights and role in the community must change if violence against women is to be eliminated (Flood, 2002).

Currently there are a limited number of other programs in Fiji (eg FWCC) which are targeting men's advocacy, seeking to engage men in preventing violence against women.

Empower Pacific sees multiple agency involvement as a key national strategy for eliminating violence against women and children in Fiji.

The delivery of male-targeted initiatives from within Empower Pacific's mainstreamed program framework will potentially encourage engagement with men who would be resistant to direct involvement with a designated GBV or "women's" service.

Ausaid's 2008 comprehensive report on VAW in Melanesia and East Timor provided the clear recommendation of strengthening integrated interventions in areas not traditionally involved in addressing violence against women.

Empower Pacific recognises that reducing violence against women requires simultaneous action at many levels by multiple actors (Ausaid, 2008, p21).

Empower Pacific has already integrated men's GBV engagement strategies into antenatal programming (described in this newsletter) and Prison based programs.

Cutting across all of our programs and leading into specifically targeted activities, Empower Pacific aims enhance programming at three levels :

1. Working with men who perpetrate GBV
2. Targeted awareness raising activities integrated into mainstream programming in hospitals, prisons and community service centres, and with outreach to village and rural areas
3. Engaging men in positive community action groups.

Adopting a multi-faith and multi-sector approach Empower Pacific will start with engaging men through its existing programming, and then move into engagement with leaders of church groups, village elders and men in the general community in order to support and promote the development of a supported but self directed and community based action group of Men Ending Violence Against Women (MEVAW).  
(continued on page 7)

**WORKING IN PARTNERSHIP (WITH MEN, CROSS SECTORALLY)...***From page 6*

This group will be supported to take on a peer modelling, community awareness raising and community action process as well as to participate in public action, following successful international models like the White Ribbon Campaign.

Empower Pacific has as one of its key strategic focus areas the development and strengthening of mutually supportive and collaborative relationships with sector partners and complimentary community service agencies.

In formalizing the provision of GBV services we were aware of the risk of undermining our relationships with organizations such as FWCC. Empower Pacific has addressed this risk by directing service delivery focus towards areas not specifically targeted by other services.

In this way we feel that our niche may lie in targeting engaging men and boys in ending violence against women, and in the enhancement of antenatal screening and awareness programs.

We will, of course, continue to provide and strengthen general counselling and social work services as per existing services models, however we aim to avoid active advocacy, since this is covered by other agencies.

We are looking forward to joining forces with other agencies and community groups to deliver a holistic, comprehensive and effective GBV program aimed at supporting both men and women (and their children) to have happy and healthy lives- free from violence.



**Say "NO" to Domestic Violence**

**CROSS-CUTTING ISSUES****WORKING WITH YOUTH:**

47.5% of mothers involved in the ANC pre-test screening were aged 25 years or younger.

This translates to over 1700 young women agreeing to be screened for HIV testing.

Not only is this a valuable number of youth being engaged in the GBV screening process, but it is an exciting reflection of the way in which Empower Pacific works with youth to address issue of HIV/AIDS.

**WORKING TOWARDS Millennium Development Goals:****CHILD AND MATERNAL HEALTH:**

According to statistics gathered during the post-test interviews:

- 1994 (74%) of women during

post-test interviews had arranged for post-natal care for themselves and their baby

- 948 women had arranged for a visit to see a nutritionist
- 1492 knew how to look for signs of breast cancer
- 1848 now knew what a pap-smear was (69%)

**GENDER EQUALITY:**

- 8.1% of women screened for GBV during HIV pre-test counseling identified as 'feeling afraid of their current partner'

- 180 pregnant women screened for GBV during HIV pre-test counseling expressed that they have been exposed to violence in the past 6 months.

- Of the 302 pregnant women who are afraid of their current partner (69%) were referred for counseling and/or social work intervention

- For many, social work interventions have helped women become aware of their rights under the Domestic Violence Decree and contributed to increased knowledge of relevant legal issues and support. Many clients felt more confident to report future cases of violence to police as a result of the information given to them by Empower Pacific staff.

- In the first quarter of 2012, 418 men received additional information about HIV and provided opportunity for engagement regarding the health and safety of pregnant women (this is in addition to 1929 men's packs being distributed

- Empower Pacific is in the final stages of developing a brochure targeted at men, namely expectant fathers, which provides information and support regarding keeping pregnant women, babies and children safe from harm and violence.

*(continued on page 8)*

## Cross Cutting Issues *(from page 7)*

- GBV training was offered for all Empower Pacific staff in Suva, The West and Labasa.

- This training included male staff and facilitated the creation of a workplace committed to including men in discussions about gender based violence.

- PCSS staff feel equipped with the skills necessary to identify cases of GBV, provide information, support and referrals where appropriate

### CONTRIBUTION TO THE ELIMINATION OF HIV/AIDS

During pre-test interviews:

- 99% of women screened at CWM, Labasa and Nausori consented to be tested for HIV
- 98% of women screened at Nadi consented to be tested for HIV
- 93% of women screened at Lautoka consented to be tested for HIV
- In the 1st quarter of 2012, 3614 women were tested for HIV following pre-test counseling with Empower Pacific HIV practitioners

During post-test interviews:

- 1298 (48%) of women interviewed said that their partners were interested in being tested for HIV.
- 1563 (58%) said they had discussed sexual health issues with their partner since their pre-test interview
- 2182 (81%) said they had an increased awareness and knowledge of HIV and STIs since before they receive counseling.
- 2313 (86%) reported a change in attitude towards those with HIV
- 548 (an increase of 22%) of women started using condoms since they began counseling (pre-post test counseling).
- 7.5% of women interviewed already reported using condoms.

### DEVELOPING KEY PARTNERSHIPS

Collaboration between Empower Pacific and both Government and Non Government sector stakeholders is central to the success of this work.

Empower Pacific has strategic relationship building and interagency collaboration as its key organizational strategic focus in 2012, with the transition to a new name, logo and new management.

Key interagency working relationships for GBV related work thus far include :

- MOU with Ministry of Health
- MOU with Department of Social Welfare, working with Gender Based Violence and Child Welfare Units.
- Ministry of Education with endorsement to provide group and individual services in schools
- Department of Correctional Services facilitating Prison Programs
- Operation Foundation for joint Prison Programming
- Fiji Police is building referral pathways and awareness of GBV issues.
- Collaborative contributory relationships established/enhanced with a range of stakeholders including RRRT, UNW, UNDP, SPC in relation to men's program materials, gender based violence programs following disasters and GBV issues for sex workers.
- Integration in UNDP Sustainable Livelihoods CFW Programs for GBV treatment and awareness raising.
- Participation in MoH decentralization of health services
- Conversations with Save the Children on mutual support options for working with children

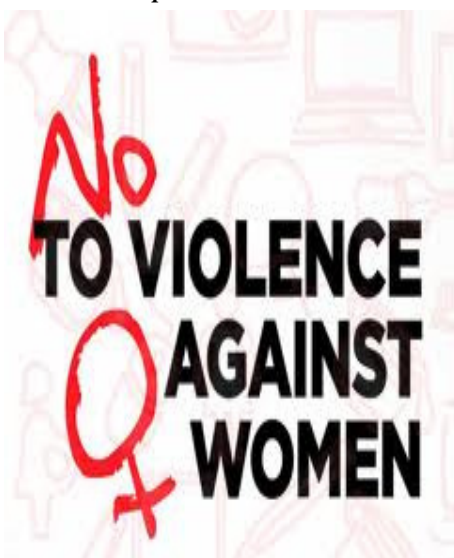
- Positive engagement FJN+ for joint research on HIV, Sexual Health and GBV

- Partnership with Burnett institute for research on Health in Prisons feeds into GBV work

- New Zealand Aid Program funding has enabled post flood counselling services (initial research is indicating elevated rates of GBV following this natural disaster) to be extended to Sigatoka, Raki Raki, Tavua and Ba districts.



Senior Counsellor Ana Petueli during a DV Workshop in Suva





## OVERCOMING BARRIERS TO EFFECTIVE SERVICE DELIVERY

Whilst any work relating to GBV is likely to be challenging and require adaptability, strategy and effective partnerships, Empower Pacific has identified four significant barriers to effective service delivery which we are seeking to address.

Empower Pacific staff have needed to become flexible and responsive to overcome logistical issues, especially as engagement with men and concerns relating to continued follow up with clients, are largely linked to logistical constraints such as transportation, lack of resources, and limited availability of services in rural and remote areas.

Community stigma and misconceptions about Gender Based Violence requires cross-sector support for education and awareness campaigns if it is to be minimized significantly.

### Logistical constraints

Many women being screened for GBV during ANC clinic appointments travel from the interior- this represents a challenge for staff as opportunities to provide ongoing counseling and support are limited due to transport and logistical constraints. Referrals to counselling/social work from ANC are challenging in the current system as women are pressured to move quickly through the MoH appointments schedule or lose their place in the numerical system.

Empower Pacific is restructuring to increase capacity to have counselors and social workers on site during higher level booking days, however time frames for interviews are limited by the MoH processes in some locations – longer interviews would be useful for better rapport and may increase the percentage of women who report GBV.

Empower Pacific is continuing to liaise with MoH to enhance the process.

Reliable transport would assist in facilitating follow-up and ongoing counseling services- and is more cost effective and feasible than opening satellite branches outside of major metropolitan areas- although this option should also be considered.

Current recording rates are much higher in the Western and northern division than in Suva. This may suggest that outreach and awareness programs tend to be concentrated in Suva.

Outreach and intervention needs to be expanded to other divisions of Fiji, including the interior to address the significantly higher rates of GBV being detected

Given Empower Pacific's focus on women and vulnerable groups and MDG 3 (Gender Equity), within the screening process additional steps have now been enacted for those who identify as experiencing GBV.

This includes:

- Identifying a safe number to contact clients to arrange for follow-up consultation,
- Recording the date of the next Anti-Natal Clinic Visit (if known) so that arrangements can be made for a counselor to attend to the client at the next clinic appointment,
- Moving to place a counselor or social worker on site so that referrals can be attended to immediately
- Developing a directory of service providers which may assist clients who experience

GBV- and providing mothers information regarding service delivery and access

- Providing the opportunity to explore why expectant mothers may not be able/want to access counseling services
- Providing detailed information on how to access Empower Pacific services, including a description of the potential benefits of accessing social work or counseling services.

### Engaging Men

Logistical constraints regarding availability of HIV/STI testing services for men continue to be a barrier.

In both Labasa and Nadi Hospitals, HIV and STI testing is not offered for male partners due to a limit number of 'reagents' required for blood testing. So whilst Nadi was able to provide information to 21 male partners, only 4 undertook HIV testing.

In Labasa, 35 males were informally engaged during the ANC screening process.

No male partners in Labasa so far have recorded completing an HIV test- despite 71% of male partners indicating a willingness to do so.

Facilities for providing **pre-test counseling for men are not available at the ANC clinic in Labasa.**

Fortunately, Empower Pacific staff are using informal and creative measures to facilitate opportunities to engage with men in the prevention of GBV.

The need for effective and strong partnerships and referral systems between the ANC pre-test sites and HIV testing facilities has also been highlighted. **(continued on page 10)**

## OVERCOMING BARRIERS TO EFFECTIVE SERVICE DELIVERY (from page 9)

It is encouraging to see that MoH staff are benefiting from VCCT training offered by Empower Pacific.

Ongoing VCCT training for MoH staff and Hub Centers is vital for providing male partners an opportunity to engage with both HIV prevention and treatment, but also the prevention of violence against women and children.

Again, strategic and collaborative partnerships are paramount to ensuring men are engaged in the elimination of violence against women.

### Continued follow up with clients

The third ongoing issue, particularly for our counselling and social work staff, is in relation to follow up with clients.

There is an ongoing struggle for continuity of work when clients are seen while attending clinics or admitted to hospital, and then return to their homes.

Clients who are out of the main towns are challenging to maintain engagement with due to poor access to phones, costs of travel and lack of depth of awareness of the benefits of counselling and social work.

GBV work is complex by nature and outcomes can be limited by simple accessibility to clients for ongoing support.

A number of strategies have been implemented to attempt to address this.

All branches have been equipped with mobile phones rather than landlines, to facilitate more affordable ways of clients calling or texting us, and to make phone follow up more affordable for the organization.

Empower Pacific has engaged with MoH to have our staff be incorporated into outreach health clinics in community so that we can access clients in more remote areas, and negotiate on-going outreach

where needed.

We have also flagged “engaging clients in ongoing support” as a training topic for our annual staff development retreat in November 2012.

### Community Stigma

A final challenge we experience when working with GBV issues is the public misconception that seeking help will mean being told to leave their partners and homes.

Women clients have repeatedly reported to us that they were reluctant to access counselling because they were too frightened, unwilling or poorly resourced to be able to leave their violent partners.

Experiences with helping services in the past had led them to believe that this would be their only option.

Empower Pacific works hard to promote the message, in all of our work, that we work with clients to make their own decisions about what is right for them – not to impose our moral views or judgments.

### GBV Social Work—Most Common Outcomes Achieved (March-June 2012)

Outcomes achieved (in summary)	Number of cases
Accommodation assistance- including looking and securing alternative sources housing	6
Assisting with police and the court processes	7
Information and/or assistance applying for DVRO	21
Working on communication skills with partner	3
Assistance/referral to DSW	29
Assistance with securing and exploring employment options, including referral for IGP	14
Setting goals	1
Information about GBV and clients rights	4
Referral for legal assistance	8
Safety Plan Developed	25
Information giving about child maintenance, custody issues	15
Referral for material assistance	18