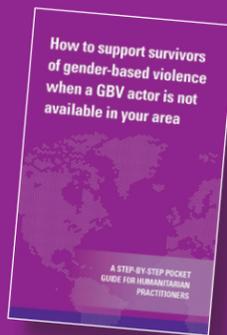


# How to support a survivor of gender-based violence when there is no GBV actor in your area



**USER GUIDE**

This **User Guide** is intended to be used alongside the **Pocket Guide** to support **humanitarian practitioners** across all sectors operating in contexts where no GBV actors (including a GBV referral pathway or GBV specialist/focal point) are available in your area.



The target audience for the User Guide is program managers, technical coordinators, team leaders, supervisors and others in a similar role across all sectors who are responsible for managing, supervising and capacity-building a team in the field. For example, a WASH Program Manager can use this User Guide and the Pocket Guide to brief Hygiene Promoters on what to do in the event that a survivor of gender-based violence discloses to them during their day-to-day activities.

This User Guide does not replace a more comprehensive GBV core concepts or GBV awareness training, which should be delivered by GBV actors to humanitarian workers when possible. While the Pocket Guide uses a Psychological First Aid framework (PFA), previous knowledge or training on PFA is not needed.

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### ANNEX I: Key concepts ..... page 9

Essential concepts needed to deliver the training successfully. As these are complex issues, links for more in depth resources are provided to supplement what is included in this guide.

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Additional activities and tools.

## PREPARE: setting up safe programs

A safe and adequate response to GBV survivors begins first with adequate preparation. Although often overlooked, this step is the most critical.

The main goal of preparation is to understand what the options are for a survivor of gender-based violence. Here is what you, as a program manager, team leader, technical lead or other practitioner implementing an intervention can do:

### 1. Develop a plan

- a. **Identify** how you can link a survivor to services that are available. See #2.
- b. **Confirm** within your agency what the protocols are for sharing information about an incident such as gender-based violence. Reach out to national or technical support colleagues in your agency for guidance.
- c. **Confirm** relevant Prevention of Sexual Exploitation and Abuse (PSEA) procedures and protocols. The local humanitarian coordination system should be able to provide guidance.
- d. **Identify** how you can build in or improve GBV risk mitigation components into your program. Refer to your sector's specific section in the IASC GBV Guidelines (<http://gbvguidelines.org>).
- e. **Identify** who the GBV provider of last resort is for your region/country, or within your agency to serve as a **lifeline for guidance on what to do** if you or someone on your team comes across a scenario that you cannot manage, some of which might include:
  - i. A scenario that involves child survivors of gender-based violence;
  - ii. A scenario that involves mandatory reporting;
  - iii. A scenario where the survivor's life is in imminent danger;
  - iv. A scenario where the survivor may be of harm to themselves or to others.



### DO NO HARM: Do not share information about a survivor

Stress to your team to always protect the identity and safety of a survivor by not sharing any personal or identifying information about the survivor or the incident to anyone, including your supervisor or the provider of last resort, without the survivor's explicit permission to share information about them and/or their experience. Personal or identifying information includes the survivor name, registration number, perpetrator name, date of birth, home address, work address, location where their children go to school, the exact time and place the incident took place, etc.

## 2. Be aware of existing services

While a GBV actor, including a referral pathway or a GBV focal point, may not be available in your area, there are other services that may be helpful and supportive to a survivor and their needs. Humanitarian actors are responsible for having up to date information on available services and supports in the communities in which they work. **It is critical to know what services are available – including at the community level.** Work within your agency and team, or cluster, to identify focal points (such as health, mental health/psychosocial support and protection actors) that can provide information on available services.

**RESOURCES:** *3/4Ws, cluster or sectoral leads and websites/info sharing sites, sub-national or national coordination meetings, local women’s rights and civil society organizations, local/government service providers, GBV Sub-Cluster or Working Group where active, UNHCR Data Portal, UN OCHA, humanitarianresponse.info.*

## 3. Check your own biases and assumptions

Any person can experience an incident of gender-based violence, regardless of age, ability, sexual or gender identity, marital status, who committed the violence etc.. As humanitarians, our duty is to respect and protect the rights and needs of all persons, and to not make assumptions or judgments.



## HEALTH SERVICES & THE WINDOW PERIOD FOR SURVIVORS

**At a minimum, consult with appropriate focal points to understand if there are any health services available. While it is not your role or responsibility to assess if there are health services available for survivors of gender-based violence, it is important to share with your staff the following key message:**

Always share information with a survivor about the availability of health services available in your area, if any. Some health facilities may have the capacity to provide treatment to prevent HIV within 72 hours of an incident, and prevent unwanted pregnancy within 120 hours of an incident. The benefit of seeking care is this treatment might be available and have positive health consequences. The risk of seeking care is that the services may not exist or may be of poor quality; the service providers may be insensitive or cause harm; the survivor’s confidentiality will be broken exposing them to more harms, among other concerns. It is the survivor’s choice to make a decision when all the information available is given to them.

# Briefing your team

## Preparing briefing notes and materials:

- a. **Read** and familiarize yourself with the Pocket Guide and background note. If anything is unclear, please contact your country’s Protection Cluster/Sector or, if it exists, the GBV Sub-Cluster/Working Group for technical support.
- b. **Have** a list of services and focal points at-hand to share with your team during the briefing.
- c. **Review** this training companion in depth and, if possible, consult additional resources referenced in ANNEX I: Key Concepts to refine your understanding of GBV core concepts and survivor-centered principles.
- d. **Determine** who your training participants will be. A maximum of 25 participants is recommended at any one time. Consider benefit of working through multi sector teams to represent multiple service providers and/or alternatively within an individual agency to focus on agency specific protocols and reporting mechanisms and resources.
- e. **If safe and appropriate, collect** scenarios from staff to be used drawing from their experience (but strictly in an anonymous manner and changing details to ensure it is not a recognizable case).
- f. **Adapt** the agenda to the requirements of your context and your participants, determining the best format to deliver the training (1 briefing session or broken across a number of days).
- g. **Adapt** exercises and handouts in Annex II to ensure they are relevant and appropriate for your context.
- h. **FULL-DAY OPTION:** Reach out to GBV specialists in your agency or among partners to Using the template in Annex III, prepare case studies. Familiarize yourself with debriefing questions and the observation checklist.

## Key messages and briefing agenda:

The below is a sample briefing agenda that you can adapt to your context and team needs. The minimum recommended time to brief teams on the Pocket Guide is one full day of training, or 7 hours divided over the course of 2 or 3 weeks and adapted to multiple formats (on-the job training, mentorship, etc). This allows substantial time for discussion and dialogue to better understand the key messages and guiding principles. A half-day agenda is included as well recognizing the operational reality of acute emergencies.

If you have more time available, the sessions can be expanded using the reference documents listed in ANNEX II of this User Tip Sheet. Particular attention should be dedicated to addressing any potentially harmful attitudes towards survivors and refining survivor-centered communication skills.

### TOPIC: Introduction HALF DAY: 15 minutes | FULL DAY: 30 minutes

#### ACTIVITY:

- Present the key messages

#### TOOLS & RESOURCES:

- Background Note

#### KEY MESSAGES:

- > The goal of this briefing is to provide basic information and resources on how to help someone if they share with you that they have experienced gender-based violence. The skills that we will learn today can apply to anyone in need, but we will focus specifically on situations that involve survivors of gender-based violence.

- > It is not your role to seek out a survivor of gender-based violence. This can cause more harm. Instead we are going to talk about how to be a helpful resource if someone approaches you for help.
- > Your role is to provide a listening ear, free of judgment, and to provide accurate, up-to-date information on available services and let the survivor make their own choices.
- > Your role is not to provide counseling, conduct an interview, understand what happened and the details, tell them what to do or give your own opinion.
- > As humanitarians, our duty is to respect and protect the rights and needs of all persons in need, and to not make assumptions or judgments.

### TOPIC: What is Gender Based Violence HALF DAY: 15 minutes | FULL DAY: 30 minutes

#### ACTIVITY:

- Present the key messages
- Group discussion and clarification of concepts

#### TOOLS & RESOURCES:

- ANNEX I Key Concepts
- ANNEX III GBV tree
- Flip chart and markers

#### KEY MESSAGES:

- > Definition of GBV: an umbrella term for any harmful act that is perpetrated against a person's will and that 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 acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

- > Types of GBV: GBV can be physical, emotional or sexual. All types of GBV have long-term and serious consequences, but different responses might be needed for different types of violence.
- > Consequences of GBV: GBV has emotional, health/physical and social consequences. In responding to a disclosure we need to ensure we are not creating further harm by exposing the survivor to retribution by the perpetrator or his family, stigma or further violence from the community or the survivor's family, or by further victimizing or blaming the survivor for the violence.

### TOPIC: Guiding Principles and Safe Response HALF DAY: 15 minutes | FULL DAY: 30 minutes

#### ACTIVITY:

- Present the key messages
- Myths vs. truth exercise

#### TOOLS & RESOURCES:

- Myths vs. truth exercise and handout

#### KEY MESSAGES:

- > Re-affirm the mandate of humanitarians: 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.

- > Your role is to provide a listening ear, free of judgment, and to provide accurate, up-to-date information on available services and let the survivor make their own choices.
- > Your role is not to provide counseling, conduct an interview, understand what happened and the details, tell them what to do or give your own opinion.
- > All survivors have different needs so the key is listening and ensuring they are the ones making all decisions, while we provide information.
- > Practice a survivor-centered approach which means you practice:
  - **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.

### TOPIC: Prepare HALF DAY: 15 minutes | FULL DAY: 30 minutes

#### ACTIVITY:

- Presentation

#### TOOLS & RESOURCES:

- Pocket Guide Flow Chart and Cheat Sheet

#### KEY MESSAGES:

- > Introduce the Pocket Guide.

- > In our area, we do not have a GBV actor who can provide the specialized care and services to a survivor of gender-based violence.
- > What we do have are some other services that may be of help to a survivor's needs.
- > Fill in information sheet in the Pocket Guide.
- > 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. (Provide information on available services, how to access them and focal points).

## TOPIC: LOOK & LISTEN

HALF DAY:  
1 hour

FULL DAY:  
2.5 hours

### ACTIVITY:

- Presentation and group discussion

### TOOLS & RESOURCES:

- Pocket Guide DOs and DON'Ts; LOOK and LISTEN sections
- Handout on survivor-centered communication skills

**FULL-DAY: Role plays (liaise with GBV specialist to develop context-specific role-plays)**

### KEY MESSAGES:

- > Note to facilitator: Refer and go through each of the key DOs and DON'Ts and LOOK AND LISTEN narratives
- > Do not ignore anyone who is trying to reach out for support.
- > The needs of the survivor come first.
- > Maintain confidentiality. Do not do any documentation of the survivor or the incident, which means do not write anything down, do not take any photos, do not call people over to have a group discussion with the survivor, do not call the media, do not voice record any of the conversation on your phone or other device.

- > Allow the survivor to express their emotions in whatever form they are – some people are quiet, others are angry and yelling, others may be crying and so on. Listen to the survivor and ask how you can help. Do not ask questions about what happened or the details of the incident, instead emphasize that you are there to be a listening ear to whatever the survivor wants to share.
- > Recognize if you find yourself in a situation that is not safe for the survivor or yourself. There may be other focal points with the capacity to better support in this scenario.
- > Note to facilitator: introduce PSEA protocols and other relevant procedures in your context.
- > 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 using the tools in the Pocket Guide.
- > As humanitarians, our duty is to respect and protect the rights and needs of all persons in need, and to not make assumptions or judgments.

## TOPIC: LINK

HALF DAY:  
1 hour

FULL DAY:  
1.5 hours

### ACTIVITY:

- Presentation and group discussion

### TOOLS & RESOURCES:

- Pocket Guide DOs and DON'Ts; LINK narrative

### KEY MESSAGES:

- > Note to facilitator: Refer and go through each of the key DOs and DON'Ts and LINK narratives
- > Your primary role is to provide information about other available services if they exist. If services exist, provide accurate information to the survivor on the available services or options for more comfort.
- > If services do not exist, 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.
- > Compassionately end the conversation. 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 you end the conversation, follow our agency-specific protocol for sharing information on a situation like this. —*Note to facilitator: requires preparation work to provide details.*
- Do not share information about the survivor or the incident with anyone. 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 support system and network for encouragement and support. —*Note to facilitator: provide resources on staff care options including providing a safe space with the team leader to get psychosocial support*
- > If you are concerned about the well being of a survivor or if he/she has received the appropriate support, follow up directly with the service provider. Do NOT reach out to the survivor directly.
- > Since violence operates 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.

# ANNEX I: Key Concepts

## What is Gender-Based Violence?

**GENDER-BASED VIOLENCE** is an umbrella term for any harmful act that is perpetrated against a person's will and that 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 acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

**GENDER** refers to the social differences between males and females that are learned. Though deeply rooted in every culture, social differences are changeable over time, and have wide variations both within and between cultures. "Gender" determines the roles, responsibilities, opportunities, privileges, expectations, and limitations for males and for females in any culture.

### Examples of GBV contributing factors during emergencies or displacement:

- 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

## What is the cause of GBV?

## What are contributing factors of GBV?

**GBV IS CAUSED BY GENDER INEQUALITY AND THE ABUSE OF POWER.** Anyone can experience GBV including men and sexual and gender minorities. At the same time, females are disproportionately affected by male violence to subordinate, disempower, punish or control. The gender of the perpetrator and the survivor are central not only to the motivation for the violence, but also to the ways in which society condones or responds to the violence.

**A CONTRIBUTING FACTOR** is something that makes a problem worse. Factors that contribute to GBV vary according to the setting, population and type of GBV. There are many situations that make GBV worse, especially in emergencies as listed below. Even so, these examples underscore the importance of addressing GBV through broad-based interventions that target a variety of different risks.

## What are the types of GBV?

### SEXUAL VIOLENCE

Any completed or attempted sexual act against a person's will or against a person unable to give permission. Forms of sexual violence include rape (forced sexual acts, including by an intimate partner/husband), sexual assault, child sexual abuse, sexual exploitation by someone in a position of power (such as a humanitarian staff) or in exchange for money, sexual harassment.

### PHYSICAL VIOLENCE

An act of physical violence that is not sexual in nature. This form of violence often occurs in intimate partner relationships. It can include forms of violence or neglectful acts that cause physical pain or injury. Examples include: hitting, slapping, choking, shoving, grabbing, pinching, biting, hair pulling, burning, strangulation, cutting, shooting or use of any weapons.

### EMOTIONAL AND PSYCHOLOGICAL VIOLENCE

This is the infliction of mental or emotional pain or injury. This includes violence perpetrated in a non-physical manner usually by an intimate partner or person in a position of authority. For example, forms of emotional and psychological violence include verbal harassment.

### SOCIAL OR ECONOMIC VIOLENCE

This includes violence perpetrated in a non-physical manner or embedded in laws and policies that deny women and girls, and other vulnerable groups, access to income/earnings and social opportunities for advancement. Examples include: discrimination and/or denial of opportunities, services or resources; denial of access to education, health assistance or remunerated employment; or denial of property rights. This type of violence can be perpetrated by family members, society, institutions and organizations.



Some harmful traditional practices can also be considered types of GBV if they are intended to maintain women and girls' subordinate status in society. Amongst these, examples are Female Genital Mutilation (FGM), Forced and Child Marriage, Honor Killings.

Intimate Partner Violence, also known as Domestic Violence, is a pattern of abusive behavior in an intimate relationship that is used by one person (who is usually a man) to gain or maintain power and control over the other person (who is usually a woman). It often involves several different types of violence, including ongoing emotional/psychological violence, physical and sexual abuse.

## Protection from Sexual Exploitation and Abuse (PSEA)

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, UN mission personnel, UN police personnel, peacekeepers, suppliers/vendors of goods and services for humanitarian purposes and so on.

## What are the consequences of GBV for survivors?

GBV seriously impacts survivors' immediate sexual, physical and psychological health, and contributes to greater risk of future health problems. Gender-based violence is a life threatening experience, some possible consequences may include:

PHYSICAL HEALTH CONSEQUENCES	PSYCHOLOGICAL HEALTH CONSEQUENCES	SOCIAL CONSEQUENCES
Physical injury	Depression and sadness	Victim-blaming
Disability	Fear and anxiety	Stigmatisation
STIs and HIV/AIDS	Self-blame, guilt and shame	Rejection and isolation by family or community
Unwanted pregnancy	Re-experiencing the trauma, flash-backs	Forced marriage
Unsafe abortion, miscarriage	Avoidance of places or situations, isolation	Decreased earning capacity/contribution
Fistula	Anger	Increased poverty
Chronic pain	Trouble concentrating or remembering	Risk of re-victimization
Sleeping and eating disorders	Mental illness	Death/honour killings
Death, including suicide	Suicidal thoughts/actions	

# ANNEX I: Key Concepts—*continued*

It is helpful to understand the potential consequences of GBV that may affect a survivor's behavior and choices after experiencing violence. It is also essential to avoid doing further harm by reinforcing any negative consequences, such as by blaming the survivor for the violence she experienced, or by minimizing their reactions.

Finally, social consequences on survivors are one of the main reasons we need to ensure confidentiality. Survivors are not going to seek help if they are worried everyone will find out in their families or communities due to the fear of social consequences. The more trust you develop by stressing and maintaining confidentiality, the more survivors will trust you and come to you for help.

## What does a GBV survivor need?

Because of the many consequences of GBV listed above, most survivors have multiple and diverse needs. Not all survivors react in the same way or need the same thing, so the first thing to do is LISTEN to the survivor and ask her/him what they need rather than making assumptions about what the most urgent needs are. Survivors also need to be believed and not blamed for the violence that has happened to them, in order to build trust and ensure they feel comfortable coming forward to ask for help.

Physical and emotional safety of the survivor, and yourself, should be your first priority whenever a case of GBV is disclosed to you. When basic health services are available, these can sometimes help mitigate some of the physical consequences of GBV, but psychological health and social consequences are often harder to address. Please refer to the pocket guide for further details about services that might support survivors of GBV in the absence of specialized GBV health, psychosocial or legal services.

*For tips on how to ensure emotional safety, please refer to the Do's and Don'ts list in the pocket guide.*

## What are the key guiding principles to ensure we do no harm to survivors of GBV?

### RIGHT TO SAFETY:

Safety refers to both physical safety and security from harm, as well as to a sense of psychological and emotional safety for people who are highly distressed. It is important to consider the safety and security needs of each survivor,

her family members and those providing care and support, including yourself. Individuals who disclose GBV may be at high risk of further violence, sexual and otherwise, from the perpetrators themselves, people protecting perpetrators (including their family, local leaders or authorities) and members of their own family due to notions of family honor.

### RIGHT TO CONFIDENTIALITY:

Confidentiality refers to the right of a person to have any information about them kept private unless they explicitly request it. It promotes safety, trust and empowerment. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the survivor. Lack of confidentiality can put the survivor and others, including those the survivor has disclosed to, at risk of further harm.

### RIGHT TO DIGNITY AND SELF-DETERMINATION:

All those who come into contact with survivors have a role to play in restoring dignity and self-determination that have been taken away by GBV. For example, survivors have the right to choose who they wish to disclose to and which services they want to access. The survivor is the primary actor, and the role of helpers is to provide information they can use to choose their path to recovery. Failing to respect the dignity, wishes and rights of survivors can increase their feelings of helplessness and shame, self-blame and cause re-victimization and further harm.

### RIGHT TO NON-DISCRIMINATION:

All people have the right to the best possible assistance without unfair discrimination on the basis of gender, age, disability, race, color, language, religious or political beliefs, sexual orientation or social class.

### For further information and a deeper understanding of these key concepts, please consult:

- > **GBV Guidelines (EN, AR, FR, SP):** <http://gbvguidelines.org/en/home/>
- > **GBV Responders:** <http://gbvresponders.org/response/core-concepts/>
- > **PSEA Task Force:** <http://www.pseataaskforce.org/>
- > **WHO:** [http://apps.who.int/iris/bitstream/10665/44615/1/9789241548205\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44615/1/9789241548205_eng.pdf)

## Additional resources including tools and activities

----> Myths versus truths exercise/handout

----> Handout on survivor-centered communication skills

----> Links to additional resources/materials

–**GBV Guidelines training materials (EN, AR, FR, SP):**

<https://gbvguidelines.org/en/training/>

–**Shelter cluster:**

<https://www.sheltercluster.org/gbv>

–**Violence, Gender and WASH toolkit:**

<http://violence-wash.lboro.ac.uk/>

–**World Food Programme Gender-based Violence Manual:**

<https://reliefweb.int/report/world/gender-based-violence-manual>

