

# How to support survivors of gender-based violence when a GBV actor is not available in your area

A STEP-BY-STEP POCKET  
GUIDE FOR HUMANITARIAN  
PRACTITIONERS



# PURPOSE

The purpose of this **Pocket Guide** and its supporting materials is to provide ***all humanitarian practitioners*** with information on:

- > **How to support a survivor of gender-based violence (GBV)**
- > **Who discloses their experience of GBV with you in a context where**
- > **There is no GBV actor (including a GBV referral pathway or a GBV focal point) available.**

The **Pocket Guide** is designed to provide global standards on providing basic help and information to survivors of GBV without doing further harm. Humanitarian actors should not proactively seek to identify GBV survivors, but rather be ready to support in case someone asks for help.

We encourage further adaptation of this resource to your local context with the support of a GBV specialist, and in a manner that maintains the guiding principles of a survivor-centered approach.



## Guiding Principles

### Ensure a survivor-centered approach by practicing:

- > **Respect:** all actions taken are guided by respect for the choices, wishes, rights and dignity of the survivor.
- > **Safety:** the safety and security of the survivor is the number one priority for all actors.
- > **Confidentiality:** people have the right to choose to whom they will or will not, tell their story. Maintaining confidentiality means not sharing any information at any time to anyone without permission from the survivor.
- > **Non-discrimination:** providing equal and fair treatment to anyone in need of help.

### 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,
- > Physical or intellectual disability,
- > Age,
- > Ethnicity/tribe/race/religion,
- > Who perpetrated/committed violence, and
- > The situation in which violence was committed.

# REMEMBER YOUR ROLE:

As a humanitarian practitioner, provide a listening ear, free of judgment. Provide accurate, up-to-date information on available services and 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 actors with specialized skills, such as a child protection or mental health specialist, who can help survivors that require additional attention and support. Ask the survivor for permission before connecting them to anyone else. **Do not force them if they say no.**

*Receiving quality medical care within 72 hours can prevent transmission of STDs and within 120 hours can prevent unwanted pregnancy.*

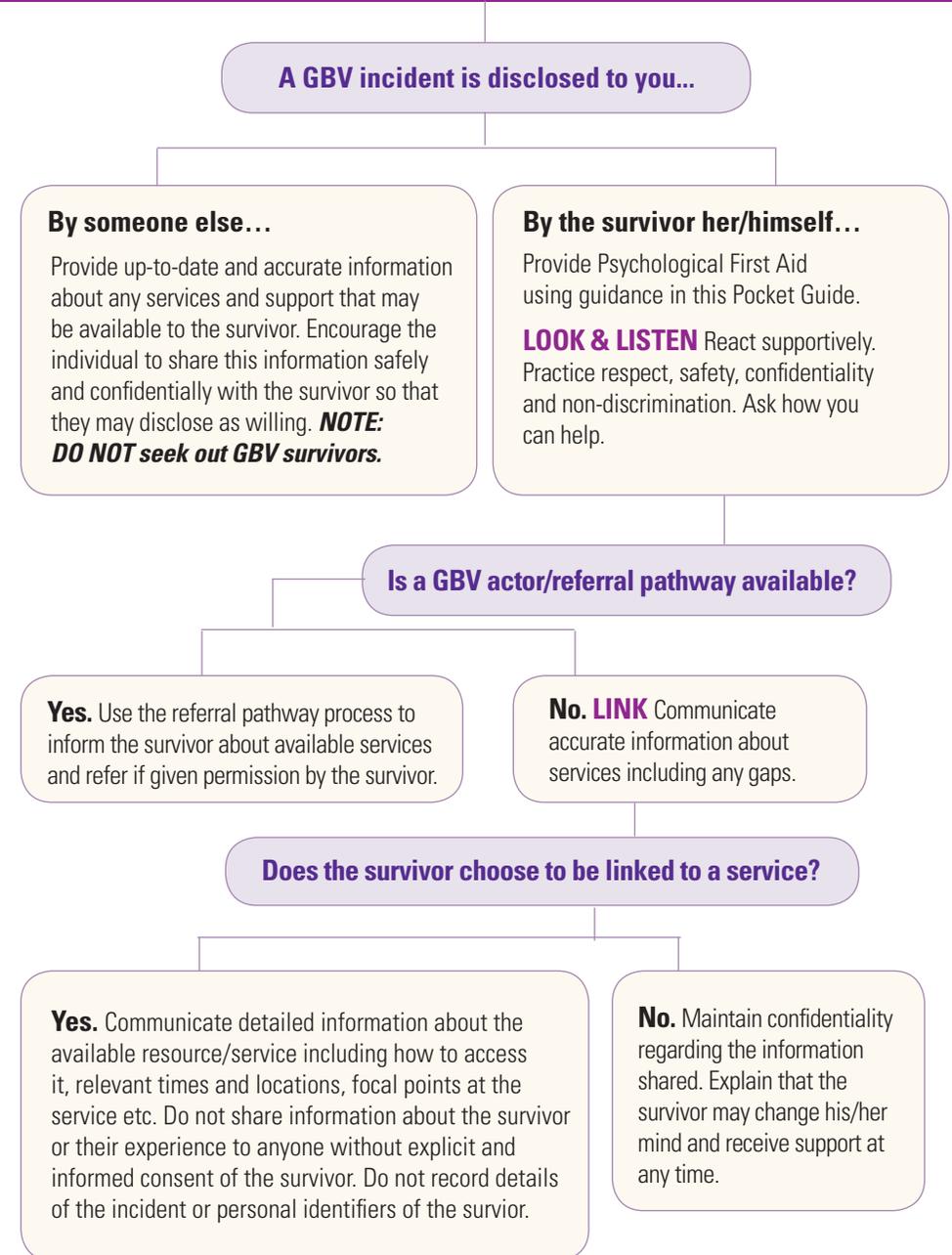
If health services exist, **always** provide information on what is available. Share what you know, and most importantly explain what you do not. Let the survivor decide if they want to access them.



For child survivors, refer to ANNEX I.

## PREPARE

Be aware of existing services.



# INFORMATION SHEET

## Services

Even without a GBV actor in your area, including a referral pathway or a GBV focal point, there may be other services that are helpful to the needs of a survivor of GBV. Reach out to other resources in your agency and in your cluster/sector for information, such as health, mental health and psychosocial support and protection actors.

TYPE OF SERVICE:	Child Protection	Information:	
		Focal Points:	
	Protection	Information:	
		Focal Points:	
	Health	Information:	
		Focal Points:	
	Sexual and reproductive health	Information:	
		Focal Points:	
	Non-food items/WASH incl. dignity kits	Information:	
		Focal Points:	

TYPE OF SERVICE:	Shelter	Information:	
		Focal Points:	
	Food and nutrition	Information:	
		Focal Points:	
	Services for adolescents/youth	Information:	
		Focal Points:	
	Services for people with disabilities	Information:	
		Focal Points:	
	Services for child or female-headed households	Information:	
		Focal Points:	
Other	Information:		
	Focal Points:		
Other	Information:		
	Focal Points:		

# THE SURVIVOR'S PERSPECTIVE: Benefits and Risks for Seeking Help

Remember that your role is to provide accurate, up-to-date information on available services and let the survivor make their own choices on what feels safe for them. Seeking services is not always safe for a survivor and could lead to more harm. Consider the following example of benefits or risks:

## RISKS of seeking help

- 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.

## BENEFITS of seeking help

- Access to help and 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.

### Sexual Exploitation and Abuse (SEA) by a humanitarian actor or individual associated with humanitarian aid

Protection from Sexual Exploitation and Abuse is a term used to refer to steps taken to protect vulnerable people from sexual exploitation and abuse by humanitarian actors and associated personnel, including humanitarian aid workers, volunteers, security guards, contractors, drivers, UN mission personnel, UN police personnel, peacekeepers, suppliers/vendors of goods and services for humanitarian purposes and so on.

This resource is a roadmap to support any survivor of GBV regardless of who the perpetrator is.

# DO'S AND DON'TS Specifically for Adult Survivors of GBV.

For considerations  
on children see  
Annex I.



## LOOK

DO



DON'T

- ✓ **DO** address basic urgent needs first, if any. Some survivors may need immediate medical care or clothing.
- ✓ **DO** ask the survivor if they feel comfortable and safe talking to you in your current location. If a survivor is accompanied by someone, do not assume it is safe to talk to the survivor about their experience in front of that person.
- ✓ **DO** provide practical support like offering water, a private place to sit, a tissue etc.
- ✓ **DO**, to the best of your ability, ask the survivor to choose someone they feel comfortable with to translate for them if needed.

- ✗ **DO NOT** ignore someone who approaches you and shares that they have experienced something bad, something uncomfortable, something wrong and/or violence.
- ✗ **DO NOT** force help on people by being intrusive or pushy.
- ✗ **DO NOT** overreact. Stay calm.
- ✗ **DO NOT** pressure the survivor into sharing more information beyond what they feel comfortable sharing. The details of what happened and by whom are not important or relevant to your role in listening and providing information on available services.

### What to say/do...

- Allow the survivor to approach you.
- Listen to their needs.
- "You seem to be in a lot of pain right now, would you like to go to the health clinic? We can continue talking afterwards."
- "Does this place feel safe for you? Is there another place where you would feel safer? Do you feel comfortable having a conversation here?"
- "Would you like a glass of water? Please feel free to have a seat."

# LISTEN

## DO



- ✓ **DO** treat any information shared with confidentiality. If you need to seek advice and guidance on how to best support a survivor, ask for the survivor's permission to talk to a specialist or colleague.
- ✓ **DO** manage any expectations on the limits of your confidentiality, if applicable in your context.
- ✓ **DO** manage expectations on your role.
- ✓ **DO** listen more than you speak.
- ✓ **DO** say some statements of comfort and support; especially that what happened to them was not their fault.

## DON'T

- ✗ **DO NOT** write anything down, take photos of the survivor, record the conversation on your phone or other device, or inform others including the media.
- ✗ **DO NOT** ask questions about what happened. Instead, listen and ask what you can do to help.
- ✗ **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 they feel about their experience.
- ✗ **DO NOT** doubt or contradict what someone tells you. Remember your role is to listen and to provide information on available services.

### What to say/do...

- "How can I help you?"
- Everything that we talk about together stays between us. I will not share anything without your permission."
- "I will try to support you as much as I can, but I am not a counselor. My role is to provide you with information on what I know is available for you."
- "Please share with me whatever you want to share. There is no pressure to say anything you do not want to or do not feel comfortable saying."
- "I'm sorry this happened to you."
- "What happened was not your fault."

# LINK

## DO



- ✓ **DO** respect the rights of the survivor to make their own decisions.
- ✓ **DO** share information on all services that may be available, even if not GBV specialized services.
- ✓ **DO** tell the survivor that they do not have to make any decisions now, they can change their mind and access these services in the future.
- ✓ **DO** ask if there is someone, a friend, family member, caregiver or anyone else, that they trust that they can go to for support.
- ✓ **DO** offer your phone or communication device, if you feel safe doing so, to the survivor to contact someone they trust.
- ✓ **DO** ask for permission from the survivor before taking any action.
- ✓ **DO** end the conversation supportively and limit the number of people informed about the incident.

## DON'T

- ✗ **DO NOT** exaggerate your skills, make false promises or provide false information.
- ✗ **DO NOT** offer your own advice or opinion on the best course of action or what to do next.
- ✗ **DO NOT** assume you know what someone wants or needs. Some actions may put someone at further risk of stigma, retaliation, or harm.
- ✗ **DO NOT** make assumptions about someone or their experiences, and do not discriminate for any reason including age, marital status, disability, religion, ethnicity, class, sexual orientation, gender identity, identity of the perpetrator(s) etc.
- ✗ **DO NOT** try to make peace, reconcile or resolve the situation between someone who experienced GBV and anyone else (such as the perpetrator, or any third person such as a family member, community committee member, community leader etc.)
- ✗ **DO NOT** share the details of the incident and personal identifiers of the survivor with anyone. This includes the survivor's family members, police/security forces, community leaders, colleagues, supervisors, etc. Sharing this information can lead to more harm for the survivor.
- ✗ **DO NOT** ask about or contact the survivor after you end the conversation.



## LINK *(continued)*

### What to say/do...

- “Thank you for sharing your experiences with me. Our conversation will stay between us.”
- “I am not a counselor and I cannot give you anything. But, I can provide you with the information that I have. There are some people/organizations that may be able to provide some support to you and/or your family. Would you like to know about them?”
- “Here are the details of the service including the location, times that the service is open, the cost (if applicable) and the person’s name for who you can talk to.”
- “Is there anyone that you trust that you can go to for support, maybe a family member or a friend? Would you like to use my phone to call anyone that you need at this moment?”
- “When it comes to next steps, what you want and feel comfortable with is the most important consideration.”
- “Do not feel pressure to make any decisions now. You can think about things and always change your mind in the future.”
- “I cannot talk to anyone on your behalf to try to resolve the situation. But what I can do is support you in our conversation together and listen to your concerns.”
- “It sounds like you have a plan for how you would like to go from here. That is a positive step.”

## EMBRACING A SURVIVOR-CENTERED APPROACH:

- ✓ **DO** support all individuals who seek your help without judgment or assumption.
- ✓ **DO** positively engage adolescent girls and boys. Generally, adolescent girls and boys aged 15 – 17 are mature enough to make their own decisions. Do ask if they want to involve a caregiver or a friend in the conversation, but do not force them to do so.
- ✓ **DO** provide the opportunity for persons with disabilities to speak without the presence of their caregiver, if wished and does not endanger or create tension in that relationship.
- ✓ **DO** positively engage the protective caregiver of a child or a person with a disability, if that caregiver is present and/or the individual requests that you contact their caregiver.
- ✗ **DO NOT** assume a man or boy who reports sexual violence is gay or bisexual. Gender-based violence is based on power, not someone’s sexuality. If a man or boy is raped it does not mean he is gay or bisexual.
- ✓ **DO** recognize that sexual and gender minorities are often at increased risk of harm and violence due to their sexual orientation and/or gender identity. It is imperative to actively listen and seek to support all survivors regardless of their gender or sexual orientation.
- ✓ **DO** recognize that anyone can commit an act of gender-based violence including a spouse, intimate partner, family member, stranger, parent or someone who is exchanging money or goods for a sexual act.
- ✓ **DO** recognize that anyone can be a survivor of gender-based violence – this includes, but isn’t limited to, people who are married, elderly individuals or people who engage in sex work.

# PREPARE:

## 1. Be aware of available services

- a. 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! Use the Information Sheet to fill in information about available services.
  - i. 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.).
- b. Resources and ideas for collecting information about available services:
  - i. Ask your team leader, program manager and/or cluster/sector coordinator;
  - ii. Bring up this discussion at your next team meeting so your whole team can share information and have the same resources;
  - iii. Check online webpages like [humanitarianresponse.info](http://humanitarianresponse.info) or cluster/sector webpages;
  - iv. Ask your team leader, program manager and/or cluster/sector coordinator about the protocols for Preventing Sexual Exploitation and Abuse. In the case that your agency does not have an established protocol for PSEA, consider reaching out to a PSEA focal point in another agency.

## 2. Practice makes perfect

- a. Get comfortable with the sample scripts in the DOs and DON'Ts section of this resource. Practice saying them out loud or to colleagues and friends. The more you practice and become comfortable with saying the sample scripts, the more comfortable you will be if a survivor of GBV discloses to you and seeks your help.

- b. Refer to the User Tips Manual for additional information on how you can train on/practice this materials
- c. The guiding principles and sample scripts are helpful for anyone who is having a problem or going through a difficult situation. The next time your colleague or friend comes to you with a difficult situation, practice using the questions and statements tailored to their situation.

### **DO NOT document or share personal/identifying information about the survivor or their experience**



Protect the identity and safety of a survivor by not sharing any personal or identifying information about them or the incident to anyone, including your supervisor. Personal or identifying information includes the survivor name, perpetrator name, date of birth, registration number, home address, work address, location where their children go to school, the exact time and place the incident took place, etc.

Instead, you can share general, non-identifying information about the incident with your supervisor and your team in an effort to make your program safer. For example, at a team meeting: "It has come to my attention that people are experiencing harassment around the water point because it is isolated and far away. We can try to reduce this harassment by encouraging use of a closer water point, or encouraging collecting water in groups, or..."

In addition to making your program safer, your supervisor or team leader can further share this general, non-identifying information with GBV specialists including the GBV Sub-Cluster/Working Group Coordinator to help them advocate for more services for survivors of GBV.

# LOOK:

## Someone discloses their experience of gender-based violence to you.

### 1. Address urgent basic needs

- a. Basic needs may refer to urgent medical care, but also includes offering a glass of water, or providing a blanket or clothes if lost, torn, stained or removed. Especially for gender-based violence survivors, clothes may be the primary urgent need for them to feel more comfortable and dignified.
- b. Let the survivor tell you how they feel about their personal safety and security.
  - i. Take care to not make assumptions based on what you are seeing.
  - ii. Do not ask if someone has been raped.
  - iii. Ask: Do you feel safe here? Are you worried someone might be following you or trying to hurt you?

### PROVIDING SUPPORT TO ALL SURVIVORS

Your role is to support anyone who approaches you for help and support. People communicate their need for help and support differently. Keep in mind that people with physical and intellectual disabilities, people who speak a different language than you and others may have different barriers in their ability to reach out for support. Adhere to the survivor-centered principles and always seek to listen. Ensure that female staff is present to provide support where women and/or girls are hesitant or culturally unable to interact with male humanitarians or volunteers.

### c. Ask yourself:

- i. Does the individual appear to be very scared or anxious?
- ii. Does the individual appear to be in a lot of pain, critically injured or in need of emergency medical support (bleeding, unconscious, not breathing)?

### 2. Be sensitive to different ways of reaching out for help and support

- a. People have diverse responses to stress and crisis. For example, some people may express distress by being quiet and unable to talk; by being angry and yelling; by blaming themselves for what happened to them; by crying and so on.
- b. Allow people to express their emotions in whatever form that seems comfortable to them.
- c. Share comfort and support statements.

### 3. Recognize what you can and cannot support.

- a. Recognize if you find yourself in a situation that requires more specialized support beyond your role, which could include those that involve child survivors of gender-based violence, 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.
- b. **REMEMBER**, if you want to seek support from a supervisor or another humanitarian actor, ALWAYS ask permission from the survivor first including sharing who you want to talk to, why you want to talk to them and what information you would share. If the survivor is not comfortable or outright refuses sharing of their information, help them as best as you can using the tools in this Pocket Guide.

## LISTEN:

**After ensuring the survivor's basic needs are met, and that they are 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 they would like to. It is not your role to provide counseling, take the individual to services or conduct a detailed interview about what happened to them. Rather than asking detailed questions about the incident itself, focus on providing them with information about the services you know are available.

**TIP:** Normally, it is best to avoid questions, especially those that begin with "WHY," as such questions can feel like they are placing blame on the survivor. Instead, just listen or, if needed, ask questions such as "what would you like me to do to help?" or "how would you like me to support you?"

**It is your responsibility as a humanitarian practitioner to provide comfort for all survivors of GBV, regardless of gender, marital status, age, sexual orientation, gender identity, religion, ethnicity, physical or intellectual disability, who the perpetrator(s) is/are, or any other characteristic about their identity or the situation in which violence occurred.**

*Refer to the Dos & Don'ts.*

### THE POWER OF LISTENING

Sometimes you may be in a situation where there are absolutely no services or resources available for you to share with a survivor. You may feel helpless. It is important that you are honest with the survivor, recognizing the survivor's courage to share their experience with you, express that you are sorry you cannot be more helpful and provide the survivor with as much dignity in the course of your conversation as possible. Listening can be helpful in and of itself even if it is limited.

## LINK:

**As you support the survivor to make decisions on their next steps:**

**Ask the survivor if there is someone they trust that they can go to for support.**

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

**If any services do exist, provide accurate information to the survivor on the available services or options for more comfort.**

- Preparation is key. Use your Information Sheet and make sure you have accurate, up-to-date information on the services available and how to access them.
- Adhere to the Dos and Don'ts. If you are not sure a specific service exists, say you are not sure.

**Compassionately end the conversation.**

- Maintain confidentiality.
- Positively reinforce any decisions that the survivor made.
- Keep in mind, your role is to support the survivor in their decisions and choices, even if they did not make any. Do not engage in repeated sessions or meetings with survivor, counseling or attempts to manage the survivor's case.

### AFTER THE CONVERSATION

**Reflect, de-brief and self-care:** It is important to remember that you can do everything right, but you are not going to fix this person's experience or take away their pain. Listening to and hearing other people's experiences can expose you to their painful, traumatic or hurtful experience – also known as experiencing secondary trauma. Think about how to take care of yourself as these feelings come up for you. Reach out to your own support system and network, including your colleagues, team leader or a GBV specialist, to de-briefing on the exchange (keeping in mind the survivor's confidentiality), encouragement and support.

Since certain types of violence (for example, domestic violence) can operate in cycles, you may see this person again or learn that they experienced another incident of violence. You cannot change their experiences, but you can:

- Listen without judgment to a survivor during each incident regardless of if you've talked to them before or not; and
- Think about how to improve your programming, make accessing the services that you provide safer, and lead to a more positive environment for those who experience GBV.

# ANNEX I

## How to manage disclosure of GBV experienc from children?

Children rarely seek help on their own thus it's rare for you to encounter a disclosure of GBV from children. However, it could happen to anyone who interact with children especially in regular basis in the community (teachers, health workers i.e. nurses, community health workers, hygiene promoters or other community outreach workers who regularly in contact with community members).

More commonly you might hear rumours of child abuse or be approached by adults who seek support for children who are abused. In this situation, provide the information i.e. service provision to the adult who seek your support but DO NOT investigate the case or try to interview the child.

This note is applicable when you face a disclosure from a child of her/his GBV experience. All tips in the pocket guide are also applicable for the child survivor but there are specific issues for you to remember when you talk to a child survivors. Children has extra barriers of seeking support for instance children may not understand what is happening to them, they may experience fear, embarrassment, shame about the abuse, or fear losing their caregiver(s). Hence, it is extremely important that you provide a positive and supportive response to children to increase their sense of safety and psychological well-being.

But your role is not conduct a detailed interview about what the child has experienced or make a care plan for the child. Your role is simply to listen to the child if she/he wants to talk to you and provide information that are relevant for the child.



## LISTEN:

- Ask the child, if she/he wants anyone to be with her/him while she/he talks with you. If she/he want, make arrangement to bring the person (offer a phone to the child to make a call).
- Be calm and patient – allow for the child to be heard.
- Do not display shock or disbelief. Pay attention to youth non-verbal communication.
- Accept what is being said without judgment.
- Let the child use their own words. Use open-ended questions and avoid multiple-choice or yes/no questions, which can be confusing and lead the child to give inaccurate response.
- Pay attention to non-verbal communication of the child and yourself.

## REASSURE:

- Reassure the child that it is OK that they have told you what's been happening.
- Use healing statement such as "I believe you" and "it's not your fault" at the outset of disclosure and throughout the talk.

## Healing Statements

- "I believe you" – build trust
- "I am glad that you told me" – builds a relationship with the child.
- "I am sorry this happened to you" – expresses empathy
- "This is not your fault" – non-blaming
- "You are very brave to talk with me" – reassuring and empowering

**EMPOWER:**

- Respect the child's opinion, beliefs and thoughts.
- The child can stop speaking with you at any points.
- Acknowledge the child's bravery and strength.
- Avoid making promises you can't keep—manage the child's expectations. Do not use a phrase like "everything will be ok".
- Explain the child that you might need to share some of the information she/he provides in order for the child to feel safe.
- Stay with the child until the child calms down. Never leave the child unattended when she/he is still in distressed.
- If a trusted adult was not present during the talk, ask the child if she/he has someone that she/he trust. Bring the person to the child or accompany the child to the person if the child asked you to do so. Make sure that the child stays with an adult that she/he trusts after the talk .

**LINK:**

- If a child protection actor exists in the location, refer the child to the child protection actor with a consent of the child and the caregiver. If the CP actors are not in the location but in other parts of the country (e.g. capital) and the child and the caregiver still want you to refer her/his case to the CP/GBV actors, please refer them to the CP/GBV actors. Please discuss how to refer child survivors of GBV with CP and GBV actors during the preparation phase.
- If the child wants to access some services that exist in the location (i.e. health), refer the child with a consent from the caregiver.
- Where there is no child protection actors or other services that the child needs, ensure that a child is with an adult that she/he trust after the session and provide information on available services to the adult.

**Reference for children's age and ability to make decision**

*(UNHCR, Best Interest Determination guidelines, 2008)*

- **Children 16 years** and older are generally sufficiently mature to make decisions.
- **Children between 14 and 16** are presumed to be mature enough to make a major contribution.
- **Children between 9 and 14** can meaningfully participate in the decision-making procedure, but maturity must be assessed on an individual basis.
- **Children younger than 9** have the right to give their informed opinion and be heard. They may be able to participate in the decision-making procedure to a certain degree, but caution should be advised to avoid burdening them by giving them a feeling of becoming decision makers.
- Ultimately however, the recommendation is ***that weight of the views of the child should be made on a case by case basis*** depending upon his/her age, level of maturity, developmental stage, and cultural, traditional and environmental factors

***Remember that the child is normally in a state of shock after the incident and may be confused. A skilled and experienced person is required to determine the child's capacity to make decision.***

**This resource is a companion guide to the  
2015 IASC GBV Guidelines.**

**Website: [www.gbvguidelines.org](http://www.gbvguidelines.org)**