IPPF/WHR TOOL FOR DEVELOPING REFERRAL NETWORKS

Adapted from Bott S., Guedes A., Guezmes A., Claramunt C. 2004. Improving the health sector response to violence against women: A resource manual for health care managers in developing countries. International Planned Parenthood Federation, Western Hemisphere Region: New York.

Women who experience violence against women often need services that go far beyond medical care. For example, women who experience violence may need legal advice, temporary shelter, emotional support, psychological services, police protection, housing, employment, and services for children. For women in situations of crisis, including women who face a high risk of further violence, the need for these additional services may be urgent and even lifesaving.

This need for other services is one feature of violence against women that sets it apart from other public health issues. Medical professionals are used to being able to "treat" infections and care for health problems on their own. They are often used to having a solution and are not always trained to think about what non-medical services their patients may need. As one physician from the Dominican Republic said,

> *Before, I thought this was not part of my job. I limited myself to medical treatment, but ignored the psychological and legal aspects and simply didn't ask questions about them. Now, when I identify [a case of violence], I make appropriate referrals to legal or psychological services.*
>
> — Physician from the Dominican Republic

For many (but not all) health programs in developed countries, encouraging providers to make referrals to legal or social services is relatively straightforward because there is often a network of high-quality services for survivors of violence in the community. Most cities in the United States, for example, have nongovernmental organizations exclusively dedicated to caring for women who experience domestic violence or sexual abuse. In these communities, health programs may simply need to give providers a list of phone numbers and local organizations.

However, in developing countries (and even some resource-poor settings in developed countries), networks of accessible, high-quality, affordable services generally do not exist: even the capital cities in developing countries rarely have emergency shelters for women. Nongovernmental organizations that offer services for survivors do exist in some places, but they tend to struggle with funding constraints, and their coverage tends to be limited to select urban areas. Referral services that do exist tend to be located in capital cities, rather than rural areas. They also tend to be few and far between — accessible to some of the urban population but not to all. Public or governmental services for women who experience violence tend to be limited as well, and many are notorious for their incompetence and outright abusive treatment of women who come seeking assistance. The lack of adequate referral services in many settings poses a major challenge for health programs that want to address the issue of violence against women, because it means that health professionals who identify victims of violence cannot always help women get the specialized services that they need.

In particular, the legal systems in most developing countries are often so weak that laws are either not enforced at all or are enforced in inconsistent and arbitrary ways. In countless settings, researchers and advocates have documented that police, judges and other law-enforcement officials mistreat women, fail to enforce the law, or interpret laws in ways that put women at greater risk of additional violence. As a result, in many developing countries, it is simply not safe for a physician to tell a woman that she should go file a complaint at the local police station by herself.

Despite all of these problems, health programs have an obligation to find out what services do exist in their communities. Putting this information into a referral directory may increase the likelihood that women will get the help they need, and may allow providers to feel that there is something that they can offer to women who disclose violence. Furthermore, identifying existing services in the area can help avoid duplication of efforts and can determine which services are most needed in the community.

Recommendations and lessons learned

The following are some of the lessons learned and suggestions for dealing with the challenge of inadequate referral services in the community:

- ***Health programs need to begin by researching what does exist in the community.*** It often takes time and effort to find out what services exist in a community, and many health programs simply have not invested the resources in finding out what services do exist for survivors. But health programs may find more existing services than they might expect. When a community lacks nongovernmental organizations exclusively dedicated to the needs of survivors, then health programs may need to look at other public and private institutions whose services might be useful to women who experience violence, even though they may not be designed exclusively for that purpose.

- ***In resource-poor settings, health programs need to do more than record the name and contact information of referral services.*** In resource-poor settings, health programs need to gather more in-depth information about local services, above and beyond the contact information. Just because services exist does not mean that they are accessible, affordable, of adequate quality, or even likely to be around in the future. For example, exactly what services does the organization offer? Is it still operating full time? What are its hours and fees? Is it a stable organization, or is its situation precarious and likely to change in the near future? Most important, health programs need to gather some information on the quality of services provided.

- ***Health programs should be sure to investigate services offered by governmental institutions.*** In addition to services offered by NGOs, health programs should gather information on governmental services such as police, public prosecutors, and forensic medical exams (which are sometimes provided only by public agencies), as well as information on exactly where and how women can access services related to child custody, divorce, property settlements, and orders of protection.

- ***Putting this information into a referral directory is a basic step in the effort to provide external referrals to survivors of violence.*** Once health programs have gathered information on local services, this information should be compiled into a referral directory and made available to all staff, either by distributing copies to all health care providers or by ensuring that at least one copy is available in a convenient place in each health clinic. Creating a directory of local institutions to which providers can refer clients can be done with minimal resources. The directory can be developed either by staff members or by external consultants. The rest of this section provides some tools for developing a directory of referral services in the surrounding community, including a 5-step guide, a sample interview guide, and a sample format for a referral directory page.

- ***Creating formal referral and counter-referral networks with other organizations is ideal, but challenging.*** Because of limitations on staff time, it may be difficult to establish a system that formally tracks and monitors the services provided at other institutions. Figuring out how to set up low-cost partnerships that meets both organizations' needs is a challenge that needs to be addressed locally. Nonetheless, not being able to formally track clients should not be an impediment to establishing a communication channel that facilitates clients' access to services needed.

- ***When adequate quality referral services don't exist, health programs can work to improve them.*** The health sector has the potential to help improve the quality and accessibility of referral services for survivors, although this often requires a high level of resources and experience. For example, an organization can reach out to NGOs to establish partnerships or agreements to provide services to their clients. In addition, a health organization can work with local police, judges and prosecutors to improve their treatment of women through staff training and procedural reform. It is helpful to remember that the health sector often has credibility in the eyes of these institutions because it can raise awareness of violence against women as a public health problem. As advocates for women's health, health programs can make a contribution to improving the quality of referral services more generally.

- ***Another way for health programs to protect women is to allow staff to accompany women to certain kinds of referral services.*** This strategy requires that the health program invest money in staff time and training, but it may be an important source of help to women. Some initiatives have found that sending a professional to accompany a woman (whether a lawyer or a health worker) can dramatically improve the way that the woman is treated (especially by law enforcement personnel).

- ***When all efforts fail to find adequate external referral services, it may be necessary to establish basic services in house.*** When a health program finds it impossible to locate adequate, quality, external referral services in the community, it may be necessary to consider providing at least some minimal services in house, such as crisis intervention, emotional support, and support groups for women.

- ***Alliances with other organizations can bring benefits above and beyond referral networks.*** For example, networks can be essential ways to share information and tools, to identify gaps in the services available, to monitor the quality of public services, and to work toward improving legal protections for women who experience violence.

SUGGESTED STEPS FOR DEVELOPING A REFERRAL DIRECTORY:

STEP 1: ***Determine the geographic area to be included in the referral network.*** Where do most of your clients live? How far can they travel to seek services? If the institution has clinics in several parts of the city or the country, each site may need a different directory to ensure that the services are geographically accessible to women.

STEP 2. ***Identify institutions in the area that provide services that are relevant for women and girls who experience violence.*** This list can include medical, psychological, social and legal organizations, as well as local police contacts. You may also want to consider including institutions that address secondary issues related to violence, such as alcohol and drug abuse, as well as those that offer services for children who have experienced or have been exposed to violence. Each institution may be able to name other local institutions that can be included in the directory.

STEP 3. ***Call or (ideally) visit each institution to gather key information about its services.*** To ensure that you gather up-to-date information about each institution, and to have the opportunity to see the services firsthand, it is best to conduct a brief, informal interview in person with a staff member from the organization where services are provided. After describing your own work in the area of violence against women, you should ask a series of key questions to identify whether and how the institution can be used for referrals. On the following page is a brief interview guide and format for presenting the information.

STEP 4. ***Organize the information into a directory.*** You can organize information about referral institutions in different ways (for example, by location, type of service offered, etc.). If the number of referral services available in the community is small, then the directory may be very concise. If the directory is long, an index of institutions by name and type of service can make a directory more user-friendly.

STEP 5. ***Distribute the directory among health care providers.*** Ideally, a health program should distribute a copy of the directory to each health care provider so that all staff members who interact with female clients have access to this information. If resource constraints make it difficult to print this many copies, then every clinic should have a directory available to staff in a convenient, accessible place.

STEP 6. ***Gather feedback from providers about how well the directory is working.*** Managers should take the time to discuss the directory with providers soon after it is introduced to make sure that the format is workable and that the providers have not had any difficulties with the process of making referrals. Once providers have used the directory for a period of time, they may know what referral services are or are not in fact accessible to their clients, for example.

STEP 7. ***Formalize relationships with referral institutions.*** After creating a directory, the next step is to create more formal partnerships with other agencies. This may include setting up formal referral and counter-referral systems, as well as collaborating on projects. In some cases, for instance, an organization may be able to negotiate discounted prices for their clients. Ideally, organizations involved in a referral network should be in contact with one another on a regular basis to give feedback, stay up-to-date, and provide at least minimal follow-up to selected cases and other issues related to this work.

STEP 8. ***Update the information in the directory on a regular basis.*** It is essential for health programs to update the information in the directory on a regular basis (for example, every six months) to avoid giving women misinformation. Not only can misinformation waste women's time, money and energy, but it can also put them at risk in a number of ways. Remember that services can close, relocate, raise their costs, or change their procedures, especially in resource-poor settings where funding is scarce.

BRIEF INTERVIEW GUIDE FOR DEVELOPING A REFERRAL DIRECTORY:

First, gather practical information, such as:

- What is the full name and acronym of the institution?
- What is the contact information (address, phone numbers, fax, email, etc.)?
- What is the name and title of the director of the organization?
- What is the name and title of the person providing information?
- What types of services are available at this organization?
- What are the hours of operation?
- What is the process by which clients can obtain services? For example, is an appointment required? Can clients get service by dropping in during open hours?
- What is the cost of services?

Then ask more specific questions about the types of services available for women who experience violence, for example:

- Do you currently provide services designed specifically for women who have experienced violence against women?
- If so, what types of violence against women do you address?
- Do you have any information about the profile of victims of violence against women whom you serve?
- If your organization does not specifically offer services for women who have experienced violence, what services do you offer that might be useful to women in that situation?
- Do you provide direct services or do you primarily refer women to other organizations? To what other organizations do you refer clients?
- What criteria do you use for making referrals?
- Do you have any formal referral arrangements with other organizations? If so, how do they work?
- What other activities does your organization undertake to address the issue of violence against women (e.g. research, advocacy, educational campaigns, sensitization, training, production of materials, etc.)?
- Do you have educational or informational materials about violence against women that you would be willing to share with other organizations working on these issues?
- Do you know of other institutions in this area that provide services that could be helpful for women who have experienced violence?
- Is your organization a member of any networks of organizations that work on the issue of violence against women?

SAMPLE FORMAT FOR A DIRECTORY OF REFERRAL ORGANIZATIONS[1]

PLAFAM

CONTACT INFORMATION	
Full name of the institution:	Family Planning Association
Acronym:	PLAFAM
Type of institution:	Non-governmental organization
Address:	Calle Minerva, Qta. PLAFAM, Las Acacias, and Calle La Paz, Casco Colonial de Petare, Edf. 3-19, Mezzanina
Telephone:	Central clinic: 693-9358/6032/5262 Petare clinic: 271-7268
Fax:	6939757
Email:	Plafam@plafam.org
Director:	Dr. Beatriz Castresana
Director's title:	Executive Director
Information source:	Susana Medina
Title:	Violence against women Project Coordinator
Date information updated:	November 12, 2003
Overview of the institution:	PLAFAM is a nonprofit, civil society organization whose mission is to promote family planning and to improve the sexual and reproductive health of the Venezuelan population, especially among low-income women and men.
DESCRIPTION OF ITS SERVICES RELATED TO VIOLENCE AGAINST WOMEN	
Characteristics of the population served:	Women, children and adolescents who live in all of the metropolitan area of Caracas, Los Teques, Valles del Tuy.
Types of services:	1. Counseling and emotional support services 2. Psychological services: crisis intervention and long-term therapy 3. Support groups for survivors of violence against women. 4. Emotional support services for child survivors of violence against women 5. Legal services 6. Sexual and reproductive health care
Hours:	Services available from Monday to Friday, 8:00 am to 1:00 pm and 2:00 pm to 4:00 pm.
Procedures for obtaining services:	Medical services are provided on a first come first served basis, or by prior appointment by telephone. Drop-in crisis intervention is available during office hours, or by phone appointment.
Costs of the services:	(check before making the referral)
Referral sites:	Police Department Section on Minors, Walk-In Clinics, Youth Referral Center
Type of staff who provide services to victims of violence:	Psychologists, doctors and lawyers.
Other activities related to violence:	University seminars on violence against women; workshops to sensitize and train professionals such as police and forensic physicians; production of materials and publications on domestic violence.

[1] *Adapted from a form created by Susana Medina from PLAFAM, Venezuela*