

Gender-based Violence Disclosure Toolkit

Responding to Gender-based Violence Disclosure in Humanitarian Crisis Settings



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Introduction to the GBV Disclosure Toolkit

This Gender-based Violence (GBV) Disclosure Toolkit provides guidance on how to safely, ethically and appropriately support and respond to disclosure of GBV in contexts impacted by displacement and other humanitarian crises.

GBV is one of the most widespread human rights violations globally, with around in 1 in 3 (30 per cent) of women worldwide having experienced either physical and/or sexual intimate partner violence (IPV) or non-partner sexual violence in their lifetime.¹ Conflict, disasters and other humanitarian crises increase women's, girls', men's, boys', and lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) individuals' exposure to violence, abuse and exploitation. Refugees, asylum-seekers, internally displaced people, migrants and other people impacted by crises experience even higher rates of GBV, with GBV both a driver and a consequence of conflict and displacement. Across diverse settings, those impacted face increased risks and rates of sexual violence, intimate partner violence, trafficking, and forced or child marriage, among other forms of GBV.²

The effects of GBV can be devastating, impacting the survivor's immediate and longer-term physical and mental health, well-being and relationships. GBV can result in anxiety, depression, post-traumatic stress, and myriad other symptoms, including interfering with the survivor's ability to engage with individuals, communities, services and systems. Importantly, how others respond to someone who has survived GBV can be crucial to their healing process: services and systems that are not sensitive to the impacts of GBV can create further harm to GBV survivors and impede their healing and recovery.

Many GBV survivors never tell anyone what has happened to them. There are significant and multi-layered barriers that prevent survivors from disclosing GBV, ranging from personal factors to social and cultural barriers. Personal factors linked to the survivor can include their relationship to the perpetrator and the impacts they experience; social factors can include community acceptance of GBV or stigma against survivors. Common individual and social barriers to disclosure include fear, guilt and shame, limited awareness about available services, and social and cultural norms that normalize GBV or blame and stigmatize survivors. Structural barriers can include mobility and transport challenges, as well as the inability of service providers to compassionately, safely and effectively support survivors' disclosure.

Disclosing sexual violence can present distinct challenges for other groups as well, including men, adolescents and children. In addition, GBV survivors who experience intersecting oppression and discrimination based on another aspect of their identity—such as their

1 World Health Organization (WHO), *Violence Against Women Prevalence Estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women* (Geneva, 2021).

2 Inter-agency Standing Committee (IASC), *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (2015), p. 3.

ethnicity, disability, age, religion, or sexual orientation, gender identity, gender expression and/or sex characteristics (SOGIESC)—can face additional barriers to disclosure and accessing help. For survivors who overcome these barriers and choose to disclose, the way in which family, friends and service providers respond is critical to their safety, health, healing and recovery.

Due to the high rates and risks of GBV in displacement and other humanitarian contexts, it is important that organizations and services in contact with affected people respond to GBV disclosure appropriately, safely, ethically and compassionately. This requires survivor-centred knowledge, skills, values and practices. Although many resources already guide the provision of care, support and protection to GBV survivors in humanitarian settings, there is a lack of guidance specifically on how to support and respond to GBV disclosure. This GBV Disclosure Toolkit addresses that gap.

Disclosure

In this Toolkit, “disclosure” means revealing a past or ongoing experience of GBV to another person, specifically a service provider. Disclosure differs from “identification”. While identification refers to proactive efforts made by an organization—such as screening, direct questioning or other systematic methods—to detect GBV, disclosure, in contrast, refers to the willing and voluntary choice of a survivor to reveal what has happened to her/them.¹ In a way, identification is the seeking of information, whereas disclosure is the offering.

Disclosure can help survivors access support and protection. It may arise in different ways in a service provision context. These include “self-motivated” disclosure, “enabled” disclosure, “guided” or “elicited” disclosure, and “third party” disclosure. For a typology of GBV disclosure in a service provision context, see **TOOL 1**.

DISCLOSURE VERSUS IDENTIFICATION	
DISCLOSURE	IDENTIFICATION
<ul style="list-style-type: none"> • Revelation of something unknown or hidden about oneself • Often refers to secret or stigmatized information • Can be influenced by capability, opportunity and/or motivation to disclose 	<ul style="list-style-type: none"> • Organization’s pro-active effort to detect a condition, experience or need among a population of concern, for example, through screening tool, direct questioning or observation

¹ This Toolkit uses female and gender-neutral pronouns together, to recognize the heavy impact of GBV on women and girls, while also being inclusive of the experiences and identities of other groups impacted by gendered violence, such as transgender and non-binary individuals as well as men and boys.

Background to the Toolkit

This Toolkit is the culmination of years of practice-based research and collective reflection. It is part of an overall project initially spurred by questions arising during direct service provision to GBV survivors: *Why, when, how and to whom do some survivors decide to reveal their GBV-related experiences and needs? Are there specific barriers to GBV disclosure for those displaced by armed conflict, natural disaster and other humanitarian emergencies? What, if anything, can service providers do in these contexts to make it easier for those GBV survivors who do wish to disclose?*

The project started with exploratory research conducted in Mexico and Guatemala in 2018-2019.¹ From these preliminary findings and at the request of study participants, the research team developed a draft toolkit for use in the Mexican context. In 2020, with support from the United States Department of State Bureau of Population, Refugees and Migration, the research team was able to pilot and refine the Mexico toolkit² and expand its examination of GBV disclosure in humanitarian contexts, adding Greece and Kenya to the study, along with an online survey of humanitarian practitioners focused on GBV in other countries. From this new data, and with additional consultation with experts from the humanitarian field, this Toolkit was developed. It is accompanied by a report, entitled *Choosing to Speak, Learning to Hear: Disclosure of Gender-based Violence in Humanitarian Crisis Settings*, which presents the research findings and concepts of GBV disclosure in more detail.³

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- 1 This preliminary research was conducted while the research team was based at the Human Rights Center's Sexual Violence Program at the University of California, Berkeley. It was supported by the United Nations High Commissioner for Refugees' (UNHCR's) Regional Legal Unit for the Americas, with supplemental funds from an anonymous donor. The report, entitled "The Silence I Carry: Disclosing gender-based violence in forced displacement – Mexico, Guatemala" (2018), is available at www.acnur.org/publications/pub_prot/5c081eae4/the-silence-i-carry-disclosing-gender-based-violence-in-forced-displacement.html.
 - 2 Center for Human Rights, Gender and Migration, *The Silence I Carry: Disclosing gender-based violence in forced displacement Practitioners' Toolkit for Mexico* (Revised, 2020), available at: <https://cpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/1/2391/files/2020/12/SGBV-Disclosure-Revised-Toolkit-2020-EN.pdf>.
 - 3 This toolkit was developed based on research on GBV disclosure in diverse humanitarian settings. For study results, please see Center for Human Rights, Gender and Migration, *Choosing to Speak, Learning to Hear: Disclosure of Gender-based Violence in Humanitarian Crisis Settings* (2022), available at <https://publichealth.wustl.edu/centers/chrgm/>.

Aim and Audience

The Toolkit aims to help organizations and workers across sectors safely and appropriately receive and respond to GBV disclosure. The Toolkit provides guidance and resources to:

- Help organizations create a safe environment to enable GBV survivors to disclose their experiences if they choose to;
- Support workers to receive and respond to GBV disclosure in a manner that promotes survivor safety, dignity, choice, agency and healing; and
- Foster awareness in the community about GBV and services available for survivors.

The primary audience for this Toolkit includes organizations and service providers who, through their work, have contact with populations in displacement and other humanitarian contexts, such as internally displaced people, refugees, asylum seekers and migrants. It is written for national and international non-governmental organizations (NGOs), United Nations (UN) agencies, and local organizations providing health, community, shelter, protection and

other support services, especially those providing services to women, children, people with diverse SOGIESC, people with disabilities and other specific groups.

This Toolkit is especially useful for non-GBV specialists who work with the above populations. Ideally, the Toolkit will serve as a resource for service providers of all levels of GBV expertise, as it provides both basic concepts as well as a variety of new considerations and practical tips for responding to GBV disclosure.

Organizations with staff who have a mandate and protocol in place to proactively inquire about GBV experiences will also find elements of the Toolkit useful to supplement their organizational policies and worker training and development. This includes workers who do routine screening in health settings, conduct statutory child protection investigations, represent asylum-seekers or adjudicate their claims, or document conflict-related sexual violence (CRSV).



ESSENTIAL TO KNOW: SURVIVORS' AGENCY TO DISCLOSE

*The purpose of this Toolkit is to give providers, practitioners and organizations the tools they need to create a safe and welcoming environment for GBV survivors to willingly disclose their experiences of violence if they choose to. **Remember that a person should never be forced to speak about experiences of GBV.** They may not see any benefit in revealing their experience; they may not trust the person who is asking questions. It may even be dangerous for them to speak about the harms they have suffered or the harms they fear.*

*Not every GBV survivor wants to share what happened. Some may consider speaking about GBV days, months or even years later. Others may never want to speak about it. They may fear the consequences of doing so, or may just want to "get on with their lives." **Survivors have the right to choose if, when, how and to whom they will share their story.** A person's agency in disclosing GBV must always be respected. Pressuring or inappropriately asking someone to speak about past or present experiences of GBV can be harmful and disempowering and is considered a form of secondary abuse. It can also compromise safety.*

***Service providers should not pursue details about GBV unless they are required by a specific mandate to ask about or investigate GBV, are supported by protocols, and are trained appropriately.** It is not a service provider's role to decide whether, when, or how a GBV survivor should disclose.*

***It is a service provider's role to create a safe, enabling environment for a GBV survivor to speak if she/they wish to.** It may take time. It may never happen. The important thing is to create that safe space – physically, procedurally, and psychologically - just in case.*

- ***Physical space:** Is the facility or office safe and welcoming? Does it have comfortable seating and areas for private conversation? Does it invite visitors to move freely and enjoy independent access to food and drink?*

- **Procedural space:** *Is there time and effort to establish a sense of trust and safety from the moment someone arrives? Is the discussion about informed consent and confidentiality clear, with opportunity for questions and information about changing one's mind later?*
- **Psychological space:** *Have a survivor's immediate needs been identified and addressed? Are their children cared for during the meeting? Is it clear when and how the survivor needs to leave and continue with their day?*

One versus multiple opportunities to meet

- *In contexts of rapid movement or where it is not easy to see someone more than once, a service provider can at least provide information about GBV, self-care, and services that are available. This includes information about services along the route for people on the move. This may enable later disclosure for those who wish to speak at a different time or under different circumstances.*
- *Where future meetings are possible, service providers should let a potential survivor know the "door is always open," if they want to come back to participate in activities or just to talk again. The more of a reliable "safe space" one can create, the better.*

Good practices underpinning the Toolkit



ESSENTIAL TO KNOW: SURVIVOR-CENTRED AND TRAUMA-INFORMED APPROACHES

A **survivor-centred approach** recognizes that every survivor:

- Has equal rights to care and support;
- Is different and unique;
- Will react differently to GBV;
- Has different strengths, capacities, coping skills, resources and needs;
- Has the right, appropriate to their age and circumstances, to decide who should know about what has happened to them and what should happen next; and
- Should be believed and be treated with respect, kindness, compassion and empathy.¹

A **trauma-informed response** recognizes that GBV survivors may have experienced traumatic events and acknowledge that this can impact physical, emotional and mental health, well-being and behaviours. Trauma-informed responses seek to do no further harm and to promote safety, healing and recovery from traumatic experiences. Trauma-informed care seeks to recognize the effects of traumatic experiences in clients, families and staff; integrates culturally sensitive knowledge about how people respond to traumatic experiences into policies, procedures and practices; and actively avoids re-traumatization.²

1 Edited extract from the Gender-Based Violence Information Management System (GBVIMS), *Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings* (2017).

2 Trauma Informed Care Implementation Resource Centre, "What is trauma-informed care?" available at: www.traumainformedcare.chcs.org/what-is-trauma-informed-care/ (accessed on 25 July 2022).

This Toolkit is based on good practices, evidence and learning about GBV disclosure and supporting GBV survivors in emergency-affected settings. Understanding and implementing these good practices is essential for establishing safe, ethical and effective reception of and response to GBV disclosure. First and foremost, the Toolkit is based in survivor-centred and trauma-informed approaches.

The four elements of a survivor-centred approach include:

- Applying rights-based, **survivor-centred principles** in the helping process;
- Equipping service providers with **survivor-centred beliefs, attitudes and values**;
- **Coordinating responses**; and
- Committing to **do no harm**.

Applying survivors-centered principles in their helping process

A set of survivor-centred principles guides the work of everyone—no matter what their role is—in all interactions with GBV survivors. There are four interrelated and mutually reinforcing principles that apply at all times to all actors: *right to safety, right to confidentiality, right to dignity and self-determination, and non-discrimination*. In the case of child survivors, the additional principle of best interests of the child also applies. Applying these principles helps to create an environment that enables GBV disclosure and promotes safe and ethical responses after disclosure. More information about these survivor-centred principles can be found in **TOOL 1**.

Equipping service providers with survivor-centred beliefs, attitudes and values

In order to create a safe and enabling environment for GBV survivors to disclose, service providers must have and demonstrate beliefs, values and attitudes that are compassionate, empathetic and non-judgemental and that promote the worth and dignity of each survivor. When survivors disclose an incident or experience of GBV, the way they are treated by the people they disclose to can either support their safety and healing or can cause more harm. Unempathetic responses to GBV can be hugely damaging and harmful to the survivor: beliefs, attitudes and values that judge, minimize, discredit or blame the survivor for what has happened can inhibit further disclosure and cause psychological harm. As such, it is essential that all those who come into contact with GBV survivors are properly trained and equipped with survivor-centred, empathetic and supportive beliefs, attitudes and values. **Modules 1 and 2** offer tools for how to do this.

Coordinating responses

A single actor or service cannot respond to all of a survivor's needs. In all settings, including displacement settings, different actors and organizations are responsible for providing different kinds of care to GBV survivors after they disclose. Key actors include those who provide health, psychosocial support, case management, protection, safety and justice services. No matter how many or how few services are available in a given context, coordination between actors is essential. This involves good communication, understanding each service's different roles and responsibilities in providing care and support after disclosure, and having clear and agreed arrangements for making referrals and sharing information. **TOOL 4**, as well as other tools in **Modules 1 and 2**, provides guidance for coordination and referring survivors to other services.

It is critical to note that any sharing of information related to GBV disclosure should only be done with the survivor's clear informed consent and in a way that prioritizes her/their safety, confidentiality and dignity.



ESSENTIAL TO KNOW: INFORMED CONSENT AND INFORMED ASSENT

Informed consent is the act of making an informed choice freely and voluntarily. A survivor must be informed about all options available to her, must fully understand what she is consenting to, and must fully understand the risks (including the limits of confidentiality) before they can truly consent. The full range of choices should be presented to the survivor, regardless of the service provider's individual beliefs. The survivor should never be pressured to consent to any interview, exam, assessment or questioning. A survivor may withdraw consent at any time. For children too young to understand and give their informed consent, parents or caregivers can provide informed consent on behalf of the child.

Informed assent is the expressed willingness to participate in services. For younger children who are too young to give informed consent but are old enough to understand and agree to participate in services, the child's informed assent is sought.¹

¹ International Rescue Committee (IRC) and United Nations Children's Fund (UNICEF), *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings* (2012), available at: www.unicef.org/media/73591/file/IRC-CSS-Guide-2012.pdf.

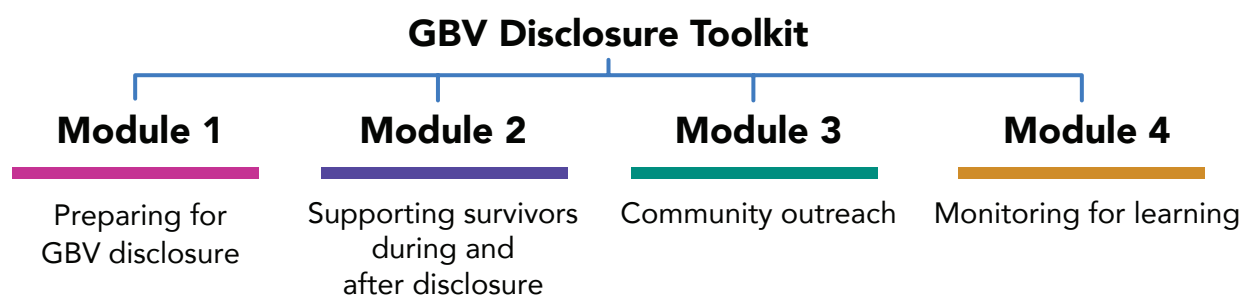
Committing to do no harm

It is potentially harmful and unethical to actively encourage GBV disclosure. For example, if there are no available services to support survivors of GBV, encouraging GBV disclosure can do more harm than good. Similarly, if disclosing GBV could re-traumatize a survivor or compromise their safety and security in any way, it is not appropriate for service providers to encourage GBV disclosure.

All organizations and service providers must assess their context accordingly and have clarity about the minimum information they need in order to provide services. In all contexts, all organizations and service providers should take steps to ensure that the environment is safe and supportive for survivors who choose to disclose regardless.

What's in the Toolkit

This Toolkit contains four modules. Each module includes an introduction and a set of tools to help organizations and service providers approach GBV disclosure in a safe, ethical and appropriate way in different contexts.



MODULE 1: Preparing for GBV disclosure aims to support organizations to build their capacity and readiness to safely, ethically and appropriately receive and respond to GBV disclosure. It includes the following tools:

TOOL 1: Building knowledge about GBV, disclosure and the survivor centred approach

TOOL 2: Creating a safe and enabling environment for GBV disclosure

TOOL 3: Learning activities to build staff capacity

TOOL 4: Creating a referral network

TOOL 5: Organizational readiness checklist

MODULE 2: Supporting survivors during and after disclosure aims to support the development of service provider knowledge, skills and good practice so that they respond compassionately and appropriately to disclosure of GBV. It includes the following tools:

TOOL 6: Guidance for supporting GBV disclosure

TOOL 7: Supporting survivors who are in distress

TOOL 8: Working with diverse groups

TOOL 9: Working with interpreters and cultural mediators

TOOL 10: Managing secondary trauma and promoting self-care

MODULE 3: Community outreach aims to support organizations to engage with communities—and especially with marginalized or hard-to-reach groups—in safe, appropriate and effective ways to increase awareness about GBV and available services. It includes the following tools:

TOOL 11: Assessing community information needs

TOOL 12: Community outreach approaches

MODULE 4: Monitoring for Learning aims to support organizations to monitor and share good practices in receiving and responding to GBV disclosure in displacement and other humanitarian situations. It contains the following tools:

TOOL 13: Planning a monitoring process

TOOL 14: Creating a monitoring dashboard

Within each Tool

Within the tools in each module, you will find:



Links to additional information and resources



Tips for adapting the tools for use in different settings



Considerations for working with diverse groups



Links to additional information and resources

This Toolkit aims to address a specific gap in guidance around supporting safe and effective responses to GBV disclosure in humanitarian situations. There are many additional resources available to support organizations and workers to develop their capacity in responding to GBV survivors. Suggested additional resources are included in each tool to enable further learning and support implementation of particular activities.



Tips for adapting the tools for use in different settings

This Toolkit is intended for organizations and service providers working across a wide range of settings and serving diverse emergency-affected communities. Some may be serving refugee communities in stable urban or camp settings where there is access to other support services, including GBV specialized services. Others may be serving recently displaced people seeking safety and protection, such as asylum-seekers or migrants crossing international borders, where there may be few services available.

In more stable settings, workers will have greater opportunity for engaging with survivors, building rapport and referring survivors to additional services. In less stable settings where people are on the move and there are fewer resources, workers may have only a single, brief opportunity to respond to GBV disclosure and offer helpful information about a survivor's options. With limited time or in insecure settings, it may be extremely difficult to help survivors access even basic needs such as healthcare and safe shelter. In such contexts, it is vital that organizations provide guidance for staff on what they should do to support survivors who disclose GBV.

Contextual factors surrounding the displacement must also be considered when adapting the tools. Population displacement can be caused by different events, including armed conflict, political or ethnic violence, and natural disasters and climate-induced emergencies. Each of these drivers of displacement can have a different impact on risks and experiences of GBV, as well as on GBV disclosure and help-seeking behaviour. Personal and social factors (such as religion, nationality and legal status) as well as context-based barriers (such as insecurity, lack of freedom of movement and migration policies) can all impact how and whether a survivor chooses to disclose GBV.

This Toolkit should be customised to ensure all tools are relevant to not only to your organization's operational context, but also—more importantly—to the needs and circumstances of the people your organization serves. To do this, first read the entire module to understand its purpose and contents. Next, identify the tools you plan to use. Carefully review each tool and make changes according to circumstances and needs. If you are not sure if a tool or approach is appropriate for your context or the populations you are serving, consult with others within your own organization or other organizations who have experience with GBV survivors before deciding to use it. **It is important that a survivor-centred approach remains embedded throughout the tools, regardless of other changes.**

There are also resources available online and through the **Gender-based Violence Area of Responsibility** (<https://gbvaor.net/>) which may be helpful as you customize the tools to your setting.



Considerations for working with diverse groups

Information and considerations for receiving and responding to GBV disclosure from diverse groups are included in the tools. Experiences of GBV and GBV disclosure are shaped by factors linked to age, gender and intersecting experiences of oppression and discrimination based on race, ethnicity, religion, disability and diverse SOGIESC. A survivor who lives with multiple intersecting oppressions (for example, a survivor who is an adolescent girl and also has a disability) may experience multiple compounding impacts of GBV as well as complex barriers to disclosure. Different groups face unique and distinct challenges in seeking and receiving support after GBV disclosure, and this has important implications for service providers. The following groups are given additional consideration throughout all modules.

- **Children and adolescents** face distinct challenges in disclosing GBV, particularly those who are unaccompanied or separated during displacement. The experience of sexual abuse in childhood or adolescence is uniquely harmful, and children often disclose sexual abuse differently than adults. For many, disclosure is a process rather than a single or specific event. Disclosure about sexual abuse can be directly or indirectly communicated, voluntarily or involuntarily. For example, a child survivor or a family member may share information about the abuse with a service provider; or a witness to sexual abuse may share information with a third party; or a child may contract a sexually transmitted disease or become pregnant, propelling the abuse to be disclosed. How service providers respond to disclosure is shaped by factors such as the child's age and stage of development, the child's best interests and laws around mandatory reporting. *For more information on mandatory reporting, see **TOOL 2**.*
- **Survivors with disabilities** may face additional GBV risks and additional challenges in disclosure and help-seeking. For example, if someone is being abused but is dependent on the perpetrator for care, they may feel unable to come forward. Many services are also not accessible or designed to meet the needs of people with disabilities. Services therefore need to be accessible, approachable and acceptable for survivors with a wide range of disabilities.

- **People with diverse SOGIESC**—including those who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+)—may be reluctant to disclose sexual or other violence due to fear of discrimination or retribution by police, health and other services; fear of having their sexual orientation or gender identity revealed without their consent; or risk of further violence or discrimination if their diverse SOGIESC is discovered by someone who is not supportive of their identity or in an area where such identities are criminalized. These and other factors have implications for creating a safe environment that enables people with diverse SOGIESC to disclose instances of GBV.
- **Ethnic and religious minorities, including indigenous women and girls**, often face increased stigmatization, discrimination and violence based on their ethnicity, race or religious practices. Ethnic or religious minorities who are survivors of GBV may face additional barriers to accessing compassionate and equitable services due to this underlying discrimination and may be hesitant to come forward. Language can also be a barrier to safely reporting instances of GBV, especially for linguistic minorities.
- **Male survivors** of sexual violence may fear they will be perceived as perpetrators rather than victims. In settings where same-sex relations are criminalized, men reporting rape by another man may face arrest. Stigma and shame are also common barriers to male survivors' disclosure of sexual violence. Other factors that impact disclosure include lack of awareness, services and referral pathways for male survivors; fear of community exposure and stigmatization; and misconceptions among responders.

While the Toolkit generally refers to these above-mentioned groups, it will be important to consider disclosure barriers and needs of other specific survivor profiles your organization commonly sees. For example, in settings where pregnant women or those caring for infants are targeted for sexual violence, tools should be adapted to address their specific needs.

A final note on adapting and using this Toolkit

Good practice relies on creativity and thoughtfulness in applying the guidance and tools in this Toolkit in your context. Responding to survivors who disclose GBV is often complex and challenging, particularly in emergency-affected settings which are commonly characterized by limited resources and insecurity. In such situations, there may be no options for providing safe shelter or meeting other basic needs. As such, problem solving relies on creativity and ingenuity, sometimes on a case-by-case basis. While this Toolkit offers a foundation on which to build good practice in receiving and responding to GBV disclosure, creative problem solving—while always centring the rights, needs and wishes of each survivor—is at the heart of helping survivors to be safe, heal and recover.

MODULE 1:

Preparing for GBV Disclosure

Overview

The purpose of this module is to support organizations as they prepare to respond to GBV disclosure. A survivor-centred, trauma-informed response to GBV disclosure creates a supportive environment in which each survivor's rights are respected—including rights to safety, self-determination, dignity and respect—and each survivor receives helpful and empathetic responses that promote her/their agency, safety and recovery.

In some displacement and humanitarian settings, some level of GBV-specific services may exist. However, non-GBV specialized organizations and services can play a critical role as first responders in supporting survivors who disclose their experiences. To adequately prepare for GBV disclosure, these non-GBV specialist organizations should take steps to:

- Create a safe and enabling environment for GBV disclosure;
- Build knowledge among staff about GBV, disclosure and the survivor-centred approach; and
- Create a referral network for onward care, support and protection.

Creating a safe and enabling environment for GBV disclosure includes developing survivor-centred policies, making services and facilities welcoming and safe, and building a diverse team with appropriate knowledge, attitudes, behaviours and skills. Procedures must be in place to guide staff on protecting confidentiality; promoting safety of GBV survivors; treating all survivors with respect and dignity; and ensuring equity in access to support, regardless of a survivor's race, language, age, gender, disability, legal status or SOGIESC.

1. Build knowledge among staff about GBV, disclosure and the survivor-centered approach.



2. Create a safe and enabling environment for GBV disclosure.



3. Ensure a referral network for onward care, support and protection.

Building knowledge among staff about GBV, disclosure and the survivor-centred approach is essential for preparing for GBV disclosure. Trauma-informed and survivor-centred responses to GBV disclosure involves ensuring that all staff and volunteers who come into contact with survivors are able to:

- Create a safe space that can enable survivors to disclose if they wish to;
- Respond to GBV disclosure in a manner that promotes the survivor’s safety, resilience and capacity to cope;
- Respect each survivor’s wishes, choices and decisions in all actions or next steps; and
- Support survivors to seek further assistance and support.

Ensuring a referral network for onward care, support and protection after disclosure involves building relationships with other organizations and service providers and ensuring pathways are in place to connect survivors with the support they need after they disclose. There are some situations where it can be harmful to actively encourage GBV disclosure—for example, when there is a lack of available support services or staff sensitization, or when disclosure could risk re-traumatization or compromise survivor safety. Even in these situations, however, organizations should take steps to ensure they are able to provide survivors who do disclose with information about how they can access support and assistance moving forward. In contexts of migration or rapid displacement, this requires organizations to establish referral pathways along migration or movement routes, so that they can share information with survivors about where to safely access support either on their journey or once they reach their destination.

What’s in here?

The tools in this module are intended for managers with responsibility for organizational policies, practices and service delivery. You will find the following tools in this module:

- **TOOL 1: Building knowledge about GBV, disclosure and the survivor-centred approach.** This tool provides information and resources to help organizations build survivor-centred knowledge among staff about GBV and disclosure.
- **TOOL 2: Creating a safe and enabling environment for GBV disclosure.** This tool describes steps organizations can take to build a welcoming environment that helps survivors feel safe to disclose GBV, should they choose to.
- **TOOL 3: Learning activities to build staff capacity.** This tool includes learning activities to help staff build capacity and practice skills for creating an environment that is safe and enabling for survivors to disclose GBV.
- **TOOL 4: Creating a referral network.** This tool sets out steps organizations can take to establish a referral network for survivors who disclose GBV.
- **TOOL 5: Organizational readiness checklist.** This tool offers a checklist of preparatory actions to assess an organization’s readiness to respond safely, ethically and appropriately to GBV disclosure.

TOOL 1:

Building knowledge about GBV, disclosure and the survivor-centred approach

This tool provides information and links to additional resources to help organizations build trauma-informed, survivor-centred knowledge across their teams, which is foundational to creating a safe and enabling environment for receiving and responding to GBV disclosure.

Managers of organizations or services can share the information in this tool with their staff in a variety of ways to help build knowledge across the organization. For example, it may be used:

- As a handout for staff to undertake self-paced learning;
- To inform group discussion in staff supervision or staff development sessions; and/or
- As content for a training workshop.

It includes material to support learning and development for all staff on the following topics:

- **Topic 1:** Introduction to GBV and GBV disclosure
- **Topic 2:** The trauma-informed and survivor-centred approach

Note: *It is recommended that all staff training on GBV be delivered by a facilitator with appropriate knowledge and expertise in GBV and responding to GBV disclosure.*

Introduction to GBV and GBV disclosure

This section presents introductory information on GBV, its manifestations and its harmful impacts on survivors, including trauma. It also presents information on how, when and why a survivor may choose to disclose and the impacts of how a provider responds to a disclosure. This section covers five topics:

1. What is gender-based violence?
2. Continuum of GBV in displacement
3. Impacts of GBV
4. Disclosing GBV
5. Impacts of providers' response to disclosure

1. What is gender-based violence?

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed differences between males and females (i.e., gender). It includes acts that inflict physical, sexual or mental harm or suffering, threats of such actions, coercion, and other deprivations of liberty. These acts can occur in public or in private and violate a person's human rights. Rooted in structural gender inequalities and power imbalances, this violation of human rights is both a symptom of gender inequity and a tool to reinforce it.¹

GBV is the most widespread human rights violation globally, with one in three women worldwide experiencing physical or sexual violence in their lifetime.² As the UN declaration on the elimination of violence against women (A/RES/48/104) highlights, women and girls experience many additional forms of GBV in a continuum across different life stages, many of which are exacerbated in situations of displacement. These include:

- Sexual violence, including:
 1. Rape
 2. Sexual assault
 3. Sexual slavery
 4. Forced witnessing of sexual violence
 5. Sexual exploitation and abuse
 6. Sexual harassment
 7. Forced or coerced transactional sex
 8. Sex trafficking
- Intimate partner violence (IPV) and domestic violence (DV), which can include sexual violence
- Child, early and forced marriage (CEFM), which can include sexual violence
- Honor-killing and other physical violence
- Economic abuse and deprivation
- Female genital mutilation/cutting (FGM/C)

GBV is disproportionately directed at women and girls due to gender inequitable social, economic and political structures and norms. People with diverse SOGIESC such as lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) individuals—especially transgender women, transgender men, and those who are visibly perceived to be gender-nonconforming—are also disproportionately impacted by GBV due to these same social, economic and political structures and norms. While women, girls and people with diverse SOGIESC suffer GBV at significant rates all over the world, men and boys can also be targeted for sexual violence – including in conflict and displacement. Forms of sexual violence against men and boys in these settings include:

1 IASC, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (2015), available at: www.gbvguidelines.org.
2 WHO, London School of Hygiene, and Tropical Medicine and South African Medical Research Council, *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence* (WHO, Geneva, 2013), available at: www.who.int/publications/i/item/9789241564625.

- Genital violence
- Forced witnessing of sexual violence
- Rape
- Forced nudity and other forms of sexualized humiliation
- Sexual exploitation and abuse, particularly of adolescents and persons with diverse sexual orientation and gender identity³
- Enforced sexual violence against others
- Sexual slavery

3 S. Chynoweth, D. Buscher, S. Martin and A. Zwi, "Characteristics and Impacts of Sexual Violence Against Men and Boys in Conflict and Displacement: A Multicountry Exploratory Study," *Journal of Interpersonal Violence*, vol. 37, No. 9-10 (2022).



CONSIDERATIONS FOR DIVERSE GROUPS: FORMS AND RISKS OF GBV

Women and girls with disabilities face heightened risks of GBV before, during and after conflict, disasters and other emergency settings due to multiple and intersecting forms of discrimination that heighten their exclusion and risks. This can include:¹

- Increased poverty and social isolation;
- Loss of assistive devices, support people and other protective networks;
- Limited mobility; and/or
- Communication barriers.

Economic insecurity and poverty can force displaced and other affected women, girls and gender-diverse people with disabilities to engage in sex work, which can contribute to a heightened risk of GBV. Overcrowding in shelters, inaccessible toilets, or toilets not located inside the shelter itself can exacerbate the risk of violence for women with disabilities. Service providers may not listen to or believe survivors with disabilities (particularly survivors with intellectual and psychosocial disabilities) when they report experiences of GBV. This can inhibit survivors from reporting and accessing available services. Conflict and disaster situations can also weaken both formal and informal protection mechanisms that exist for people with disabilities, which can increase the prevalence of GBV and foster a climate of impunity.

People with diverse SOGIESC also face specific risks of sexual and gendered violence during humanitarian crises due to factors such as:

- Homophobic, biphobic and transphobic attitudes;
- Social and legal discrimination and restricted social status;
- Identity documents not matching their gender identity; and
- Social isolation.

Forms of GBV reported against people with diverse SOGIESC in emergencies include sexual violence, genital violence and enforced rape of others. Lesbian

1 Women Enabled International, *Rights of Women and Girls with Disabilities in Conflict and Humanitarian Emergencies* (2021).

women may be subjected to specific forms of sexual violence, including so-called “corrective” rape or rape as a form of punishment, forced marriage and FGM/C. Gender diverse persons may experience violence directed against them because their gender identity or expression does not align with their assigned gender.² People with diverse SOGIESC can face additional risk of harassment, violence and detention while crossing borders or accessing/registering for services when the gender on their identity documents does not match their gender identity or expression.

2 International Committee of the Red Cross (ICRC) and Norwegian Red Cross, *“That never happens here”*: Sexual and gender-based violence against men, boys and/including LGBTIQ+ people in humanitarian settings (2022).

2. Continuum of GBV in displacement

There is limited data on GBV in displacement contexts due to several factors, including underreporting; challenges associated with conducting research on such a sensitive topic; lack of available support services; and lack of access to populations. Even so, a growing body of evidence is highlighting both the increase in GBV and the continuum of GBV experienced by women, girls and other groups at-risk prior to, during and after displacement, either on return home or in new countries. With individuals suffering multiple forms of violence throughout the migration journey, GBV is commonly not a single event but rather an ongoing experience of violence embedded in everyday life. GBV can also be perpetrated in opportunistic, intentional and strategic ways during transit and in temporary and permanent locations of refuge, as highlighted below.¹

Examples of GBV pre-displacement:

- Child, early and forced marriage (CEFM), including marriage of rape survivors to the perpetrators
- Intimate partner violence (IPV) and other forms of domestic violence
- Rape and other sexual assault, abuse, exploitation and harassment
- Female genital mutilation/cutting (FGM/C)
- Gender-based trafficking in persons

Examples of GBV during armed conflict

- Torture—including sexual torture—of all genders
- Forced witnessing of sexual violence
- Forced marriage and sexual slavery

1 S. Pertek and J. Phillimore, *“Nobody helped me”*: Forced migration and sexual and gender-based violence: Findings from the SEREDA project (University of Birmingham, 2022).

- Rape and other sexual assault
- Gender-based trafficking in persons by armed actors or violent extremist groups

Examples of GBV while in flight

- Rape and other sexual assault in shelters or immigration checkpoints
- GBV perpetrated by authorities, local community members and employers
- Sexual exploitation and abuse (SEA) perpetrated by security forces (including military and police), immigration officials, humanitarian workers, smugglers and others in positions of authority
- Enslavement, kidnapping and sexual exploitation by human traffickers to pay off debts

Examples of GBV in destination contexts and during resettlement

- Intensification of IPV and other forms of domestic violence, including the use of immigration status to control one's partner
- Increased rates of CEFM
- Rape and other sexual assault in asylum/refugee housing, in camps and when homeless
- Sex trafficking
- Forced or coerced transactional sex
- Economic abuse and deprivation of resources based on gender

The risk of trafficking is especially high in situations of displacement, and especially for women and girls. When refugees, asylum-seekers, migrants and other displaced people are forced to flee their homes, they are often isolated and vulnerable, lacking access to resources, livelihoods, and community support and safety networks. They may not be able to speak the language, access services, obtain official status or documents or meet their basic needs. Because of this, they can easily fall prey to traffickers—many of whom will exploit them under the guise of offers to help.²

2 United Nations High Commissioner for Refugees (UNHCR), "Trafficking in Persons," available at: www.unhcr.org/en-us/human-trafficking.html (accessed on 25 July 2022).

3. Impacts of GBV

GBV undermines the autonomy, health, dignity and security of survivors. It contributes to a significant burden of disease for women and girls globally, with physical health effects leading to both acute and chronic illness and impacting neurological, gastrointestinal, muscular, sexual, urinary and reproductive health. Sexual and reproductive health (SRH) effects include sexually transmitted infections, unwanted pregnancies and complications from unsafe abortions. Mental health effects include somatic complaints, sleep disorders, depression, anxiety, post-traumatic stress disorder (PTSD), alcohol and drug abuse and suicidality. All of these physical and mental health consequences impact a survivor’s well-being and functioning and can exacerbate the social consequences of GBV. They can disrupt employment and income-generation activities, education, and capacity to undertake caring and social roles. The stigma associated with some forms of GBV can lead to victim-blaming and ostracism by family and/or community, putting survivors at greater risk of poverty, isolation and further exposure to violence.¹

1 UNICEF, *Gender-Based Violence in Emergencies (GBViE) Programme Resource Pack Kit 1: Getting Started Guidance Book* (2019), available at: www.corecommitments.unicef.org/kp/unicef-gbvie-programme-resource-pack-kit-1-getting-started-guidance-book.pdf.

COMMON CONSEQUENCES OF GBV ¹		
Physical consequences	Psychological consequences	Social consequences
<ul style="list-style-type: none"> Physical injury Disability Sexually transmitted infection, including HIV Unwanted pregnancy Unsafe abortion, miscarriage Fistula Chronic pain Sleeping and eating disorders Death, including through suicide 	<ul style="list-style-type: none"> Depression and sadness Fear and anxiety Self-blame, guilt and shame Re-experiencing the traumatic events, flashbacks Avoidance of places or situations Anger Trouble concentrating or remembering Self-harm Suicidal ideation 	<ul style="list-style-type: none"> Victim-blaming Stigmatization Rejection and isolation by family and/or community Forced marriage Decreased earning capacity Increased poverty Re-victimization Honour killing Social isolation

1 IASC, *How to support a survivor of gender-based violence when there is no GBV actor in your area: User Guide* (2015), available at: https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_UserGuide_021618.pdf.



ESSENTIAL TO KNOW: GBV AND TRAUMA

Many experiences of GBV are traumatic. Trauma is caused by an acute experience that is beyond the range of normal experience or suffering. When experiencing the traumatic event(s) of GBV, the survivor may be pushed beyond their capacity to cope and may do things such as acquiesce or participate in order to survive. People react differently to the same event, and some people recover from traumatic experiences without outside help, using their own coping mechanisms such as community and social support networks. Some people, however, find some type of outside help useful in coping with the effects of traumatic experiences, as traumatic events “overwhelm the ordinary systems of care that give people a sense of control, connection and meaning”.¹

Traumatic stress responses are normal human responses to distressing or disturbing experiences. Shock and denial are typical responses immediately after a distressing event such as an experience of violence or harm. However, many people will experience more intense and ongoing reactions, including unpredictable emotions, anxiety, flashbacks, strained relationships, and physical symptoms of traumatic stress such as headaches or nausea. While these feelings are normal, they can overwhelm a person’s ability to cope and can have significant impacts on their life and relationships. Multiple experiences or ongoing exposure to traumatic events can have compounding negative impacts that affect a person’s central nervous, endocrine and immune systems, placing survivors at risk for multiple health problems in the future.²

The dual experiences of being displaced and exposed to GBV create multiple intersecting harms. These can be exacerbated by a lack of survivor-centred support services on lengthy and dangerous journeys, leaving survivors with many untreated consequences of GBV.³

Responses to traumatic experiences intersect with culture, history, race, gender, location and language. Trauma-informed responses by practitioners, services and systems acknowledge the compounding impact of structural inequity and are responsive to the unique needs of diverse individuals and communities. Cultural awareness, responsiveness and understanding are essential for increasing access and improving the standard of care for women, children, families and communities exposed to traumatic experiences.⁴

1 Judith Herman, *Trauma and Recovery* (Basic Books, 1992), p. 33

2 B. Sabri and D. A. Granger, “Gender-based violence and trauma in marginalized populations of women: Role of biological embedding and toxic stress,” *Health Care Women International*, vol. 39, No. 9 (2018), available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC6428086/.

3 S. Pertek and J. Phillimore, “Nobody helped me”: *Forced migration and sexual and gender-based violence: Findings from the SEREDA project* (University of Birmingham, 2022).

4 Extracted from the National Child Traumatic Stress Network, “Culture and Trauma,” available at: www.nctsn.org/trauma-informed-care/culture-and-trauma (accessed 25 July 2022).



Links to additional information and resources

GBV IN DISPLACEMENT

- **“Nobody Helped Me”: Forced migration and sexual and gender-based violence: Findings from the SEREDA project** (Pertek and Phillimore, 2022). Available at: www.researchgate.net/publication/360258002_Nobody_helped_me_Forced_migration_and_sexual_and_gender_based_violence_findings_from_the_SEREDA_project. More information from the SEREDA project can be found here: <https://childhub.org/en/child-protection-online-library/forced-migration-and-sexual-and-gender-based-violence-findings-sereda-project-uk>
- **Alone and Unsafe: Children, migration and sexual and gender-based violence** (International Federation of Red Cross and Red Crescent Societies [IFRC], 2018). This study seeks to improve understanding of the risks and types of sexual and gender-based violence faced by children who migrate on their own, as well as the gaps in protection and assistance for these children. It looks closely at the situation in dangerous or remote locations—places that are fragile, conflict-ridden, underserved and hard to reach—where children may be particularly vulnerable. Available at: <https://www.ifrc.org/document/alone-and-unsafe-children-migration-and-sexual-and-gender-based-violence-0>.

GBV AND DISABILITY

- **Fact Sheet: Violence Against Women and Girls with Disabilities** (2013). Available at: www.un.org/womenwatch/daw/csw/csw57/side_events/Fact%20sheet%20%20VAWG%20with%20disabilities%20FINAL%20.pdf.
- **Disability Inclusion in GBV Programming** (Irish Consortium on Gender-Based Violence, 2020). This paper provides an overview of the causes and consequences of GBV against women and girls with disabilities in both development and humanitarian settings. Available at: www.gbv.ie/wp-content/uploads/2020/12/WEB-VERSION-Disability-Inclusion-in-GBV-Programming-ICGBV-CBM.pdf

SEXUAL VIOLENCE AGAINST MEN AND BOYS

- **Sexual Violence Against Men and Boys in Conflict and Displacement: Findings from a Qualitative Study in Bangladesh, Italy and Kenya** (Women’s Refugee Commission, 2020). Available at: www.womensrefugeecommission.org/wp-content/uploads/2020/10/Sexual-Violence-against-Men-Boys-Synthesis-Report.pdf

GBV AND PEOPLE WITH DIVERSE SOGIESC

- **Sexual and Gender-Based Violence in Lesbian, Gay, Bisexual, Transgender and Queer Communities** (Erickson-Schroth and others, 2020). Available at: www.researchgate.net/publication/340229739_Sexual_and_Gender-Based_Violence_in_Lesbian_Gay_Bisexual_Transgender_and_Queer_Communities

- **Addressing Sexual Violence against Men, Boys and LGBTQ+ Persons in Humanitarian Settings: A Field-Friendly Guidance Note by Sector** (Women’s Refugee Commission, 2021). Available at: www.womensrefugeecommission.org/wp-content/uploads/2021/02/Addressing-Sexual-Violence-against-Men-Boys-LGBTIQ-Persons-Guidance-Note-022021-1.pdf

TRAUMA

- **Culture and Trauma** (The National Child Traumatic Stress Network). Available at: www.nctsn.org/trauma-informed-care/culture-and-trauma. For additional resources from the Network, see: www.nctsn.org/trauma-informed-care/culture-and-trauma/nctsn-resources.

4. Disclosing GBV

GBV disclosure refers to a survivor revealing an experience of GBV to another person. Many survivors never disclose their experience to anyone, due to a wide range of barriers and disincentives to disclose. There is no right way for someone to disclose; whether, when and to whom a survivor discloses depends on the person, their needs and the context, including context-specific barriers to disclosure.

It is also important to note that GBV disclosure may not be a one-time event. It may be an ongoing, evolving revelation as more trust and confidence is established between a survivor and a service provider. In some ways, disclosure is like an iceberg—it can be very superficial or quite in-depth, and it may deepen over time.



ESSENTIAL TO KNOW: BARRIERS TO DISCLOSURE

GBV survivors face multi-faceted, layered and interconnected barriers to disclosing. These include personal, psychological barriers experienced by an individual survivor; barriers related to the context, such as a lack of services or unsupportive family; and barriers related to larger cultural and structural factors, such as cultural norms that condone GBV or shame survivors. These barriers are magnified in contexts of displacement where access to services may be even more limited and where survivors are exposed to ongoing harm. Common barriers include.¹

- Cultural norms and social stigma associated with sex, sexuality, gender roles/expectations, gender identity, violence and other related factors.
- Fear of ostracization and stigmatization by family or community members.
- Shame and guilt, including the (false) belief that the violence was one's own fault.
- Minimizing of the experience—by one's self or others (or both)—to believe it "wasn't really that bad" or "wasn't actually GBV."
- Normalization of violence—including "everyday" normalized GBV that women experience (such as IPV and child marriage) and that people with diverse SOGIESC experience (such as violence related to homophobia and transphobia), as well as violence that becomes normalized in the context of conflict and displacement.
- The impacts of traumatic experiences, which can lead to depression, isolation, PTSD, lack of clear memories about the event(s) or the context in which it occurred, and other barriers to talking about the experience.
- Time and priorities of survivors, particularly for migrants and displaced people on the move who may prioritize basic survival needs and achieving safety over engaging with support services.
- Lack of accessible survivor-centred and competent services and service providers, contributing to a lack of confidence and trust in services being offered.
- Lack of awareness of rights and available services, where they do exist.
- Fear and/or presence of ongoing risks to the survivor's safety, including risks of retaliation by the perpetrator; risks of being identified or compromised in some way, either by a perpetrator or by authorities; and fear of the implications disclosure could have on one's legal status, immigration case or asylum application.

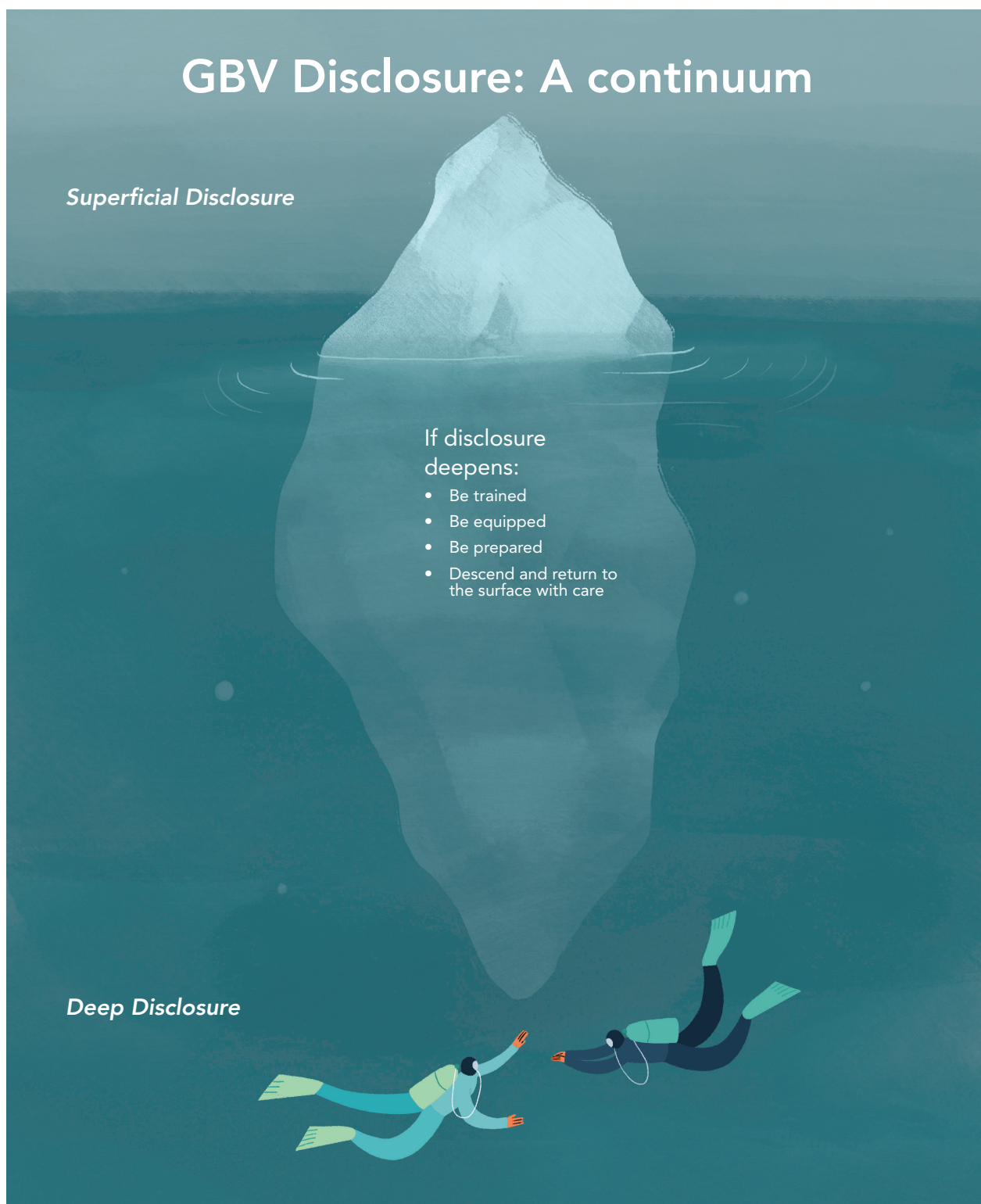
Additional factors affect a survivor's ability, willingness, opportunity and motivation to disclose GBV, including the nature, type, severity and recurrence of the violence; the survivor's relationship to the perpetrator; and the level of social support they have.

¹ For more information regarding barriers to GBV disclosure, see Center for Human Rights, Gender and Migration at Washington University in St. Louis, *Choosing to Speak, Learning to Hear: Disclosure of Gender-based Violence in Humanitarian Crisis Settings* (2022), available at: <https://publichealth.wustl.edu/centers/chrgm/>

Depths of Disclosure

GBV disclosure happens to different degrees - it can range from minimal to quite detailed. It is not necessarily a single event, either. In many cases, an initial disclosure may deepen in time, as trust and confidence increase.

It is important for service providers to know exactly what information they actually need in order to assist someone – and to explain this clearly in case the potential survivor has something to ask or say. How much someone chooses to share about past harm is ultimately up to them.



When a survivor does choose to disclose, she/they may do so in different ways. They may tell someone immediately after an incident, or it may be much later. She/they may tell:

- A family member, friend or other trusted person about what has happened to seek their advice or help.
- A worker in law enforcement, immigration, legal, protection or support services because they are seeking assistance to meet their physical, psychological, emotional and practical needs, including for safety and protection.
- A service provider—such as a health worker, social worker or other helping profession—because the worker has observed signs that indicate GBV may have occurred and asks the survivor, or the service provider asks as part of routine screening.

This toolkit focuses on GBV survivor's disclosure to service providers in humanitarian crisis settings. In these contexts, disclosure may be self-motivated for the survivor, enabled by a service provider who has created a safe and supportive environment, or elicited by a service provider or official who asks about it directly or indirectly. GBV disclosure may also be made by third parties, as when a parent speaks for their child. These different forms of disclosure in a service provision context are shown below.

GBV DISCLOSURE IN SERVICE PROVISION CONTEXTS: A TYPOLOGY

Types of disclosure		Sample scenarios	Commonly implicated service providers	Approaches and considerations
Self-motivated disclosure	Survivor has independent reason or intent to disclose GBV, regardless of environment or provider action.	Survivor wants a pregnancy test at a medical clinic after rape experience. Survivor requests referral to a safe house due to experience or fear of GBV.	Healthcare providers (medical, psychosocial support). Law enforcement officers. Shelter staff. <i>Note: All providers should be prepared for self-initiated disclosure of GBV, however rare it may be.</i>	<ul style="list-style-type: none"> Capacity to provide psychological first aid. GBV sensitization of entire staff, including survivor-centred and rights-based approaches. Confidential interview space. Confidential and updated referral, information management, and case management systems. Diversity of gender, ethnicity, age, language, and sexual orientation / identity on staff, to extent possible.
Enabled disclosure	Survivor is encouraged to disclose GBV due to the existence of a supportive environment or general showing of receptivity on the part of a provider.	Survivor who feels welcome at migrant shelter confides in kitchen staff. Survivor engaged in general group therapy activities eventually feels comfortable revealing GBV experience.	Healthcare providers (medical, psychosocial support). Law enforcement officers. Shelter staff. <i>Note: All providers should aim to create a safe, enabling environment for those wishing to discuss GBV experiences or concerns.</i>	<p>All of the “self-motivated disclosure” approaches, plus:</p> <ul style="list-style-type: none"> Creation of safe, welcoming facility. Engagement of migrants and refugees in routine activities, chores, etc. to create rapport and predictable opportunities to speak freely. Provision of diverse interaction opportunities, including group activities (know-your-rights trainings, group therapy sessions, etc.) Display of posters and other materials about GBV and available support services. Availability of “GBV officer,” “women’s officer,” etc.
Elicited disclosure	Survivor discloses GBV in response to direct questioning about past or future harm.	Survivor responds to question about harms fled in home country, asked to determine asylum eligibility. Police are contacted about GBV and must question survivor-witnesses.	Actors who must understand past harm in order to provide benefit sought (e.g., asylum or crime response.)	<ul style="list-style-type: none"> Generally speaking, service providers should NOT ask about GBV directly. Trained specialists mandated to learn about harm should use trauma-informed techniques to pose follow-up questions if survivor mentions GBV. The need for this information and how it will be used and kept confidential must be explained to the survivor.
Third party disclosure	A third party mentions the GBV-related experience of a survivor, with or without the survivor’s knowledge or consent.	Parent informs service provider about sexual abuse of a child, in order to secure medical care or protection for the child. Community member mentions intimate partner violence occurring to neighbour in refugee camp to protection staff. Survivor of conflict-related sexual violence identifies other individuals who were attacked during her ordeal.	Healthcare providers (medical, psychosocial support) Law enforcement officers Legal aid attorneys Community leaders or outreach workers	<p>All of the “self-motivated disclosure” approaches, plus:</p> <ul style="list-style-type: none"> Clear information about available services for GBV survivors to share with survivor. Strict data security protocols re: GBV and survivor identity. Reminders about confidentiality, especially among community members. Access to experts trained in interviewing/disclosure of GBV by survivors under 18 years of age.



CONSIDERATIONS FOR DIVERSE GROUPS: DISCLOSING GBV

Different groups in the community may face unique and additional challenges and barriers to disclosing sexual and gender-based violence.

Children and adolescents: Children may not entirely understand the violence that has happened to them. They may blame themselves or fear getting the perpetrator “in trouble,” especially if the perpetrator is a relative or someone close to them. In some cases, the perpetrator may have made the child promise not to tell anyone. Children and adolescents who do wish to disclose may not know which adults are trustworthy to disclose to.

People with diverse SOGIESC: LGBTIQ+ people may fear being “outed” if they disclose GBV, especially if the violence was motivated as an attack or hate crime against their SOGIESC. Many already face intense discrimination and harassment because of their SOGIESC, and they may fear further harm from service providers or their communities if they disclose and their gender or sexuality is discovered.

Men and boys: Male survivors of sexual violence may face different reactions from the community, such as being accused of homosexuality. They may feel shame specific to the idea or perception of being emasculated, especially if they think they are alone in being a male survivor.

Trafficked women and girls: Women, girls and gender-diverse people who have been trafficked may resist disclosing their abuse due to fear of reprisal from their traffickers. They may not trust that service providers or authorities can help them; they may fear being blamed and arrested for prostitution or drugs; or they may (falsely) believe they were complicit in their exploitation.

Survivors with disabilities: Survivors with disabilities are sometimes not believed when they report experiences of GBV, which deters them from disclosing and accessing necessary services. Some survivors may be dependent on the perpetrator for care, creating a power dynamic that makes them hesitant to disclose. They may also lack basic access to information about how and where they can disclose.¹

Linguistic minorities: Interpreters—while necessary and essential when staff do not speak the languages of the service users they are trying to help—can act as a barrier for survivors who wish to disclose GBV. In many instances, an interpreter will be from the same community as the survivor; they may know each other or each other’s families, and the interpreter could even know the perpetrator the survivor wishes to report. Survivors may be reluctant to come forward and disclose GBV in front of someone from their community, especially if they fear word being spread around their community or backlash from the perpetrator.

¹ Women Enabled International, *Rights of Women and Girls with Disabilities in Conflict and Humanitarian Emergencies* (2021).

5. Impacts of providers' response to disclosure

GBV disclosure has been linked to improved psychological and physical health, safety and well-being.¹ When disclosure is appropriately received and responded to, survivors obtain emotional and psychological support to cope with distressing thoughts, feelings and other negative psychological symptoms associated with their experiences.² They may be supported to regain a sense of autonomy. They also receive helpful information about how to access care, support and protection services to address the consequences of GBV.³ Accessing support after disclosure can help to prevent further violence for survivors who continue to be exposed to GBV.

However, negative or unsupportive responses to GBV disclosure can be harmful to a survivor's well-being, safety, healing and recovery. Judgemental, disbelieving and dismissive responses to GBV disclosure can undermine a survivor's confidence and decision to seek help; it may also contribute to re-traumatization or secondary abuse. Such responses can cause self-blame and shame, compound the harmful effects of violence, prevent the survivor from seeking help from others, and keep them in situations where they are at risk of GBV.⁴

It is therefore essential that all those who come in contact with GBV survivors in displacement and other humanitarian situations are prepared to receive and respond to GBV disclosure in a manner that is compassionate, supportive and survivor-centred. Service providers should maximize even the briefest opportunities to provide survivors with validation, dignity and information to facilitate safety and support.

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- 1 A. Jacques-Tiura, M. A. Rifky Tkatch, A. Abbey and R. Wegner, "Disclosure of Sexual Assault: Characteristics and Implications for Posttraumatic Stress Symptoms Among African American and Caucasian Survivors," *Journal of Trauma Dissociation*, vol. 11, No. 2 (2010), available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC2862213/.
 - 2 Jacques-Tiura, Disclosure of Sexual Assault.
 - 3 C. Boudreau, H. Kress, R. Roachat and K. Yount, "Correlates of disclosure of sexual violence among Kenyan youth," *Child Abuse and Neglect*, vol. 79 (2018), available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC6091645/.
 - 4 Boudreau, Correlates of disclosure of sexual violence among Kenyan youth.

The trauma-informed and survivor-centred approach

A trauma-informed and survivor-centred approach to GBV disclosure ensures all of the following:¹

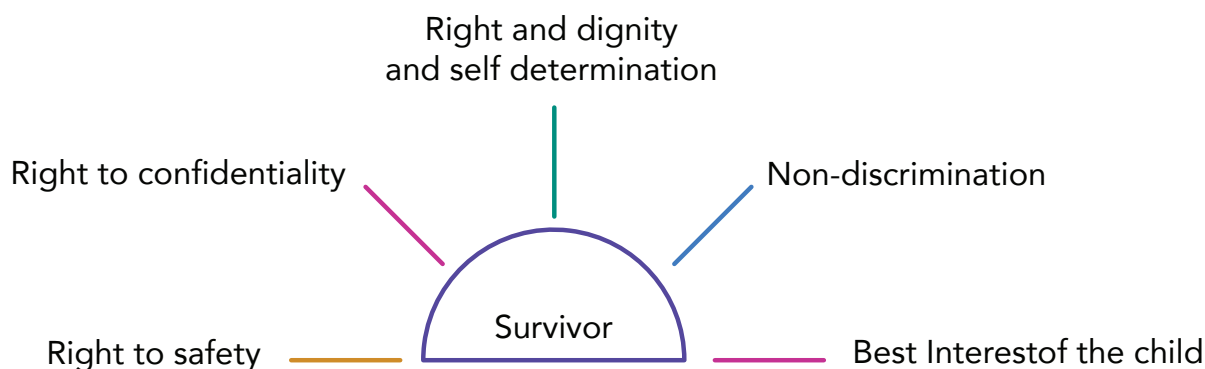
- It recognizes that every survivor of GBV:
 1. Should be believed and treated with respect, kindness, empathy and compassion;
 2. Should be treated as a unique individual with equal rights to care and support;
 3. Has different strengths, capacities, resources and needs; and
 4. Has the right, appropriate to her/their age and circumstances, to decide who should know about what has happened to her/their and what should happen next.
- It seeks to foster each person's agency and empowerment, reinforcing their strengths and capacities, choice and control.
- It recognizes each survivor's resilience and fosters hope.
- It recognizes the impact of traumatic experiences, seeks to promote psychological safety and protection from further harm, and supports coping and recovery.

This is achieved through the following five guiding principles that help to create an enabling environment for GBV disclosure and to promote safe and ethical responses after disclosure.²

1. **Right to safety:** Safety refers to both physical security as well as a sense of psychological and emotional safety. It is important to consider the safety and security needs of each survivor, their family members, and those providing care and support. In the case of trafficking, IPV, and conflict-related and politically motivated sexual violence, the safety and security risks may be even greater than usual. Every person has the right to be protected from further violence.

1 Adapted from UNICEF's GBViE Programme Resource Pack, Kit 3: Responding to Survivors.

2 Adapted from UNICEF's GBViE Programme Resource Pack, Kit 3: Responding to Survivors.



2. **Right to confidentiality:** Confidentiality promotes safety, trust and empowerment. It reflects the belief that people have the right to choose to whom their story will or will not be told. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. There are exceptions to confidentiality, such as when mandatory reporting requirements exist, and it is very important that staff are familiar with them and know how to communicate this to the people they serve.
3. **Right to dignity and self-determination:** GBV is an assault on the dignity and rights of a person, and all those who come into contact with a survivor have a role to play in restoring and fostering the person's dignity, self-determination and empowerment. Failing to respect the dignity, wishes and rights of survivors can increase their feelings of helplessness, shame and self-blame; it can reduce the effectiveness of interventions and cause re-victimization and further harm.
4. **Non-discrimination:** All people have the right to the best possible assistance without discrimination on the basis of sex, gender, age, disability, race, ethnicity, SOGIESC, language, religious or political beliefs, status or social class.
5. **Best interests of the child:** Every child is unique and will be affected differently by exposure to GBV. Decisions and actions affecting a child should reflect what is best for the safety, well-being and development of that particular child. Strategies for ensuring the best interests of the child include the following:
 - Take an approach that considers the individual circumstances of each child—including their family situation and particular vulnerabilities and strengths—and prioritizes their needs for safety, protection, and physical and mental health above other needs.
 - Listen to the voice and perspective of the child and take their wishes into consideration.
 - Protect the child from further emotional, psychological and/or physical harm.
 - Empower children and families.
 - Examine and balance benefits and potentially harmful consequences of each decision or action affecting a child.
 - Promote recovery and healing.



Links to additional information and resources

- **Survivor-Centred Response to GBV Survivors Training, Part 3: Strengthening Community-Based Care** (UNICEF Communities Care Program). Available at: www.unicef.org/media/103856/file/Communities-Care-Part-3-Survivor-Centred-Response-Training-Guide.pdf.
- **Mental Health and Gender-Based Violence: Helping Survivors of Sexual Violence in Conflict – a training manual** (Health and Human Rights Info). This training has been developed for helpers who provide assistance and support to women who survive GBV and sexual trauma during disasters, conflicts and emergency situations, where access to health professionals with psychological or psychiatric expertise is limited. Available at: www.hhri.org/gbv-training-manual/.
- **Psychological First Aid Training Manual for Child Practitioners** (Save the Children, 2017). This training is aimed at child protection and other child worker staff and volunteers, such as educators and healthcare workers, who support children in the aftermath of or during a crisis or traumatic event, as well as staff from other sectors that interact with children, such as WASH, shelter or nutrition. The communication and comforting skills that are taught and practiced in the training are used to help reduce the initial distress children may experience, as well as connect them with practical assistance and encourage positive coping strategies. Available at: <https://resourcecentre.savethechildren.net/document-collections/save-children-psychological-first-aid-training>.
- **Supporting and Responding to Forcibly Displaced Children: Training Module for Child Helpline Counsellors** (Child Helpline International and UNHCR, 2017). This training manual seeks to build capacity of helpline workers to work with displaced children. Available at: <https://childhelplineinternational.org/supporting-and-responding-to-forcibly-displaced-children/>.
- **Supporting Survivors of Violence: The Role of Linguistic and Cultural Mediators, with a Focus on Gender-Based Violence and Sexual Violence against Men and Boys: A Training Curriculum** (WRC, 2021). This resource supports training to equip linguistic and cultural mediators with the foundational knowledge they need to respond effectively to and support survivors of GBV and sexual violence, including male survivors. Available at: www.womensrefugeecommission.org/research-resources/supporting-survivors-of-violence-the-role-of-linguistic-and-cultural-mediators-training-curriculum/.
- **Supporting Young Male Refugees and Migrants who are Survivors or at Risk of Sexual Violence** (WRC and UNICEF). Available at: www.womensrefugeecommission.org/wp-content/uploads/2021/07/Supporting-Young-Male-Refugees-Migrants-Survivors-At-Risk-Sexual-Violence.pdf.
- **Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) Persons in Forced Displacement** (UNHCR, 2021). This guidance includes information on GBV. Available at: www.refworld.org/docid/4e6073972.html.

TOOL 2:

Creating a safe and enabling environment for GBV disclosure

This tool provides information on how organizations serving refugees, asylum-seekers, migrants and other people impacted by humanitarian crises can build an environment that enables survivors—who are ready and willing—to disclose GBV and to receive compassionate, survivor-centred responses that promote their safety and well-being. The tool provides guidance for managers of organizations and services to assess and strengthen procedures, facilities, services and staffing to make them safer and more welcoming for survivors to disclose GBV. The tool sets out three suggested steps organizations can take to do this:

- **Step 1:** Develop survivor-centred procedures to guide staff on safely responding to GBV disclosure;
- **Step 2:** Make facilities and services welcoming and safe; and
- **Step 3:** Build a diverse team with appropriate knowledge, attitudes, behaviours and skills.

Step 1: Develop survivor-centred procedures to guide staff on safely responding to GBV disclosure

Appropriate procedures must be in place to protect confidentiality, promote survivor safety, and ensure all survivors are treated with respect and dignity. Organizations can embed a survivor-centred approach into their policies and procedures by developing and communicating clear processes for staff to adhere to, related to and including all of the following:

- **Maintaining confidentiality when working with survivors who disclose GBV. This includes:**
 1. Communicating to survivors, and other service users, any limitations to confidentiality and mandatory reporting requirements; and
 2. Safely managing and storing all documents and other information related to GBV disclosure.



ESSENTIAL TO KNOW: MANDATORY REPORTING

Mandatory reporting refers to legal or other requirements to report incidents of GBV to authorities. Mandatory reporting laws most often apply to suspected child abuse; however, service providers may be mandated to report other forms of violence—such as sexual assault, exploitation or abuse—to governments, UN agencies, employers or others in positions of authority. All those engaging with GBV survivors need to understand the laws and obligations on mandatory reporting as they relate to GBV cases, as well as the specific requirements for children. This includes mandatory reporting obligations of all actors, including other service providers—such as health workers—to whom your service may make referrals.

Although mandatory reporting is often intended to protect survivors (particularly children), following mandatory reporting procedures in some situations can conflict with the ethical principles related to working with survivors of GBV,¹ including principles of safety, confidentiality and self-determination. It can also result in actions that are not in the best interests of the survivor.² For example, mandatory reporting of cases of sexual violence or intimate partner violence to the police can put the survivor at great risk of harm from the perpetrator, from family members, from community members or—in the case of migrants or asylum-seekers—from immigration authorities.

Every organization must decide how it is going to handle mandatory reporting, especially when doing so is not in the best interests of the survivor. Staff must know about mandatory reporting requirements and how to inform service users in general about mandatory reporting, as well as how to inform survivors, upon receiving a disclosure, about when mandatory reporting requirements are in place. In such situations, staff cannot promise confidentiality, as it is not acceptable to make promises to survivors that they might not be able to keep. Instead, organizations must be clear from the very beginning on what confidentiality means and what the limits are in each context.³

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- 1 For more information, see United States Agency for International Development (USAID), *Guiding Principles for Working with Gender-Based Violence Survivors* (2019), available at: https://pdf.usaid.gov/pdf_docs/PA00TMNM.pdf.
 - 2 See links to *Caring for Child Survivors of Sexual Abuse and Guidelines for GBV Case Management* in Additional Resources boxes for more information and guidance on mandatory reporting.
 - 3 Gender-Based Violence Area of Responsibility (GBV AoR), *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming* (2019), p.49, available at: www.unfpa.org/minimum-standards.

- **Obtaining informed consent for documenting and sharing information about GBV disclosure with others.** For example, there must be a process in place to guide all staff in obtaining consent from a survivor prior to recording or sharing any information, even within the organization. Survivors must decide and consent to their information being shared. They must also be able to modify or withdraw their consent at any time, and this right and process should be made clear to them.

- **Promoting inclusive, non-discriminatory behaviours and practices.** This includes ensuring staff are trained on inclusion and equity in service delivery. There should also be a process in place for reporting and addressing inappropriate or discriminatory behaviour by staff toward other staff or service users. For more information on this, see Step 2 below.



CONSIDERATIONS FOR DIVERSE GROUPS: SURVIVOR-CENTRED PROCEDURES

Survivor-centred procedures for responding to GBV disclosure from the following peoples should include special considerations, including—but not limited to—those listed below.

Children and adolescents. Include information to help staff:

- Engage with parents after GBV disclosure, including how to safely, ethically and appropriately engage with parents or other family members who are not protective;
- Apply the *best interests of the child* principle at different stages of adolescence; and
- Navigate mandatory reporting requirements, including when it is not in the child's or adolescent's best interests.

People with diverse SOGIESC. Include information to help staff:

- Understand the specific risks of GBV and barriers to disclosing that LGBTIQ+ people face;
- Maintain strict confidentiality around sexual orientation and/or gender identity;
- Understand and use a survivor's preferred pronouns; and
- Address any harmful beliefs or biases they may hold about SOGIESC that would prevent them from engaging with the survivor in a respectful, supportive and survivor-centred manner.

Survivors with disabilities. Include information to help staff:

- Understand any power dynamics related to caretaking and dependency that may be exacerbating GBV;
- Assess all services for whether they are accessible, approachable and acceptable for survivors with disabilities; and
- Support the full agency and self-determination of the survivor, regardless of abilities.

Ethnic and religious minorities, including indigenous women and girls.

Include information to help staff:

- Understand the specific barriers ethnic and religious minorities may face in safely accessing services and feeling safe to disclose GBV; and
- Take steps to ensure staff and services are welcoming to all people regardless of race, ethnicity or religion.

Men who disclose sexual violence. Include information to help staff:

- Understand the specific risks and stigma male survivors may face,

including being perceived as the perpetrator, having instances of sexual violence criminalized as “same-sex relations” and specific stigma related to internalized gender norms around masculinity;

- Examine and address any misconceptions staff may hold around male survivors of sexual violence; and
- Assess the availability of services for male survivors when creating referral pathways.

- **Establishing processes and responsibilities for supervision, case review and decision-making in complex cases.** Some GBV disclosure can raise complex issues around ethics and safety: for example, when mandatory reporting of GBV against a child is not in the child’s best interests; when special measures are required for immediate protection of a survivor such as a trafficking victim; or when the perpetrator is a person in a position of power, such as an employee or humanitarian worker. Organizations must have clear roles and responsibilities in place for supervising staff and making decisions about what to do next.
- **Establishing procedures for safeguarding and child protection.** Safeguarding refers to the responsibility of organizations to ensure their staff and programmes do no harm to children or vulnerable adults and do not expose them to abuse or exploitation. Ensure services have proactive policies and procedures in place for preventing and responding to violence and abuse of clients, including sexual exploitation and abuse (SEA) of either service users or staff¹ Ensure all staff are aware of and sign a code of conduct.
- **Obtaining feedback and complaints from service users, the community and other organizations.** Feedback mechanisms are essential for ensuring the safety and well-being of clients—and especially for preventing and responding to SEA. Complaint mechanisms should be accessible to and easily understood by all population groups.
- **Making safe, confidential referrals to other organizations and services.** Even where there are limited services available, organizations must have information ready to share with survivors about where they can access support and assistance. Where people are on the move, ensure staff can provide survivors with relevant information about services en route to and at their destinations and, where relevant, make referrals along the way. For more information on establishing referral networks, see **TOOL 4**.
- **What to do after GBV disclosure, including:**
 1. What to do if a survivor is in immediate danger;
 2. How to provide psychological first aid to support a survivor who is in shock or distressed (see additional resources below as well as **Module 2, TOOL 7**);
 3. How to provide survivors with relevant information about common effects of the violence they have experienced and options available for support and assistance;
 4. Obtaining informed consent to share information; and
 5. Making referrals.

¹ See the Secretary-General’s Bulletin on Special measures for protection of sexual exploitation and abuse, (ST/SGB/2003/13) and resources listed at the end of this section for more information on SEA.

Step 2: Make facilities and services welcoming and safe

The way in which physical environments are set up and services are offered can influence whether a GBV survivor chooses to reach out for help. Strategies for building welcoming and safe spaces that support GBV disclosure include the following:

- **Making facilities inviting** by ensuring they are clean, well-lit, comfortable and welcoming. In shelters, for example, it may help to replicate aspects of “home” as much as possible, with resident access to a kitchen or garden or rooms for reading or socializing with others. Health facilities could include toys for children and private consultation spaces. Do not assume your facility feels safe or welcoming; ask service users for feedback about how to improve their sense of comfort and safety.
- **Displaying posters and other information materials** to welcome diverse groups and communicate information about available GBV support services. For example, display posters with images that reflect different refugee or migrant populations, or pride flag symbols for people with diverse SOGIESC. When displaying information about available GBV support services, make sure to include information in relevant languages and literacy levels.
- **Creating a variety of safe and appropriate opportunities for qualified staff to interact with service users**, such as information sessions and social, recreational, and therapeutic activities. Also, where appropriate, consider how to engage service users in routine activities to build rapport and provide informal opportunities to speak freely with a staff member.
- **Providing childcare** so parents of children can have private conversations with a staff member. Consider contextual concerns when offering childcare—in some cases, for example, it may be best to place children out of earshot while still being visible to the parent.
- **Holding GBV information sessions** facilitated by trained staff to raise awareness that GBV is never acceptable and to share information about available services. Consider how to create virtual safe spaces by inviting service users to secure group chats or virtual meetings to discuss health, mental health, emotional well-being, legal rights and services available. These safe spaces can pave the way for eventual GBV disclosure. See **Module 3** for tools and activities on sharing information with communities.



CONSIDERATIONS FOR DIVERSE GROUPS: MAKING SERVICES FRIENDLY AND WELCOMING

Survivor-centred procedures for responding to GBV disclosure should account for diverse identities and characteristics, including those listed below.

Strategies for **making services adolescent girl-friendly**:

- Ensure service locations are identified as safe to access by girls at different stages of adolescence and in different circumstances.
- Ensure privacy for all girls at service delivery points, including from when they arrive and enter—for example having dedicated times just for adolescent girls to use the service (see *Links to additional information and resources* at the end of this tool).

- Ensure services are available at hours that suit girls.
- Make service delivery points as welcoming as possible. For example, provide a soft toy to comfort younger adolescent survivors; display posters or other educational materials that are designed for adolescents; provide childcare for adolescent mothers seeking services; ensure service delivery points are accessible to girls with disabilities; and welcome girls with diverse SOGIESC.

Strategies for **making services friendly to survivors with disabilities:**

- Employ staff with disabilities.
- Ensure all services are accessible for people with various physical and cognitive disabilities (see *Links to additional information and resources* at the end of this tool).
- Ensure confidential spaces where people with disabilities can speak with providers independently of their caretakers.
- Ensure staff are aware that not all disabilities are visible, and people's ability status cannot be assumed.

Strategies for **making services friendly to people with diverse SOGIESC:**

- Build relationships with local LGBTIQ+ organizations and groups, where possible, and consult with them around how to make services welcoming and safe for people with diverse SOGIESC and prevent unintentional backlash.
- Ensure service locations are identified by people with diverse SOGIESC as safe to access.
- Ensure privacy for all people with diverse SOGIESC at service delivery points, including from when they arrive and enter.
- Train staff in not assuming or forcing disclosure of clients' gender or sexual identities or pronouns, including on paperwork and intake forms. Make GBV, sexual health and reproductive health services friendly and accessible to transgender men, transgender women, intersex people, nonbinary people and other gender diverse (see *Links to additional information and resources* at the end of this tool).

Strategies for **making services friendly to ethnic and religious minorities, including indigenous women and girls:**

- Ensure all information about services is easily comprehensible and accessible to persons from minority groups.
- Ensure translation and interpreter services are available, especially for linguistic minorities. Consider whether the service user feels comfortable speaking openly in front of the interpreter, who may be a member of their community and could pose a risk to their confidentiality. When possible, allow service users to choose their own interpreter.
- Put adequate measures in place to ensure their safety and security, especially where persons were displaced because of their ethnicity, religion or other minority status.

Strategies for making services friendly to male survivors of sexual violence:

- Understanding the specific physical, psychological and social impacts of sexual violence experienced by male survivors.
- Ensure privacy for male survivors at service delivery points, including from when they arrive and enter.
- Identify safe options for referral of male survivors.
- Provide or display educational material on impacts of sexual violence against men.

Step 3: Build a diverse team with survivor-centred knowledge, attitudes, behaviours and skills

A trauma-informed and survivor-centred approach to GBV disclosure requires that all staff who come into contact with survivors hold appropriate survivor-centred beliefs, attitudes and skills. This includes being able to recognize the impacts of traumatic experiences on a survivor's physiology, behaviour and memory; to respond to GBV disclosure in a manner that builds a survivor's safety, resilience and capacity to cope; and to support survivors to seek further assistance and support.

Building a diverse staff team with these skills involves:

- **Ensuring a team is diverse in terms of gender, culture, ethnicity, age, language, ability and SOGIESC** to promote services that are inclusive and respectful of the diverse identities of the individuals, minorities and communities served.
- **Ensuring availability of workers of diverse genders and with relevant language and communication skills** so that GBV survivors can choose to disclose to a person with whom they feel safe to communicate.
- **Training all staff on GBV** (see *TOOLS 1, 2* and *3*). Best practice in responding to GBV survivors involves training all staff on GBV. This includes employees and even volunteers responsible for security, reception, administration and other support roles—any team member a survivor may encounter, even briefly.

All staff (and ideally volunteers) should be trained on:

- The basics of GBV, including all the ways it manifests and its impacts on survivors;
- Survivor-centred and trauma-informed principles, beliefs and skills;
- Organizational procedures guiding GBV disclosure, including all those described above in Step 1; and
- Creating a safe and enabling environment for GBV disclosure, including how individual staff can create safety in their interactions with potential survivors through verbal and non-verbal communication skills.

Staff who provide direct services—such as those providing health, social work, protection and other support services—should receive additional training on:

- What to do following a disclosure, including sharing GBV and support information with survivors and making referrals.
- **Providing staff with appropriate supervision and support.** Responding to GBV is sensitive and can be complex, particularly when there are safety risks for survivors and those supporting them. Further, staff themselves may be affected by GBV, displacement and other direct or vicarious traumatic experiences. As such, it is important that staff receive ongoing support and supervision in securing both their clients' well-being and their own. For more information on managing secondary trauma and promoting self-care, see **Module 2, TOOL 10**.



ESSENTIAL TO KNOW: DESIGNING AND DELIVERING STAFF TRAINING

When designing and delivering staff training, consider the following:

- Training should be delivered by facilitators with appropriate skills and experience in responding to GBV survivors.
- One-off training is not adequate, particularly for building beliefs and attitudes that are survivor-centred and that foster inclusion and diversity. Find ways to provide ongoing and deepening training, skill-building and supervisory feedback to foster trauma-informed and survivor-centred attitudes and behaviours among staff.⁹



Links to additional information and resources: Creating a safe and enabling environment for GBV disclosure

- **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** (Inter-Agency Standing Committee [IASC], 2015). This is a pocket guide for humanitarian actors with useful skills, resources and *dos and don'ts*, including resources specifically for child/adolescent survivors. Available at: https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_PocketGuide021718.pdf
- **Gender-Based Violence against Children and Youth with Disabilities: A Toolkit for Child Protection Actors** (Child Fund International and Women's Refugee Commission [WRC], 2016). The toolkit consists of principles and guidelines for the inclusion of children and youth with disabilities in GBV programming; capacity development tools for staff on disability inclusion in GBV programming; and child and youth participatory tools to collect information about the GBV concerns of children with disabilities. Available at: www.womensrefugeecommission.org/research-resources/youth-disabilities-toolkit/
- **Supporting Young Male Refugees and Migrants Who are Survivors or at Risk of Sexual Violence: A Field Guide for Frontline Workers in Europe** (WRC and United Nations Children's fund [UNICEF], 2021). This field guide aims to address current gaps in the provision of support to male youth who are survivors or at risk of sexual violence.

Available at: www.womensrefugeecommission.org/research-resources/supporting-young-male-refugees-and-migrants-who-are-survivors-or-at-risk-of-sexual-violence-a-field-guide-for-frontline-workers-in-europe/

- **The Safeguarding Resource and Support Hub (RSH)** supports organizations in the aid sector to strengthen their safeguarding policy and practice against sexual exploitation, abuse and harassment (SEAH). Available at: <https://safeguardingsupporthub.org/>
- **Working with Adolescent Girl GBV Survivors on the Move: A Guide for Service Providers** (UNICEF and VOICE, 2020). This guide and accompanying training manual are designed to help service providers work with displaced adolescent girls who have experienced GBV. Available at: www.unicef.org/lac/media/30266/file/Working%20With%20Adolescent%20Girl%20GBV%20Survivors%20On%20The%20Move.pdf
- **Psychological First Aid: Guide for Field Workers** World Health Organization [WHO], 2011). This guide offers a framework for providing humane, supportive and practical help to fellow human beings suffering from serious crisis events. Available at: www.who.int/publications/i/item/9789241548205. Additional resources on psychological first aid can be found here: www.apa.org/practice/programs/dmhi/psychological-first-aid
- **Working with Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) Persons in Forced Displacement** (United Nations High Commissioner for Refugees, 2021). This note provides guidance on a range of issues concerning discrimination against LGBTIQ+ persons, the distinct vulnerabilities of LGBTIQ+ refugees, and key guidance/tools to non-discrimination and protection. Available at: www.refworld.org/pdfid/4e6073972.pdf. It is part of a larger series on LGBTIQ+ inclusion in humanitarian settings, which can be found at: www.humanitarianlibrary.org/collection/lgbtiq-inclusion-humanitarian-action
- **Disability in Humanitarian Contexts: Views from Affected People and Field Organisations** (Handicap International, 2015). This report is intended to better identify the changes needed for a disability-inclusive humanitarian response and provides recommendations for making services more accessible to people with disabilities. Available at: www.un.org/disabilities/documents/WHS/Disability-in-humanitarian-contexts-HI.pdf
- **National, ethnic, religious and linguistic minorities and indigenous peoples** (UNHCR). This resource provides an overview of the specific risks and concerns faced by minorities and indigenous peoples and provides key recommendations for the humanitarian field. Available at: <https://emergency.unhcr.org/entry/44031/ethnic-religious-and-linguistic-minorities-and-indigenous-peoples>
- **Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings** (International Rescue Committee [IRC] and UNICEF, 2012). These guidelines provide a practical approach to helping child survivors, and their families, recover and heal from the impacts of sexual abuse. <https://gbvresponders.org/wp-content/uploads/2014/07/CCS-Guidelines-lowres.pdf>

TOOL 3:

Learning activities to build staff capacity

This tool includes learning activities to help organizations build staff knowledge and skills in creating an environment that is safe and enabling for GBV survivors to disclose their experiences, should they choose to. The activities include:

- **Activity 1:** A small group discussion to help staff reflect on factors that contribute to building a safe environment; and
- **Activity 2:** A role-play based on 'stop-start' theatre that uses participants to create an interactive, lively way of understanding and resolving a GBV disclosure challenge.

Managers of organizations or services can use the activities in this tool to train staff. One or both activities can be used in a single training session. If both are used, it is recommended that facilitators begin with Activity 1 before moving on to Activity 2. In both activities, case study scenarios are used to explore individual and organizational factors that enable or inhibit GBV disclosure. These scenarios are presented as examples. You are encouraged to develop scenarios relevant to your organization or service context, ensuring you have scenarios that reflect the populations and communities you serve as well as your organization's operational and staffing realities.

Activity 1: Small group discussion

Preparation

To prepare to facilitate this activity, you will need to:

- Review the activity and familiarize yourself with the approach, method and factors that support or inhibit GBV disclosure.



CONSIDERATIONS FOR DIVERSE GROUPS

Make sure to develop scenarios that reflect the diverse individuals and communities your organization serves, including relevant scenarios depicting:

- Child and adolescent survivors of GBV;
- Women, girls and gender-diverse people with disabilities;
- Survivors with diverse SOGIESC;
- Male survivors of sexual violence;
- Trafficking victims; and
- Ethnic and religious minorities.

- Adapt or develop scenarios to use in the discussion that are relevant to your context and organization (see Additional sample scenarios, below).
- Prepare a handout for participants of Dos and Don'ts to review as a group. See Step 7 for information to include in the handout.
- Have materials ready, including:
 1. Copies of the scenarios you will hand out in Step 1;
 2. Flipchart paper, note-paper and pens for recording responses; and
 3. Handout on Dos and Don'ts to distribute and review in Step 7.

Steps for facilitation

1. **Divide participants into small groups of four or five people and distribute the scenario and discussion questions to each participant.** You can either give each group the same scenario, or distribute different scenarios to each group to introduce a diversity of situations for discussion. Note: Here, a case study example from Mexico is used. Additional case studies from other contexts can be found at the end of this section. Please review the case study scenarios to see if any are relevant for your work and team training; you can also develop your own scenarios based on these models.

SCENARIO 1: Arrival at a shelter (E_____)

E_____, a young indigenous woman from a neighboring country, arrives at a shelter just over the border with her two children. At the gate, the security guard ushers her in and asks her to sign in on a form. A volunteer approaches her to inform her there will be a group shelter orientation session at 4pm (five hours from now) and asks her to wait in the intake room for now so that a staff member can talk to her. In the intake room with her children, E_____ notices posters on the wall with pictures of people running and looking scared, but she is illiterate and cannot read the captions. She also notices pamphlets with images of children on the table. After 20 minutes of waiting in the intake room, a male staff member enters. The staff member asks E_____ if she is comfortable in the room. She nods, and he sits down across from her. The staff member named B_____ introduces himself, quickly explains the rules of the shelter, and tells her that he needs to ask her a few questions for the purposes of ensuring her own and other residents' safety. She nods again, but B_____ senses she did not fully understand him. He asks her which language she is most comfortable speaking, listing options based on languages spoken by other staff members at the shelter. E_____ nods when he says her language. B_____ smiles, gets up and says he will be right back. He returns 10 minutes later with a female staff member who enters the room and greets E_____ and her children in their language.

2. **Ask participants to read the case study** to themselves, or have volunteers read it aloud to the whole group.
3. **Ask participants to discuss the following questions** in their small groups for 15 minutes. Ensure each group has someone to time the discussion, someone to record answers on notepaper or flipchart, and someone to report back to the larger group.

Questions:

- *What elements of the story contributed to creating an enabling environment for GBV disclosure?*
 - *What elements of the story inhibited building an enabling environment for GBV disclosure?*
4. **After 15 minutes, bring the whole group back together**, and have each group report back on their responses to the questions. Record responses on flipchart under columns labelled "+" and "-".
 5. **After each small group has shared their responses, ask the whole group to brainstorm additional steps that could be taken—on both an individual and organizational level—to provide a safe environment for GBV disclosure.** Continue to record any elements that contribute to or inhibit GBV disclosure on a flipchart. If needed, use the following prompts to encourage participants, adapted as needed based on the scenario you use:
 - *What do you think E_____’s first impressions were when she arrived at the shelter gate? How do you think the interactions with the security guard and the volunteer made her feel? Why?*
 - *What did the volunteer, security guard and staff members do that helped create a safe and welcoming space?*
 - *How was the intake room arranged? Did any elements signal safety or receptivity to discussing GBV?*
 - *How do you think E_____ felt when she was waiting in the intake room? Why?*
 - *How do you think E_____ felt when speaking with the two staff members in the intake room? Why?*
 - *What steps could B_____ have taken on an individual level to create a safer environment for GBV disclosure? What could any of the other staff members in the scenario have done differently?*
 - *What steps could be taken at an organizational level to create a more enabling environment for disclosure?*

Examples of factors that contribute to building a supportive environment	Examples of factors that inhibit building a supportive environment
<ul style="list-style-type: none"> • Volunteer present to direct woman to intake room and inform her of later welcome session. • Existence of a separate, private space to talk one-on-one. • Staff (guard, volunteer) present at the shelter to show the woman in and inform her of what to expect. • Informational material on displacement and different population groups (e.g., girls, boys) present in the intake room. • Staff member asks her if she is comfortable. • Staff member is responsive to the woman's lack of understanding. • Staff member offers to conduct intake in another language in which she is more comfortable. • Presence of diverse staff at shelter, with personnel that speaks other languages common amongst refugees and migrants. • Staff of different genders present at shelter (male, female). • Female staff greets both the woman and her children in her native language when she enters the room before doing or saying anything else. 	<ul style="list-style-type: none"> • Security guard did not greet woman and her children when they arrived. • Residents needing to sign themselves in at the entrance doesn't account for possibility of illiteracy. • Volunteer who approached woman and her children did not greet her or ask if they needed anything right away, such as water, food, rest, etc. • Long wait in the intake room with no explanation of what to expect. • Text-heavy materials not helpful in cases of low literacy. • Male staff member did not greet children or ask if they needed anything before launching into explanation. • Male staff member explained rules of the shelter before asking her how she was, what she needed, etc. • Male staff member did not ask if woman wanted to speak with or without her children in the room, as she may not feel comfortable talking about violence with them present. • Staff member did not ask for woman's consent to speak to her and ask questions right in that moment, and did not offer an alternate time for speaking if she first needed rest. • Male staff member did not inform her that he was going to find another staff member to bring back to the intake room. • Male staff member did not ask her if she preferred speaking with a female or male staff member.

6. **When participants have finished brainstorming, review the factors in each column.** Add other factors as needed from the list below, and adjusting based on the scenario you use:

7. **Distribute the Dos and Don'ts handout to participants and review as a group,** providing additional information as needed and answering questions from participants. See below for sample information to include in a *Dos and Don'ts* handout.

8. **Ask participants the following questions to facilitate reflection:**

- *What elements of the scenario depicted in the case study seem familiar to you? Does this type of interaction ever happen at your organization?*
- *What elements of the scenario are different from what happens at your organization?*
- *After this activity, is there something that you or your team might do differently in your daily work to create a more supportive environment for GBV disclosure and response?*

DO's AND DON'Ts: INDIVIDUAL CONSIDERATIONS

DO's for individual staff members

- Offer help with basic needs before asking questions about reasons for leaving, experiences of violence in transit, etc.
- Show empathy and compassion.
- Emphasize and demonstrate confidentiality.
- Practice active listening, including making eye contact, being attentive when the person is speaking, ensuring you are not distracted.
- Show that you believe their story.
- Be honest, transparent, and patient.
- Build self-esteem by affirming a person's feelings, desires and expressions.
- Learn colloquial or euphemistic expressions for sexual acts.
- Check in spontaneously to see how someone is doing; pay attention to details and demonstrate care in small ways (e.g. playing with children).
- Play games with children and sit on the floor with them to be at the same physical level.
- REMOTE TIP: Offer secure messaging options if appropriate, like exchanging voice messages on Signal and enabling the auto-erase function for all messages. This should only be attempted with clear consent and understanding of survivor.
- REMOTE TIP: On phone, start with yes/no questions so a possible survivor can answer without putting herself in danger. For example, "Are you by yourself right now?"; (If no) "Is it safe to speak to me with that person there?"; "Do you feel you are in danger right now?" In some cases, you may also establish a code word the individual can use to indicate danger.

DON'Ts for individual staff members

- Never ask someone about violence in the presence of a partner, family member or friend.
- Don't judge or blame an individual for anything that happened to them. Remember that your own life experiences and background may influence how you view or interpret someone else's experiences and behaviour.
- Avoid body language such as crossing your arms or facial expressions that convey disbelief or irritation.
- Don't push someone to talk if they are uncomfortable or not ready to do so. Instead reassure them that they can talk to you later or refer them to someone else who can help.
- Don't speak openly with colleagues in visible settings about a case or whisper with a colleague right after an individual shares sensitive information with you. This can erode trust and create anxiety.
- REMOTE TIP: Don't bring up GBV or sensitive information on the phone or online platform unless you have verified that all parties are in a private, confidential space.
- REMOTE TIP: If an individual agrees to communicate by secure texting platform, don't send specific case information or details that could endanger him/her, if found.
- REMOTE TIP: Don't expect prompt responses by phone or text message.

DO's AND DON'Ts FOR ORGANIZATIONS AND INSTITUTIONS

DO's for organizations and institutions	DON'Ts for organizations and institutions
<ul style="list-style-type: none"> • Create an inviting facility that is clean, well-lit, and comfortable. For shelters, it may help to replicate aspects of “home” as much as possible, with resident access to a kitchen or garden, or rooms for reading or watching TV. • Ensure there are confidential spaces for one-on-one conversations. • Display posters and other materials about GBV and support services. • Train all staff on psychological first aid. • Ensure greatest possible diversity of gender, ethnicity, age, language, and sexual orientation/ identity on staff. • Have dormitories for LGBTIQ+ individuals and women who solicit this option. • Engage clients in routine activities, chores, etc., to create rapport and provide more opportunities for speaking freely. • Ensure that shelter or reception staff are visibly accessible to residents for formal and informal conversation. • Provide diverse staff-resident interaction opportunities, including group activities (know your rights trainings, group therapy, etc.). • Establish peer support groups amongst service users. • Discuss GBV in information sessions, stressing that it is NEVER ok and help is available. • Maintain safe, confidential, and updated interagency referral systems. • Ensure access to religious and spiritual counsel if desired. • Provide for self-care check-ins, trainings, and support for your staff. • Establish feedback and community-based complaint mechanisms accessible to all population groups, including women, girls, boys, men from diverse backgrounds. • REMOTE TIP: Provide case workers with reliable access to secure phones, SIM cards, and internet so they can continue communicating with potential survivors. • REMOTE TIP: Create virtual “safe spaces” by inviting service users to group chats or meetings to discuss issues, such as public health measures, mental health tips, or service availability; use this opportunity to share information about GBV services. 	<ul style="list-style-type: none"> • Don't assume your facility feels safe or welcoming: ask for feedback and ideas about how to create a more comfortable environment. • Don't expect one GBV training to be enough. Provide ongoing sensitization and skills-building to improve your team's quality of support and knowledge. • Don't tolerate discriminatory or stigmatizing comments toward persons or staff in your care. • Establish an organizational procedure to confront offending individuals. • Don't perpetuate isolation, discrimination, or stigmatization of marginalized and diverse groups (eg. indigenous, LGBTIQ+ individuals) in shelters, reception centres, during social activities or discussions; be inclusive, sensitive, and compassionate. • Don't allow staff or the organization to share or use any information a survivor has revealed without first asking permission from the survivor and explaining the purpose of sharing. • REMOTE TIP: Don't allow recording of conversations with clients.

Additional sample scenarios

In this section, you will find additional scenarios you can use or adapt for small group discussion.

SCENARIO 2: Registration at an asylum office (R_____)

R_____ (16 years old) left her country three months ago after her older brother disappeared. Her parents, worried about her safety, decided to send her out of the country with what little money they had. R_____ took several buses and boats and finally landed here, arriving in a small town on the coast. She stayed at a local shelter where a volunteer suggested that she apply for refugee status. The next day, R_____ goes to the local asylum office. After waiting outside in line for four hours, she reaches a security guard, who searches her belongings and tells her to wait inside. She takes a seat. The waiting room is crowded, with bare walls and security guards that look like immigration officers stationed at the exits. An asylum official, S_____, enters and gives a brief presentation explaining the Refugee Status Determination (RSD) application form, saying it is very important to answer all the questions truthfully because applicants can be denied refugee status for providing false information. S_____ also emphasizes that everyone's answers will remain confidential. Another official passes out the forms. R_____ begins filling it out but pauses at the question asking her to describe any harms she suffered in her country. S_____ notices she has stopped writing, so he goes over to check on her. He asks if she needs any help filling out the form. R_____ hesitates but then shakes her head. S_____ continues on to ask the person next to her if they need assistance.

SCENARIO 3: Refugee Status Determination interview with a mother with her young child (A_____)

A_____ is an asylum seeker from a country with conservative gender norms. She has an appointment at the asylum office this morning and has arrived with her son, M_____ (aged 4). A_____ shows the guard an appointment letter, and the guard lets her into the waiting room where a receptionist tells her to sit down. A_____ and M_____ wait in a crowded waiting room for an hour until J_____, an asylum officer, calls her name. They walk into J_____’s office, and A_____ sits down with M_____ on her lap. J_____ explains briefly how the interview will go. He reassures A_____ that all her responses will remain confidential and tells her to let him know if she ever needs to take a break. He says that some of the questions may be difficult but that it is very important that she answer truthfully. The interview begins with a few basic questions about her life at home. As it progresses, J_____ begins to ask about M_____’s father: “What was your relationship with him like?” “Why didn’t he come with you?” A_____ is visibly uncomfortable and gives one-word answers. Then J_____ asks, “Did he ever hurt you?” A_____ bites her lip and looks down at M_____, not sure how to answer. Then she finally answers, “Maybe.” J_____, noticing A_____’s discomfort, decides to change the subject and asks, “When did you leave your country?”

SCENARIO 4: Healthcare visit with interpreter (F_____)

F_____ is a 20-year-old person who fled her/their country a few months ago. Today F____ has come to a health clinic, asking for an HIV test. After some time, the nurse calls F_____ into the examination room and asks F____ why F_____ wants an HIV test. F_____ does not understand her very well, so the nurse calls for an interpreter. After about fifteen minutes, M____, the interpreter, arrives. Through M____, the nurse asks F_____ how she can help. F_____ mentions some trouble with the police after being involved in a student protest in the home country and requests an HIV test. F_____ says nothing further but shifts around uncomfortably in her/their seat and stares at her/their hands. M____ makes a note of this and then asks if F_____ is taking any medications. F_____ says no. M____ continues to go through all the questions on the form, asking about other medical conditions and if F_____ suffers from any addictions.

SCENARIO 5: Shelter and kitchen staff (G_____)

G_____, 24, fled war in her country three months ago. She is now here, staying in a small shelter with a few other women from her hometown. The other women meet with the psychologists often to speak about the war and the stress they have now that they are away from their homes. G_____ has not agreed to go to any counselling sessions. Instead, she spends most of her time sitting in her room. The only other person she speaks to is P____, the elderly woman who runs the shelter kitchen. All shelter residents must help with cooking meals and cleaning dishes. G_____ helps prepare every meal, even when it is not her turn. She just stays near P_____ but doesn't say anything. One evening, P_____ and G_____ are peeling vegetables and G_____ quietly asks, "Can you keep a secret? I want to tell you something that happened to me." P_____ looks up and doesn't know how to respond. She is distracted by the pots boiling over on the stove.

SCENARIO 6: Unaccompanied minor and youth centre (D_____)

D_____ is a 17-year-old boy from a South Asian country who arrived a few months ago. Since his arrival, he has been living in the capital city. He tries not to go out as much because he doesn't have legal documents. One day, he hears other minors talking about a centre for children and young people where they go and wash their clothes and receive different kinds of help. D_____ decides to go and see what it is about. There he meets K_____, a social worker. K_____ welcomes D_____ to the centre, shows him around and explains what basic needs they can offer. They sit in a cozy room with posters against violence in different languages. K_____ asks D_____ what his living arrangements are. D_____ says he is living with a few men from his country

in an apartment. K_____ asks D_____ how he can afford the rent. D_____ is quiet at first, then tells K_____ that he has ways of making money. K_____ asks D_____ if he feels safe in the apartment with the men or if he would prefer to be in a shelter for minors. D_____ insists that he is safe and does not want to go to a shelter under any circumstances. He asks K_____ if he can just help with his legal status. K_____ agrees to refer him to a partner legal organization, and they make plans to meet again after a few days. However, D_____ doesn't show up for their meeting.

SCENARIO 7: Seeking post-rape care (K_____)

K_____, a 17-year-old girl, arrived in the refugee camp when she was 15. As a separated minor, she has been hosted by her paternal aunt and her family and is considered a member of their household. She depends on them for shelter and basic needs. K_____ never felt comfortable around her aunt's husband, as he looks at her in a strange way and tries to touch her body when no one is looking. A few days ago, when K_____ was alone in the house, her uncle attacked and raped her. He warned her not to tell anyone or she would end up homeless, since no one would believe her. K_____ is very afraid of what will happen if her aunt finds out and she thinks that everyone will blame her. She has decided not to talk to anyone about it, but she is bleeding and in pain. She decides to seek medical attention, even though the clinic is far away and is hard to reach during the rainy season. She finally arrives at the clinic, where there are many people waiting. She enters and approaches a woman at the reception. She is instructed to wait. K_____ sits quietly in a corner but feels that everybody is staring her. As the time passes, she gets worried that her relatives will wonder where she is. She decides to leave. A nurse seeing her follows her outside and asks if everything is okay.

SCENARIO 8: Hotline (T_____)

N_____ lives in the capital and works as a counsellor on a GBV hotline. Sometimes, people living very far away call to speak about their past rape or intimate partner violence experiences. Today, N_____ receives a call from a woman called "T_____", who speaks very quietly. T_____ says she is pregnant and asks for information about where to obtain emergency contraception. She says she cannot go to a clinic in person to terminate the pregnancy because there are foreign soldiers occupying her town, and she is afraid to leave her house. N_____ gives T_____ a website where she can order emergency medication for shipment within 24 hours but tells T_____ she should still see a doctor to monitor her health afterwards. When N_____ asks, "Are you sure you can't just go to the clinic? Are you afraid of the foreigners?", T_____ answers, "They are the ones who did this to me."

Activity 2: Role-play scenarios

This activity involves group role-play using a relevant scenario. In the role-play, designated volunteers act out different scenes of the scenario as indicated in activity instructions. They should demonstrate good or bad practices that can influence GBV disclosure. The role-play is followed by group discussion.

As with the earlier activity, sample scenarios are used as examples. The sample scenarios provided at the end of this module address different service provision contexts, such as a shelter, healthcare, legal aid, and asylum-related interviews. However, you are encouraged to develop and use scenarios relevant to your organization or service, ensuring they reflect the populations and communities you serve and the needs of your staff. It is recommended to have additional facilitators for this activity to work with each group to develop the role-plays.

Preparation

To prepare to facilitate this activity, you will need to:

- Review the activity and familiarize yourself with the approach, method and factors that support or inhibit GBV disclosure.
- Ensure you have enough co-facilitators to provide support to each group as they develop the role-plays.
- Adapt or develop scenarios to use in the role-plays relevant to your context and organization (see sample role-play scenarios below) and plan how they will be used. If multiple scenarios are being used, you will need to plan how to divide groups according to participants' roles at the organization. For example, you may wish to group health workers together, and the same with social workers and shelter staff, lawyers and paralegals, and state officials conducting interviews with asylum seekers.
- For each scenario, write the name of each character on a piece of paper for participants in each group to be randomly assigned a character.
- Decide how much time will be allocated to each part of the role play scenario; the facilitators can move the "action" along as needed.



CONSIDERATIONS FOR DIVERSE GROUPS

Make sure to develop scenarios that reflect the diverse individuals and communities your organization serves, including relevant scenarios depicting:

- Child and adolescent survivors of GBV;
- Women, girls and gender-diverse people with disabilities;
- Survivors with diverse SOGIESC;
- Male survivors of sexual violence;
- Trafficking victims; and
- Ethnic and religious minorities

Steps for facilitation

- 1. Explain to participants that they're going to be using 'stop-start' theatre role-plays** to look at supportive and unsupportive practices in creating a welcoming and safe space for GBV disclosure. Explain that this is just a role-play, and that illustrating unsupportive practices does not reflect on how participants behave in real life.
- 2. Divide participants into groups of people based on the number of characters in each scenario, give each group a scenario, and provide the following explanation** for how the activity will work:
 - Participants will be randomly assigned a character within the scenario their group has received, and the "actors" will prepare and act out the scenario using the stop-start method. In this method, one participant reads out the background information to the audience; the actors then perform the role-play with the facilitator "freezing" the role-play at certain points in the scenario and inviting the audience to comment and respond to questions about supportive and unsupportive practices in relation to GBV disclosure. Note: If there are sensitivities or power imbalances within the group, you may choose to allocate characters to participants rather than randomly assign them.
 - Each group will have 15 minutes to read the background and what they need to depict in the scene and to discuss and prepare as a group how they will act out the assigned scenario. Advise participants that when they perform the role-play, you will be "freezing" the scene at certain points to ask the audience questions and enable group discussion about supportive and unsupportive practices in relation to GBV disclosure.
- 3. Allow the groups 15 minutes to prepare.** A facilitator should assist each group during this preparation to identify key supportive and unsupportive practices to illustrate at identified key points when the actors will be asked to freeze.
- 4. After 15 minutes, bring the small groups back together and select one group to go first** in performing their role-play. As the play is performed, ask the actors to "freeze" the scene at specific places in the scenario. During these "freeze" times, ask the audience questions, such as:
 - *What did the staff member(s) do or say that contributed to or inhibited the creation of an enabling environment for disclosure?*
 - *How do you think the person/client felt during the interaction with the staff member that just occurred?*
 - *What could the staff member have done differently to create a safer environment for GBV disclosure in that moment?*
 - *Could anything in the setting or environment of the scene be changed to create a safer environment?*

5. **As participants offer responses, write key points on flipchart** under headings "+" and "-", which reflect things to do versus things *not* to do.
6. **At the end of the role-play, ask the actors to sit down to join the audience. Facilitate a group reflection** about the scenario and any disclosure of GBV that may have happened. Questions for discussion can include:
 - *Did this interaction involve any disclosure of GBV? If yes:*
 - *Was it voluntary or self-motivated? If so, what was the survivor's motivation to disclose?*
 - *Was disclosure enabled? If so, what factors may have contributed to enabling the disclosure?*
 - *Were there any conditions that may have hindered or discouraged disclosure?*
 - *Was there direct or indirect questioning for disclosure of GBV? Was there a legitimate reason for seeking disclosure?*
 - *How did the staff member seek disclosure? How much information did the staff member seek about the incident/experience of GBV? Was this level of detail needed and appropriate?*
 - *What was challenging? What could have been done differently?*
 - *What do you think about the way the scene ended? How do you think the person felt when it was over?*
 - *If no:*
 - *Why do you think the migrant/asylum seeker/refugee did not disclose any information about GBV?*
 - *What might have hindered their disclosure? How might those barriers have been overcome?*
 - *What do you think about the way the scene ended? How do you think the person felt when it was over?*
7. **Allow other groups to have a turn acting out their scenarios** and follow steps 4-6 for each group.
8. **Review the sample GBV Disclosure Do's and Don'ts handout from Activity 1** to end the role-play discussion. Highlight what can be done on an individual and an organizational level to create a safe, supportive environment for GBV disclosure.
9. **Ask participants the following questions to facilitate reflection** on practices in their organization that do or do not support disclosure:

- *What elements of the scenarios depicted in the role-play resonate with your organization? Does this type of interaction ever happen at your organization?*
- *What elements of the scenarios are different or inaccurate, if any? How is this type of situation different in practice at your organization?*
- *After this activity, is there something that you or your team might do differently in your daily work to create a more supportive environment for GBV disclosure and response?*

Sample role-play scenarios

The following are sample scenarios that can be used or adapted based on your context. In each scenario, some form of GBV has taken place; it is up to the actor playing the survivor to determine if and how this might be disclosed. You may need to develop new scenarios that are relevant to your organization, context, communities and service users.

SCENARIO 1: Reception centre, father with young daughter (R_____ and L_____)

Actors:

- R_____, father of L_____ from the countryside
- L_____, 11-year-old daughter of R_____
- Reception centre security guard
- Reception centre coordinator
- Reception centre social worker

Background information to set the scene: R_____ is a young indigenous man from the rural area of a nearby country. He left his town three days ago with his 11-year-old daughter, L_____. They both travelled by bus and crossed the border. They arrive at a reception centre shelter after walking for two days. The security guard lets them in. The coordinator greets R_____ and L_____ and explains that the reception centre offers registration and referral to nearby support services, such as temporary shelter, medical care, and counselling. Eventually, a social worker comes up to R_____ and L_____ to see how she can help them. R_____ says he would like help finding a place to sleep but also maybe to speak to someone who can “help people feel better.”

Private note for actor playing R_____: For this exercise, you can choose whether you, your daughter or both of you have experienced GBV. For example, your daughter may have been threatened with rape by armed actors while you may have been sexually humiliated by bandits during your journey.

Actors are to role-play: How R_____ and his daughter are treated at the reception centre. Include three key moments, demonstrating either good or bad practice for each:

- *The arrival and first interactions at the centre;*
- *Conversation with the reception coordinator; and*
- *Conversation with the social worker.*

SCENARIO 2: Healthcare provision situation (C_____)

Actors:

- C_____, 17-year-old girl
- D_____, nurse

Background information to set the scene: C_____ is 17 years old and left her country over two months ago to escape armed groups. She is traveling alone, crossing the country on foot. She arrives in a host country and needs to see a doctor. Her menstrual period is over four weeks late and she is beginning to worry that she might be pregnant. C_____ decides to go to a public hospital to ask for help. The receptionist registers her name and tells her to sit in the waiting room until the nurse is able to see her. C_____ takes a seat. She is very nervous and anxious. If it turns out that she is pregnant, she is not sure whether or not she wants to keep the baby. She doesn't know what her options are or what kind of healthcare she can get.

Actors are to role play: How C_____ is received by the nurse. Include three key aspects of C_____’s interaction with the nurse D_____, demonstrating either good or bad practices:

- *Introductions and beginning of the visit;*
- *Understanding what C_____ needs and responding to what she shares with D_____; and*
- *Ending the visit.*

SCENARIO 3: Request for alternative housing (S_____)

Actors:

- S_____, 30-year-old woman and mother of N_____
- N_____, 4-year-old son of S_____
- Sister C_____, nun at the migrant shelter
- A_____, case manager

Background information to set the scene: S_____ arrived in town with her son, N_____ (aged 4) one week ago and is staying in a shelter run by nuns. One evening, Sister C_____, one of the nuns running the shelter, notices S_____ crying and asks why she is upset. S_____ says she was hurt by a man. When Sister C_____ asks S_____ what kind of “hurt” she means,

S_____ says she is too ashamed to discuss it but wants to move to different accommodation immediately. With S_____’s consent, Sister C_____ schedules her to see a case worker. Today, a case worker named A_____ is scheduled to sit with S_____ to learn about her protection needs. A_____ has only received a short referral note from Sister C_____, which says “S_____ fears a man and wants to move somewhere else.” Sister C_____ brings S_____ to the small consultation office with N_____. S_____ holds N_____ on her lap and seems nervous and shy. A_____ begins the interview.

Actors are to role-play: The meeting between S_____, A_____ and Sister C_____. While in reality, A_____ might have an hour or more to speak with S_____, please focus on the following three aspects in the interview during the role-play, demonstrating either good or bad practices during:

- Introductions and the start of the interview;
- Understanding why S_____ wants to move; and
- Closing the interview.

SCENARIO 4: Flexible interview situation, mother with two children (B_____)

Actors:

- B_____, mother of 8-year-old D_____ and 5-year-old H_____
- D_____, 8-year-old daughter of B_____
- H_____, 5-year-old son of B_____
- Staff member at your organization, such as a lawyer, psychologist, etc.

Background information to set the scene: B_____ was referred to your office by a community member, who told her your organization can help women who have been harmed. B_____ suffered sexual violence from foreign combatants in her home country but she did not say anything about it at the time because she was afraid she would be accused of inviting sexual contact from the enemy. Now that she is outside her country, she feels less afraid of judgment but is unsure if there is any reason to say anything. She does wonder if she should see a doctor. B_____ has an 11am appointment at your office this morning and has arrived with her two children, D_____ (aged 8) and H_____ (aged 5). B_____ shows the guard an appointment letter, and the guard lets her into the waiting room where a receptionist tells her to sit down. B_____ and her children wait in a crowded waiting room for 45 minutes until a staff member opens the door and calls her name. B_____ and her children stand up.

Actors are to role-play: The meeting between B_____ and the staff member. While in reality a meeting might last a long time, for this exercise, please plan to role-play three distinct parts of the meeting, demonstrating either good or bad practices during:

- Introductions and the start of the meeting (5-8 minutes);
- Understanding B_____’s needs (8-10 minutes); and
- Closing the meeting (2-5 minutes).

SCENARIO 5: Asylum registration and interview, possible intimate partner violence (I_____ and M_____)

This role play scenario is designed to take one hour. Only the actors playing the asylum seekers (I_____ and M_____) receive background information, and these characters prepare the role play separately from the other characters.

Actors:

- I_____, wife of M_____
- M_____, husband of I_____
- T_____ (aged 6), daughter of I_____ and M_____
- E_____, a security guard at the asylum office
- S_____, a registration official at the asylum office
- D_____, a vulnerability screening official at the asylum office
- L_____, an eligibility officer conducting interviews at the asylum office

Background information to set the scene: (Only distribute this background information to the actors playing I_____ and M_____ to read, not the other actors.) I_____ left her home country a month ago with her husband, M_____, and their daughter, T_____ (aged 6). They decide to apply for refugee protection. I_____ is glad to have left her home country because life was unbearable there with all the violence and corruption. She and M_____ were nervous about extortion—their restaurant was not doing well, and they would not be able to afford to pay “protection tax” to the corrupt officials if necessary. However, I_____ is still nervous. She does not know what rights she has in this new country, and she is terrified that, if things do not go well, M_____ will become angry and abusive. He has beaten her often in the past, often humiliating her in front of their children by calling her “stupid woman” and “worthless wife.” He would often force her to have intercourse or perform sexual acts she found shameful. One time, M_____ beat Isabel so badly she lost much of her hearing in her left ear. She had tried to leave him that night, running back to her birth village 30km away to stay with her brother’s family. In ten years of marriage to M_____, I_____ has never tried to go to the police about his abuse. She doesn’t believe they would help her because this kind of violence is so common in her home country and police don’t seem to care.

Now, in her new country, I_____ is worried that if trouble starts again, she won’t have her brother’s protection. She feels alone and terrified but is hoping the family is granted refugee protection so they can begin a new life together. Today, I_____ and M_____ arrive at the asylum office to submit their request

for refugee protection. M_____ plans to fill out the forms. I_____ does not protest—her husband is the head of the family and, in any event, she is not good at reading or writing.

The actors playing I_____ and M_____ should plan together to decide how much or how little to reveal about their situation during the role-play, depending on how able they feel to share this information with the asylum officers in charge of their case.

Actors are to role play: How I_____ and M_____ are received by the actors at the asylum office. Actors should plan to focus on the following three distinct aspects, demonstrating good and bad during:

- Registration and filling out asylum application forms upon arrival at the asylum office;
- Vulnerability screening; and
- Eligibility interview stage with asylum officer, who asks for details about fear of returning home.

SCENARIO 6: Asylum registration and interview situation, LGBTIQ+ applicant (J_____)

This role-play scenario is designed to take at least 30 minutes. Only the actor playing J_____ receives background information. He can decide how much or how little to reveal about his situation during the role play, depending on how able he feels to share this information with the asylum officers in charge of his case. The actor playing J_____ prepares the role-play separately from the other characters.

Actors:

- J_____, a young gay man
- S_____, a security guard at the asylum office
- R_____, a registration official at the asylum office
- T_____, a vulnerability screening official at the asylum office
- D_____, an eligibility officer conducting interviews at the asylum office

Background information to set the scene: (Only distribute this background information to the actor playing J_____.) J_____ is 25 years old and from the capital city in his home country. He “came out” as gay when he was 17; he dropped out of university and began working at a popular bar in the capital’s gay district.

In September 2019, J_____ and his friend A_____ were leaving work at the bar when they were attacked by a group of masked men in the dark. While pushing them around in the street, the men called J_____ homophobic slurs. J_____ was very badly shaken by the attack. When he tried to report the incident to the police the next day, the officers told him to go home. One

officer named F_____ told J_____ to “Stop crying or I’ll give you something to cry about!” Though he was quite shaken by both the attack and his treatment by the police, J_____ decided to file a complaint against F_____ for threatening him at the police station. The following week, he went to the police station and filled in a complaint form stating that Officer F_____ had mistreated and threatened him when he was seeking protection for homophobic violence. The next day, J_____ received a text message from an unfamiliar number, saying “You stupid [slur for a gay man]. You can’t mess with me. My boys and I will destroy you.” J_____ was sure that the text message was from F_____. He was shaken, but after a few days he resumed work at the gay bar and started going out with friends again. Last December, J_____ received another anonymous text message. It said, “I haven’t forgotten what you tried to do, you stupid [slur for a gay man]. I am watching you.” J_____ became paralyzed with fear. For weeks, he was scared of going to work, afraid of running into either the masked men or F_____ and his colleagues. J_____ started getting panic attacks when he went out with his friends. Soon, he stopped going outside at all.

This February, J_____ decided to flee to another country. Upon arrival, he got a job bartending at a bar in the gay district. Another bartender learned about J_____’s story and suggested he apply for refugee status. J_____ has come to the asylum office today to fill out his initial request for protection.

Actors are to role-play: How J_____ is received by the other actors at the asylum office. Please plan to focus on three distinct aspects of the asylum registration and interview procedure, demonstrating good or bad practices during:

- Registration upon arrival at the asylum office;
- Vulnerability screening stage; and
- Eligibility interview stage.



CONSIDERATIONS FOR DIVERSE GROUPS

Make sure to develop scenarios that reflect the diverse individuals and communities your organization serves, including relevant scenarios depicting:

- Child and adolescent survivors of GBV;
- Women, girls and gender-diverse people with disabilities;
- Survivors with diverse SOGIESC;
- Male survivors of sexual violence;
- Trafficking victims; and
- Specific ethnic, indigenous or religious group members.

TOOL 4:

Creating a referral network

There are many possible entry points for the disclosure of GBV. Many survivors seek healthcare so they encounter doctors, nurses, and community healthcare workers. Others may have the opportunity to disclose when seeking shelter or when engaged in community-based programs. A few may even go directly to the police. All stakeholders must be prepared to receive disclosure of GBV as well as to make safe and effective referral for additional support.



GBV disclosure entry points and referral networks

To ensure survivors who disclose GBV can be empowered with information and enabled to access care, support and protection, organizations must put in place a process for:

- Sharing information with survivors about their options for available services; and
- Making referrals to health, safety, psychosocial, practical and legal support and other services, with informed consent of survivors.

Establishing simple referral protocols does not have to be a complex process—it is not necessary to have a long and complicated document spelling out responsibilities and processes for referral. The objective is to ensure that your organization has relevant and up-to-date information about available services that GBV survivors may require and an agreement with relevant services about how to make a referral.

This tool sets out four steps that managers of organizations and services can take to establish a referral network where one does not already exist for GBV survivors who disclose. Following these steps can help ensure that referral pathways, protocols and practices are survivor-centred and reflect the safety, needs and rights of GBV survivors.



ESSENTIAL TO KNOW: CONSULT FIRST WITH EXPERTS

In many cases, a referral network may already exist, or there may be an established GBV response in your area. Always first consult with available GBV specialists and other local experts who may have knowledge about GBV response in your setting to learn about and connect with any existing GBV referral networks and pathways.

Once becoming part of a referral network—in addition to making referrals—your organization must also anticipate and plan for receiving referrals from other services in the network.



TIPS FOR USING THIS TOOL IN DIFFERENT CONTEXTS

*Where services are being provided to **populations on the move**, identify referral services that can provide healthcare, case management, psychosocial and practical support, as well as safety and protection, in transit and on arrival in destination locations. This will require collecting information on GBV services in relevant transit and destination countries, including those provided remotely.*

To build a network of survivor-centred referral services, organizations should follow these four steps:

Step 1. Identify available services with a role in providing care, support and protection for GBV survivors, including:

- Health services that offer post-rape medical examination and treatment;
- Sexual and reproductive health services;
- Mental health, psychosocial support and counselling services;
- Shelter and accommodation services;
- Child protection services;
- Legal and protection services; and
- Economic support and livelihoods services.

Make sure to include services that are tailored toward and welcoming of adolescent girls and other marginalized groups of survivors. Also include remote services, such as online services and helplines.

Step 2. Contact identified services to establish that they respect survivor confidentiality, understand and protect survivor safety and promote self-determination. Agree to and document referral protocols that cover:

- Shared principles to guide referrals of GBV survivors that include client confidentiality and best interests of the child;
- Referral criteria and intake processes, including processes for warm and cold referrals and self-referrals (see below);
- How referrals will be made and followed up on between services, including the use of interagency referral forms, where available;
- Protocols for sharing information with informed consent to reduce the number of times the survivor needs to tell their story;
- Data privacy and protection measures; and
- Safeguarding policies and procedures.

Step 3. Create a simple directory of services that includes referral information organized by type of service—and where relevant, by country—so that staff have easy access to information about available services and know how to make onward referrals. Make sure to regularly communicate with all services and organizations in the directory to keep information up-to-date.



CONSIDERATIONS FOR DIVERSE GROUPS: REFERRALS

When making referrals for diverse groups, consider whether or not the service or organization you are referring to is safe, welcoming, friendly and accessible to the survivor you are referring. For example, is the service/organization safe and welcoming to people with diverse SOGIESC? Are they accessible to and competent in working with people with disabilities? Are they welcoming to ethnic and religious minorities, especially indigenous women and girls and linguistic minorities? Do they provide services to children and adolescents, or to male survivors of sexual abuse? Do they have an obligation of mandatory reporting of sexual violence?

Step 4. Ensure staff know how to make warm and cold referrals¹ to services that can meet the needs of refugee, asylum-seeker, migrant and other survivors who have disclosed GBV.

A **“warm referral”** is made when a worker directly contacts the agency or service on the survivor’s behalf and with appropriate permissions. Warm referrals can be made by email, by phone or in-person if the service is nearby, and they involve the referring worker providing appropriate verbal and written information, where relevant, about the survivor. The benefits of warm referrals include:

- Speaking directly to the service you are referring the survivor to and checking that it is appropriate for the survivor’s age and needs.
- Introducing the survivor (and her/their caregiver if she is/they are a child) to the service, and providing an appropriate amount of background information to reduce the amount of information a survivor or their caregiver has to share with new services.
- Enabling a survivor on the move to be put on a waiting list in advance of their arrival to shorten the length of time they may have to wait for a service.
- Setting up appointments for the survivor with the new service.
- Establishing follow-up agreements with the service about how the referral is working out.
- Learning about other services and supports in the area which the survivor may be able to access.
- Building relationships between services and workers within your context—and where relevant, across borders and countries—to help streamline referral pathways and referral processes for migrant, asylum-seeking and other displaced survivors.

A **“cold referral”** is made when a worker provides the survivor with information about appropriate services or agencies so that the survivor can then contact the service themselves to discuss their needs. This kind of referral facilitates continuity of care in situations where a survivor does not wish to have a warm referral made, or when it is not possible to make a warm referral. For example, workers may make cold referrals to services in transit or in destination countries for ongoing care, support and protection

¹ Adapted from S. Read-Hamilton, *Cross-Border Care, Safety and Risk Mitigation for Child and Adolescent Survivors on the Move: Practical Guidance for Frontline Services and Workers* (Gender-based Violence Area of Responsibility Helpdesk, 2020), available at: <https://gbvaor.net/sites/default/files/2020-05/Practical%20Guidance%20for%20Cross%20Border%20Continuity%20of%20Care%20and%20Safety%20for%20Child%20Survivors.pdf>.

of survivors on the move. When making cold referrals, workers should:

- Only provide information to survivors about organizations that will accept cold or self-referral.
- Give the survivor up-to-date, reliable and relevant information about the service, where it is located, contact information and information about the intake process (for example, whether it's face-to-face or remote).
- Only provide referrals to relevant services that the survivor meets the referral criteria for.
- Provide written information for the survivor to give to the service to introduce them if it is appropriate and safe to do so. See the Cross-Border Care, Safety and Risk Mitigation for Child and Adolescent Survivors on the Move resource below for more information on safely sharing written information.



Links to additional information and resources: Establishing a referral network

- **Ensure Coordination and Referrals** (UN Women Virtual Knowledge Centre to End Violence against Women and Girls, 2011). Geared toward health facilities, this UN Women resource can be adapted by other actors and provides tools and steps for coordination and creating referral pathways for survivors. Available at: www.endvawnow.org/en/articles/674-ensure-coordination-and-referrals-.html.
- **Cross-Border Care, Safety and Risk Mitigation for Child and Adolescent Survivors on the Move: Practical Guidance for Frontline Services and Workers** (GBV AoR Helpdesk, 2020). Available at: <https://gbvaor.net/sites/default/files/2020-05/Practical%20Guidance%20for%20Cross%20Border%20Continuity%20of%20Care%20and%20Safety%20for%20Child%20Survivors.pdf>
- **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** (Inter-Agency Standing Committee, 2015). This tool has an information sheet for identifying available services in the area, as well as other useful information for non-GBV specialists Available at: https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_PocketGuide021718.pdf.
- **The Data Protection Checklist** from the Gender-based Violence Information Management System (GBVIMS) provides guidance for actors on how to safely secure and protect data after a survivor discloses GBV and when making referrals. Available at: www.gbvim.com/wp/wp-content/uploads/DATA-PROTECTION-CHECKLIST.pdf.

TOOL 5:

Organizational readiness checklist

This tool provides a checklist to help organizations assess their capacity to create an enabling environment for GBV disclosure in line with the good practices discussed above. Managers can use this tool to undertake an initial assessment of organizational readiness, and then use the tool on a regular basis as part of continuous organizational monitoring and improvement.

Review your organization against each of the following good practices for non-GBV specialist organizations serving refugees, asylum-seekers, migrants and other people in displacement and humanitarian contexts. Consider what the organization or service could do to strengthen practice in each area, and develop a plan for:

1. Developing survivor-centred **procedures** to guide staff on safely receiving and responding to GBV disclosure;
2. Ensuring **facilities and services** are welcoming and safe;
3. Building a diverse team of staff and volunteers with appropriate **knowledge, attitudes, behaviours and skills**; and
4. Creating a **referral network** for onward referral for care, support and protection after disclosure.

1. Organizational procedures

Survivor-centred procedures are in place to guide staff on:

- Maintaining confidentiality** when working with survivors who disclose GBV, including:
 - Communicating limitations to confidentiality and mandatory reporting requirements to survivors; and
 - Safe management and storage of documents and other information related to GBV disclosure.
- Obtaining informed consent** for documenting and sharing information about GBV disclosure with other workers and services.
- What to do after a GBV disclosure**, including:
 - What to do if a survivor is in immediate danger;
 - How to provide psychological first aid to support a survivor who is in shock or distressed;
 - How to provide GBV survivors with relevant information about common

effects of the violence they have experienced and options available for support and assistance; and

- Obtaining consent to share information and making referrals.
- Making and receiving safe, confidential referrals** to other organizations and services for survivors who disclose GBV.
- Promoting inclusive, non-discriminatory behaviours and practices** toward all service users.
- Safeguarding and child protection, including preventing and responding to sexual exploitation and abuse (SEA).**
- Obtaining feedback and complaints from service users and from the community.**

The organization has processes in place for supervising and supporting staff to:

- Respond to complex cases.**
- Monitor and promote staff health, safety and well-being.**

2. Facilities and services

Facilities and services are safe and inclusive by ensuring:

- All facilities are **clean, well-lit, comfortable and welcoming.**
- A safe and private environment** is available for GBV survivors to have private conversations with staff.
- Posters and other information materials** are displayed that:
 - Communicate diverse groups the service is friendly to, such as people with diverse SOGIESC, adolescents, women and girls with disabilities, male survivors of sexual violence, and refugees or migrants from diverse backgrounds;
 - Communicate about available GBV support services;
 - Are in relevant languages; and
 - Cater for diverse literacy levels, for example by using visual materials.
- Opportunities exist for interaction between staff and service users**, such as information sessions; social, recreational, peer support and therapeutic activities; and informal activities, such as sharing chores.

- Childcare is available** so that caregivers with children can have private conversations with a staff member.
- GBV information sessions are provided** and facilitated by trained staff to communicate that GBV is never acceptable and to share information about available services.

3. Staff knowledge, attitudes, behaviours and skills

- The organization has staff and volunteers that reflect the community and service users**, including diverse and relevant:
 - Genders;
 - Cultures;
 - Ethnicities;
 - Religions;
 - Ages;
 - Languages;
 - Abilities and communication needs; and
 - SOGIESC.
- All staff receive training on GBV and GBV disclosure**, including:
 - The basics of GBV, its manifestations and consequences;
 - Trauma-informed and survivor-centred principles of safety, confidentiality, dignity and self-determination, non-discrimination, and best interests of the child in relation to disclosure;
 - Organizational procedures guiding GBV disclosure; and
 - Creating an enabling environment to support safe disclosure.
- Staff who provide direct services to refugees, asylum-seekers, migrants and other service users receive additional training** on responding to GBV disclosure, including on:
 - Responding to distress;
 - What to do following a disclosure, including sharing information with survivors and making referrals; and
 - The impact of traumatic experiences on a survivor's physiology, behaviour and memory.

4. Referral networks

- Referral pathways are in place** with available and relevant services that provide care, support and protection for GBV survivors, including:
 - Health services;
 - Mental health and psychosocial support services;
 - Shelter and accommodation services;
 - Child protection services;
 - Legal and protection services; and
 - Other relevant services.
- Referral protocols are in place** that cover:
 - Client confidentiality and best interests of the child;
 - Information sharing with informed consent;
 - Data privacy and protection measures; and
 - Safeguarding policies and procedures.
- Staff have access to up-to-date information** about referral services.
- Staff know how to make onward referrals**, including cross-border referrals and warm and cold referrals.

MODULE 2:

Supporting survivors during and after disclosure

Overview

A wide variety of service providers working in organizations serving refugees, asylum-seekers, migrants and other people in displaced and humanitarian situations may receive a GBV disclosure from a survivor. In some situations, a survivor may choose to disclose to them because they are seeking assistance to meet their physical, psychological, emotional and practical needs, including for safety and protection. In other situations, the service provider may ask the survivor about GBV because the worker has observed signs that indicate GBV may have occurred, or because they are required to ask about GBV in order to provide protection or similar intervention. Disclosure may therefore be self-motivated by the survivor, enabled by a service provider who has created a safe and supportive environment, or elicited by a service provider who asks or guides a client or patient to share about GBV. Regardless of the context in which a GBV survivor chooses to disclose, the way in which a service provider receives and responds to the disclosure must be survivor-centred and must promote the safety, dignity, choice, agency and healing of the survivor.



ESSENTIAL TO KNOW: ROLE OF SERVICE PROVIDERS

Disclosing GBV can be central to a survivor's well-being, ability to access care and protection, and recovery. However, disclosing can be incredibly difficult for a survivor and can create risks to her/their safety. Disclosure can be re-traumatizing and can lead to more harm—including psychological, physical and social harm. Safely receiving and responding to a disclosure requires thoughtful, ethical consideration as well as skilful practice grounded in survivor-centred principles of safety, confidentiality, dignity and self-determination, and non-discrimination. The role of the service provider is to respond with empathy and compassion; to validate the survivor's experience; to help the survivor cope with distressing thoughts and feelings; to provide accurate, relevant information about GBV and about options and available services; and to enable the survivor to make their own choices about what to do based on what feels safe and helpful.

The purpose of this module is to support service providers to prepare for, receive and respond safely and with compassion to GBV survivors who disclose to them. This module provides specific guidance and good practices; considerations when working with diverse groups and with interpreters and cultural mediators; and information on secondary trauma and self-care.

What's in here?

You will find the following tools in this module:

- **TOOL 6: Guidance for supporting GBV disclosure.** This tool provides step-by-step guidance to assist service providers in safely and ethically supporting survivors who disclose GBV—before, during and after a meeting with a client.
- **TOOL 7: Supporting survivors who are in distress.** Building on the previous tool, this tool provides information to help service providers respond to a GBV survivor who is in distress and to help promote safety, coping, well-being and recovery, including through the administration of psychological first aid.
- **TOOL 8: Working with diverse groups.** In addition to the guidance and considerations throughout this Toolkit, this tool provides information and resources to support the development of service provider knowledge and skills to respond to GBV disclosure by children and adolescents, male survivors of sexual violence, survivors with diverse SOGIESC, survivors with disabilities, and survivors who are ethnic or religious minorities.
- **TOOL 9: Working with interpreters and cultural mediators.** This tool offers tips and resources for working with interpreters and cultural mediators when interviewing people who may disclose GBV.
- **TOOL 10: Managing secondary trauma and promoting self-care.** This tool provides a brief overview of the concept of secondary traumatization and provides strategies and recommendations for self-care to promote the well-being of service providers and other helpers.

TOOL 6:

Guidance for supporting GBV disclosure

This tool provides information to build service provider knowledge and skills to safely and appropriately receive and respond to GBV disclosure. It is aimed at a broad range of workers engaging with people in displacement and other humanitarian contexts—including those providing health, protection, shelter, psychosocial support and other services—who may need to respond to a GBV disclosure during the course of their work.

This tool will also be helpful to service providers who *must ask* about GBV in order to provide a service, such as lawyers representing survivors in asylum claims. This is referred to as ‘elicited disclosure.’



ESSENTIAL TO KNOW: ELICITED DISCLOSURE

It is rarely appropriate or necessary for a service provider to directly ask a person about her/their experiences of GBV. However, in some cases, service providers do need to understand a person’s GBV-related experiences in order to help them access the benefit or service they need. For example, a lawyer representing an asylum-seeker may need to know about past harm (which may or may not include GBV) in order to build a case for past persecution; or a police officer responding to a call about domestic violence may need to gather facts about the abuse in order to provide appropriate protection. When considering whether to elicit a disclosure of GBV, consider:

- *Do I need to know if this person has experienced GBV? Why do I need to know this? If there is prior indication of GBV, what more do I need to know about it? How does disclosing GBV benefit the person before me?*
- *How can I obtain only the necessary information in an ethical, trauma-informed way?*
- *Am I prepared to detect and respond to potential discomfort or re-traumatization my questioning might cause? How can I build enough trust and rapport in the time I have to make this discussion easier?*

This tool sets out the roles and responsibilities of service providers to whom a survivor may disclose GBV and provides considerations for safely, ethically and appropriately responding to GBV disclosure before, during and after a meeting with a potential survivor. It also includes a checklist to support supervisors in assessing the skills and training needs of their team. The questions and suggestions can be adapted for different kinds of interactions and settings. Individual workers can use this tool as a reference resource, and supervisors may wish to use the information in this tool to support service provider training and development during staff supervision and training sessions.

Roles and responsibilities

It is important to understand the roles and responsibilities of a non-GBV specialized worker who may receive disclosure of GBV. Depending on the context, the worker may only have one interaction with the survivor. Empathetic, non-judgemental and helpful response to disclosure of GBV can significantly impact the survivor's sense of safety and recovery from traumatic experiences.



ESSENTIAL TO KNOW: KNOWING YOUR ROLE

Providing comprehensive, safe and ethical support to survivors of GBV requires training, skill and experience. However, non-GBV specialized actors may offer helpful support to survivors when they adhere to the survivor-centred approach.

It is important to provide support that is appropriate to your level of knowledge and ability. Going beyond this could lead to additional harm to the survivor.

The roles and responsibilities of those receiving a GBV disclosure therefore include:

- To receive the disclosure with empathy and compassion and validate the survivor's experience and courage in disclosing.
- To support immediate emotional and safety needs.
- To provide the survivor with useful information to help them understand what has happened, what to expect in terms of the possible effects, and what services and supports are available to address her/their needs and promote her/their well-being.
- To make referrals for additional care, support and protection for survivors who wish to and consent to referral.

How to safely and ethically support survivors who disclose GBV

Supporting a survivor who discloses GBV requires reflection and care before, during and after a meeting. It is critical to ensure you have appropriate attitudes, knowledge and skills for each of these phases of an interaction with a potential survivor.



TIPS FOR USING THIS TOOL IN DIFFERENT CONTEXTS

In settings of rapid displacement, a service provider may only have one interaction with a GBV survivor who discloses, and it is often not possible to follow up after this first interaction. This makes the first (and possibly only) interaction even more important for the survivor. Brief interactions such as these between GBV survivors and non-GBV specialized practitioners should focus on immediate action toward safety and access to services to promote care, support and protection; it will not address the full range of needs a survivor may have.

In more stabilized settings, a service provider may be able to plan follow-up meetings with the survivor and can take further steps to follow up on referrals, making additional connections and offering further support as needed.

1. Before a meeting: Checking your competence and skills for a potential disclosure

Preparing for disclosure of GBV is necessary for providing safe and ethical care to those who disclose. **Module 1** provides tools, resources and guidance for creating a safe and enabling environment for GBV disclosure, building knowledge about GBV and the survivor-centred approach, and creating a referral network to refer survivors to ongoing care. Building upon everything you've learned from **Module 1**, below are some questions to ask yourself before meeting with a potential survivor.

1.1 Assess your competence and skills.

- What GBV-related attitudes, beliefs and biases do I have?
- What attitudes, beliefs and biases do I have around survivors from diverse groups—including people with disabilities, children and adolescents, people with diverse SOGIESC, ethnic and religious minorities, and male survivors of sexual violence?
- Do these attitudes, beliefs and biases help or hinder me in providing empathetic, non-judgmental and compassionate responses to GBV survivors—including survivors from diverse groups?
- Do I understand the effects of GBV? Am I familiar with how past traumatic experiences can affect how someone acts, feels and speaks?
- Do I understand the principles and practices for responding in line with a survivor-centred approach?
- Do I understand the serious risks of breaching confidentiality? Is the setting for our meeting confidential? What could I do to ensure confidentiality?

- Am I prepared for the survivor to disagree with my suggestions and to make her/their own decisions?
- Do I have the skills necessary to promote the survivor's sense of safety, both physically and emotionally? Do I know how to administer psychological first aid? If not, am I the best person to conduct this meeting? Who else can help? (See **TOOL 7** for guidance on administering psychological first aid.)
- Am I aware of how to use a survivor-centred approach to minimize the risk of re-traumatization? See section 2 below: *During a meeting for information on using a trauma-informed, survivor-centred approach*.
- How can I develop my skills in this area? What are my next 3 action steps to strengthen my capacity?

1.2 Prepare for a meeting.

- Do I have the most updated information about referral pathways and processes?
- Do I know how to make safe and confidential referrals?
- Do I know how to support the survivor (for example, what to suggest as possible next steps) if there are no other services available to refer to?
- Have I learned everything possible to minimize my questions so that I am not asking the survivor to repeat herself?

1.3 If you must ask a survivor about their past experiences of violence, ensure you are ready to respond to disclosure of GBV. This requires you to:

- Build trust and rapport.
- Explain confidentiality and the limits to it at the beginning of an interview.
- Explain why you need to know and ask questions about these experiences.
- Understand expressions or euphemisms the person may use to refer to sexual acts or body parts.
- Ensure any interpreters or cultural mediators who are present are aware of and abide by survivor-centred principles.

2. During a meeting: Responding with empathy, compassion and support

TOOLS 1 and **2** within **Module 1** provide guidance and information for organizations about what a survivor-centred approach entails and how to prepare a safe and enabling environment that supports GBV disclosure. Here, we discuss how service providers can use the survivor-centred approach in practice and how to respond effectively and supportively during a meeting where a survivor discloses her/their experience of GBV.

2.1 Implement a survivor-centred approach.

Interviewing survivors about GBV requires tremendous sensitivity. Disclosure can be distressing and risky for some GBV survivors. They may be reluctant or embarrassed to give details and be quickly discouraged if they feel judged or disbelieved. It is critical to build as much trust and rapport as possible, and then use active listening skills to support a GBV survivor in deciding what they feel safe and able to disclose.

Using a trauma-informed, survivor-centred approach when receiving a GBV disclosure ensures that you are prioritizing and respecting a survivor's safety, confidentiality, choices and agency. This approach:

- Recognizes that every survivor of GBV:
 - Should be believed and treated with respect, kindness, empathy and compassion;
 - Should be treated as a unique individual with equal rights to care and support;
 - Has different strengths, capacities, resources and needs; and
 - Has the right, appropriate to her/their age and circumstances, to decide who should know about what has happened and what should happen next.
- Seeks to foster each person's agency and empowerment, reinforcing her/their strengths and capacities, choice and control.
- Recognizes each survivor's resilience and fosters hope.
- Recognizes the impact of traumatic experiences and seeks to promote psychological safety and protection from further harm and support coping and recovery.

To implement a trauma-informed and survivor-centred approach when responding to a GBV survivor who discloses, you need to:

- Understand the impact of traumatic experiences and use trauma-informed interview practices (See **TOOL 7** for more information on trauma-informed practices and responding to survivors who are in distress).
- Listen to the survivor's concerns and needs.

- Prioritize the survivor's safety and well-being above gathering information.
- Inform the survivor of their rights related to a specific service or process that you are providing, such as health care or legal protection, and explain the scope, timing and progress of that process.
- Communicate and gather information in culturally- and age-appropriate ways.
- Be aware of (and responsive to) cultural differences and language barriers.
- Ensure that every interaction with a survivor is conducted with attentiveness to their needs and enables them to take as much control over the interaction as possible (for example, by facilitating them in feeling comfortable asking questions, taking a break or expressing concerns or disagreement, and helping them to decide where and when to meet again).
- A sincere, heartfelt greeting can go a long way. For example, one provider in Mexico always asks, "How are you today? And how is your heart?" This simple, warm greeting often results in survivors disclosing worries and experiences they were holding inside, including GBV-related stress. Everyone has their own approach. The key is to show genuine care for each person's well-being right from the start.

2.2 Foster a safe environment.

- Establish trust and rapport from the start. Showing genuine care for the person is essential: ensure their children are taken care of, ask how they are feeling about the meeting, offer simple things like water, and show warmth and respect. Offer the person as much control over the interaction as possible. Encourage them to help themselves to food and drink, if available.
- Invite the person into a private space for speaking. Never speak about private or sensitive issues, including GBV, in an environment that is not private and confidential.
- Introduce yourself, your role, and what you can and cannot do for the person.
- Ask the person for ideas on how their children can be engaged and distracted at as much distance as possible (e.g., offering colouring books or toys, playing with a colleague, watching a movie or playing a game on a device with headphones). Do not move the child to a separate room unless the person agrees.
- Ensure the person gives their informed consent to speak with you, including consent for you to take notes and consent to have an interpreter or cultural mediator present, if relevant.
- Speak gently but use clear language.
- Ask simple, open questions ("*Tell me about...*", "*Please explain how...*", "*Please describe...*", "*Then what happened?*"), with follow-up and clarifying questions later as needed.

- Be patient and understanding, allowing time for the person to respond, clarify and correct.
- Practice “active listening” (show attentiveness to the person’s verbal and non-verbal communication, allowing them to speak without interruption); absorb and retain what the person is saying, without judging it; and respond appropriately with words and body language (reflecting what was said, asking questions, allowing for silence if needed, etc.).
- Maintain eye contact and engagement as possible.
- Be alert to any signs of discomfort, distress, upset or fatigue. Respond as appropriate by checking in or offering breaks as needed. It is important to ask “How are you feeling? Would you like to rest for a moment, or would you prefer to continue?” If the person wants to end the meeting entirely, respect their wishes and offer to continue speaking another time.

2.3 If you must ask directly about past experiences of violence to provide a service:

In some cases, certain specialized actors may need to ask about past or future violence in order to provide a service such as protection. The “PEACE” method of interviewing used by UNHCR colleagues can provide a helpful way to ask about violence, opening the door for GBV disclosure if a survivor chooses. This approach focuses on planning the conversation, engaging and explaining to the interviewee, taking the account, then closing the interaction and evaluating what was learned.

To provide space for a survivor to speak about GBV, it can help to use a “funnel” approach. This starts by first posing broader “opening” questions that are not explicitly about GBV, such as:

- *“Have you ever feared for your life? Please tell me more.”*
- *“Do you feel safe [in this country/city]? If not, why not? What worries you?”*
- [For asylum-seeker context] *“To receive asylum here, an applicant needs to explain what kinds of harms they might face in their home country. These can be harms from many different people, for different reasons. So please tell me why you left your country—I know there may be many reasons, so tell me the bigger reasons and also the smaller ones.”*

Generally, allowing someone to answer freely will create opportunities for follow-up questions that may help a survivor to disclose an experience of GBV, should they wish to. There may be no GBV experiences to disclose. However, if there are indications or if you have a reason to believe there is a history of GBV, it can be helpful to attempt a phase of narrower questioning, such as:

- *“May I ask you a few questions that may feel a bit personal? I only ask because your answers can help me better understand your experiences so I can help you with [person’s request for assistance]. Is that alright?”*



TIPS FOR USING THIS TOOL WITH PERSONS SEEKING REFUGEE STATUS OR ASYLUM

For those undertaking interviews to assess asylum or refugee status, it is advised to:

- Use the first interview to build trust and rapport and only ask about GBV once the interviewee signals readiness and willingness to speak about it. (Ideally, you would plan to see each other more than once so you can broach GBV in a second meeting if needed.)
- Use relevant examples of GBV when explaining grounds for protection to make clear the link between GBV, displacement and protection.
- Explain that you are aware other service providers may have asked similar questions, and that information about GBV may be important in refugee status determination. However, do not create false expectations that a person will automatically receive refugee status if they disclose GBV. Just mention that GBV may be important in assessing protection risks in the home country but it is up to them to talk about it if they wish.
- Be transparent about the information you already have about the person's situation and legal needs. This helps prevent them from having to repeat or share details of information you already have and do not need to be repeated.
- Sometimes, there are inconsistencies in a person's account of their GBV experiences. This can be due to effects of trauma on the survivor, or the listener's misunderstanding, misinterpretation, or mistaken assumptions. If you notice inconsistencies, contradictions or gaps in the person's account, note them to yourself and wait for a good opportunity to ask about them, if they are important. Try asking, "May I ask you to help clarify something?" or "Can I make sure I understood you properly? I heard you say [A] but then also [not-A]. Can you help me understand what you meant?"
- For certain service providers, credibility is paramount and needs a clear, objective assessment before moving forward. For example, lawyers representing asylum seekers must ensure their client's credibility before presenting them to an adjudicator. In rare situations like this, a service provider may need to ask more questions to clarify or firm up a survivor's account of events in order to develop the right legal strategy or protect them from an adverse credibility finding later.
- Speak separately with individuals about GBV if you are interviewing more than one member of a family.
- Always respect that a survivor may not wish to share information about GBV during an interview with authorities (such as police, border officials or asylum adjudicators). Never push or force someone to speak about their experiences, regardless of what information you have.

It is important that the person understands and accepts why you need to ask these sensitive questions. With consent, and only where it is necessary for the service they seek, you can then raise the issue of past GBV more directly with questions such as:

- *“Have you ever felt unsafe because of someone in your life? Could you tell me a little more?”*
- *“Have you ever been forced to do something you were not comfortable doing or that you felt you did not have enough power to refuse? Could you tell me a little more?”*
- *“You have told me about [XXX person or group]. They seem to be dangerous to you. Can you tell me a little more?”*
- *“Has anyone ever hurt you in a way that felt shameful? Please tell me more.”*
- *“Has anyone ever hurt you because you are [a woman, LGBTIQ+, an ethnic or religious minority, etc.]? Could you tell me a little more?”*
- [For asylum-seeker context, allow the person to answer each question before posting the next, and please adapt to your context.] *“I have [worked with / read about] many [women/men/LGBTIQ+ individuals] from your country before who have experienced [XXX] there. Sometimes it is quite difficult for them to speak about it at first. But it can sometimes be part of their asylum case, so it can be helpful to know about. Have you heard about these kinds of experiences? If you ever want to talk about this issue, I can listen.”*

You can also ask questions in the present tense to assess whether there are current or ongoing threats of GBV.

Remember that a person should never be forced to speak about experiences of GBV.

They may not see any benefit in revealing their experience; they may not trust the person who is asking questions. It may even be dangerous for them to speak about the harms they have suffered or the harms they fear. **If you have clearly explained the reasons for asking these questions and the person does not respond, stop asking. Simply gather the other information needed, deliver as much service as possible, thank the person for their patience and offer additional support in the future.**

Regardless of whether a person discloses GBV in a meeting, it can be helpful to close a meeting by asking an open question that may give a survivor a final opportunity to share any additional information they may wish to share, such as: *“Thank you so much for sharing all that you did. We have a little more time together. Is there anything else you would like me to know that we didn’t have a chance to cover?”*

It is also important to let the person know that you understand there may be more to say but it does not have to happen today. It can be helpful to let the person know that if they would ever like to speak again in the future, “the door is always open.”

2.4 Dos and don'ts for responding to GBV disclosure



ESSENTIAL TO KNOW: BELIEVING SURVIVORS

Never criticize or challenge a GBV survivor's story or version of events, even if details in their story appear to change. This can cause significant harm. Just because aspects of a survivor's story may change does not mean they are not telling the truth. Traumatic experiences can cause survivors to have difficulty remembering details, events and timelines. It is not your role to judge, challenge or investigate. Discrepancies may also be due to miscommunication or insufficient readiness to share fully. Ask yourself: Is it my job to judge or challenge this person's account?

If a client discloses to you that they have experienced GBV:

- Remain calm.
- Let the person speak freely and tell their story in their own way and in their own time.
- Use active listening skills to show you are present, empathetic, non-judgmental and supportive and are able to listen to, hear and respond with compassion to what they are saying.
- Communicate that you believe them.
- Communicate that you are sorry for what has happened to them.
- Acknowledge how difficult it must have been for them to disclose, and reassure them that it was the right thing to do.
- Take steps to support the survivor's immediate safety and well-being, including through providing psychological first aid. (See **TOOL 7** for additional support on how to do this.)
- Provide the survivor with helpful information to help them understand what has happened, what effects they may experience, and what services and supports are available to address their needs and promote their well-being.
- Help the survivor decide what to do next, and provide information and make referrals for additional care, support and protection for survivors who consent to referral. Make sure to communicate clearly about potential delays and waiting times for services where they exist, so that a survivor has realistic expectations about receiving support.

Dos and Don'ts for service providers receiving GBV disclosure	
Things to do	Things not to do
Always show empathy and compassion.	Don't judge or blame a survivor for anything that happened to them. Remember that your own life experiences and background may influence how you view or interpret someone else's experiences and behaviour. Never criticize, challenge or question an individual if details in their story change.
Always explain confidentiality and any limits to confidentiality at the beginning of an interview or meeting.	Never ask someone about GBV in the presence of a partner, family member or friend.
Always maintain confidentiality.	Don't speak openly with colleagues about a case or whisper right after an individual shares sensitive information with you. This can erode trust and create anxiety. Don't bring up GBV or sensitive information on the phone or Zoom unless you have verified that all parties are in a private, confidential space.
Practice active listening, including making eye contact, being attentive when the person is speaking, and ensuring you are not distracted.	Avoid body language that conveys disbelief or irritation, such as crossing your arms or certain facial expressions. Do not check your phone while you are meeting with someone, unless it is necessary to help explain something.
Show that you believe the survivor's story and thank them for having the courage to share it.	Never push someone to talk if they are uncomfortable or are not ready. Instead, reassure them that they can talk to you later or refer them to someone else who can help.
Be honest, transparent and patient.	Do not ask unnecessary questions that are outside the scope of the conversation or your mandate.
Build the survivor's self-esteem by affirming their feelings, desires and expressions.	Do not take any action without the consent of the survivor.
Learn relevant colloquial or euphemistic expressions for sexual acts or anatomy.	Do not make assumptions about how a survivor is feeling after a disclosure; even if they appear calm, they may be distressed.

For additional guidance on how to safely and supportively respond to someone who discloses GBV, see the *Dos and Don'ts* list from Activity 2 within **Module 1, TOOL 3**.

3. After a meeting: Following up with referrals and care

As stated earlier, very often a service provider will only have one interaction with a GBV survivor who discloses. However, in instances where further follow-up is possible:

- Follow up as needed around providing warm or cold referrals, if the survivor has consented to having referrals made for them. For more information on referral networks, see **TOOL 4**.
- If you are making a referral, always inform the survivor about possible delays in receiving support due to limited capacity; this can help manage the survivor's expectations about when they may receive assistance.
- If you see the survivor again outside of any structured meetings, do not bring up the GBV or anything the survivor has shared with you unless the survivor brings it up first. Even if they have disclosed GBV to you, this does not mean they want to talk about it again or have it brought up. General questions asking how the survivor is doing, or if there is anything additional you can help them with, are appropriate.
- If you have a second or follow-up meeting(s) with the survivor, continue to adhere to survivor-centred and trauma-informed principles, understanding that traumatic experiences may continue to manifest in myriad changing and culturally-specific ways. Always ask the survivor for their consent first before bringing up GBV—for example, *"Is it ok if I ask you a few questions about [the GBV/violence] you shared with me the other day?"*
- Consider the impacts of secondary trauma and take appropriate steps for self-care (see **TOOL 10** for more information).

Checklist for supervisors

Supervisors can use this checklist to do a training needs assessment of their team or to assess individual service provider knowledge and skills in supporting GBV disclosure. Areas where service providers require further training and development should be identified and addressed through a staff development plan. This checklist can also be adapted to monitor the capacity of service providers to safely and appropriately respond to GBV disclosure across the organization to support continuous improvement (see **Module 4**).

Service provider staff:

- Understand their role and responsibilities in relation to supporting a survivor who discloses GBV.
- Are knowledgeable about survivor-centred principles and understand how to apply them in practice.
- Display survivor-centred attitudes, beliefs and behaviours.
- Are able to communicate effectively with any interpreters or cultural mediators to ensure they are aware of and abide by survivor-centred principles.

- Demonstrate non-discriminatory attitudes, beliefs and behaviours toward people with disabilities, people with diverse SOGIESC, ethnic and religious minorities, and male survivors of sexual violence.
- Understand the impacts of traumatic experiences or events and how they can impact behaviour, emotions and communication.
- Are knowledgeable about considerations for working with diverse groups.
- Demonstrate empathetic, non-judgmental and compassionate responses to clients.
- Display skills required to build trust and rapport.
- Display skills that help promote a sense of safety, both physically and emotionally (for example, through maintaining privacy, using effective communication skills, etc.).
- Can explain confidentiality and the limits of confidentiality.
- Use active listening skills and appropriate questioning.
- Know how to respond to distress and discomfort.
- Are able to acknowledge to a client how difficult disclosure is and reassure them.
- Take steps to support a GBV survivor's immediate safety and well-being, including through providing psychological first aid.
- Know how to provide a GBV survivor with helpful information to help her/them understand:
 - what has happened;
 - what she/they might expect in terms of the possible effects; and
 - what services and supports are available to address her/their needs.
- Are familiar with relevant referral pathways and processes.
- Know how to obtain informed consent and make safe and confidential referrals.



Links to additional information and resources: Receiving and responding to disclosure

- ***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*** This resource package is designed to provide all humanitarian practitioners with concrete information on supporting a survivor of GBV who discloses in a context where there is no GBV actor available. Available at: <https://gbvguidelines.org/en/pocketguide/>.
- ***P.E.A.C.E. A Different Approach to Investigative Interviewing***. Forensic Interview Solutions International. This interview approach is used by UNHCR staff, including GBV specialists. Available at: <https://www.fis-international.com/assets/Uploads/resources/PEACE-A-Different-Approach.pdf>

TOOL 7:

Supporting survivors who are in distress

This tool provides information for service providers on how to respond to a GBV survivor who is distressed to help promote safety, coping, well-being and recovery. It includes links to resources with additional information about strategies that service providers with appropriate skills can use to help GBV survivors cope with and manage distress related to their experiences. Workers may use this tool as a reference guide to help build their knowledge and skills, and supervisors may wish to use it to support service provider training and development during supervision and training sessions.



ESSENTIAL TO KNOW: RESPONSES TO TRAUMATIC EXPERIENCES

A “traumatic event” is one that has the capacity to cause mental or physical trauma. Faced by such an event, the immediate response of the body and the mind is to struggle for survival. Behaviourally, this is expressed by “fight, flight, freeze or appease” responses: fighting back against whatever is happening (fight); attempting to flee the situation (flight); “playing dead” or dissociating (freeze); or submitting to or attempting to appease the perpetrator or someone who holds more control or power over the survivor (appease).

A severe traumatic event often changes the way in which survivors understand the world around them. They may lose their sense of safety and feel vulnerable and helpless. If the event involves acts of violence and the intention to hurt, trust in other people may be lost and the survivor’s inter-relational worldview may be seriously disturbed.

Acts of violence such as GBV are considered among the most disturbing traumatic events, likely to have the most lasting impact. Loss of safety, control and trust commonly leads to depression and/or anxiety. The survivor may painfully re-experience the event(s) in dreams or daily life (also called “intrusion,” and a common symptom of post-traumatic stress). Intrusion is often set off by something in the environment that reminds the survivor—consciously or unconsciously—of the traumatic event; this is also referred to as a “trigger.” This may cause the survivor to try and shun everything that might bring to mind the event (known as avoidance). Survivors may feel disconnected from their bodily sensations and feel numb, or they may be unable to recall traumatic memories. A state of heightened arousal is also quite common (called “hyperarousal”): survivors may be on their guard all the time, startle easily, sleep poorly, be irritable, or find it difficult to remember things and concentrate. These responses are all different forms of coping mechanisms; for example, avoidance and hyperarousal can serve as a form of protection. If a survivor lacks support and help, these reactions may last for months or even years.¹

¹ Health and Human Rights Info, Mental health and gender-based violence: Helping survivors of sexual violence in conflict—a training manual: The toolbox (2019), available at: www.hhri.org/wp-content/uploads/2019/09/Toolbox-EN-2019.pdf.

Common distress reactions to GBV

Survivors of GBV commonly experience strong emotional and physical distress reactions. How each person reacts to GBV depends on many factors, including the nature, severity and duration of the violence, abuse or exploitation; their level of resilience, which in turn is determined by both individual and social-environmental factors; their age, personality and culture; their support system and coping methods; how much time has passed; their previous experiences of traumatic events or violence; and whether they are currently safe.

Emotional and physical distress reactions can be expected immediately after and in the days, weeks, months or years following an incident of GBV. Common reactions include, but are not limited to:

- Feelings of guilt, shame, sadness, anger, fear, anxiety, confusion, uncertainty or hopelessness;
- Dissociating: feeling numb, “spaced out” or detached from one’s body;
- Depression and/or anxiety;
- Increased heartbeat, sweating, shaking, trembling, shortness of breath or panic attacks;
- Difficulty making decisions and comprehending complex information;
- Difficulty communicating clearly with others;
- Feelings of helplessness or powerlessness;
- Feeling overwhelmed;
- Flashbacks or intrusions: reliving memories of the traumatic event;
- Hyper-arousal: feeling “on guard” all the time, startling easily, being unable to relax or constantly looking out for threats or danger;
- Irritability;
- Trouble sleeping or sleeping too much;
- Nightmares;
- Eating a lot less or a lot more than usual;
- Lack of ability to take care of oneself or others, including children;
- Low self-esteem;
- Increased substance use, including alcohol, recreational drugs or prescription medication;
- Withdrawing or isolating from others;
- Relational difficulties, irritability and/or lack of trust in others;
- Self-harm or suicidality.



TIPS FOR USING THIS TOOL IN DIFFERENT CONTEXTS

If you are working in a **stabilized setting** that allows you to have ongoing contact with GBV survivors—and if you have the appropriate skills—you may find it helpful to learn additional strategies to help survivors cope. See *Links to additional information and resources at the end of this section for more guidance, including grounding activities to help GBV survivors.*

For those in **rapidly emerging settings or settings with fewer resources**, it is important not to make promises you can't keep. Instead learn about how to provide basic psychological first aid as described here.

Responding to distress to promote safety, coping and well-being

“Psychological first aid” is a psychosocial support activity that service providers can use to help GBV survivors who are in distress, are struggling and may need support. Psychological first aid can help promote both immediate and longer-term well-being and can help survivors cope with the impacts of traumatic experiences or events. It involves helping the survivor feel safe, connected to others, calm and hopeful, as well as promoting their access to physical, emotional and social support.

There are five basic elements to psychological first aid that service providers can implement after receiving a GBV disclosure to help promote the survivor's safety, well-being, coping and recovery:¹

1. Promote safety

2. Promote calm

3. Promote connectedness

4. Promote self-efficacy

5. Instill hope

1. Promoting safety. Safety refers to both physical safety and security as well as to a sense of psychological and emotional safety for people who are highly distressed. Service providers who receive GBV disclosure should help survivors address their safety and security needs. Ensuring safety for GBV survivors may include:

- Helping the survivor identify how to make themselves safe;
- Helping the survivor obtain emergency medical attention;

¹ Australian Red Cross and Australian Psychological Society, *Psychological First Aid: Supporting people affected by disaster in Australia* (Australian Red Cross, 2020), available at: www.redcross.org.au/globalassets/cms-migration/documents/stories/psychological-first-aid-an-australian-guide.pdf

- Providing physical and emotional comfort (remember to always ask a survivor for consent before offering touch; for example, “May I place a hand on your shoulder?”); and
- Providing simple and accurate information about how to get basic needs met, including safety. (For example, is there a place the survivor can go where they would feel safer? Are there safe people the survivor can turn to for support or to help them meet their basic needs?)

2. Promoting calm. An important first step in promoting calm is to normalize the survivor’s feelings, thoughts and reactions after disclosure. Other ways of promoting calm may include:

- Stabilizing survivors who are overwhelmed or disoriented: making sure they are warm, comfortable and have water or something else to drink;
- Providing a calm, safe environment;
- Listening to survivors who wish to share their experiences and emotions, while never forcing them to talk;
- Remembering that there is no right or wrong way to feel after GBV;
- Being friendly, calm and compassionate;
- Offering accurate information about the consequences of GBV and available services and supports; and
- Providing information on stress and coping.

3. Promoting connectedness. Social connectedness and support can assist with emotional well-being and recovery following traumatic events, including GBV. Service providers who receive GBV disclosure can help establish connections with supportive family, friends or others who can support the survivor’s immediate and longer-term well-being and recovery. Promoting connectedness after GBV disclosure may include:

- Helping the survivor decide who they feel safe speaking with about their experiences;
- Ensuring that parents and/or caregivers have information about how to communicate with and support child and adolescent survivors and survivors with disabilities;
- Offering practical help to survivors to address immediate needs and concerns; and
- Providing information and making referrals for available services and supports, with the survivor’s consent.

4. Promoting self-efficacy. Helping GBV survivors regain a sense of control and agency is a vital thing that service providers receiving disclosure can do. Many providers will want to do as much as they can to help and may have many ideas about how to move forward. However, GBV is incredibly disempowering, and it is critical that service providers do not inadvertently further disempower a GBV survivor by assuming control or agency over the survivor’s choices and well-being. Instead, they should promote the survivor’s agency by

listening, offering options for available support, and supporting the survivor to make their own decisions about what to do next. This helps to support the survivor's capacity to cope, feel resilient and address problems they face. Promoting self-efficacy after GBV disclosure may include:

- Helping the survivor to identify their needs and how to meet them; and
- Helping the survivor to prioritize problems and identify solutions to them.

5. Instilling hope. When survivors are able to maintain some level of hope or optimism for their future in times of crisis and distress, their outlook for recovery improves. Providers can help to instill hope by:

- Communicating an expectancy or trust that the survivor will recover;
- Being present and willing to help; and
- Offering reassurance to the survivor that their feelings are normal and that they are not alone.



Links to additional information and resources: Supporting survivors in distress

- ***Mental health and Gender-Based Violence: Helping survivors of sexual violence in conflict – a training manual*** (Health and Human Rights Info, 2014). This training has been developed for helpers who provide assistance and support to women who survive GBV and sexual trauma during disasters, conflicts and emergency situations, where access to health professionals with psychological or psychiatric expertise is limited. Available at: www.hhri.org/gbv-training-manual/.
- ***Interagency Gender-Based Violence Case Management Guidelines: Providing care and case management services to gender-based violence survivors in humanitarian settings*** (USAID and others, 2017). This resource provides guidance for quality, compassionate care for GBV survivors in humanitarian settings, with particular focus on the provision of case management services. Available at: <https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines>.
- ***Psychological First Aid Training Manual for Child Practitioners*** (Save the Children, 2013 and 2017). This training is aimed at child protection and other child worker staff and volunteers, such as educators and healthcare workers, who support children in the aftermath of or during a crisis or traumatic event, as well as staff from other sectors who interact with children, such as WASH, shelter or nutrition. The communication and comforting skills that are taught and practiced in the training are used to help reduce the initial distress children may experience, as well as to connect them with practical assistance and encourage positive coping strategies. Available at: <https://resourcecentre.savethechildren.net/document-collections/save-children-psychological-first-aid-training>.

TOOL 8:

Working with diverse groups

This tool provides information and resources to support the development of service provider knowledge and skills to respond to GBV disclosure by children and adolescents, male survivors of sexual violence, survivors with diverse SOGIESC and survivors with disabilities. Workers may use this tool as a reference guide to help build their knowledge and skills, and supervisors may wish to use it to support service provider training and development during supervision and training sessions.

Children and adolescents



ESSENTIAL TO KNOW: CHILDREN AND DISCLOSURE ¹

Children may disclose sexual abuse differently than adults. Their disclosure about sexual abuse is often a process rather than a single or specific event; it can be communicated directly or indirectly, voluntarily or involuntarily. IRC and UNICEF describe the way children may disclose as follows:

- **Direct:** A child directly shares information about the abuse with a service provider; or a child directly tells a family member or friend about the abuse, who then shares the information with a service provider.
- **Indirect:** A witness to sexual abuse shares information about the abuse with a third party; or a child contracts a sexually transmitted disease or becomes pregnant, and this event propels the abuse to be disclosed.
- **Voluntary:** A child readily shares information or requests that another person share information about the sexual abuse.
- **Involuntary:** A person shares information about the sexual abuse against the child's wishes, or the child is forced into disclosing sexual abuse.

Children may also exhibit signs of abuse through their behaviour or may communicate in other ways, such as through drawings. A child's capacity to disclose is impacted by several factors, including the child's age and maturity, sense of safety, available resources and other factors relevant to a particular context. Often, disclosure of sexual abuse is a process; in other words, children may first see how adults react to hints about their sexual abuse. Adults who react with anger, denial, minimization, blame or other negative responses may cause a child to stop talking and/or later deny the abuse they began to disclose. Service providers are responsible for responding to child disclosure of sexual abuse with compassion, care and calm.

¹ IRC and UNICEF, *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings* (2012), available at: www.unicef.org/media/73591/file/IRC-CSS-Guide-2012.pdf.pdf.

Responding to disclosure of GBV against children and adolescents can be especially complex. In many cases, the perpetrator is someone who is known to the child or young person, from within the family or community—which has implications for the survivor’s safety and recovery. There can also be a tension between maintaining confidentiality and mandatory reporting requirements, and between mandatory reporting and upholding the best interests of the child. There may be differences between what a child or adolescent survivor would like to have happen following GBV, and what others—such as her/their parents or other caregivers—think is the best course of action.¹

These issues can all be compounded in the context of displacement when GBV risks are heightened and services are limited. There are no easy solutions to these challenges, and every case is different, which is why it is so important that service providers who may receive GBV disclosure from affected children or young people are equipped with adequate guidance, skills and support to help them navigate these complexities. While every child’s or adolescent’s experience and situation will be different, service providers can do the following to prepare for and to safely receive and respond to GBV disclosure from a child or adolescent.

1. Develop your knowledge and skills for responding to GBV disclosure by child or adolescent survivors and families.

- Build your knowledge in key areas, including:
 - Child and adolescent development, mental health, the impacts of GBV, and signs of trauma, anxiety and depression in children and adolescents;
 - Specific challenges and issues facing unaccompanied and separate children and adolescents;
 - Available child- and adolescent-friendly services and referral processes;
 - Organizational procedures for working with children and adolescents, including child safeguarding; and
 - Strategies for building rapport and trust and engaging with child and adolescent survivors and caregivers.
- Practice interpersonal, communication and interviewing skills for engaging with children and adolescents.

2. Create and maintain a safe and supportive environment when engaging with children and adolescents.

- Check the location to ensure an interview or conversation can be held safely and confidentially, and let the child or adolescent decide who they would like to be present.

¹ Information in this section is adapted from S. Read-Hamilton, *Guidance for GBV Programmes on Supporting Adolescent Survivors* (GBV AOR Helpdesk).

- Comfort a distressed child or adolescent and help them feel calm before proceeding with an interview or conversation.
- Always seek to build rapport with the child or adolescent to help them feel safe.
- Always discuss confidentiality and the limits of confidentiality at the beginning of a conversation.

3. Listen, assess and facilitate age-appropriate problem-solving and planning when a child or adolescent discloses GBV.

- Use active listening and appropriate questioning after a child or adolescent discloses GBV.
- Validate and normalize the child's or adolescent's experience; help them to understand that what happened to them is wrong, that it happens to other people too, that they are not alone, and that their feelings and reactions are normal responses.
- Promote the child's or adolescent's age-appropriate sense of control over the conversation and what happens next.
- When appropriate and safe, educate caregivers about:
 - GBV, its possible impacts, and normal reactions and behaviours the child or adolescent may develop in the coming days and months; and
 - Strategies caregivers can use to support the child or adolescent.
- Speak separately with caregivers who are explicitly or implicitly blaming the child or adolescent for the abuse, or whose reactions are inappropriate, unsupportive or unprotective. Focus on helping the caregivers identify how to best support the child or adolescent to be safe, to heal and to recover.

4. Provide helpful and relevant age-appropriate information to help the child or adolescent make informed decisions relevant to her/their age, circumstances and developmental capability.

- Provide support based on risk, need and circumstances. The level of ongoing support a child or adolescent survivor needs will depend on whether the adolescent is at ongoing risk of violence, what their most pressing needs are, and other circumstances related to GBV, family dynamics, displacement and available resources.



Links to additional information and resources: Children and adolescents

- ***Working With Adolescent Girl GBV Survivors On The Move: A Guide For Service Providers*** (UNICEF, VOICE and Response for Venezuelans, 2020). This Guide and accompanying Training Manual are designed for service providers working with adolescent girls on the move who experience or are at risk of GBV, with a particular focus on contexts of Venezuelan migration. Available at: www.unicef.org/lac/media/30266/file/Working%20With%20Adolescent%20Girl%20GBV%20Survivors%20On%20The%20Move.pdf.
- ***Responding to Children and Adolescents Who Have Been Sexually Abused: WHO clinical guidelines*** (WHO, 2017). These guidelines are aimed at helping front-line health workers, primarily from low resource settings, in providing evidence-based, quality, trauma-informed care to survivors. Available at: <https://www.who.int/publications/i/item/9789241550147>.
- ***Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*** (IRC and UNICEF, 2012). These guidelines provide a practical approach to helping child survivors, and their families, recover and heal from the impacts of sexual abuse. Available at: <https://gbvresponders.org/wp-content/uploads/2014/07/CCS-Guidelines-lowres.pdf>.
- ***Child and Adolescent Survivors of Sexual Violence and COVID-19 Key Considerations and Practical Guidance, CASI Initiative*** (Child and Adolescent Survivors Initiative, 2020). This document provides key considerations and practical guidance for case management actors and coordination groups supporting child and adolescent survivors of sexual violence in the context of the COVID-19 pandemic. Available at: www.socialserviceworkforce.org/system/files/resource/files/CASI-COVID-19-Guidance-Note_v1.pdf.

Men, adolescent boys and people with diverse SOGIESC



ESSENTIAL TO KNOW: DISCLOSURE AMONG MEN AND SURVIVORS WITH DIVERSE SOGIESC

Survivors of GBV with diverse SOGIESC and male survivors of sexual violence tend to disclose to people they trust—which could include people of any gender. Disclosure—if, when, how and to whom—is an individual preference. Some survivors may find it easier to disclose to an outsider or a foreigner, rather than someone from their ethnicity, culture or religion. Restrictive gender norms, stigma or criminalization around same-sex relations, misconceptions that sexual violence against men and boys is rare, and difficulty in identifying as a victim are all factors that can impede disclosure. By explicitly acknowledging that GBV against LGBTIQ+ people,

as well as sexual violence against men and boys, can be widespread in conflict, in imprisonment, during flight and in displacement, service providers can help survivors open up and may help to reduce self-blame.

Because of their intersecting oppressions, girls, boys and adolescents with diverse SOGIESC who also have physical or developmental disabilities are particularly at risk of sexual abuse and exploitation, and they may face greater difficulties in disclosing violence.

Service providers can take the following actions to prepare for and to safely receive and respond to disclosure of GBV from people with diverse SOGIESC and disclosure of sexual violence from men and adolescent boys.¹

1. Develop your knowledge and awareness about sexual and other violence against men, adolescent boys and people with diverse SOGIESC.

- Recognize that men, boys and people with diverse SOGIESC can be victimized by sexual and other violence, and understand that this violence is not uncommon.
- Recognize that people with diverse SOGIESC exist in every population, even if they are not overtly visible. Lesbian women, transgender women and men, and gender- and sexuality-nonconforming people are at high risk of sexual violence—particularly transgender women/girls, masculine-presenting women/girls and transgender men/boys.
- Understand that some common forms of sexual violence against men, boys and people with diverse SOGIESC may differ from those against straight, cisgender women and girls—such as genital violence, enforced rape of others, and so-called “corrective” rape—resulting in differing health impacts.
- Learn about the terms, innuendoes, euphemisms and metaphors regarding sexual victimization, as well as the evolving language on issues related to people with diverse SOGIESC in the local context.
- Self-reflect and address any negative feelings, assumptions and biases you may hold about male survivors of sexual violence or about people with diverse SOGIESC. If you are unable to provide non-judgmental, respectful and supportive care after a disclosure of sexual violence or another form of GBV, inform your supervisor in accordance with the principle of “do no harm.”

¹ Information in this section is adapted from: *Women’s Refugee Commission, Addressing Sexual Violence against Men, Boys, and LGBTQ+ Persons in Humanitarian Settings: A Field-Friendly Guidance Note by Sector* (2021), available at: www.womensrefugeecommission.org/wp-content/uploads/2021/02/Addressing-Sexual-Violence-against-Men-Boys-LGBTQ-Persons-Guidance-Note-022021-1.pdf.

2. Create and maintain a safe, inclusive and supportive environment when male survivors and survivors with diverse SOGIEC disclose.

- Reassure survivors that the assault was not their fault and that many other men, boys and persons with diverse SOGIEC have also been victimized; this can help to reduce self-blame.
- Acknowledge the difficulty in disclosing sexual violence and validate their courage in doing so.
- Use and reflect back the language and terms the survivor uses (as appropriate); be sensitive to terms such as “sexual violence,” “rape,” “victim” and “survivor,” as men/boy survivors may not identify as a victim or conceptualize their experiences as sexual violence.
- Never assume a person’s gender or sexual orientation. Ask about and use the person’s preferred names and pronouns and reflect the survivor’s language when referring to anatomy or body parts.
- Ask relevant questions and do not probe with intrusive or off-topic questions related to being gender-diverse or a survivor.
- Recognize that male survivors and those with diverse SOGIEC may remain at risk of sexual violence; in many cases, they have poor support networks and may have difficulty identifying people they can trust. Take time to work with the survivor to identify people, places and organizations where they can receive immediate safety and support. Assess each option to understand the risks and support the survivor to choose the lowest-risk option.
- Assess and discuss safety risks before recommending that the survivor report to authorities, particularly in settings where same-sex relations and various forms of gender expression are criminalized.
- Identify and connect the survivor with relevant support services, such as support groups specific for survivors with diverse SOGIEC or for men/boy survivors of sexual violence.



Links to additional information and resources: Survivors with diverse SOGIEC and male survivors

- ***Addressing Sexual Violence against Men, Boys, and LGBTIQ+ Persons in Humanitarian Settings: A Field-Friendly Guidance Note by Sector*** (WRC, 2021). This resource outlines key actions and considerations for service provision per sector to support frontline workers to better address sexual violence against men, boys and LGBTIQ+ persons. Available at: www.womensrefugeecommission.org/wp-content/uploads/2021/02/Addressing-Sexual-Violence-against-Men-Boys-LGBTIQ-Persons-Guidance-Note-022021-1.pdf.

- **Supporting Young Male Refugees and Migrants Who are Survivors or at Risk of Sexual Violence: A Field Guide for Frontline Workers in Europe** (WRC, 2020). This resource provides tips on how to engage with and support young male refugees and migrants in Europe who are survivors or at risk of sexual violence. It focuses on male youth: older adolescents (aged 15-17) and young men (aged 18-24). Available at: <https://reliefweb.int/report/world/supporting-young-male-refugees-and-migrants-who-are-survivors-or-risk-sexual-violence>.
- **Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement** (UNHCR, 2012). This note aims to provide guidance on how to access male survivors of sexual violence, facilitate reporting, provide protection and deliver essential medical, legal and social services. Available at: www.refworld.org/docid/5006aa262.html.

Survivors with disabilities



ESSENTIAL TO KNOW: CHALLENGES AND RISKS FOR SURVIVORS WITH DISABILITIES

Persons with disabilities are among the most vulnerable and socially excluded groups in any crisis-affected community. They may have difficulty accessing humanitarian assistance programmes due to a variety of societal, environmental and communication barriers, which increases their protection risks—including their risks of GBV. For women, girls and gender-diverse people with disabilities, the intersection of gender inequality and disability makes them especially vulnerable to GBV. In addition, social norms often designate women and girls to be caregivers of people with disabilities, which can reinforce their isolation and further limit their access to social, economic and material support, thereby increasing their vulnerability to violence and exploitation.

Many of the issues faced by GBV survivors with disabilities are similar to those faced by all GBV survivors. However, the challenges faced by survivors with disabilities—both in disclosing GBV and in accessing care, support and protection after disclosure—may be magnified by the discrimination, misunderstandings and assumptions often associated with disabilities.

Two key considerations for ensuring a survivor-centred approach to receiving and responding to GBV disclosure from survivors with disability include:

- Adapting communication methods to convey the same ideas when not able to rely solely on verbal communication; and
- How and when to involve caregivers in the care and support of the survivor.

1. Considerations for communicating with survivors with disabilities who disclose GBV¹

In most cases, survivors with disabilities can communicate directly with service providers with no or relatively small adaptations, such as identifying someone who can interpret their form of sign language or by using simplified language in discussions. In other cases, it may be less clear what the best way to communicate with a survivor is, and additional steps may be required to determine this.

When communication barriers do exist:

- Take time, watch and listen. If you are able to have more than one interaction, you will continue to learn more about them and understand better how they communicate and what they mean.
- Conduct open conversations with caregivers to ensure the individual can hear what is being said and can participate in any way possible. Remember that people who can't speak or move may still understand what is happening around them and what other people are saying about them.
- Pay attention to any way in which the individual wishes to communicate. This could be through gestures and sometimes through emotions. Some persons with intellectual and mental disabilities can exhibit a wide range of behaviours; this is sometimes the way they communicate with others. It is okay, however, to say "I don't understand."

2. Considerations for caregiver involvement in the care and support of a survivor who discloses GBV

For some individuals with disabilities, family members and caregivers may assist with communication and daily care, including after GBV disclosure. In many cases a service provider may also need the advice and support of the survivor's caregivers. Family members and caregivers can be critical partners in helping to define and implement strategies for effective communication and participation with survivors with disabilities who disclose GBV. Keep in mind the following:

- Caregivers are people first and foremost (most often women and girls) with their own perspectives, needs and feelings.
- The relationship between the survivor and the caregiver is often an enduring, central relationship in their life, and focusing on supporting and strengthening this is important to the survivor's healing.
- Caregivers—especially women and girls—are also exposed to the threat and reality of GBV, and service providers must also pay attention to their safety concerns and their opportunities to have more control over their lives.

1 Information in this section is adapted from: WRC and IRC, "Tool 8: Guidance for GBV caseworkers: Applying the guiding principles when working with survivors of disabilities," in *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners* (2015), available at: www.womensrefugeecommission.org/wp-content/uploads/2020/04/GBV-Disability-Toolkit-English.pdf.

- Caregiving is a demanding role that can impact a caregiver's own well-being, other responsibilities, and household and family dynamics.
- Providing good support for caregivers is one of the most effective ways to improve the safety and well-being of those they care for.

It is also important to keep in mind situations in which caregivers are not supportive to the survivor who is disclosing GBV: for example, when the caregiver is the perpetrator of GBV, when they are protecting someone who perpetrates GBV, or when they do not believe the survivor. See links below for more information on supporting survivors with disabilities within these complex situations.



Links to additional information and resources

- ***Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A toolkit for GBV practitioners*** (WRC and IRC, 2015). This toolkit is intended to support GBV staff to build disability inclusion into their work, and to strengthen the capacity of GBV practitioners to use a survivor-centred approach when providing services to survivors with disabilities. Available at: www.womensrefugeecommission.org/wp-content/uploads/2020/04/GBV-Disability-Toolkit-English.pdf.
- ***Information About Gender-Based Violence for People with Disabilities*** (Human Rights Watch). This Easy Read primer, developed by Human Rights Watch, can be used to teach persons with certain disabilities what GBV is and what to do if they experience it. Available at: www.womensrefugeecommission.org/research-resources/building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview/.
- ***Women and Young Persons With Disabilities: Guidelines for providing rights-based and gender-responsive services to address gender-based violence and sexual and reproductive health and rights*** (United Nations Population Fund [UNFPA], 2018). These guidelines provide practical and concrete guidance for making GBV and sexual and reproductive health and rights (SRHR) services more inclusive of and accessible to women and young persons with disabilities and for targeting interventions to meet their disability-specific needs Available at: www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf.

TOOL 9:

Working with interpreters and cultural mediators

Service providers working with refugees, asylum-seekers, migrants and other people affected by displacement and other humanitarian situations should adhere to best practices for working with interpreters and cultural mediators. This is especially important when working with ethnic and religious minorities, including Indigenous women and girls. This tool starts with a mini-activity to engage teams in reflecting on challenges and good practices when working with interpreters. It then offers additional tips and resources for working with interpreters and cultural mediators when interviewing people who may have experienced GBV.

Workers may use this tool as a reference guide to help build their knowledge and skills, and supervisors may wish to use it to support service provider training and development during supervision and training sessions.



ESSENTIAL TO KNOW: INTERPRETERS AND CULTURAL MEDIATORS

Interpreters verbally translate from one language to another language. In the context of service provision, interpreters relay both sides of a conversation between speakers of different languages.

Cultural mediators facilitate communication between one person or a group of people and a service provider or an institution, including cultural elements (both verbal and non-verbal). In the context of service provision, they may accompany people to services, assist with reception and intake and interviews, and give support to both parties regarding cultural attitudes, beliefs and behaviours.¹

¹ WRC and UNICEF, *Supporting Survivors of Violence: The Role of Linguistic and Cultural Mediators, with a Focus on Gender-Based Violence and Sexual Violence against Men and Boys. A Training Curriculum* (2021), available at: www.womensrefugeecommission.org/research-resources/supporting-survivors-of-violence-the-role-of-linguistic-and-cultural-mediators-training-curriculum/.

Activity 1: Working with interpreters (role play)

This simple role play can be helpful in having a group reflect on good and bad practices in working with interpreters. Below is a scenario from Tool 1 / Activity 1 to enact. It requires three(3) actors – ideally two (2) of them should be bilingual in the base language plus another language. Those two actors should play the interviewee and the interpreter. Remember that the interviewee does not have to be female.

- Actors should read the text beforehand and make a quick plan about how they will act it out for the full group, with a range of good and bad practices. They can improvise as they like.
- At the end of the role play, the facilitator should ask the full group to identify good and bad practices and reflect on how they can improve their own work with interpreters.
- If time permits, invite other volunteers to enact the same situation differently.
- Follow up with a discussion drawn from the tips below and the “Interpreters and deep disclosure” iceberg diagram.

SCENARIO: Healthcare visit with interpreter

(F____)

F____ is a 20-year-old person who fled her/their country a few months ago. Today F____ has come to a health clinic, asking for an HIV test. After some time, the nurse calls F____ into the examination room and asks F____ why F____ wants an HIV test. F____ does not understand her very well, so the nurse calls for an interpreter. After about fifteen minutes, M____, the interpreter, arrives. Through M____, the nurse asks F____ how she can help. F____ mentions some trouble with the police after being involved in a student protest in the home country and requests an HIV test. F____ says nothing further but shifts around uncomfortably in her/their seat and stares at her/their hands. M____ makes a note of this and then asks if F____ is taking any medications. F____ says no. M____ continues to go through all the questions on the form, asking about other medical conditions and if F____ suffers from any addictions.

Interpreters and deep disclosure

Remember from Tool 1 that GBV disclosure can have different depths, like an iceberg. When working across languages, service providers and survivors who engage in deep disclosure are also accompanied by their interpreter. It is critical that interpreters are trained, equipped, and cared for in this process as well.



Before an interview

- Spend time preparing and building rapport with your interpreter if possible. A dynamic of trust, comfort, and competence between you will help put your interviewee at ease.
- Recognize that interpreters and cultural mediators may be putting themselves at risk by hearing GBV disclosure (for example, a risk of backlash if action is taken against the perpetrator). Always discuss and consider potential safety risks they may face, as well as the safety of the survivor who discloses GBV.
- Ensure that same-sex interpreters are available so that women and girls are not expected to discuss sensitive issues such as GBV in front of a male interpreter. Ask men, boys and gender-diverse people you are interviewing which gender interpreter they feel more comfortable with.
- Additionally, make sure to consider issues such as religion, ethnicity, political affiliation and class when selecting interpreters. It is important that those being interviewed feel safe and comfortable with the interpreter's background, as such factors may support or inhibit them in feeling safe to speak about GBV.
- Be aware that interpreters and cultural mediators may have their own experiences of GBV, displacement and/or other traumatic experiences. Check before an interview that they are aware you may be discussing sensitive issues, including GBV, and allow them the opportunity to choose not to participate.
- Recognize also that GBV survivors may see cultural mediators as a part of the service-provider system and may feel more comfortable talking to them and sharing difficult information because they share a language, religion or culture. Cultural mediators may therefore make survivors feel safer to disclose GBV. They may support GBV disclosure by helping to build trust between the person and the service provider, helping to build a survivor's confidence in the service provider and in the effectiveness of the service, and supporting the survivor after disclosure. It is important for linguistic and cultural mediators to be trained and prepared for this, as they can be part of the recovery process by applying the GBV guiding principles and providing psychological first aid.¹
- Ensure the interpreter or cultural mediator is familiar with GBV guiding principles of safety, confidentiality, dignity and self-determination, and non-discrimination and has basic training on GBV disclosure and providing psychological first aid. Understanding these guiding principles is particularly important if the interpreter or cultural mediator comes from the same community as the survivor.
- Clarify any guidelines or expectations for interpretation, including the following:
 - Ensure that any side-conversations or comments are interpreted for the non-fluent parties in the room.
 - Directly render in the speaker's own words, including the use of first-person perspective.

¹ WRC and UNICEF, *Supporting Survivors of Violence: The Role of Linguistic and Cultural Mediators, with a Focus on Gender-Based Violence and Sexual Violence against Men and Boys*. A Training Curriculum (2021), available at: www.womensrefugeecommission.org/research-resources/supporting-survivors-of-violence-the-role-of-linguistic-and-cultural-mediators-training-curriculum/

- Refrain from summarizing or explaining questions or responses. If it becomes necessary to do so, signal to both the interviewer and the survivor what you are doing.
- If the interpreter suspects that misunderstandings are arising, signal to both the interviewer and survivor that there may be a misunderstanding to address, explain what might be happening, and ask if it is appropriate to help clarify at this time.
- Specify expectations of confidentiality for both interpreters and cultural mediators, including the following:
 - Before the interview, the interpreter or cultural mediator should not discuss the purpose or location of the meeting they are attending. Clarify with the interviewer what notes can be taken during the interview (e.g., can names and locations be written down?) and how they should be disposed of afterwards.
 - During the interview, the interpreter or cultural mediator should make time to clearly explain protections and privacy to the survivor and never refer to other conversations the team has had with others. Adhere to any note-taking guidance provided by the interviewer.
 - After the interview, the interpreter or cultural mediator should check with the interviewer regarding how to dispose of interview notes. They should maintain complete confidentiality about the interview after leaving the appointment; this includes not only safeguarding the name of the survivor, but also not speaking about any aspect of the interview with anyone who was not present. Remember that facts and scenarios can be identifying even without names.
- Brief the interpreter or cultural mediator ahead of time if possible, and ask questions to make sure they:
 - Hold non-judgmental attitudes and beliefs about gender, sex, sexuality, GBV and diverse SOGIESC;
 - Are confident and competent discussing relevant health and legal terms and concepts;
 - Fully understand expectations about confidentiality, as outlined above; and
 - Appear professional, calm, empathetic and trustworthy.
- Check with the person you are interviewing to make sure they are comfortable with the interpreter or cultural mediator. They may not want to speak in their own language, or they may not want assistance from a cultural mediator or from a particular interpreter or mediator if they do not feel comfortable or safe. This is especially important if the interpreter or cultural mediator is from the same community as the survivor and the survivor fears backlash from anyone in their community learning what they disclose.²

2 Some of this content is adapted from Translators Without Borders, *Field Guide to Humanitarian Interpreting and Cultural Mediation* (2015), available at: <https://translatorswithoutborders.org/wp-content/uploads/2017/06/Guide-to-humanitarian-interpreting-cultural-mediation.pdf>.

During and after the interview

- Pay attention to seating/ positioning so that it is clear that the conversation is between you and the person you are interviewing. Maintain eye contact, use active listening, use open body language, and speak directly to the person you are interviewing—not the interpreter or cultural mediator.
- Make sure you leave enough time for the interview. It can take additional time to build rapport and safety when using interpretation. Further, if a survivor discloses GBV toward the end of the interview, make sure there is enough time to safely and appropriately respond to the disclosure.
- Be aware of cultural differences in communication and in expressing distress. If working with a cultural mediator, ask for clarification on cultural differences in relation to attitudes toward GBV and GBV disclosure.
- If you think there is a misunderstanding, ask the interpreter or mediator for clarification. Ask for full interpretation of side conversations, including when discussing GBV. Do not allow the interpreter or cultural mediator to answer questions for the survivor.
- If the interpreter or cultural mediator becomes upset after a GBV disclosure, pause the interview, take the interpreter or mediator somewhere you can speak privately and check with them that they are able to continue. Be sure to explain to the person you are interviewing that you are stepping away only briefly to consult with the interpreter or cultural mediator. If the interpreter or mediator is unable to continue with the interview at that time, take a break from the discussion. Resume or reschedule, as needed.



CONSIDERATIONS FOR DIVERSE GROUPS

Trafficking victims may have had significant traumatic experiences and may be extremely fearful, both of the traffickers and of authority figures and services. Where the victim and traffickers are of the same cultural background or nationality as the interpreter, it may be especially difficult for the interpreter to deal with the feelings this evokes, and the trafficking victim may feel especially reluctant or fearful to disclose. It is also crucial that complete confidentiality is maintained to protect the victim.¹

People with diverse SOGIESC may be especially reluctant to disclose in the presence of an interpreter or cultural mediator from their own community, out of fear that their SOGIESC will be revealed to others in the community and they will face repercussions and perhaps further violence. It is especially important, whenever possible, to offer the survivor choice around interpreters.

¹ Dublin Rape Crisis Centre, *Interpreting in Situations of Sexual Violence and other Trauma: A handbook for community interpreters* (2008).

- If a survivor discloses GBV during an interview, debrief with the interpreter/cultural mediator afterwards to make sure:
 - They are not upset or distressed;
 - They know how to get support if they need it; and
 - Any safety issues for the interpreter or cultural mediator are identified and a plan is put in place to address them. (See **TOOL 10** for more information on secondary traumatization and self-care.)



Links to additional information and resources: Interpreters and cultural mediators

- ***Supporting Survivors of Violence: The role of linguistic and cultural mediators, with a focus on gender-based violence and sexual violence against men and boys: A training curriculum*** (WRC, 2021). This resource supports training to equip linguistic and cultural mediators with the foundational knowledge they need to respond effectively to and support survivors of GBV and sexual violence, including male survivors. While the training focuses on linguistic and cultural mediators, it is also useful and relevant for interpreters who work in the context of service provision for refugees and migrants. Available at: www.womensrefugeecommission.org/research-resources/supporting-survivors-of-violence-the-role-of-linguistic-and-cultural-mediators-training-curriculum/.
- ***Interpreting in Situations of Sexual Violence and Other Trauma: A handbook for community interpreters*** (Dublin Rape Crisis Centre, 2008). This resource is a training course and handbook for interpreters to equip and support them in interpreting in situations of sexual violence and other trauma. It can also be helpful for service providers, to inform them about the process of interpreting. Available at: <https://www.translatorsassociation.ie/wp-content/uploads/2019/08/Dublin-Rape-Crisis-Centre-Interpreting-in-Situations-of-Sexual-Violence-and-other-Trauma.-A-handbook-for-community-interpreters-2008DRCC-Interpreting-in-situations-of-sexual-violence.pdf>

TOOL 10:

Managing secondary trauma and promoting self-care

Receiving and responding to GBV disclosure can be distressing and at times overwhelming. This is especially the case in contexts of displacement and other humanitarian contexts, where survivors may be experiencing multiple harms and traumatic events and it may be difficult to provide them with the care, support and protection they need. This tool provides a brief overview of secondary trauma and ideas for self-care to help promote the well-being of service providers and other helpers. Workers may use this tool as a reference guide to help build their knowledge and skills, and supervisors may wish to use it to support service provider training and development during supervision and training sessions.

What is secondary trauma?

Secondary trauma is the emotional duress that happens when an individual hears about another person's traumatic experiences. Service providers, practitioners and volunteers working in organizations that support people impacted by displacement and other humanitarian crises may be at risk of secondary trauma due to their continuous exposure to stories of violence and other traumatic experiences. This risk is increased for those exposed to the stories and experiences of GBV survivors.

It is important to learn about the effects of being exposed to the traumatic experiences of GBV survivors. Early awareness and recognition of secondary trauma is crucial to promote the health, safety and well-being of service providers, and to prevent burnout. Possible signs and effect of secondary trauma can include the following:¹

- Wounded ideals: feeling like your ideals or your faith in the world have been shaken;
- Cynicism;
- Feeling unappreciated or betrayed by the organization(s) you work with or the system(s) you live within;
- Loss of spirit;
- Grandiose beliefs about your importance and role; a sense of pressure of needing to "save" or "rescue" survivors;
- Reckless behaviour;
- Neglecting your own safety and physical needs (not taking breaks, not sleeping, etc.);

¹ Health and Human Rights Info, *Mental Health and Gender-Based Violence: Helping Survivors of Sexual Violence in Conflict—A Training Manual: The Toolbox* (2019), available at: www.hhri.org/wp-content/uploads/2019/09/Toolbox-EN-2019.pdf.

- Mistrusting colleagues and supervisors;
- Antisocial behaviour;
- Excessive tiredness;
- Inability to concentrate;
- Symptoms of illness or disease;
- Sleep difficulties;
- Inefficiency at work or in life;
- Excessive use of substances, such as alcohol, tobacco or drugs;

Self-care strategies

Individual strategies

Self-monitoring and self-care can support well-being and prevent secondary traumatization and burnout. Definitions of self-care vary widely across cultures and contexts. Some ways that self-care can be practiced include:

- Awareness—being attuned to your own needs, limits, emotions and resources;
- Balance—seeking stability between work, family life, rest and leisure; and
- Connection—establishing and maintaining positive relationships with coworkers, friends and family to elicit support and avoid isolation.

Specific practices that allow service providers to achieve awareness, balance and connection can include:

- Getting enough sleep;
- Eating a healthy and regular diet;
- Getting frequent physical exercise;
- Taking part in pleasurable and recreational activities;
- Meditation and relaxation;
- Prayer and journaling;
- Embracing humour;
- Careful work planning; and

- Seeking emotional support.

Coping with stress may be based on five actions: (1) grounding oneself in beliefs and priorities, (2) releasing from stressors and tasks, (3) acting on one's values, (4) being kind to oneself and (5) making room for reflection and joy.²

Collective strategies

Feminist thinking about the relationship between care, the self and community teaches us that it is essential to maintain a view of self-care that goes beyond the individual approaches discussed above. Strategies for coping with the emotional and psychological toll of GBV should include collaborative and communal approaches. These strategies may be particularly important in settings where there is an absence of support and care at the structural and organizational level.

The creation of formal and informal caring communities can provide a space for peer support and exchange of experience. Creating a caring community can provide an opportunity to reach out to others, build collective structures for support, and foster healthy routines and friendships.³ Collective care strategies can look like:⁴

- Implementing flexible work hours so staff have time to attend to personal needs.
- Supporting each other to prioritize time to “just be” and do things that bring happiness, joy and pleasure.
- Discussing and accepting lower productivity from workers who are struggling with secondary trauma, and supporting them in getting the help and support they need.
- Coming together for dance, exercise or other group sessions to help move and release emotions and energy from the body.
- Facilitating both group and individual check-ins among organizations and communities to discuss how staff are navigating the traumas they may be witnessing, and offering support and encouragement.
- Implementing breathing, grounding and calming activities into groups, organizations and various community gatherings.
- Pooling resources (including material resources, supplies, financial resources and skills among the community) to redistribute among community members based on need.
- Finding creative ways to share messages of reassurance and hope among networks and groups, or to celebrate compassionate efforts unfolding in the community.

² WHO, *Doing What Matters in Times of Stress: An Illustrated Guide* (2020), available at: <https://apps.who.int/iris/bitstream/handle/10665/331901/9789240003910-eng.pdf>.

³ Schulz et al, “Self-care for gender-based violence researchers – Beyond bubble baths and chocolate pralines,” *Qualitative Research*, vol. 0, No. 0 (2022), available at: <https://journals.sagepub.com/doi/full/10.1177/14687941221087868>.

⁴ Raising Voices, “Guidance Note 3: How can we amplify self and collective care?” *Series on Preventing Violence Against Women During the COVID-19 Pandemic* (Kampala, Uganda, 2020), available at: <https://raisingvoices.org/resources/guidance-note-2-how-can-activist-organizations-adapt-2/>.



Links to additional information and resources: Secondary trauma and self-care

- **Self-Care Activity Series** (GBV Prevention Network). This resource is a series of 5 guides for practical reflections and actions, designed to help caregivers and activists build awareness of their own well-being, support systems and self-care. Available at: <https://preventgbv africa.org/wp-content/uploads/2013/09/Self-Care-Activity-Series.pdf>.
- **Mental Health Wellness in GBV Prevention and Response** (Reana Thomas and others, 2021). This blog provides an overview of the mental health effects of care work and GBV service provision on health providers and discusses approaches to support self-care. Available at: <https://knowledgesuccess.org/2022/01/04/mental-health-wellness-in-gbv-prevention-and-response/>.
- **Doing What Matters in Times of Stress: An illustrated guide** (WHO, 2020). This resource is a stress management guide for coping with adversity. The guide aims to equip people with practical skills to help cope with stress. Available at: www.who.int/publications/i/item/9789240003927.
- **Self-Care for GBV Researchers – Beyond bubble baths and chocolate pralines** (Schulz and others, 2022). This resource outlines a collaborative and communal approach to self-care for those exposed to GBV, including forms of peer-support groups, collectives or networks. Available at: <https://journals.sagepub.com/doi/full/10.1177/14687941221087868>.

MODULE 3:

Community outreach

Overview

People affected by displacement and other humanitarian crises need—and have the right to—information about available services and supports relevant to their health, safety, well-being, and legal and other rights. This includes information about GBV and how survivors and those supporting them can obtain care, assistance and protection. Sensitively and safely providing appropriate and relevant information about GBV services to communities affected by displacement can build awareness about what GBV is, what can be done when it occurs, and what services and supports are available. Community outreach is especially important among “invisible” or marginalized survivors who would not necessarily access services, as it can help transmit important information to them at a distance and inform whether they choose to seek help. This is particularly important for hard-to-reach communities, or those that are not likely to come to a service provider’s office.

Importantly, community outreach can help survivors choose whether and to whom they disclose GBV. It can also help community members—such as family, friends and others to whom GBV survivors most often turn for support—by informing them how to respond to GBV disclosure in a manner that promotes the survivor’s safety, confidentiality, dignity and well-being.



ESSENTIAL TO KNOW: ONLY ENGAGE IN COMMUNITY OUTREACH IN PLACES WHERE SERVICES ARE AVAILABLE

Raising awareness about GBV can result in survivors deciding to disclose their experiences of violence. This, however, can do more harm than good when there are no services available to support a survivor who discloses GBV. In order to do no harm, it is not recommended to conduct any community outreach activities about GBV in locations where there are no services available to provide support.¹ Always consult with GBV services and other local experts with knowledge about GBV disclosure and response in your setting before undertaking community outreach on GBV.

¹ GBV Area of Responsibility, The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming (2019), p.49.

The purpose of this module is to support organizations working with displaced people to develop safe and effective strategies for sharing information with communities about:

- What GBV is and the different forms it can take;
- The impacts and consequences of GBV;
- Survivors' rights to safety, confidentiality, dignity and well-being; and
- Available GBV services and how and where a survivor can reach out for help.

This module includes tools to support organizations to learn about community information needs in relation to GBV and to safely and appropriately undertake community outreach to promote survivor-centred GBV services.

What's in here?

You will find the following tools in this module:

- **TOOL 11:** Assessing community information needs. This tool provides guidance on how to safely learn what information is needed in the community about GBV and related services, and how this information can be shared safely and ethically in that particular context.
- **TOOL 12:** Community outreach approaches. This tool provides information on good practice approaches for safely and effectively communicating with communities about GBV and available services.

TOOL 11:

Assessing community information needs

Organizations that serve displaced and other people impacted by humanitarian crises commonly disseminate information about what services are available in the area. Due to the sensitivities and safety issues surrounding GBV, it is important that service providers learn specifically about GBV information needs in the communities they work with—including strategies for safely and effectively disseminating information about GBV services to different groups in the community.

This tool provides guidance on how to safely learn what information is needed in the community about GBV and related services, and how this information can be shared safely and ethically in that particular context. It sets out three suggested steps to follow and a checklist of key actions. Staff responsible for community engagement can use this tool to learn about community GBV information needs if there are no other sources of information available.

It is critical to note that this tool is focused on assessing what the community currently knows about GBV (including what it is, its impacts and consequences, and survivors' rights in relation to GBV) and whether people are aware of available GBV services in the area. You are not gathering any information related to GBV prevalence in the area or personal experiences of GBV. Obtaining data on GBV prevalence and/or incidences is not recommended due to many safety and security risks, as detailed in the IASC GBV Guidelines (2015, p. 7).¹

¹ See <https://gbvguidelines.org/>.



ESSENTIAL TO KNOW: BEFORE ASKING COMMUNITIES ABOUT GBV

Organizations should only ever ask the community GBV-related questions when required information is not available from another source. This is for ethical and safety reasons, as well as to reduce the burden on affected people to participate in multiple needs assessments by different actors.

Before undertaking any information gathering activity involving asking communities about GBV, always first consult with GBV actors in your context to ensure that:

- *The activity is necessary and will provide new insights;*
- *The benefits of asking people GBV-related questions outweigh the risks; and*
- *The approach and method for collecting information are in line with a survivor-centred approach.*

1. Review what's currently known about GBV in your area.

In most contexts, there will already be information available about the GBV experiences and needs of women, girls and other at-risk groups. Service providers should therefore first review all existing information to learn about:

- Prevalent forms of GBV experienced by different groups prior to and during displacement;
- Services available for providing care, support and protection for GBV survivors, including dedicated GBV services and survivor-centred health, safety, protection, psychosocial and legal services that can assist survivors; and
- Any information already being shared with affected people about GBV and available services by other organizations and actors.

Helpful resources for learning about GBV issues, needs and services include:

- GBV services and specialists working in the context;
- Service providers who work with GBV survivors, such as health services;
- Community-based groups, networks and organizations representing women's and children's rights, people with disabilities, people with diverse SOGIESC, and refugee, asylum-seeker and migrant rights and welfare; and
- Publicly available literature, research, reports and data about GBV within the community or population.



TIPS FOR USING THIS TOOL IN DIFFERENT CONTEXTS

*In situations of **rapid displacement and high mobility**, risks associated with asking about GBV are likely to be exacerbated. There may also be fewer GBV services locally available. In these situations, consult closely with local experts, actors and services to learn about the GBV situation, and only undertake information gathering from affected people if absolutely necessary and if you can provide information about where to seek help in the event of disclosure. For people on the move, this will require researching available GBV services during transit and in destination locations.*

2. Identify gaps in knowledge and make a plan for how to safely learn from the community.

If, after reviewing what is currently known, there is a need to learn more about the community's information needs related to GBV and GBV services, identify a safe method for asking community members about what kinds of information they need. This involves the following:

- **Be clear on what you need to know.** For example, do you need to know more about the information needs of marginalized groups, such as adolescent girls or women with disabilities? Do you need to know more about how information can be shared

safely and ethically, without creating unintended backlash? *In order that survivors can make informed decisions about whether and to whom to disclose GBV, it is vital that they are provided with all relevant information; this includes information about issues such as mandatory reporting and their legal rights and options.* What information is needed will therefore depend to a large extent on the context; information needs of people in situations of rapid displacement will be different to those in more stable refugee settings.

- **Determine how you will ask community members about their information needs.** For example, is it sufficient to ask community representatives, or will it be necessary to hold a series of group discussions with diverse members of the community?
- **Identify what tools will be used.** For example, do interview or discussion guides need to be developed or adapted?
- **Identify who will do the interviews or facilitate group discussions.** Do they have appropriate training and skills in facilitation? Do they have skills in a survivor-centred approach to responding to GBV disclosure? Do they have appropriate language and communication skills—for example, for engaging with participants with communication disabilities?
- **Identify what services are in place to respond to survivors who disclose GBV during or after an interview or group discussion.** While you are never asking community members about their own experiences with GBV, people may still choose to disclose their personal experiences of violence. Make sure there is a strategy in place to respond to any survivors who disclose, including those who may be in a dangerous situation, such as a child who is being sexually abused or a trafficked woman.



ESSENTIAL TO KNOW: ASSESS ALL POSSIBLE RISKS

*At this point, it is essential to **assess all risks associated with asking community members to participate in interviews or discussions about GBV.** For example, will participating in a group discussion impact participants' safety or well-being? Are there mandatory reporting requirements that could impact participants who do disclose GBV? A strategy must be put in place for mitigating all identified risks before proceeding.*

3. Undertake interviews and group discussions with representatives from the community



CONSIDERATIONS FOR DIVERSE GROUPS

Remember that not all groups at risk of GBV can participate equally in discussions about their information needs. For example, adolescent girls, people with diverse SOGIESC, trafficked women and girls and those with disabilities may be particularly marginalized and face specific barriers to participation, as well as barriers to accessing information about GBV services.

For example, while adolescent girls are especially vulnerable to GBV during crises, they are often not specifically considered for provision of information about services. Given their lack of decision-making power and limited access to information and services, special attention must be given to learning about how to provide adolescent girls with information about GBV services. Link with child protection actors to understand available supports for child and adolescent survivors of sexual violence and other forms of GBV and to learn how to provide age-appropriate information to adolescents and caregivers on services.

If assessed as necessary and safe, meet with community representatives and/or undertake focus group discussions with displaced and other affected people to determine what kinds of GBV-related information they need. This will then inform your development and dissemination of information materials about GBV services (see **TOOL 12**).

It might be most appropriate to have **one-on-one conversations** with representatives from the community or from specific groups, such as local women's rights activists, advocates for people with disabilities and diverse SOGIESC, and services with expertise in GBV.

If facilitating **group discussions**, the composition and content of the discussions should be culturally appropriate and reflect the needs of diverse populations, if it is safe to do so. For example, consider how to safely ask about the information needs of older and younger women and girls, those with disabilities and those with diverse SOGIESC. Consider holding single-gender discussions only, so that women and girls feel safe and free to discuss their GBV-related information needs. Also consider if and how to engage with and include marginalized and "invisible" groups; for example, consult with local LGBTIQ+ organizations to determine whether and how to engage with people with diverse SOGIESC to assess their information needs. When facilitating group discussions, take into account the following good practices:

- Group discussion should be facilitated in comfortable, private and safe environments, with refreshments or incentives offered based on local protocols.
- Recognize that different groups within a communities might have different information needs, even if they live in the same location.
- Always seek informed consent for participation in group discussions and for consent to record the conversation.
- While documenting the discussion process is important, bear in mind that taking photos for reports or for wider sharing, such as through social media, can place participants at risk and should never be done without a risk assessment and without full informed consent of all participants.
- Always let people know that the discussion may include sensitive topics, that participation is voluntary and that participants are free to leave at any time.
- Ensure that everyone in the discussion agrees to maintain the confidentiality of everyone else and everything that is shared in the discussion. It is important to agree on confidentiality at the beginning of a discussion and tell people to never share information that could be used to identify an individual or group.

- Never ask participants directly about their own or others' experiences of GBV.
- Children and younger adolescents should never be included in group discussions or be asked any questions related to GBV for the purpose of information gathering *without specific training and very clear ethical review*. Information about child-specific GBV issues should instead be obtained from parents, caregivers and child protection workers.
- Facilitators should carefully monitor participants throughout the discussion and respond appropriately during and after the discussion if anyone becomes distressed. Do not facilitate discussions about GBV unless one of the facilitators or another team member has the skills to respond to distress.

Interviews and group discussions should be short and should focus on:

1. Information needs in relation to GBV services and supports, and
2. Strategies for sharing information.

Potential questions to ask include:

Questions about information needs

- What information do people already have about different forms of GBV (i.e., sexual violence, intimate partner violence, trafficking, etc.)? What information is missing?
- Do people have adequate information about the harmful impacts of GBV?
- Do people have an adequate understanding of survivors' rights to safety, confidentiality, dignity and well-being?
- Do people have adequate information about available services for GBV survivors?
- What additional information about GBV and available services would be helpful for them?
- Are there specific GBV-related information gaps or sensitivities for particular groups (such as women with disabilities, people with diverse SOGIESC, adolescent girls, male survivors of GBV, ethnic or religious minorities, etc.)?

Questions about disseminating information

- What methods are most useful for sharing information about GBV services (for example, printed materials, social media and other online channels, information sessions, informal conversations or other methods)?
- Are these methods different for diverse groups (such as adolescent girls, women and girls with disabilities, people with diverse SOGIESC, those with low literacy, etc.)?
- What are the safest and most effective channels for distributing information about GBV services (for example, through service providers during consultations; through posters or leaflets in public areas of services; via social media; through messages in hygiene packs; through outreach to shelters; through specialist services for people with disabilities, etc.)?
- Are there any risks associated with sharing information about GBV (including forms of GBV, their consequences and survivors' rights) and about GBV services in general? If yes, what are they?

- Are there any risks associated with sharing information about GBV (including forms of GBV, their consequences and survivors' rights) and GBV services with specific groups (such as women experiencing intimate partner violence, trafficked women and girls, people with diverse SOGIESC, etc.)? If yes, what are they?

Record responses using the following table. This can be adapted or adjusted as needed.

Checklist for assessing GBV information needs

- Consult with GBV and other relevant local actors to determine whether there is a need to know more about the GBV-related information needs of affected people.
- Review existing relevant information about GBV and available GBV services.
- Assess and address risks and potential negative consequences associated with asking community members about their GBV-related information needs *prior to undertaking any interviews or group discussions*. Do this by:
 - Discontinuing the activity if the risk of harm is too high;
 - Modifying the activity to reduce or eliminate the risk; and
 - Having a plan in place to respond to low-level risks.
- Ensure all staff who are facilitating interviews or group discussions with community members are trained on ethical and safety issues related to asking questions about GBV and on survivor-centred response to GBV disclosure.
- Develop a process for obtaining informed consent from discussion participants that outlines the purpose of the discussion, topics to be discussed and confidentiality.
- Develop a plan and protocols for responding to GBV disclosure during or after a discussion, including for addressing protection needs of a survivor at risk of serious harm, such as a child survivor or trafficking victim.



Links to additional information and resources: Assessing community information needs

- For more information on ethical and safety issues in relation to collecting information about sexual violence, see ***Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*** (WHO, 2007), available at: www.who.int/publications/i/item/9789241595681.
- For more information on conducting focus group discussions, see ***Tips for Conducting Focus Group Discussions***, available at: <https://gbvguidelines.org/wp/wp-content/uploads/2021/06/FGD-Tips-for-Conducting-FGD.pdf>.

FRAMEWORK FOR COMMUNITY DISCUSSION ON GBV INFORMATION NEEDS		
Group	GBV-related information needs	Concerns and suggestions about how information is shared
Children and parents/ caregivers		
Adolescent girls and young women		
Adult women		
People with disabilities		
People with diverse SOGIESC		
Ethnic and religious minorities		
Men and adolescent boys		
Other people		

TOOL 12:

Community outreach approaches

In situations of displacement and other humanitarian crises, organizations engage in community outreach to raise awareness about GBV to:

- Promote GBV survivor's rights to safety, confidentiality, dignity and self-determination and encourage community members to treat survivors who disclose to them with respect and compassion;
- Enable survivors to make informed decisions about seeking help by informing the community about available survivor-centred services and how to access them; and
- Learn from the community about their GBV-related needs and services.

This tool provides guidance on safe and effective approaches to undertaking community outreach to raise awareness about what GBV is, its forms and consequences, survivors' rights, and what services are available to support GBV disclosure. It sets out three steps organizations can take to inform communities about available services and foster safe GBV disclosure among affected communities. It also includes a checklist for developing and implementing outreach messages at the end. Staff responsible for community outreach can use this tool to ensure communities are safely provided with information about GBV services.

This tool focuses on outreach to promote survivors' rights and enable safe disclosure and help-seeking. **Service providers and organizations that are interested in undertaking GBV awareness campaigns and activities beyond the outreach described in this tool must link with GBV actors to learn how to safely participate in and support broader awareness-raising activities on GBV.** This is because awareness activities that are not carefully designed by those with relevant expertise can inadvertently cause distress and harm.

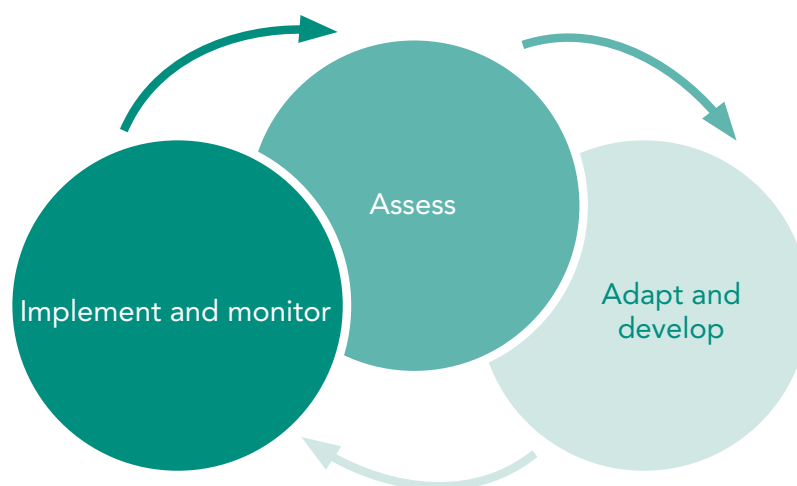


ESSENTIAL TO KNOW: PREPARING FOR INCREASED RATES OF DISCLOSURE

Raising awareness around what GBV is and about available services often results in a greater number of survivors coming forward to disclose and seek help. This means that services need to be ready to respond to increased rates of disclosure and increased demand for care, support and protection services for different types of GBV. For example, after raising awareness, in areas where it is prevalent, women and girls who are victims of trafficking may seek help and protection. It is essential that services are prepared to respond to disclosure and support survivors' safety and protection. **If these services are not available or if it is not possible to provide survivors with information about how to seek the help they need, it is not ethical or safe to undertake community outreach activities.** Always make sure there are referral pathways in place, including for people on the move who may be at heightened risk of GBV. See **Module 1, TOOL 4** for more information on establishing referral pathways.

The three steps for safe and effective community outreach include:

1. Assessing existing information materials and strategies;
2. Adapting and developing messages and outreach activities; and
3. Monitoring community outreach activities.



1. Assess existing information materials and strategies

A good way to assess your organization's existing information materials and communication strategies is to hold a discussion with staff to (1) review communication materials the service is already using and (2) assess their appropriateness and effectiveness for sharing information on GBV-related issues. To do this:

- **Collect existing communication materials in advance of the discussion.** Ask staff to gather all examples of existing information and education materials so they can be reviewed as a group.
- **At the beginning of the discussion, share the following good practice considerations that should underpin GBV-related information materials.**
 - *Consider diverse identities and abilities.* People impacted by humanitarian crises have diverse identities and abilities. This includes diversity in terms of age, gender identity, sexual orientation, social and ethnic origin, languages, education levels, family composition, abilities and impairments, among others. Information should be as inclusive as possible by ensuring that different groups of women, girls and people at risk of GBV—including all age groups, relevant ethnicities, those with different disabilities and with diverse SOGIESC—are reflected in community outreach messages.
 - *Be aware of social and cultural norms related to gender and GBV.* Social and cultural norms shape beliefs, attitudes and behaviours in relation to GBV, disclosure and help-seeking. These can differ between host communities and displaced populations, as well as within a community or population. Information should be culturally appropriate while fostering positive norms that promote survivor-centred beliefs and behaviours.

- *Take into account the context and nature of displacement.* Whether people are refugees, asylum seekers, internally displaced persons, returnees, migrants or in transit impacts their experiences of GBV, the types of information they need and their access to services. How people are moving varies based on the context and can evolve and change rapidly. For example, a border closure or change in a country's policies toward refugees, asylum seekers or migrants can impact the type of GBV-related information people need, as well as the best ways to communicate it.
 - *Consider legal and protection needs.* Different groups of refugees, asylum-seekers, internally displaced people and migrants face varying legal circumstances and social and economic insecurities. This can influence what information is most useful to whom and how to safely communicate it.
 - *Consider all safety, security and protection risks.* Diverse groups of people face different safety, security and protection risks and therefore require information tailored to their physical, social, legal and other protection needs. For example, unaccompanied migrant women may face specific risks associated with trafficking, and people fleeing armed conflict may face specific risks associated with sexual violence. These risks and resulting needs may change during different phases of a crisis or displacement, and they affect what information is most useful to whom and how to safely communicate it.
- **Distribute the participant worksheet on "Considerations when Assessing GBV Communication Strategies" to each participant.**
 - **Facilitate a guided discussion.** Ask participants to review information resources and consider and note how these resources address the different considerations listed in the worksheet. For example, do the resources promote healthy or harmful social norms about gender? Are they appropriate for different groups you are serving? Use the discussion prompts offered below in the facilitator guide to generate discussion on how resources might be improved.

Considerations when assessing GBV communication strategies PARTICIPANT WORKSHEET			
Population and context considerations	How do current materials address this consideration	What changes need to be made so materials better address this consideration?	Dissemination ideas
Diverse identities and abilities			
Social norms about GBV			
Context and nature of displacement			
Legal and protection needs			
Safety, security and protection risks			

Considerations when assessing GBV communication strategies FACILITATOR GUIDE			
How do current materials address this consideration?	What changes need to be made so materials better address this consideration?	Dissemination ideas	
Population and context considerations			
Diverse identities and abilities			
Are they appropriate given diverse identities and abilities considering age, social and ethnic identities, sexual orientations, gender identities, education and economic circumstances, family composition, languages, abilities, etc.?	<ul style="list-style-type: none"> Identify and use local terms used by different population groups for sex, body parts, GBV, etc. (i.e., according to diversity in ages, languages and cultural references). Use graphic forms such as pictures, cartoons, maps or other illustrations. Offer easy-to-memorize information. 	Who is the intended audience, and how do they travel? Are we currently reaching those groups effectively? Where can they be safely and reliably reached? Which potential partners are working in those locations and spaces?	
Social norms about GBV			
Are they appropriate given harmful and healthy social norms around gender, GBV and sexual and reproductive health?	<ul style="list-style-type: none"> Identify and use local terms used by different groups for sex, body parts and GBV. Frame GBV in terms of health and well-being. Note that GBV can take many forms and is never acceptable; for example, women, children and men can all experience sexual violence and it can have serious effects on physical and mental health, safety and well-being. Note that regardless of whatever happens to someone, they are never to blame and they have the right to get help. Include specific services for people with diverse SOGIESC alongside other service providers and use safe and affirming language advised by advocates. 		
Context and nature of displacement			
<ul style="list-style-type: none"> Are they appropriate given rapid and evolving patterns of movement? Are they appropriate given diverse displacement profiles, considering the different information needs of refugees, asylum seekers, internally displaced people, returnees, people in transit and migrants? 	<ul style="list-style-type: none"> Introduce GBV generally, noting that it can take many forms and is never acceptable. Summarize legal rights (including protection, healthcare, immigration, asylum and other rights). Note national hotlines. Note services available in other locations, such as in transit points and intended destinations. Introduce self-care strategies. Consult legal experts to identify key differences in legal rights according to displacement status. Note rights and resources both in-country and across national borders. 		
Legal and protection needs			
<ul style="list-style-type: none"> Are they appropriate given legal and social insecurity and protection needs for affected groups and individuals? 	<ul style="list-style-type: none"> Address legal rights to protection, healthcare, immigration, asylum, etc. Frame GBV-related services as accessible to citizens and noncitizens. 		
Safety, security and protection risks			
<ul style="list-style-type: none"> Are they appropriate given different groups' physical GBV risks and safety needs? How do these change during phases of displacement? 	<ul style="list-style-type: none"> Identify services that are survivor-centred, highlighting confidentiality and self-determination. Offer easy-to-memorize information. Note available hotlines and online reporting and support services. Include information about services available in transit and at destination locations. 		

2. Adapt and develop messages and outreach activities



TIPS FOR USING THIS TOOL IN DIFFERENT CONTEXTS

*In situations of **rapid displacement and high mobility**, local organizations and community representatives will be best placed to advise on the most effective strategies for safely sharing information with diverse groups about available GBV support services. Always first consult with GBV actors in your context to find out what outreach is already being undertaken. This is for ethical and safety reasons, to ensure that outreach activities are in line with a survivor-centred approach and do not inadvertently cause harm.*



CONSIDERATIONS FOR DIVERSE GROUPS

In many contexts and for different groups, there are significant barriers to accessing and acting on information about GBV. For some individual and groups, access to information may be influenced by others who can either support them in—or prevent them from—receiving and acting on information. For example, survivors with disabilities may be reliant on caregivers for access to information and services; similarly, children and adolescent survivors may be reliant on parents and caregivers as well. Trafficking victims may also have restricted access to information about GBV services.

Access to information and services is also shaped by community beliefs and norms, such as those that reinforce that men or sex workers can't be raped or that men have the right to use violence against their partners.

It is therefore critical when designing outreach approaches to carefully consider how to safely overcome barriers that diverse groups of GBV survivors may face in accessing and acting on the information.

Use feedback from step 1, as well as information collected from interviews and discussions with community members (see **TOOL 11**), to:

- Develop appropriate messages and information materials; and
- Design activities for community outreach.

Developing messages and information materials

When deciding what information to share about GBV services to enable safe GBV disclosure, consider:

- *Barriers that different groups face in accessing information.* For example, survivors with disabilities or adolescents may not have independent access to services or public spaces, and they may be dependent on other people to access information. Check with those who have in-depth knowledge about the experiences and circumstances of different groups in the community around accessing information.

- *Targeting groups for information beyond survivors.* GBV survivors may disclose to and seek support from community and religious leaders, family members, friends and others in the community whom they trust. Make sure to learn about and address the information needs of community members to whom survivors may disclose GBV or who may develop concerns that someone has experienced GBV. For example, children may not directly disclose that they have experienced abuse, but a parent, caregiver, health worker, teacher or other person may develop concerns about a child's well-being or safety; in such circumstances, this person needs information about what to do to help the child access care, support and protection. It is therefore very important to provide information to different groups of people in the community about survivor-centred responses to disclosure in order to foster supportive attitudes and behaviours that support safety, confidentiality and self-determination of GBV survivors who disclose to others in the community.
- *Pre-testing messages and information resources.* It is important to pre-test information resources with community members to ensure they are relevant, appropriate, effective and safe.

There are key elements that make community outreach messages effective. When developing information materials about GBV, make sure they are:

- *Clear:* Keep the wording and meaning of the message simple.
- *Easy to read/hear/understand:* Images should be clear and culturally appropriate using common words.
- *Action-oriented:* Consider how the message conveyed helps the community, women and girls, and GBV survivors know what to do to help themselves.
- *Specific:* Include instructive details, such as where and how to get help.
- *Positive:* Illustrate positive actions and attitudes; do not patronize, shame or depict people in negative ways.



ESSENTIAL TO KNOW: SAFETY IS PARAMOUNT

Safety must always be a primary consideration when designing community outreach messages and methods. Always assess how certain messages may be viewed by different members of the community—and, where relevant, by armed groups—and what this may mean for staff, women and girls and others. The risks and benefits of sharing different types of information about GBV services must be weighed. For example, in some contexts, women and girls may not be allowed to meet in groups; or it may be safer to adapt messaging to speak with small groups of women rather than conduct larger outreach campaigns. Always check with community representatives and be guided by those with in-depth knowledge about the community and the diversity of experiences to ensure that no additional risks are created.

Designing outreach activities

Community outreach approaches and methods vary based on context, culture and target group. When developing a communication strategy, consider the target audiences, available resources and methods for disseminating information about GBV services.

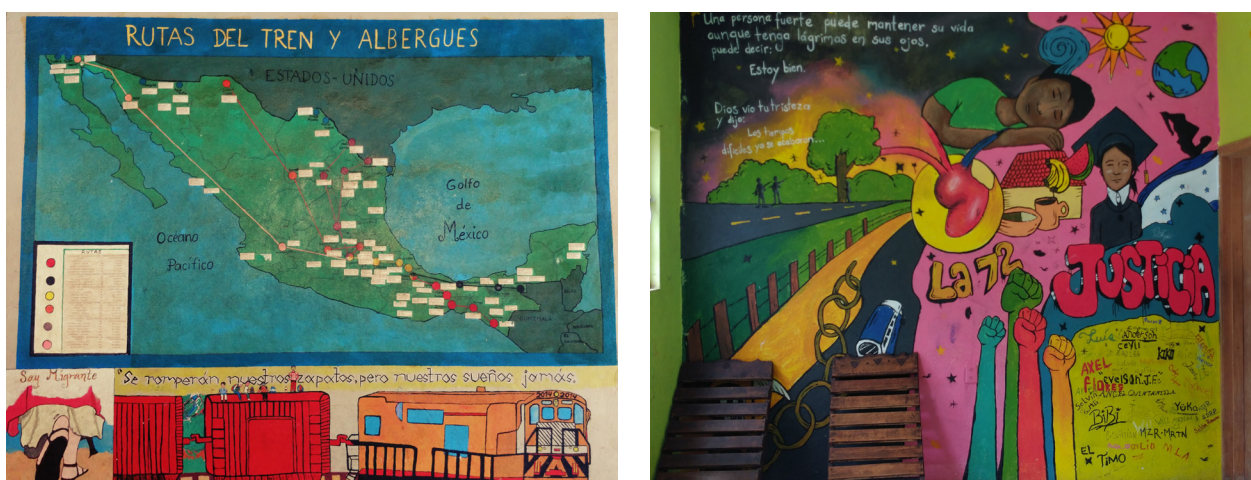
It is important to consider which communication methods and approaches are required so that diverse groups of women, girls and others can best access information. Approaches can include:

- Placing posters, murals, pamphlets, stickers and other written or visual materials in public areas, including in service waiting areas, offices or shelters.
- Small group meetings or facilitated group discussions.
- Distributing information verbally at food or other resource distribution sites or in waiting areas for services such as clinics.
- Incorporating information in packages of non-food items, such as hygiene or dignity kits, sanitary materials and menstrual hygiene management materials.
- Sharing information online through social media and websites.
- Community theatre and drama performances in markets and other public places.

Ideas and examples from different contexts are included below, but they are not exhaustive—learn from others and be creative!

Placing visual materials in public areas

Spaces where people gather, such as waiting areas in services or outdoor areas where people stay, live, work or access services are commonly used to provide information to refugees, asylum-seekers, migrants and other affected people. Examples of how common areas are used to communicate information about migration or the asylum process in Guatemala and Mexico are shown below.



Murals on the walls of migrant shelters in southern Mexico (Casa del Caminante J'tatic Samuel Ruis, Palenque; La 72 Shelter, Tenosique). Photo credit: Kim Thuy Seelinger.

Public spaces can also be effective locations for sharing information about GBV services. Ways of sharing information about GBV services include:

- *Creating GBV-specific posters* with information about where to safely speak about GBV and seek help. Consider how to include information about inclusive services, such as adolescent-friendly, disability-friendly and LGBTIQ+-friendly services.
- *Using murals.* Murals can be used in any context if appropriate locations and resources are available. Consider how to depict diverse groups of people and scenarios in different murals.
- *Displaying brochures or cards about existing GBV services* in locations where affected peoples are likely to see them.

When developing posters, murals and other visual materials to be placed in public spaces, consider:

- What information/messages people need and how to best communicate them;
- Where posters, mural and other visual materials can be placed;
- The audience and style of the visual materials;
- The cost of developing and displaying the materials; and
- Existing materials that can also be distributed to support help-seeking, such as brochures or cards about services.

USING MURALS IN KIBERA, NAIROBI

In Nairobi, Kenya, the Centre for Rights Education and Awareness (CREAW) installed educational murals throughout the slum area of Kibera. Scattered throughout the neighbourhood, the murals depicted different GBV-related scenarios. The final panel on each mural provided information, including phone numbers, for where survivors could obtain support or report to police. The approach was colourful, easy to understand, and highly visible to all members of the Kibera community.



Mural by Centre for Rights Education and Awareness (CREAW) in Kibera, Nairobi, depicting care and referral process for a young male survivor of sexual abuse. Photo credit: Kim Thuy Seelinger.

Facilitating group discussions

Facilitating small group discussions among community members can be an effective way to raise awareness about GBV and GBV services and enable GBV disclosure. Group discussions can also help service providers gauge the level of knowledge or awareness about an issue within the groups they serve. Discussions can be facilitated in shelters, reception centres, safe spaces, hospitals, clinics and other locations.

Using **open-ended stories** can provide a way to explore people's beliefs and present sensitive topics for discussion. In an open-ended story, facilitators create a fictional story that reflects common experiences or realities of women or other people in the context. When telling the story to participants, they leave out the beginning, middle, or ending of the narrative. Participants then discuss the missing part of the story, prompted by specific questions if needed. This activity is best facilitated by two people: a main "storyteller" and a "guide" who can ask questions and help participants fill in the gaps. Though often used as a research method, this technique can easily be adapted to prompt discussions about difficult subjects in a pressure-free and collaborative way. Stories and questions can also create opportunities for facilitators to fill in gaps with important information, raising audience awareness. *Note: This activity can cause distress among participants, and it may also prompt disclosure within or after the session. This activity should therefore only be facilitated by people with both knowledge about GBV (including what it is safe and appropriate to discuss in a group setting) and skills in responding to distress and disclosure.* Always start this activity with a warning to participants that you are going to be discussing sensitive issues that may be distressing for people and allow people the opportunity to not participate or to leave at any time. Make sure you have information and resources ready to support anyone who discloses GBV.

Using drama or community theatre performances

Building upon the facilitated discussions described above, drama-based activities can be an effective way of engaging community members in discussions about GBV and disseminating information about available services and supports. Dramas can be conducted as a group activity in a variety of settings, such as in a shelter, in a waiting area of a service, or in a market or other public space. Drama can be an especially good approach when working with children, people with lower literacy levels or people with no access to digital tools or resources.

When using drama performances, actors (usually staff members or volunteers) prepare a short skit or play depicting a specific issue. After or sometimes during the performance, facilitators lead a discussion about the story and share key message to inform the audience about where to find further information or assistance.

USING DRAMA TO SHARE INFORMATION AT A HOSPITAL IN MONROVIA, LIBERIA

To avoid stigmatization of patients and to raise awareness about GBV and available support services, the clinic team at the GBV clinic in Redemption Hospital presented dramas in the main waiting room of the hospital. Once a week, actors gathered in the middle of the waiting area and enacted mini-stories addressing issues such as domestic violence, taking care to avoid graphic or violent depictions of the violence—particularly since children were present. People waiting for appointments or visiting relatives gathered around, watched the drama and shared their thoughts afterward when prompted.

Clinic staff closed each drama by announcing relevant information along the lines of: “If anyone you know has these challenges, they may need medical care or counselling. Let them know they can come to this hospital and tell the entrance worker they need to see the gender team. They don’t need an appointment and the meeting is private.”

3. Monitor community outreach activities

Always monitor GBV communication activities during and after implementation to ensure:

- They are effectively communicating the intended messages; and
- They do not inadvertently create risks or cause harm for individuals or groups.

See **Module 4** for more information on monitoring.

Checklist for developing and implementing outreach messages, materials and activities

- Consult with relevant experts to ensure that GBV outreach messages, materials and activities are tailored to the diverse circumstances and needs of different groups, especially those most marginalized.
- Always pre-test GBV outreach messages, materials and activities to ensure they are effective and convey the correct information.
- Check that messages, materials and activities communicate survivor-centred beliefs and behaviours and do not inadvertently normalize GBV or blame survivors.
- Provide concrete suggestions to help community members—especially those to whom survivors may disclose—respond to survivors in a non-judgmental, compassionate and supportive manner.
- Always monitor information materials and outreach activities for effectiveness and ensure they do not inadvertently create risks or cause harm for individuals or groups.



Links to additional information and resources: Community outreach

- For more information on adapting and using information, education and communication (IEC) materials so that they can be understood by people with disabilities, see ***Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: Tool 7 – Accessible Information, Education and Communication (IEC) Materials*** (IRC and WRC, 2015), available at: <https://reliefweb.int/report/world/building-capacity-disability-inclusion-gender-based-violence-programming-humanitarian>.
- For more information on communicating with adolescent girls on the move, see section 3 in ***Working with Adolescent Girl GBV Survivors on the Move: A Guide for Service Providers*** (UNICEF, VOICE and Response 4 Venezuelans, 2020), available at: www.unicef.org/lac/media/30266/file/Working%20With%20Adolescent%20Girl%20GBV%20Survivors%20On%20The%20Move.pdf.
- For more information on good practice communication materials for building community understanding about women’s experiences of GBV, see the ***In Her Shoes Toolkit*** (GBV Prevention Network), an interactive activity that gives women and men the opportunity to “walk in the shoes” of a woman who is experiencing violence and creates space for deeper reflection and discussion about supporting survivors and preventing violence against women. Available at: <https://preventgbvafrica.org/in-her-shoes/in-her-shoes-toolkit/>.

MODULE 4:

Monitoring for Learning

Overview

Ongoing reflection and learning are a critical component of building good practice in the capacities of organizations and workers to safely and appropriately support GBV disclosure. A structured monitoring process can help organizations systematically reflect, learn, adapt and improve their operations and practices in supporting GBV disclosure. Monitoring implementation of the guidance and actions in this Toolkit is important to:

- Strengthen organization and practitioner learning and improvement through the generation of insights, lessons and recommendations of stakeholders;
- Identify and address unintended consequences or risks that may arise from interventions related to GBV;
- Help promote transparency and accountability to service users and other stakeholders;
- Generate evidence and objective information to enable managers and other stakeholders to make informed decisions and to adjust processes and practices implemented to support GBV disclosure; and
- Generate learning that can be shared with others.



ESSENTIAL TO KNOW: WHAT IS MONITORING?

Monitoring is a systematically conducted assessment. Monitoring activities analyse the level of achievement of both expected and unexpected results by examining processes, contextual factors and causality. A monitoring process should always aim to provide credible, helpful and evidence-based information that incorporates findings, recommendations and lessons into the organization's decision-making processes.

The purpose of this module is to provide guidance and practical tools to help organizations plan and implement a monitoring-for-learning process to support continuous organizational and practitioner reflection, learning and improvement. This module includes tools to support organizations to:

- Plan to undertake monitoring; and
- Undertake structured monitoring for the ongoing assessment of implementation of guidance and practices set out in this Toolkit.

What's in here?

You will find the following tools in this module:

- **TOOL 13: Planning a monitoring process.** This tool provides information to help plan and establish a monitoring framework for the Toolkit.
- **TOOL 14: Creating a monitoring dashboard.** This tool sets out five steps for establishing a monitoring process to help build the organization's activities to the minimum expected standards and best practices set out in this Toolkit.

TOOL 13:

Planning a monitoring process

This tool provides information to help establish a monitoring framework for the Toolkit. It is aimed to support organizational managers and staff who will be responsible for monitoring the organization's progress and learning when implementing the guidance and actions set out in the tools. As with other tools in the Toolkit, the information and guidance should be adapted to the organization's capacity and context. When adapting the tools, always ask: what works better for us and the communities we serve?



ESSENTIAL TO KNOW: ETHICAL GUIDELINES FOR MONITORING GBV INTERVENTIONS¹

Ethical guidelines are critical when carrying out monitoring and evaluation of GBV-related interventions to minimize the risk of harm for everyone involved: the participants, data collection teams and others. The principles outlined below take a survivor-centred approach, prioritizing the participants' rights, needs and preferences and seeking to empower them. The principles help ensure that monitoring processes respect the participants' autonomy, right and capacity to make their own decisions about participating and about what information they share.

1. **Ensure safety and security for all people involved in the monitoring**—from project participants to data collection teams to the wider community.
2. **Minimize risk and harm**—the team must take care to ensure that the monitoring activities will do no harm. Make efforts to analyse risk and develop strategies to reduce it.
3. **Maximize benefit**—the monitoring process should aim to empower all stakeholders participating in the process at all stages by giving voice to their views.
4. **Ensure privacy and confidentiality of participants at all times and always obtain informed consent from participants.**
5. **Carefully select all members of the team and ensure they receive training and support.**
6. **Put in place extra safety measures if monitoring activities involve children under the age of 18.**

*Always consult with GBV experts and organizations before undertaking monitoring activities. See **Links to additional information and resources** at the end of this tool for further essential information and guidance on ethical and safety aspects of monitoring GBV-related interventions.*

¹ Adapted from War Child Canada, *Monitoring and Evaluation of Gender-Based Violence Programming in Restricted Environments* (2020).

To plan a monitoring process, relevant staff and other stakeholders will need to consider and agree on:

- **WHAT** will be monitored;
- **WHO** will be responsible for overseeing the process, who should participate and other key actors involved;
- **WHEN** data collection will occur; and
- **HOW** data will be collected and used.

What should be monitored?

It is recommended to monitor the implementation of all guidance and actions set out in this Toolkit. The checklists in each module can be used to monitor specific practices, as well as progress toward:

- Building a safe and enabling environment for GBV disclosure (suggested standards and practices to monitor are set out in the checklist in **Module 1, TOOL 5**).
- Service provider knowledge and skills in supporting survivors (suggested standards and practices to monitor are set out in the checklist in **Module 2, TOOL 6**).
- Community outreach activities (suggested standards and practices to monitor are set out in **Module 3, TOOLS 11 and 12**).

Who should lead and participate in monitoring?

The Toolkit monitoring process should be led by a team leader who is not directly involved in implementing the guidance and actions in the Toolkit. The team leader should have an in-depth understanding of the Toolkit and each module's objective and contents. Those implementing monitoring activities are not expected to be experts or have previous experience in conducting a similar process; however, they do need knowledge and skills in working with data. While selecting an existing staff member to lead monitoring may be cost effective, it is crucial to remember that undertaking monitoring creates an increased workload. This team leader should be supported by other staff who can help implement specific monitoring activities.

Ensure the team leader:

- Has sound understanding of the Toolkit, its purpose and contents;
- Is a permanent staff member or will not leave their role in the short-term—this helps ensure continuity in the monitoring process and development of organizational capacity;
- Has appropriate skills for embedding monitoring activities within organizational programme management processes; and
- Understands the ethical dimensions of conducting monitoring activities, including data privacy, confidentiality, and ethical and safe data sharing, among others. See *Links to additional information and resources* at the end of this tool for more information.

All stakeholders should be invited to participate in monitoring. It is essential to engage diverse stakeholders from the outset as their participation can be critical for successful monitoring and learning. Consider engaging stakeholders who have specific technical skills, those who have direct or indirect experience implementing the Toolkit, and people who might have recommendations or influence regarding how the monitoring results are used to impact operations or decision-making. If safe and appropriate, consider how to engage service users as stakeholders, as they are well-placed to identify conditions, needs or changes required to strengthen programming.

When should monitoring activities take place?

In order to use monitoring to learn and adapt by creating a feedback loop, a systematic monitoring process is required. There is a fine balance between monitoring frequently enough to continually adapt the organization's practices while not monitoring too frequently that staff perceives the process to be burdensome and therefore become reluctant to participate. Questions that can help define how often monitoring should occur include:

- **How quickly does the organization implement change?** If the organization usually implements changes and adaptations quickly, collecting and analysing data every four months may be appropriate to provide the right amount of information for organizational learning and adaptation. On the other hand, if it usually takes a longer period of time for staff members to adopt new practices, consider scheduling the monitoring process every six to 12 months.
- **How large is the organization?** The size of the team can impact the time it takes to implement monitoring activities and can be an important variable in defining the frequency of data collection.
- **What is the team leader's workload?** Undertaking monitoring is an additional role and time intensive. It is important to time monitoring activities in a way that balances the responsibilities and workload of the team leader and other staff member throughout the year.
- **How can the organization benefit from the timing of monitoring activities?** Monitoring Toolkit implementation can be timed to support other organization activities. For example, if the organization conducts monitoring activities before annual strategic planning sessions, lessons learned and recommendations generated through monitoring can be used to support planning. Further, monitoring data and lessons can support donor, annual and other reporting processes.

If limited relevant information is generated at the end of a monitoring cycle, the time between data collection may be widened. Conversely, timing of data collecting cycles can also be shortened if there is so much information that it becomes hard to manage. Do not be afraid to change and adapt.

How should data be collected?

The following methods may be considered for data collection.

Observation: The monitoring team can use this method to observe patterns, behaviours, changes in policies and procedures, changes in the environment and other important factors. It is essential to consider that people may change their behaviour if they know they are being observed, and so observations should be kept as discreet as possible. It is also recommended that the monitoring team makes notes of anything they observed that was interesting, typical or unusual. This method is appropriate for monitoring organizational changes, such as those set out in the tools in **Module 1**. It is important to remember, however, that it is never appropriate to observe interviews between service providers and GBV survivors. Instead, staff skills and practices can be observed during training and supervision sessions. To implement effective observation:

- Develop a checklist to rate observations;
- Develop a rating scheme;
- Have more than one observer, if feasible; and
- Train observers so they know to observe the same things.

Surveys: Surveys are useful for collecting data about people's perceptions, opinions and ideas. The key component to this approach is defining a sample group. The monitoring team may consider developing structured surveys containing precisely-worded questions with a range of pre-determined responses or semi-structured surveys containing guiding questions but allowing for more natural, open-ended responses.

Focus groups: Focus groups are a qualitative research methodology in which a group of people is brought together to discuss specific topics under the guidance of a facilitator. This approach has a script or guide and a set of open-ended questions prepared ahead of time. The advantage of a focus group is that it tends to elicit more information than individual interviews because people express different views and engage in a dialogue with each other. The role of the facilitator is vital, as this person guides the conversation and explores the reasons and feelings behind participants' comments and opinions. A focus group is excellent for exploring issues, triangulating multiple opinions, assessing reactions or ideas, exploring the impacts of a project on a group, co-creating feasible next steps, and uncovering meaning on multiple levels. To implement effective focus groups:

- Arrange for small groups (between six and 12 people);
- Ensure surroundings are comfortable and safe;
- Identify a skilled and prepared facilitator;
- Prepare a detailed focus group script or guide;
- Ensure the facilitator guides the process, keeps the group focused, and ensures everyone can voice their ideas (rather than a few people dominating the conversation); and

- Take notes throughout the session to capture the most essential elements that are being discussed/shared.

Wall surveys: This type of survey allows for collecting data onsite. The main characteristics are that it can be easily replicated, and it does not need contact information from participants or internet access. A wall survey consists of multiple-choice or simple-answer questions posted on a flipchart or poster board in a shared area of the organization. Participants can then fill out responses to the survey anonymously, any time they choose. If some participants do not read or write in the local language, the staff can easily assist participants in answering the questions. Wall surveys are easy and quick to answer, taking approximately five minutes per person.



Links to additional information and resources: Planning a monitoring process

- ***Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations*** (The Global Women’s Institute, George Washington University, 2021). This manual and the associated practitioner toolkit form a comprehensive package to support researchers and members of the humanitarian community in conducting ethical and technically sound research, monitoring and/or evaluation (M&E) on GBV within refugee and conflict-affected populations. Available at: [https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/GWI%20manual%20ENG%20 FINAL_a11y.pdf](https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/GWI%20manual%20ENG%20FINAL_a11y.pdf).
- ***A Toolkit for Monitoring and Evaluation of Gender-Based Violence*** (Wale, Paik and Collins, 2020). This is a guide to support organizations implementing GBV response and prevention activities in low-resource settings to improve and integrate monitoring and evaluation into their work in a way that ensures the dignity and respect for their clients. It is a basic summary of M&E practices and how they can be applied to this type of programming in restricted settings. Available at: www.betterevaluation.org/en/resources/toolkit-monitoring-and-evaluation-gender-based-violence.

TOOL 14:

Creating a monitoring dashboard

This tool sets out five steps for creating a monitoring process to help build the organization's capacity to support GBV disclosure safely and appropriately against the minimum standards and best practices set out in the accompanying checklists. These checklists serve as the basis for the monitoring process, and using these checklists will help the organization assess existing practices and define next steps and actions. The monitoring process allows the organization to periodically assess if expected changes were implemented while identifying best practices and recommendations to adjust the activities based on performance and previous experiences.

Review the good practices set out in the checklists in Modules 1, 2 and 3

Firstly, review all checklists from the previous modules that set out good practices against which you can monitor the organization's processes and areas for improvement. These include:

- *The Organizational readiness checklist (Module 1, TOOL 5)*. This is a checklist to assess an organization's readiness to respond safely, ethically and appropriately to GBV disclosure.
- *The Supervisor checklist (Module 2, TOOL 6)*. This is a checklist for assessing service provider knowledge and skills for safely and appropriately supporting GBV disclosure.
- *The Checklist for assessing GBV information needs (Module 3, TOOL 11)* and the *Checklist for developing and implementing outreach messages, materials and activities (Module 3, TOOL 12)*. These checklists assess and monitor GBV information needs and safe and effective community outreach.

Conduct a baseline assessment

Before implementing the steps and activities in each tool, it is important to collect information about the current situation against which change can be monitored. This is called a "baseline" assessment and helps the organization understand the current situation and assess change and progress toward improvement during a defined period. Use the following table to help create a self-assessment dashboard based on the checklists in each of the modules.

Sample baseline assessment dashboard for Module 3: Community outreach

Checklist for good practice in community outreach approaches					
Standards	Describe how the organization has done this	What is missing?/Next steps	Who should be involved in the next steps?	When are the next steps being implemented?	Notes
Consult with relevant experts to ensure that GBV outreach messages, materials and activities are tailored to the diverse circumstances and needs of different groups, especially those most marginalized.	<ul style="list-style-type: none"> Is the organization already doing this? What is the organization doing? How? Who is involved? 	<ul style="list-style-type: none"> Do the activities comply with all of the guidance set out in the tool? What is missing? What can be done to make the actions more comprehensive? Should something be adjusted to respond to the current context? 	<ul style="list-style-type: none"> Is there anyone new who should be considered to implement the next steps? 	<ul style="list-style-type: none"> What is a reasonable and feasible time frame to implement the activities? 	<ul style="list-style-type: none"> Are there other notes or ideas that should be enlisted here?
Pre-test GBV outreach messages, materials and activities to ensure they are effective and convey the correct information.					
Check that messages, materials and activities communicate survivor-centred beliefs and behaviours and do not inadvertently normalize GBV or blame survivors.					
Provide concrete suggestions to help community members—especially those to whom survivors may disclose—respond to survivors in a non-judgmental, compassionate, and supportive manner.					
Monitor information materials and outreach activities for effectiveness and ensure they do not inadvertently create risks or cause harm for individuals or groups.					

Define an implementation plan

Once you have completed the monitoring dashboard, it can be turned into a plan so that relevant staff members know which activities to undertake to improve practice; the time frame for implementing the activities; and when the monitoring will next take place. One suggestion is presented below.

Next steps checklist										
Activities	Person responsible	Notes	W1	W2	W3	W4	W5	W6	W7	W8
(Next steps from the dashboard)	(Person in charge of implementing the activity)	(From the dashboard)								
Monitoring process										

Conduct a “pause and reflect” session

A “pause and reflect” session is where various stakeholders can analyse a single activity using a set of questions. This step is designed to monitor the organization's activities defined in the previous steps to align the organization to the guidance and good practices set out in the Toolkit checklists. These sessions can be implemented as focus groups, online forms or semi-structured interviews, depending on the capacities and needs of the organization.

See below for suggested questions that can be asked of three groups of stakeholders: staff, service users and managers. Ideally, monitoring collects data from all three groups. However, it is also okay if it is only possible and appropriate to collect information from staff. The questions below should be adapted as needed.

Suggested questions for staff:

1. What was the most significant change in you, in your work, or in the organization since implementing the guidance and activities in the tool(s) or since the last monitoring process?
2. How did implementing the guidance and activities in the tool(s) benefit your work?
3. In your opinion, what was the easiest part to implement? Why?
4. In your opinion, what was the hardest part to implement? Why?
5. What factors facilitated implementation?
6. What factors impeded implementation?
7. What can be improved or done better next time? How?
8. How can you incorporate what you learned from implementation into the organization's efforts to create an enabling environment for GBV disclosure (if applicable) or into your daily work?¹
9. Do you think it is necessary to have more in-depth knowledge about any of the themes presented in the module or Toolkit? How can you find this information?

¹ To make sure that the adopted practices or learnings are sustained over time, it is important to think about ways to formalize them as part of the organization's standards and expected behaviours. Doing so contributes to the embedding of good practices throughout the organization.

Suggested questions for service users:

If it has been assessed as safe and appropriate to obtain feedback from service users, the following questions can be used as a guide.

1. How do you feel after visiting our organization compared to when you first arrived?
2. What elements of your visit to our organization have made you or could make you feel and know that you are in a safe place?
3. What elements of your visit to our organization have not made you feel confident or safe?
4. What would make it easier for a person to ask for support about a difficult or painful experience from someone within our organization?
5. What information was missing when you arrived at our organization? Do you have any suggestions on information that would be useful to you?

Suggested questions for managers:

Having a space for managers to reflect from an organizational perspective is important. Collecting this kind of data wherever possible can enhance collaboration and improve implementation of the Toolkit. In many cases, involving managers in monitoring and continuous improvement efforts can lead to more transformational and systematic changes within organizational policies and practices. The following questions can be used as a guide.

1. How has implementing the Toolkit (or specific tools) benefited the organization?
2. What was the easiest part to implement from an institutional perspective?
3. What were the challenges?
4. Is it necessary to further address any steps or guidance in the tools? Which ones and why?
5. What are the main lessons learned about using the Toolkit with the target population?
6. What are best practices for implementing the Toolkit in your organization?

Analyse the “pause and reflect” session results to create a feedback loop

Once the “pause and reflect” sessions have been completed, a monitoring dashboard can be used to analyse and give feedback on implementation of the steps and guidance in the tools. This step should be repeated each time monitoring activities are scheduled. The following table presents a suggested layout for the dashboard.

Pause and reflect results

Describe how and when the “pause and reflect” sessions were conducted and who participated.

Analysis

Produce one or two paragraphs for each of the questions, identifying trends and highlighting insights (see below for tips on how to analyse data).

Next steps

Define any processes or practices that should be strengthened or escalated. Additionally, try to find ways to integrate some of the recommendations made during the “pause and reflect” sessions.

Who should be involved in next steps?

Identify who should be involved in implementing next steps.

When will the next steps be implemented?

What is the new timeframe?

Notes

Is there anything else worth mentioning?



ESSENTIAL TO KNOW: ANALYSING DATA

When analysing data:

1. **Look for trends within the data.** It is useful to concentrate on the overall meaning of each person's contribution more than the specifics, which allows the evaluator to cluster types of responses and find trends. If many people respond similarly, this might indicate the general outcome.
2. **Divide the trends by type of respondents.** This practice allows the monitoring team to identify how specific points of view relate to different respondents' profiles.
3. **Classify the outcomes into categories.** The most common categories are changes in the participants' capabilities¹, changes in the participants' behaviour², and how well the changes were implemented³. However, adapt these as needed based on your context and needs.

The data analysis should allow the team leader to identify (1) what worked well; and (2) opportunities to improve the implementation of action and guidance set out in the Toolkit into the organization's day-to-day operations. Both sets of findings can be turned into lessons learned and recommendations. “Lessons learned” specify considerations for future related activities regarding what worked and what did not. “Recommendations” should be generated through critical thinking to propose ways in which future activities may be implemented more effectively. After analysis is complete, define next steps for improving the areas that did not perform as expected and were identified through the monitoring process.

1 Changes in the participants' knowledge and skills related to GBV disclosure and the selected tools from the Toolkit.
 2 Using the acquired capabilities to do something different within the organization or the person's day-to-day activities.
 3 Assessing if these new actions were applied in a way that changed their outcomes/results; for example, doing a self-audit before an interview enabled staff to be better prepared to provide a safer and more enabling space for GBV disclosure.

After analysis is complete, a monitoring report can be produced based on the organization's learnings, best practices and results. All information generated through monitoring can be documented in a report that can be shared with service users, the community, staff, donors and partner organizations.

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