

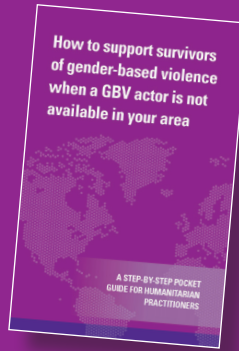
# How to support a survivor of gender-based violence when there is no GBV actor in your area



**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 is designed to provide key messages and considerations to:**

1. prepare for and set up your program/intervention and
2. brief your team on how to support survivors of GBV in their day-to-day work.

We encourage coordinating with a GBV specialist to contextualize and deliver a briefing on the Pocket Guide to your team. This resource is not a comprehensive facilitator's guide and it does not replace a 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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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 resources to build out your briefing and handouts on survivor-centered communication skills.

## 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:

### STEP 1.

#### Develop a plan

1. **Identify** how you can link a survivor to services that are available. See #2.
2. **Confirm** with GBV specialists in your country what the protocols are for sharing information about an incident such as gender-based violence or incidents involving children and adolescents. Reach out to national or technical support colleagues in your agency for further guidance.
3. **Confirm** relevant Prevention of Sexual Exploitation and Abuse (PSEA) procedures and protocols. The local humanitarian coordination system should be able to provide guidance.
4. **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>).
5. **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:
  - A scenario that involves child survivors of gender-based violence;
  - A scenario that involves mandatory reporting;<sup>1</sup>
  - A scenario where the survivor's life is in imminent danger;
  - A scenario where the survivor may be of harm to themselves or to others.

<sup>1</sup> There are some contexts that have mandatory reporting rules related to certain types of cases. Refer to your Protection focal point for further information and guidance.



### 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 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

Always reach out to a GBV specialist to understand what services are available in your area. 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 and 4 Ws (Who does what, where and when), 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 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. 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

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. It is not your role or responsibility to assess if there are health services available for survivors of gender-based violence. However, it is important to **always share information with a survivor about the availability of health services in your area.**

**It is the survivor's choice to make a decision when all the information available is given to them** as there are benefits and risks to seeking health services. The benefit of seeking care is getting treatment that may lead to 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.

# Briefing your team

## Preparing briefing notes and materials:

1. **Read** and familiarize yourself with the Pocket Guide and background note. Liaise with your country's GBV Sub-Cluster/Working Group for technical support and guidance. If no GBV coordination mechanism or focal point in country exists, reach out to the Protection Cluster/Sector.
2. **Have** a list of services and focal points at-hand to share with your team during the briefing.
3. **Review** this User Guide in depth and, if possible, consult additional resources referenced in ANNEX I and II to refine your understanding of GBV core concepts and survivor-centered principles.
4. **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.
5. **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).
6. **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).
7. **Adapt** exercises and handouts in Annex II to ensure they are relevant and appropriate for your context.
8. **FULL-DAY OPTION:** Reach out to GBV specialists in your agency or among partners to develop and practice case studies and roll plays.

## 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. 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
<p><b>ACTIVITY:</b></p> <ul style="list-style-type: none"> <li>• Present the key messages</li> </ul> <p><b>TOOLS &amp; RESOURCES:</b></p> <ul style="list-style-type: none"> <li>• Background Note</li> </ul> <p><b>KEY MESSAGES:</b></p> <p>----&gt; 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.</p>	<p>----&gt; 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.</p> <p>----&gt; 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.</p> <p>----&gt; 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.</p> <p>----&gt; 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.</p>	

TOPIC: What is Gender Based Violence	HALF DAY: 15 minutes	FULL DAY: 30 minutes
<p><b>ACTIVITY:</b></p> <ul style="list-style-type: none"> <li>• Present the key messages</li> <li>• Group discussion and clarification of concepts</li> </ul> <p><b>TOOLS &amp; RESOURCES:</b></p> <ul style="list-style-type: none"> <li>• ANNEX I Key Concepts</li> <li>• ANNEX II Handouts and additional resources</li> <li>• Flip chart and markers</li> </ul> <p><b>KEY MESSAGES:</b></p> <p>----&gt; Definition of GBV: an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially</p>	<p>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.</p> <p>----&gt; 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.</p> <p>----&gt; 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.</p>	

TOPIC: Guiding Principles and Safe Response	HALF DAY: 15 minutes	FULL DAY: 30 minutes
<p><b>ACTIVITY:</b></p> <ul style="list-style-type: none"> <li>• Present the key messages</li> <li>• Myths vs. truth exercise</li> </ul> <p><b>TOOLS &amp; RESOURCES:</b></p> <ul style="list-style-type: none"> <li>• Pocket Guide key messages on p. 2–3, and p. 16 (for children)</li> <li>• Annex II: Handout on survivor-centered attitudes</li> </ul> <p><b>KEY MESSAGES:</b></p> <p>----&gt; 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:</p> <ul style="list-style-type: none"> <li>• Gender,</li> <li>• Sexual orientation,</li> <li>• Gender identity,</li> <li>• Marital status,</li> <li>• Disability,</li> <li>• Age,</li> <li>• Ethnicity/tribe/race/religion,</li> <li>• Who perpetrated/committed violence, and</li> <li>• The situation in which violence was committed.</li> </ul>	<p>----&gt; 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.</p> <p>----&gt; 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.</p> <p>----&gt; All survivors have different needs so the key is listening and ensuring they are the ones making all decisions, while we provide information.</p> <p>----&gt; Practice a survivor-centered approach which means you practice:</p> <ul style="list-style-type: none"> <li>• <b>Respect:</b> all actions taken are guided by respect for the choices, wishes, rights and dignity of the survivor.</li> <li>• <b>Safety:</b> the safety and security of the survivor is the number one priority for all actors.</li> <li>• <b>Confidentiality:</b> 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.</li> <li>• <b>Non-discrimination:</b> providing equal and fair treatment to anyone in need of help.</li> </ul>	

TOPIC: Prepare	HALF DAY: 15 minutes	FULL DAY: 30 minutes
<p><b>ACTIVITY:</b></p> <ul style="list-style-type: none"> <li>• Presentation</li> </ul> <p><b>TOOLS &amp; RESOURCES:</b></p> <ul style="list-style-type: none"> <li>• Pocket Guide Flow Chart p. 4 and Information Sheet p. 5-6</li> </ul> <p><b>KEY MESSAGES:</b></p> <p>----&gt; Introduce the Pocket Guide.</p>	<p>----&gt; 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.</p> <p>----&gt; What we do have are some other services that may be of help to a survivor's needs.</p> <p>----&gt; Fill in information sheet in the Pocket Guide.</p> <p>----&gt; 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).</p>	

## 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 for LOOK p. 7 and LISTEN p. 8; Survivor's perspective p. 11, LOOK narrative p. 13, LISTEN narrative p. 14, children section LOOK and LISTEN p. 17–18

- ANNEX II: 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:** Consider co-facilitating this section with a GBV specialist.
- > 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, including limits to confidentiality, information sharing/reporting requirements and considerations for children.
- > **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 LINK DOs and DON'Ts p. 9–10, LINK narrative p. 15, children section on LINK p. 19

### KEY MESSAGES:

- > Note to facilitator: Consider co-facilitating with a GBV specialist.
- > 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 and 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, boys and sexual and gender minorities. At the same time, women and girls 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, services or goods.

### 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, financial services, assets and social opportunities for advancement. Examples include: (1) discrimination and/or denial of opportunities, services or resources, (2) denial of access to education, health assistance or remunerated employment and/or (3) denial of property rights. Family members, community members, society, institutions and organizations can perpetrate this type of violence.



**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 and honor killings.

**Intimate Partner Violence, also known as Domestic Violence,** is a pattern of abusive behavior in an intimate relationship, including marriage, that is used by one person to gain or maintain power and control over the other person. 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
Sexually Transmitted Infections, including HIV	Self-blame, guilt and shame	Rejection and isolation by family and/or community
Unwanted pregnancy	Re-experiencing the trauma, flashbacks	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	Self-harm	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,

his/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,, 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

We are constantly updating our list of available resources on our webpage for the **Pocket Guide** – [www.gbvguidelines.org](http://www.gbvguidelines.org). Have a resource to share? Email us at [gbv.guidelines@gmail.com](mailto:gbv.guidelines@gmail.com).

SECTOR	RESOURCE	LINK
IASC GBV Guidelines	Training materials in EN, AR, FR and SP	<a href="https://gbvguidelines.org/en/training/">https://gbvguidelines.org/en/training/</a>
WASH	Violence, Gender and WASH toolkit	<a href="http://violence-wash.lboro.ac.uk/">http://violence-wash.lboro.ac.uk/</a>
Food Security	WFP Gender-based Violence Manual	<a href="https://reliefweb.int/report/world/gender-based-violence-manual">https://reliefweb.int/report/world/gender-based-violence-manual</a>
Livelihoods	CLARA tool	<a href="https://www.womensrefugee-commission.org/empower/resources/1231-clara-tool">https://www.womensrefugee-commission.org/empower/resources/1231-clara-tool</a>
Shelter	Shelter cluster GBV Constant Companion and shelter guidelines	<a href="https://www.sheltercluster.org/gbv">https://www.sheltercluster.org/gbv</a>
Cash	Cash and Protection resources from Cash Learning Partnership (CaLP)	<a href="http://www.cashlearning.org/ctp-and-multi-sector-programming/protection">http://www.cashlearning.org/ctp-and-multi-sector-programming/protection</a>
Housing, Land and Property	Securing HLP for women from NRC	<a href="http://womenshlp.nrc.no/">http://womenshlp.nrc.no/</a>
Mental health and psychosocial support	WHO guidance on Psychological First Aid	<a href="http://womenshlp.nrc.no/">http://womenshlp.nrc.no/</a>
	Mental health and psychosocial support network	<a href="https://www.mhpss.net/">https://www.mhpss.net/</a>

## HANDOUT:

# Survivor-Centered Communication Skills

## Body language

Body language are the messages we send with our face and other parts of our body. This includes how/where we sit with people—the environment we create. In English, we speak of SOLER as ways to have good body language to support survivors.

- > **Square:** This means we sit square with the survivor, facing her.
- > **Open:** This means that we do not put anything between the survivor and us. No desks, no objects. The space between you and the survivor is open.
- > **Lean:** This means that we lean in towards the survivor. This helps the survivor know we are interested in what she is saying and that we want to stay and listen.
- > **Eye contact:** This means that we maintain eye contact with the survivor at all times (unless this is considered to culturally inappropriate).
- > **Relax:** This means that we stay in a relaxed sitting position. It does not mean that we slouch in our chairs and look sloppy, but we do not want to sit very stiff and rigid. We want to be comfortable so that the survivor can feel comfortable and relaxed too.

## Verbal Messages

Verbal messages are what we say, or the content of the conversation. Following the survivor's pace, using the same language as the survivor and simple explanations are key to ensure the survivor feels safe and comfortable sharing her experience. It is also good to learnt to remain silent and give the survivor time to think and process her emotions, though this can be very difficult for some of us!

## Active Listening Skills

- > **Use** open-ended questions to really understand how the survivor is thinking and feeling.
- > **Paraphrase** and summarize (*"Let me see if I understand what you have told me so far"*).
- > **Reflect** content and/or feeling (*"It sounds like you were very scared in the moment when he yelled and raised his fist"*). Reflect how the survivor is feeling and thinking so she can see it like in a mirror. Help her to see her situation and her options more clearly. Help her to focus.

(over)



## Validate and Normalize

- The best thing we can do is understand and acknowledge what survivors are feeling—and make it feel normal. For example, if a survivor begins to cry, we can say: **You have every right to be upset and sad. It's okay for you to cry here. I will be with you and we can talk when you are ready.**
- Because we want survivors to feel better our instinct may be to tell the survivor NOT to show her emotions, or diminish her experience, such as, "Don't be afraid," "Don't cry," "It's not as bad as it seems," "Everything is going to be fine," but we want to let survivors know that they are having a **normal reaction** to an **abnormal event**. This may feel uncomfortable to us—to have to sit with someone who is crying, or angry, or depressed—but being a true helper means that we allow them to feel what they need to feel.
- Instead of telling survivors what NOT to feel, we should **validate** their feelings and **normalize** it.

Healing statements are things that helpers can say to a survivor immediately after she tells us what happened and throughout the helping process in order to promote her healing and recovery.

- "I believe you."
- "I am glad that you told me."
- "I am sorry this happened to you."
- "This is not your fault."
- "You are very brave to talk with me."

## Behavior Messages

Behavior messages are what we do. It is important to give information, NOT advice.

**Giving advice** means telling someone what you think they should do and how you think they should do it. In GBV cases, giving advice is not useful in helping a survivor because you do not know if you are giving the right advice. As a helper, we should never give advice to a survivor.

**Giving information** means explaining facts to someone so they can make an informed decision about what to do. In GBV cases, giving information is useful because it empowers a survivor to have control over her choices, and shows you respect a survivor's opinions and judgments.

## HANDOUT:

# Survivor-Centered Attitudes

Survivors are never responsible for the violence they experience. The use of violence is always a choice made by perpetrators. This is an essential belief to ensure the safety and recovery of survivors of GBV and avoid causing further harm.

We all bring our own attitudes and beliefs to this work, and some of these attitudes may be harmful to survivors without our knowing it. It is important to recognize and begin to challenge our own attitudes.

Survivor-blaming is common in many communities, and is something that we must actively strive to avoid and counter in our work with survivors. Survivor-centered attitudes involve putting the best interests of the survivor first, ensuring that all work is based on what the survivors wants and needs rather than our own opinion of what s/he wants and needs.

NEGATIVE ATTITUDES AND BELIEFS	SUPPORTIVE AND TRUE ATTITUDES AND BELIEFS
If women or girls who behave inappropriately are raped, it is their fault	Rape is a choice made by the perpetrator to use his power over another person. It is never the fault of the survivors. Acts of GBV are always the fault of the perpetrator.
If a survivor can't answer the questions asked during an interview, they are making up the incident.	The psychological and physical responses trauma may lead a survivor to be confused and unable to answer questions about the event.
A woman causes her husband's violence because of her own behavior	Violence is a choice of the perpetrator and it never is justified to use in relationships.
A person who forces another person to have sex is just someone who cannot control their sexual desire	Most rapists are motivated by power, anger, and control, not the desire to have sex. Men can control their sexual impulses. Most rapes are planned in advance—the man is in control when he rapes.
Intimate partner violence/Domestic Violence (IPV) is a family matter and should be handled within the family.	IPV should be a significant safety and health concern for a community and is crime in many countries. Thousands of women are killed every year due to IPV. IPV survivors require community support.
Most men beat their wives only after they have been drinking or using drugs.	Drugs and alcohol can be a contributing factor to GBV. However, only the choice to use violence, power and control by the perpetrator is the cause of GBV. Not all men who drink or use drugs beat their wives. Men who use alcohol and drugs make decisions about who they do beat which shows that they are choosing who to be violent towards.

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NEGATIVE ATTITUDES AND BELIEFS	SUPPORTIVE AND TRUE ATTITUDES AND BELIEFS
A GBV survivor should always report their case to the police or other justice authorities.	Survivors should be able to choose who knows about their case.
A man cannot rape his wife.	Women should be allowed to communicate to their sexual partners when they do and do not want to have sex. Many countries now have laws against rape in marriage. Married women have the same right to safety as unmarried women. Most women who live with intimate partner violence have experienced some form of sexual abuse within their marriage.
It is the job of a humanitarian worker to determine whether a survivor is telling the truth.	It is the job of humanitarian workers to support the survivor and believe her.
Women are raped if they wear the wrong clothes or go to the wrong places.	Rapists look for victims they think are vulnerable, not women who dress in particular way. No person, whatever their behavior, "deserves" to be raped.
Women often lie about being raped.	Global research shows that, similar to report of other serious crimes, a very low percentage of rape reports are given falsely. This is the same as for other serious violent crimes.
Rape only occurs outside, at night when the victim is alone	Rape can and does occur anytime and anyplace. Many rapes occur during the day and in the victims' homes, e.g. girls and women with disabilities can be raped when they are left at home alone. In addition, often women or girls know the perpetrator (their stepfather, uncle etc.) These rapes often occur in the home.
If a person doesn't "fight back" she was not really raped.	Rape is potentially life-threatening. Whatever a person does to survive the assault is the appropriate action. This may include not fighting because of fear.
If a survivor does not show physical injuries from the rape, she was not raped.	Survivors may not show physical signs of the assault.
Incest (rape or sexual abuse by family members) is rare.	Incest is common and happens in every community.
Sexual assault usually occurs between strangers.	By some estimates, over 80% of rape victims know their attackers. The rapist may be a relative, friend, co-worker, boyfriend, or other acquaintance.
Commercial sex workers cannot be raped.	Commercial sex workers are even more exposed and subjected to rape and other forms of violence than other women.
A survivor should not think too much about the violence she has experienced. She should "forget it."	Survivors who are not allowed to talk about the violence they experienced have a much more difficult time recovering from it. All survivors should be offered the opportunity to talk about the assault with those personally close to them if they wish to do so.

