Training on Integrating Child Protection (CP) and Gender-Based Violence (GBV) in FSL Programming: 18 - 19 March 2020

Gender Based Violence - Overview
Content: Learning Objectives

• Understand GBV basics - key concepts, causes, consequence
• Overview on how to address GBV in emergencies
• Discuss risk mitigation measures
• Understand how to provide support to survivors of GBV
Scenario

- A displaced woman fleeing with three children from BH approaches an armed soldier at a checkpoint. The woman has been separated from the rest of her family and community; she is seeking refuge at an LGA on the other side of the checkpoint. The soldier asks the woman to give him some money to go through the checkpoint (there is no fee - he is asking for a bribe). The woman explains she has no money and nothing of value to offer. The soldier tells the woman that he will let her through if she has sex with him. The woman agrees. The man is very rough and the woman feels pain. She tries not to cry in front of her children.
Scenario

1. Did the woman consent to sex?
   - Yes
   - No

2. Is this an incident of sexual exploitation and abuse?
   - Yes
   - No

3. Why? Check all that apply:
   - It was based on an unequal balance of power between the soldier and the woman
   - It was harmful to the woman
   - It violated the woman’s human rights
   - She gave her consent to have sex
   - It involved the use of force
Core Concepts in understanding GBV:

- Sex and gender
- Human rights
- Power
- Violence
- Harm
- Consent
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Core concept 1: GENDER

• What is the difference between sex and gender?

• **Sex:** Refers to biological and physiological attributes that identify a person as male or female.

• **Gender:** Social differences between males and females / widely shared ideas and expectations (norms) concerning men and women:
  
  • ....that are learned
  
  • ...though deeply rooted in every culture, is changeable over time
  
  • ...has wide variations both within and between cultures

• They determine the roles, responsibilities, opportunities, privileges, expectations and limitations for males and for females in any culture/society.

• Why is this important when talking about gender-based violence?

  The **impacts of crises** are not neutral, but

  • They are shaped by the vulnerability and/or capacity to respond to the affected groups.
  
  • They are also shaped by socially constructed gender-specific socio-economic patterns. This can differ across economic class, ethnicity, gender and other factors.

  Humanitarian **response** is not neutral, and can increase, reinforce or reduce existing inequalities.
**Core concept 2: HUMAN RIGHTS**

**GBV violates the rights to:**

- Life, liberty and security of the person
- The highest standard of physical and mental health
- Freedom from torture or cruel, inhuman, or degrading treatment or punishment
- Freedom of opinion and expression, to education, to social security and to personal development

<table>
<thead>
<tr>
<th>Key HR instruments:</th>
<th>GBV violates the rights to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Universal Declaration of Human Rights (UDHR, 1948)</td>
<td>Life, liberty and security of the person</td>
</tr>
<tr>
<td>The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW, 1979)</td>
<td>The highest standard of physical and mental health</td>
</tr>
<tr>
<td>The Convention on the Rights of the Child (CRC, 1989)</td>
<td>Freedom from torture or cruel, inhuman, or degrading treatment or punishment</td>
</tr>
<tr>
<td></td>
<td>Freedom of opinion and expression, to education, to social security and to personal development</td>
</tr>
</tbody>
</table>
Core concept 3: POWER

- Power can be both real or perceived.
- What are some different types of power?
  - Physical
  - Economic
  - Political
  - Social
  - Educational …
- Gender-based
- Age-based
- Class-based
- Ethnicity
- Religion …

What is power?

- Power is the ability to control and access resources, opportunities, privileges and decision-making processes.
Core concept 4: VIOLENCE

• What are some forms of violence?
  • Physical, sexual, emotional, psychological, social, economic, denial of resources or opportunities ...

• Violence: is a mean of control and oppression (sexual, physical, emotional). Encompasses threats of violence and coercion.

• Threat of coercion means no consent.

Core concept 5: CONSENT

• Consent means saying “yes,” agreeing to something.
  • Informed consent means making an informed choice freely and voluntarily by persons in an equal power relationship.

• Acts of GBV occur without informed consent
  • Saying yes is not true consent if said under duress
  • Children under age 18 are unable to give informed consent for acts such as female genital cutting (FGC), marriage, sexual relations, etc.
“GBV = rape, right?” Yes, but also:

- Domestic violence/IPV
- Harmful traditional practices
- Forced/early/child marriage
- Denial of resources or opportunities
- Sexual harassment
- Sexual exploitation
- Sex-selective abortion
- Trafficking
- etc....

Definition of GBV

- GBV is an umbrella term for any harmful act that is perpetrated against a person’s will and is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such actions, coercion and other deprivations of liberty.
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Consequences of GBV

Forms of GBV

Contributing factors

Root causes of GBV
Root causes and contributing factors of GBV:

<table>
<thead>
<tr>
<th>Root Causes</th>
<th>Contributing Factors / Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power Imbalance</td>
<td>Behavioural: alcohol, drugs, boredom, retaliation</td>
</tr>
<tr>
<td>Gender Inequalities</td>
<td>Structural: camp layout, access to services</td>
</tr>
<tr>
<td>Disregard for human rights</td>
<td>Systems: impunity, representation, participation</td>
</tr>
</tbody>
</table>
## Consequences of GBV:

<table>
<thead>
<tr>
<th>Physical health consequences</th>
<th>Psychological health consequences</th>
<th>Social &amp; Economic consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical injury</td>
<td>Depression</td>
<td>Victim-blaming</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Fear</td>
<td>Stigmatisation</td>
</tr>
<tr>
<td>STIs</td>
<td>Self-blame</td>
<td>Rejection</td>
</tr>
<tr>
<td>Unwanted pregnancy</td>
<td>Anxiety</td>
<td>Isolation</td>
</tr>
<tr>
<td>Unsafe abortion</td>
<td>Mental illness</td>
<td>Decreased earning capacity/contribution</td>
</tr>
<tr>
<td>Fistula</td>
<td>Suicidal thoughts/actions</td>
<td>Increased poverty</td>
</tr>
<tr>
<td>Death</td>
<td></td>
<td>Risk of re-victimization</td>
</tr>
</tbody>
</table>
Can GBV happen to men and boys?

- Gendered vulnerabilities can put ANYONE - men, women, boys and girls - at heightened risk for violence. Humanitarians must ensure care and support for all survivors.

- The contexts, causes, and consequences of violence against women and girls/men and boys are different. Risk analyses that take gender into account are critical to inform programming.

- Recognize the heightened vulnerability of women and girls and other specific populations to GBV and provide targeted guidance to address these vulnerabilities - including through strategies that promote gender equality.

Children & GBV

- Being a boy or a girl makes a child vulnerable to particular forms of violence.

- Violence is learned through socialization into social norms and expectations around masculinity and femininity, sex and sexuality, and male entitlement.
Boys & Violence

- More likely to experience harsh physical punishment within the family and schools; peer-based violence perpetrated by other boys
- At greater risk of perpetrating violence than girls

Girls & Violence

- At higher risk than boys for infanticide, sexual abuse, educational and nutritional neglect, forced prostitution and FGM
- At risk because they have the least power, status and control over their own bodies and over resources within the family and community
- Relative position of powerlessness in relation to adults, but also in relation to males, including male children
Summary of GBV:

- Violence that is based on gender relations, roles, norms, expectations, limitations etc.
- Involves the abuse of power
- Includes some type of force, including threats and coercion, and results in harm
- Characterized by the lack of informed consent
- Violates a number of universal human rights protected by international instruments and conventions
Questions?
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Addressing Gender Based Violence in Emergencies
Why Does GBV Occur in Emergencies?

- **Pre-existing** - exists independent of, or prior to emergency or conflict
- **Emergency-related** - specific to/resulting from the disaster or conflict
- **Humanitarian-related** - caused directly or indirectly by humanitarian environment

Diagram:
- During Displacement
- During Flight
- During Return/Repatriation
- Prior to flight

Integrating Gender-based Violence Interventions into Food Security Programming
Why is GBV exacerbated in emergencies?

- New threats/forms of GBV related to conflict
- Lack of privacy; overcrowding; lack of safe access to basic needs
- Design of humanitarian aid heightens or introduces new GBV risks
- Separation from family members; lack of documentation; registration discrimination
- Break down of protective social mechanisms and norms regulating behaviour
- Increased vulnerability and dependence; exploitation
- Introduction of new power dynamics, as with humanitarian actors
At-Risk Groups

• In an emergency there are groups that may be more vulnerable to harm than others

• These vulnerabilities may intersect

• What are some groups that are at particular risk of GBV where you work?

Considerations for At-Risk Groups

• Protect the rights and needs of at-risk children

• Identify vulnerabilities – such as age, disability, religion – that intersect with gender-based discrimination and increase exposure to GBV

• Strive to reduce at-risk groups exposure to GBV and other forms of violence

• Recognize that at-risk groups may vary by setting
Key Points - context

• GBV is rooted in gender and power inequalities that exist outside of conflict or disaster.

• However, there are particular ways that GBV can manifest in an emergency context.

• Efforts to reduce GBV in emergencies must therefore address the immediate needs of affected populations AND promote long-term social and cultural change toward gender equality.
- “I always hear you talk about GBV prevention & response. What does that mean?"

- "...and what on earth is risk mitigation?”
### PREVENTION

- **What:** interventions to prevent GBV from first occurring
- **How:** address root causes

**Examples?**

- **Who:** ALL humanitarian actors, governments, communities...everyone!

### MITIGATION

- **What:** reducing the risk of exposure to GBV
- **How:** address contributing factors

**Examples?**

- **Who:** ALL humanitarian actors, governments, communities, everyone!

### RESPONSE

- **What:** interventions to address the consequences of GBV after it has happened
- **How:** through specialized services

**Examples?**

- **Who:** GBV, Health and Protection specialists, who have had appropriate training
GBV “MAINSTREAMING”: all actors

- Avoid creating or exacerbating risks of GBV
- Reducing existing risks
- Understanding and linking to referral mechanisms for GBV survivors
- Applying core minimum standards into agency activities

Reducing the burden of proof

- There are ALWAYS GBV risks.
- Always assume that GBV is occurring.
- Obtaining prevalence data is not a priority at the onset of an emergency.
- Because of under-reporting and the risks associated with obtaining data, the priority is to establish prevention and response measures as soon as possible.
- Risk mitigation is just good programming! (do no harm, centrality of protection...)

SPECIALIZED PROGRAMMING: specialists

- Direct service delivery
- Case management
- Psychosocial support
- Clinical care
- Legal support
- Economic reintegration
Questions?
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GBV Risk Mitigation Measures
Common areas that GBV risks are happening

- Facilities are too far away.
- Facilities are located in unsecure places.
- Girls/Women are excluded from the information.
- Information is given non-child friendly way.
- Information channel is limited to community leaders.
- Not adequate no. of female frontline workers.
- Lack of female in management level.
- No CoC, the training and lack of the enforcement and accountability measures.

Barriers and enablers

- Materials does not suit to the needs of the girls/women
  - Distribution – a long waiting line, overcrowded, lack of female distribution staffs
- Girls, boys, women and other at risk groups are not consulted in assessment, design and M&E systematically.
- Materials does not suit to the needs of the girls/women
- Distribution – a long waiting line, overcrowded, lack of female distribution staffs
- Sanitation Facilities - not gender segregated or marked
- Facility design/layout- not culturally appropriate

Location of facilities

- Girls/Women are excluded from the information.
  - Information is given non child friendly way.
  - Information channel is limited to community leaders.
Unsafe distribution sites

Lack of food – Early marriage, survival sex, SEA, etc

Lack of Info on where to access food assistance – cause HH tension - IPV

Exposure to GBV increases food insecurity

Food is women’s & girls role: Involves: travel for firewood, farm, etc hence risk to sexual assault

Food target group - survival sex

Unsafe distribution sites

Exposure to GBV increases food insecurity
Potential access barriers at the service delivery level

A vailability

A ccessibility

A cceptability

Q uality
Good Practice Foundation for GBV risk mitigation

- Participation
- Ethics, Dignity and Safety
- Survivor-Centred Approach
Participation

Ensure the appropriate level of community participation in assessment, design and implementation of risk mitigation activities

• Seek participation of males and females of different ages.

• Reflect the perspectives of marginalized groups.

• Ensure girls’ and women’s voices are heard.

• Consult with GBV specialists and women’s representatives about potential safety risks associated with girls’ and women’s participation in programme planning and implementation.
Participation

- Design projects that strengthen women’s capacity to build networks as well as skills
  - Increased self-esteem and resilience
  - Expanded networking will improve access to information and material assets but also change the well-being of the whole group
  - Women’s own perceptions of their role and value to the wider community will change

- Advocate for livelihoods activities to always be included as part of projects to improve participation.
  - Ensure participation projects begin with an assessment of realistic opportunities and challenges for women to engage in meaningful decision-making
  - Need to engage male community members
  - Ensure inclusion of all community sub-groups into livelihoods and leadership activities
  - Requires a specific skill-set and tools
Ethics, Dignity and safety

Ensure that all staff including frontline workers are aware of basic ethics:
• CoC training and signed.
• Know GBV basics including referral.

Ensure dignity of the affected population:
• The opinions of the affected population i.e. girls and women are reflected in the project and facility design.
• The facilities and services are culturally acceptable.
• The affected population knows that they have rights to the humanitarian services.

Ensure safe access and usage of the facilities and services:
• Address physical and social barriers for “safe” access to and usage of the facilities/services.
Train staff on survivor-centred principles and how to refer a survivor for care and support.

- Make sure all sector staff:
  - Understand survivor-centred principles, and
  - Know how to refer survivors for assistance.
Strategies to reduce barriers and minimize risks

- To reduce the barriers
- To reduce safety risks and concerns
- To respond to the unique needs of women, girls and other vulnerable groups
- Other?
Risk mitigation strategies: individual/service delivery

- Consult IDP women, girls and other vulnerable groups in the decision-making and design of services
- Deliver services that maximize the safety of those accessing them
- Build staff and practitioner capacity
- Female and multi-lingual staff
- Safe location of services
- Transportation options
- Cultural competency
Risk mitigation strategies: community

- Strengthen existing community structures and support networks both within the host and refugee communities.
- Community awareness about available services.
- Community engagement.
- Establish forms of community support, inter-cultural understanding and acceptance.

Link community strategies to barriers to access (AAAQ)
Risk mitigation strategies: community

- Integrate GBV risk reduction strategies into national and local laws and policies, allocate funding for sustainability
- Incorporate relevant GBV prevention and response strategies into policies, standards and guidelines
- Contribute to long-term shifts for gender equality and promoting a culture of non-violence and respect

Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action
Key takeaway

Reduce barriers and risks by ensuring...

- Availability
- Accessibility
- Acceptability
- Quality
- Privacy
- Participation & consultation with women, girls and other vulnerable groups
- Dignity

and upholding...

**Survivor-centred guiding principles**

<table>
<thead>
<tr>
<th>SAFETY</th>
<th>CONFIDENTIALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-DISCRIMINATION</td>
<td>RESPECT</td>
</tr>
<tr>
<td>INFORMED CONSENT</td>
<td></td>
</tr>
</tbody>
</table>

Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action
Other Examples: Mapping information on GBV risks to mitigation

<table>
<thead>
<tr>
<th>Area of Inquiry</th>
<th>Risk of Concern</th>
<th>Potential for GBV</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Access to land</td>
<td>Women and girls are unable to earn livelihoods and generate basic food needs</td>
<td>Sexual exploitation and abuse in order to obtain basic needs</td>
<td>Work with local laws and actors to ensure land access for women and food security</td>
</tr>
<tr>
<td>2. Distributions</td>
<td>Access for at-risk groups is prevented, or exploitation ensues</td>
<td>Sexual assault, harassment, deprivation due to insecurity, exploitation</td>
<td>Plan distributions with at-risk groups, (timing, physical layout, choice of items (cash versus voucher) to reduce risk</td>
</tr>
</tbody>
</table>
Other Examples: Feedback mechanisms

- Consider multiple modalities
  - Discussion groups
  - Comments box
  - Community representatives
  - Other online tools
  - Others?
- Proactively reach out to groups who may not normally have a voice
- Carefully consider who is collecting the information and how this might influence it
Other examples: Provision of updated and accurate information

- Briefing sessions for new arrivals
- Information on services and where to go
- Availability of interpreters (females, if possible)
- Information provided in multiple formats
- Consultations with communities on what information they need
Group activity

• Discussion questions

1. What **GBV-related risks** does this person face?
2. What **challenges or barriers** does this person face related to accessing services and information?
3. What **strengths or capacities** does this person or this person’s community have?
4. As a service provider or a practitioner, what are some **safe and ethical ways to reach** this person or people like him/her?
5. As a service provider or a practitioner, what are some ways to **reduce this person’s barriers and risks**?
Additional information...

Discussion questions

With this new information...

1. What would you, as a service provider or practitioner, do differently to reduce barriers and risks?

2. How can service providers and practitioners build trust with affected communities?
IASC Guidelines on GBV Integration

- There is a thematic area guide for each sector.

- Key consideration to integrate GBV interventions in Programme in 5 areas:
  1. Assessment, Analysis and Planning
  2. Resource mobilization
  3. Implementation
  4. Coordination
  5. M&E

- Essential Action Sheet

Other accompanied resources:
- Donor advocacy tools
- Pocket guide – how to support survivors of GBV when a GBV actor is not available in your area.

https://gbvguidelines.org/
ROLE OF FSS – Mainstreaming

• **Assessment, analysis and planning:** Assessing and addressing gender issues that affect FS

• **Resource mobilization:** Developing proposals that reflect awareness of GBV risks and strategies to mitigate risks

• **Implementation:** Involving women and groups at risks in design of FS activities, design responses to minimize risks to GBV, integrate GBV mitigation into guidelines, incorporate GBV messages in FS activities, train staff on screening and safe referral of cases

• **Coordination:** - to address GBV with other sectors, with GBV sector for safe referrals

• **M&E:** Monitor and measure impact of activities
Key takeaways

• Moving beyond a “household level” analysis

• Safe, ethical and accountable modalities to give voice to women, girls and other vulnerable groups who are often invisible

• Cultural, gender and linguistic considerations → female staff and volunteers

• Identifying opportunities to insert new or strengthen existing safeguards
Key takeaways continued

Participation, involvement and safe consultation of affected communities is critical to:

- Reducing barriers;
- Reducing the risk of GBV;
- Upholding dignity and respect; and
- Delivering life-saving services that fit the needs of communities.
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Responding to GBV Disclosure: HOW TO SUPPORT SURVIVORS OF GENDER-BASED VIOLENCE
Experiencing GBV incident is not something normal!

• The experience of GBV can be a very distressing event for a survivor.

• Every survivor should have access to supportive listeners in their families and communities, as well as additional GBV-focused services should they choose to access them.

• Often the first line of focused services will be through community-based organizations, in which trained GBV support workers provide case management and resiliency-based mental health care.

• As part of care and support for people affected by GBV, the humanitarian community plays a crucial role in ensuring survivors gain access to GBV-focused community-based care services and, as necessary and available, more targeted mental health care provided by GBV and trauma care experts.
What are the **RISKS** of seeking support?

- Possibility that the survivor’s friends, family and/or community will find out, which can lead to being stigmatized, kicked out of their home or community, and/or exposed to more violence.

- Possibility that the perpetrator(s) finds out other people know what happened, leading to retaliation by harming or even killing the survivor.

- Possibility that service providers are exposed to threats and violence by the perpetrator or community if they are seen as helping a survivor.

- Possible insensitive response by service providers if they are not trained properly. (SEA?)
What are the **BENEFITS** of seeking support?

- Access to life-saving support when in distress.
- Access to safe, confidential and professional medical care in a timely manner that could prevent HIV and unwanted pregnancy.
- Access to other services that provide more dignity and comfort, including options for safety and psychosocial support.
- Access to support that may prevent further violence from occurring.
“...but I’m not a GBV specialist – what can I do to provide care?”

Psychological First Aid (PFA) describes human, supportive response to a fellow human being who is suffering and who may need support.
The “GBV Pocket Guide” is one tool that guide us on how to respond to GBV disclosure when NO GBV actor is around.

The tool includes:

1. GBV Background Note
2. GBV User Guide
3. GBV Pocket Guide

The audience: Non-GBV actors
### Remember ! Urgent Medical Treatment

<table>
<thead>
<tr>
<th>Prevention of HIV</th>
<th>The risk of HIV can be reduced if a survivor is referred for medical care to receive HIV post-exposure prophylaxis within 3 days (72 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention of Pregnancy</td>
<td>The risk of unwanted pregnancy can be reduced if a survivor is referred for medical care to receive emergency contraception within 5 days (120 hours)</td>
</tr>
<tr>
<td>Evidence Collection</td>
<td>If the survivor requests evidence collection for legal purposes, it is important that the medical examination be arranged and recorded as soon as possible (48 hours).</td>
</tr>
</tbody>
</table>
The Survivor-Centered Approach

- A **survivor-centered approach** aims to create a supportive environment in which a survivor’s rights are respected and in which s/he is treated with dignity and respect.

- The approach helps to promote a survivor’s recovery and her/his ability to identify and express needs and wishes, as well as to reinforce his/her capacity to make decisions about possible interventions.
Use a Survivor-Centered Approach by PRACTICING:

**Respect:** all actions you take are guided by respect for the survivor’s choices, wishes, rights and dignity.

**Safety:** the safety of the survivor is the number one priority.

**Confidentiality:** people have the right to choose to whom they will or will not tell their story. Maintaining confidentiality means not sharing any information to anyone.

**Non-discrimination:** providing equal and fair treatment to anyone in need of support.
Remember

• Disabilities..
• Minorities – don’t make assumptions..
• Anyone can commit an act of GBV
• Anyone can be a survivor of GBV

• **Protection of the identity and safety of a survivor:** Do not write down, take pictures or verbally share any personal/identifying information about a survivor or their experience, including with your supervisor. Put phones and computers away to avoid concern that a survivor’s voice is being recorded.
Step by Step Guidance
DECISION TREE

PREPARE
Be aware of existing services.

A GBV incident is disclosed to you...

By someone else...
Provide up-to-date and accurate information about any services and support that may be available to the survivor. Encourage the individual to share this information safely and confidentially with the survivor so that they may disclose as willing. **NOTE: DO NOT seek out GBV survivors.**

By the survivor
**LOOK & LISTEN**
(refer to page 7 & 8)
Introduce yourself. Ask how you can help. Practice respect, safety, confidentiality and non-discrimination.

Is a GBV actor/referral pathway available?

Yes. Follow the GBV referral pathway to inform the survivor about available GBV services and refer if given permission by the survivor.

No. **LINK**
(refer to page 9 & 10)
Communicate accurate information about available services.

Does the survivor choose to be linked to a service?

Yes. Communicate detailed information about the available resource/service including how to access it, relevant times and locations, focal points at the service, safe transport options etc. Do not share information about the survivor or their experience to anyone without explicit and informed consent of the survivor. Do not record details of the incident or personal identifiers of the survivor.

No. Maintain confidentiality. Explain that the survivor may change his/her mind and seek services at a later time. If services are temporary, mobile or available for a limited time, provide information on when these services will cease to exist.

Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action
Step by Step Guidance starts with PREPARE

Preparation is key. Even without a GBV actor (including a GBV referral pathway or a GBV focal point) available in your area, there may be other services, including at the local/community level, that can be helpful to address someone’s needs. You likely know about more services than you think!

Question: can you refer to examples in the field?

This is the information we can share with a survivor and then it is the survivor’s choice to decide if they want to access these services or not.

Be aware of available services
**HOW?** Use the **Information Sheet** to fill in information about available services. Work with a GBV specialist, your team leader, colleagues and other partners. Write down necessary information about how to access those services, including where to go, who to talk to, and who can/cannot access them (e.g. only women, necessary documentation, etc.).

*From the GBV Pocket Guide.*

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Information</th>
<th>Focal Points</th>
</tr>
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<tbody>
<tr>
<td>Child Protection</td>
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<td>Mental health/psychosocial support</td>
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<td>Health</td>
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<td>Sexual and reproductive health</td>
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<td>Non-food items/WASH incl. dignity kits</td>
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<tr>
<td>Shelter</td>
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<td>Services for adolescents/youth</td>
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<td>Services for people with disabilities</td>
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<td>Services for sexual and gender minorities</td>
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<tr>
<td>Services for child or female-headed households</td>
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<td>Other</td>
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<td>Other</td>
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</table>
When someone discloses their experience of Gender-Based Violence to you... *LOOK & LISTEN*

*But, before that lets have one exercise ... 😊*
DOs and DON’Ts of Practice

You will hear a series of statements about your role and responsibilities.

If you DISAGREE with the statement, stand.  
If you AGREE with the statement, remain seated.
In order to understand what a woman or child needs, it’s important to know their history. Ask them about the violence they have experienced.

**NEVER** ask a woman or child to tell you about their experience of violence. Offer to provide information about services for women and children, and allow them to direct the conversation based on what they need and want.
If a woman or child is upset, comfort them by saying:

“Don’t cry. Everything will be okay.”

*Empathize with the woman or child’s feelings. Don’t make promises you can’t keep.*

*Instead, say: “I am sorry this happened to you. You are very brave for sharing this with me. I will do everything I can to help you.”*
A woman discloses intimate partner violence and asks for your help. You offer to speak with her and her husband to resolve the conflict.

*NEVER* mediate and *NEVER* speak with the husband in cases of intimate partner violence. Validate the woman’s feelings and inform her of available women’s services, such as Safe Spaces, that you have mapped and are of sufficient quality. With her consent, offer to connect her to these services.
A woman approached you and told her story. She is not willing to talk to anyone including the GBV focal point. You listened to her story and then explained to her what the GBV focal point can do and the contact of the GBV Focal point. But you didn’t do anything after that.

Yes. This is a right approach. It is a survivor’s choice whom she wants to disclose her experience and when and how she seeks support.
A 10 year old boy told you that he has been beaten by his foster family everyday. He was separated from his parents. He was bleeding and had visible scars and bruises. But since he has no parents to agree for referral, I couldn’t do anything.

In case of life-threatening situation like this, immediately refer the boy to the health facility and contact child protection focal point in the camp for follow up and services.
Someone approached you telling you his experience that is very similar to another one you heard before, therefore you compared their similar situation and communicated it as “not a big deal” or unimportant.

*Do not make comparisons between the person’s experience and something that happened to another person. Do not communicate that the situation is “not a big deal” or unimportant. What matters is how the survivor feels about their experience.*
Other Dos and DON’Ts Examples?
In your groups:

Case Scenario:
An incident of sexual violence has happened in a camp. Many people from the community witnessed it, intervened and informed the camp manager. The survivor is known to the community but has not disclosed to you.

What do you do?
A GBV incident is disclosed to you... By someone else...

Provide up-to-date and accurate information about any services and support that may be available to the survivor.

Encourage the individual to share this information safely and confidentially with the survivor so that they may disclose as willing. **NOTE: DO NOT seek out GBV survivors.**
In your groups:

Case Scenario:

You are visiting a woman enrolled in one of your sectoral activities. Her family has been displaced and lives with a host family. She tells you that husband of the host family has sexually abused her 12 year old daughter and she doesn’t know what to do but she doesn’t want to report the incident. What do you do?
If the GBV incident was disclosed to you **BY THE SURVIVOR!**

How we practice “LOOK”?

**Introduce yourself:**
- Introduce your name, your role and who you are.
- Ask how you can help.

**Address urgent basic needs:**
- Each person will have different basic needs, which may include urgent medical care, water, finding a loved one or a blanket or clothes if lost, torn, stained or removed.
- Especially for GBV survivors, clothes may be the primary urgent need for them to feel more comfortable and dignified.
- Let the survivor tell you how s/he feels about their personal safety and security.
- Make sure not to make assumptions based on what you are seeing.
Take few minutes and think from your experience..

• Did you ever receive a disclosure from a survivor?

• How did you respond? What did you do?

• Think about an experience you had with talking to/dealing with survivors which was particularly difficult. What made it difficult or challenging?
**Different People Different Ways of REACTION**

<table>
<thead>
<tr>
<th>• Allow people to express their emotions in whatever form they take.</th>
<th>• People with disabilities, people who speak a different language and others experience different barriers when reaching out for support.</th>
<th>• Ensure female staff is present to provide support, especially in contexts where women and/or girls are culturally unable to interact with men.</th>
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<tr>
<td>• People have diverse responses to stress and crisis.</td>
<td>• Adhere to the survivor-centered principles and confidentiality when finding ways to listen to and support these individuals.</td>
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<td>• Some people may be quiet and unable to talk; angry and yelling; blaming themselves for what happened to them; crying; violent and so on.</td>
<td>• Even if you cannot understand someone you can always demonstrate care and support.</td>
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Recognize what you can and cannot manage

• Some situations require more specialized support beyond your role, such as situations involving children, mandatory reporting, imminent danger of a survivor, or where the survivor may be of harm to themselves or to others.

• There may be other focal points with the capacity to better support in this scenario. Refer to your Information Sheet!
• After ensuring the survivor’s basic needs are met, and that s/he is not in immediate danger, LISTEN.
• The survivor may be very upset and/or confused, but as a helper it is important to stay as calm as possible.
• Allow the individual to share as much or as little information as s/he would like to.
• It is NOT YOUR ROLE to provide counseling, or take the individual to services or conduct a detailed interview about what happened to them.
• FOCUS on providing them with INFORMATION about the services you know are available, rather than asking detailed questions about the incident itself.
Instead you can use the following:

“What happened was not your fault.”

“Would you like some water? Please feel free to have a seat.” “How can I support you?”

“You seem to be in a lot of pain right now, would you like to go to the health clinic?”

“I will try to support you as much as I can, but I am not a counselor. I can share any information that I have on support available to you.”

Everything that we talk about together stays between us. I will not share anything without your permission.”
As you support the survivor to make decisions on their next steps...

Ask the survivor if there is someone s/he trusts to go to for support.

**LINK but**

If asked what your **OPINION** is, encourage the survivor to make the decisions on who to go to, when and why.

Do not give your own opinion of the situation.
Our context:
How many of you developed Referral Pathways?
How many found it easy process?
Did you know where to get it?

Difficulties? Challenges?
Is a GBV actor/referral pathway available?

**Yes.** Follow the GBV referral pathway to inform the survivor about available GBV services and refer if given permission by the survivor.

**No. LINK**
Communicate accurate information about available services.
What are referrals?

- The processes by which a survivor gets in touch with professionals and/or institutions regarding her case

AND

- The processes by which different professional sectors communicate and work together, in a safe, ethical and confidential manner, to provide the survivor with comprehensive support
What is a “referral pathway”? 

• A flexible mechanism that safely links survivors to supportive and competent services 

• Can include any or all of the following: Health, Psychosocial, Security and Protection, Legal/Justice, and/or Economic Reintegration support
Why are referrals needed?

• Survivors typically have multiple and complex needs that require a comprehensive set of services

• One single organization cannot effectively provide all of these services

  ✓ Coordinated, multi-sectoral response is necessary
Who should be involved in referrals?

• A survivor has the freedom and the right to disclose an incident to anyone.
• Anyone the survivor tells about her experience has a responsibility to give honest and complete information about services available, to encourage her to seek help, and to accompany her and support her through the process whenever possible.

• Providing information to survivors in a safe, ethical and confidential manner about their rights and options to report risk and access care is a responsibility of ALL humanitarian actors who interact with affected populations.
Suggested recommendations about referrals

• All humanitarian personnel who engage with affected populations should have up to date written information about where to refer survivors for care and support.

• Ensure training on how to respectfully and supportively engage with survivors and provide risk reporting and/or referral information in an ethical, safe and confidential manner.

• Any programmes that share information about reports of GBV must abide by safety and ethical standards (e.g. shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community).
In short: Does the survivor choose to be linked to a service?

**Yes.**

- Communicate *detailed information* about the available resource/service including how to access it, relevant times and locations, focal points at the service, safe transport options etc.

- **Do not share information** about the survivor or their experience to anyone without explicit and *informed consent of the survivor*.

- **Do not record details** of the incident or personal identifiers of the survivor.

**No.**

- Maintain *confidentiality*.

- Explain that the survivor may change his/her mind and *seek services* at a later time.

- If services are temporary, mobile or available for a limited time, *provide information* on when these services will cease to exist.
Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action

Guiding Principles and Safe Response

Conclusion and Key Messages

(1) Always talk to a GBV specialist first to understand what GBV services are available in your area. Some services may take the form of hotlines, a mobile app or other remote support.

(2) Be aware of any other available services in your area. Identify services provided by humanitarian partners such as health, psychosocial support, shelter and non-food items. Consider services provided by communities such as mosques/churches, women’s groups and Disability Service Organizations.
(3) Remember your role:

- Provide a listening ear, free of judgment.
- Provide accurate, up-to-date information on available services.
- Let the survivor make their own choices.
- Know what you can and cannot manage.
- Even without a GBV actor in your area, there may be other partners, such as a child protection or mental health specialist, who can support survivors that require additional attention and support.
- Ask the survivor for permission before connecting them to anyone else. Do not force the survivor if s/he says no.
(4) Do not proactively identify or seek out GBV survivors.
Be available in case someone asks for support

(5) Remember your mandate:
All humanitarian practitioners are mandated to provide non-judgmental and non-discriminatory support to people in need regardless of: gender, sexual orientation, gender identity, marital status, disability status, age, ethnicity/tribe/race/religion, who perpetrated/committed violence, and the situation in which violence was committed.
QUESTIONS??
What about supporting Children and Adolescents under 18 YO?

KEY MESSAGES

1. **Always talk** to a GBV or child protection specialist in your location first to understand: (1) what services are available in your area and (2) local protocols and procedures.

2. **Do not harm.** Do not seek out child survivors. It is not your job to investigate or assess if a child/adolescent is experiencing violence. Doing so can lead to more violence and risks for the child/adolescent. Be approachable if a child/adolescent wants to seek your help.
CHILDREN AND ADOLESCENTS UNDER 18 YEARS (Cont’d)

3. **Remember your role.** If a child/adolescent reaches out to you for help:

1. Provide a listening ear, free of judgment.

2. Support the child/adolescent by connecting them to an adult that the child/adolescent identifies as being safe and trusted. This may not be their parent, caregiver or a family member.

3. Do not make decisions for him/her, including forcing the child/adolescent’s caregiver or any other person to be with them when s/he talks to you.
CHILDREN AND ADOLESCENTS UNDER 18 YEARS (Cont’d)

4. **Provide comfort.** Allow the child/adolescent to lead the conversation, even if this means providing company in silence. Be at eye level with open body language to show the child/adolescent that they can open up to you if s/he wants to. Refrain from asking questions about what happened, by who and why – instead use comforting statements and speak in a manner that they can understand.
CHILDREN AND ADOLESCENTS UNDER 18 YEARS (Cont’d)

5. Treat every child fairly. All children should be offered the same unbiased support regardless of their sex, age, family situation, status of their caregiver or any other part of their identity.

- Do not treat a child that has experienced GBV as helpless. Each child has unique capacities and strengths and possesses the capacity to heal.
- Speak to a child survivor in away that they understand and with respect for their dignity and opinions. safety throughout all interactions with him or her, and in relation to any next steps taken.
CHILDERN AND ADOLESCENTS UNDER 18 YEARS (Cont’d)

- Do not write down, take photos or document in any way your interaction with the child/adolescent. Put away any phones or computers that may be perceived as recording the conversation.
- Ask for permission to share any information about the child/adolescent or their experience. This means asking if you can share the information even with someone that the child/adolescent identifies as someone they trust.

7. Ensure the safety of the child. The physical and emotional safety of the child is the primary concern.
You can always refer to the “Reference for children’s age and ability to make decisions”
QUESTIONS??