

INSPIRE GUIDE

**Interventions
to Support Protection,
Resilience
and Empowerment
with Women and Girls**



trócaire





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INSPIRE Guide
Interventions to Support Protection, Resilience
and Empowerment with Women and Girls

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FOREWORD

The INSPIRE Toolkit is a resource for frontline staff and volunteers supporting women and girls in communities affected by crisis. Trócaire works in partnership with local organisations and communities, and this Toolkit has been developed based on Trócaire's and partners' experience of offering psychosocial support to women and adolescent girls in multiple countries and contexts.

This Toolkit supports frontline staff and volunteers to deliver participatory psychosocial support sessions with women and girls. It is accompanied by a Guide and Training Package that aim to equip staff and volunteers with the skills needed to deliver this work.

We know that women and older adolescent girls face distinct challenges and disadvantages, due to gender inequality, gender-based violence and discrimination, which are heightened in crisis.

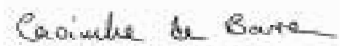
We also know that women and girls are the experts on their own situation and are best placed to know what kind of support is the best fit. This is why we support local, female staff and volunteers to deliver participatory psychosocial support that is centred around the priorities of women and girl participants.

These global resources draw on specific country experiences, including Participatory Action Research with women and adolescent girl participants in Myanmar, Lebanon and DRC, and psychosocial toolkits developed with partners and programme participants in Myanmar and Lebanon as part of the INSPIRE research process (2017-2019).

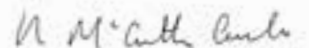
In addition, the development of subsequent resources in Somalia, South Sudan and Ethiopia have offered further opportunities to invite feedback from staff and volunteers, and from women and girl

participants, to refine and strengthen our approach.

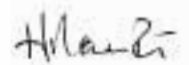
Trócaire recognises and affirms the critical role played by local staff and volunteers in supporting women and girls in emergencies. We commit to supporting locally led, participatory and women and girl-centred approaches to psychosocial support that enhance and promote protection, resilience and empowerment.



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This resource package is the result of the collective efforts of women and girl participants, service providers and organisations who have dedicated time to provide feedback, review and contribute to the creation of the INSPIRE Guide and Toolkit. Women and adolescent girl participants in Lebanon, DRC, Myanmar, South Sudan and Ethiopia have participated in sessions and provided valuable feedback that has helped us create, adapt, refine and improve these activities. We are deeply grateful.

This resource was developed by Dr. Fiona Shanahan. Technical review and feedback was generously provided by practitioners and service providers across multiple contexts. Trócaire and partner organisations delivering Protection of Women and Girls in Emergencies Programmes that have contributed to the

resource development process include: Basmeh & Zeitooneh in Lebanon; Karuna Mission Social Solidarity in Myanmar; Solidarité Feminine pour la Paix et la Développement l'Integral (Sofepadi), Femme Congolais pour le Développement (FECONDE), Forum des Mamans de l'Ituri (FOMI) and Caritas Wamba in DRC; The Organisation for Children's Harmony (TOCH) in South Sudan; and Oromia Pastoralists Association (OPA) in Ethiopia.

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We are grateful to Irish Aid for funding the development of this resource package. The ideas, opinions and comments contained in it are entirely the responsibility of Trócaire, and do not necessarily represent or reflect Irish Aid policy.

INTRODUCTION

Gender-based violence (GBV) is a horrifying reality and human rights violation for women and girls globally. During emergencies, the risk of violence, exploitation and abuse is heightened.

GBV in emergencies programmes aim to support survivors and those at risk to access care and services, ensure safety and promote psychosocial wellbeing.

Trócaire works with local women-centred organisations and local GBV response organisations globally to implement Protection of Women and Girls in emergencies programmes. To support this work, we have developed a resource package for frontline staff of partner organisations, called Interventions to Support Protection, Resilience and Empowerment (INSPIRE).

This resource package is made up of three linked resources; this resource is the **INSPIRE Guide**, and the other two linked resources are the **INSPIRE Toolkit** and the **INSPIRE Training Package**.

Who is the INSPIRE resource package for?

This resource is for frontline staff and volunteers working with local GBV response organisations and women-centred organisations in different countries and contexts, to support you in your work with women and girls, including GBV survivors and those at risk. This guide is designed to be used by Trócaire staff and partners within the context of ongoing staff support and technical supervision. If you would like to use this resource in your programme, please reach out to the Trócaire Humanitarian Technical Unit or support with adaptation, contextualisation and translation.

Why have we developed the INSPIRE resource package?

Psychosocial Support is a central element of good quality programming to support the protection of women and girls and respond to GBV. We know that psychosocial support can be transformative in the lives of individual women and girls. A good quality, caring relationship with a supportive person has a huge impact. We also know that psychosocial support fits best for women and girls in emergency settings when it is provided by female staff who share a language, background and culture with those

they are seeking to support.

In many different contexts, staff of local GBV response organisations and women-centred organisations have sought to deepen their skills in providing psychosocial support to women and girls in crisis. Trócaire has worked with local partner teams in a range of country contexts to develop guidance, training, mentoring and skills building materials and programme level psychosocial toolkits to support their work. This resource brings that work together into one global level resource that can be translated, adapted and used in any context.

What is the INSPIRE resource package based on?

This resource package is grounded in the experiences, priorities and feedback of women and older adolescent girls who have participated in Protection of Women and Girls (PWG) programmes globally. These global level resources are grounded in and build on participatory research with women and girl programme participants in Myanmar and Lebanon, which directly contributed to the development of context-specific psychosocial toolkits and guides for staff in each context. In addition to these participatory processes, these resources draw on international standards, best practice guidance and evidence. These resources align

with the Inter-Agency Minimum Standards for GBV in Emergencies Programming¹ and aim to offer practical guidance to frontline staff providing psychosocial support within PWG programmes.

The INSPIRE Guide focuses on women and girls

Protection of women and girls in emergencies programming has a specific and intentional focus on women and girls, because of the disproportionate risks and harms they face due to gender inequality and gender-based violence. While maintaining this focus on women and girls, programmes also often provide response services to male survivors of sexual violence and provide psychosocial support to crisis affected men and boys. The guide tends to use she/her pronouns to refer to programme participants and GBV survivors. This is because in translation she/he usually defaults to the masculine pronoun. As our programmes focus on women and girls, we use she/her pronouns to ensure that the material is read through this primary lens, but this does not exclude men and boys. All resources in the guidance are applicable to work with any programme participant.

¹ Inter - Agency GBV in Emergencies Minimum Standards, 2019. Available from: <https://gbvaor.net/gbvitems/>

1. AIMS OF PROTECTION OF WOMEN AND GIRLS PROGRAMMING

Trócaire works in partnership with local organisations to support people affected by crisis, including conflict, natural disasters, and displacement. We have a particular focus on women and girls due to their experiences of inequality and violence. We (Trócaire and our partners) aim to:

WHAT WE DO:

First Aim:

Strengthen existing family and community supports around women and girls affected by crisis

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We strengthen supports around women and girls through setting up and facilitating social support spaces such as Women's and Girls' Safe Spaces (WGSS), or in contexts where full WGSS facilities have not yet been established in all sites, through Women's Groups, and Adolescent Girls' Groups in safe locations. In these spaces, we offer community-based psychosocial support activities that help women and girls to:

1. Create and access a space that feels safe
2. Engage with calming and relaxing activities
3. Build relationships with peers and community
4. Build confidence and self-efficacy (*a feeling that I can get things done*)
5. Build a sense of solidarity, optimism and hopefulness

Local female facilitators and female community volunteers who share a language with participants are recruited and trained to deliver psychosocial support activities, and receive ongoing staff support and supervision. These staff implement drop-in activities as well as structured cycles of sessions (one cycle = 6 to 12 sessions) with each group of women or older adolescent girls.

- **Drop-in activities** should be designed with input from women and girl participants and can include tea/coffee mornings, cooking, weaving, dance, yoga, choir, painting and drawing.

- **Structured sessions** include games and activities on specific topics like: 'getting to know each other', communication skills, relaxation skills, social support, awareness of and managing emotions, problem solving skills and collective action. Sample activities included in the **INSPIRE Toolkit for Frontline Staff** can be used to design psychosocial sessions in line with women and girl participants' interests and their priorities in different cultural contexts.

Group participants will usually be selected because they are part of a general target group, e.g. "crisis-affected women living in a particular community or camp who would benefit from access to social support" and groups should never be restricted to GBV survivors only. This more open approach is safer, less stigmatizing and more effective in creating social support. These services can also act as safe entry points for women and girls to access one-to-one support if they need and want to.

Second Aim:

Provide focused or one-to-one psychosocial support to GBV survivors and people experiencing psychosocial difficulties

Individual women and girls, including GBV survivors, often seek one-to-one psychosocial support. This should be provided by a skilled support person who is there to listen, show empathy, and provide a space to reflect back thoughts and feelings, and help the participant focus on issues of importance to her. It is best to train female staff who share a language with women and girl participants to provide this support, and to provide specific training and ongoing support and supervision. Staff working at the focused support level have received more extensive training than those

working at community level, but may not have had years of training in specialised clinical care.

An important way we provide one-to-one psychosocial support is **GBV Case Management**. GBV case management involves a trained case worker taking responsibility for ensuring that survivors are informed of all the options available to them and referring them to relevant services based on consent; identifying and following up on issues that a survivor is facing in a coordinated way; and providing the survivor with emotional support throughout the process.

The steps of GBV case management are 1) Introduction and engagement, 2) Assessment, 3) Case Action Planning, 4) Implement the Case Action Plan, 5) Follow up and, 6) Case Closure. GBV Case Management is delivered in line with the *Inter-Agency GBV Case Management Guidelines* and

usually use the *GBV Information Management System*, and specific training, support and supervision is required.

We also provide **individual psychosocial support** to participants. This can be offered through training staff to use core psychosocial skills including person-centred supportive communication or to deliver specific psychosocial interventions. It is sometimes appropriate to offer group-based focused psychosocial support to women or girls experiencing similar psychosocial challenges and difficulties. These groups are not restricted to GBV survivors and we do not run groups exclusively focused on GBV. It is more effective and safer to integrate survivors into psychosocial support groups for crisis-affected women, that are focused on shared goals to improve coping and psychosocial wellbeing.

Third Aim:

Provide specialised clinical care for GBV survivors and people experiencing severe psychosocial distress

We provide **specialised clinical care** through offering health and psychosocial responses to women and girls, including GBV survivors, in health settings and community settings. Clinical care can include Clinical Management of Rape and Intimate Partner Violence, health responses to Female Genital Mutilation, and Clinical Psychosocial Interventions for

those who experience more severe psychosocial reactions and seek more specialised care.

The specialised support level looks different in different contexts within Trócaire and partners programmes. In some contexts services are provided in a holistic 'one-stop-centre' setting where survivor-centred medical, psychological and specialised legal aid supports are available in one location as part of a health facility. In other contexts, Clinical Social Workers and Clinical Psychologists staff of partner organisations provide evidence based clinical psychosocial interventions to women and girls within Women's Centres at community level and refer for health responses. In other contexts, we

provide Clinical Management of Rape and Intimate Partner Violence survivors services through health facilities and refer for psychosocial care. The most appropriate model depends on the existing services and gaps in service provision, availability of qualified staff and the capacity of Trócaire and partners to deliver specialised services. These services are delivered in line with national and international standards and guidance, including evidence based psychological interventions, the *WHO Guidelines on Clinical Management of Rape and Intimate Partner Violence Survivors* and the *WHO Mental Health Gap Humanitarian Intervention Guide*.

WHY WE DO IT:

To promote the participation of women and girls and at risk groups

In all countries around the world, women and adolescent girls experience disadvantages which make it more difficult for them to seek support, access the services they need and to participate in community activities or public life.

These disadvantages are made worse when women and girls are affected by conflict, displacement and/or natural disasters. Some women and girls are at greater risk of violence and may find it more difficult to seek social support because they are discriminated against by others. Some of the reasons people are discriminated against include their:

- **Age** (for example young women, older women or teenage girls)
- **Marital or family status** (for example single mothers, divorced women, teenage mothers, widows)
- **Religion** (for example people from minority religious groups or those with no religion)
- **Residency status** (for example internally displaced people, refugees, asylum seekers or migrants)
- **Heritage** (for example people from minority ethnic groups, minority clans, minority language groups or different nationalities)
- **Sexual orientation** (for example lesbian or bisexual women) or gender identity (for example transgender women or people who do not identify as being either male or female)
- **Disability** (for example people living with visual, mobility or intellectual impairments)
- **Health status** (for example people living with mental health difficulties, HIV and AIDS or other chronic health conditions)

To support Gender-Based Violence survivors

Gender-based violence (GBV) is any harmful act perpetrated against a person, based on socially attributed or perceived differences between males and females. It includes acts that inflict physical, sexual or emotional harm or suffering, threats of those acts, forcing someone to do something, or depriving someone of their freedom. These acts can happen in public or in private life.

Some common forms of GBV include:

1. **Sexual violence** (rape, attempted rape, sexual exploitation and sexual harassment)
2. **Intimate partner violence** (also called domestic violence, including physical, emotional, sexual and economic abuse)
3. **Early and forced marriage**
4. **Harmful traditional practices** such as female genital mutilation and 'honor' crimes against women and girls.

Women and adolescent girls are most at risk of experiencing gender-based violence and the majority

of GBV survivors will never tell anyone about their experience. It is harder for GBV survivors to seek help and support because they are often blamed for the violence, or experience stigma or risks to their safety.

GBV increases in emergencies, and it is essential to provide GBV services from the earliest stages of a response, particularly life-saving health and psychosocial services.

We do not need to wait to gather the evidence but rather should be providing services based on the knowledge that GBV is present and likely to increase.

To promote psychosocial wellbeing and coping – 5 Key Feelings

The most useful and helpful way to support people who have experienced distressing life-threatening events, including gender-based violence and other

conflict and disaster related events, is to support them to experience 5 key feelings. These are:

1. **Feeling safe**
2. **Feeling calm**
3. **Feeling able to help themselves, as individuals and communities**
4. **Feeling connected to others**
5. **Feeling hopeful**

2. CORE CONCEPTS AND GUIDING PRINCIPLES

CORE CONCEPTS

Sex & Gender

“Sex” refers to the biological characteristics of males and females in any species, such as genitalia and characteristics that emerge during puberty.

For example, in humans, females usually menstruate, develop breasts that are capable of lactating, can become pregnant and give birth to children, while males cannot.

“Gender” refers to learned, socially defined differences between males and females in any society.

Although deeply rooted in every culture, social differences are changeable over time, and have wide variations both within and between cultures. “Gender” differences determine the roles, responsibilities, opportunities, privileges, expectations, and limitations for people in any culture.

“Gender” roles and expectations lead to real differences in people’s lives in every country in the world. For example:

- Women are paid less than men for the same work in every country.

- Girls leave school earlier than boys in many countries.
- Women and girls do more childcare and housework than men and boys in every country.
- Women have less personal freedom and freedom to make decisions than men in every country.
- At different times, in many countries, women have not been permitted to vote, work, drive, sit on juries, own or inherit property, travel, have custody of their children or leave violent household situations.

Power

“Power” is the ability or capacity to make decisions and take action. The exercise of power is an important aspect of relationships, and all relationships are affected by

the exercise of power and power imbalances.

People can use their power to bring about positive changes or challenge injustice, or they can use power to negatively influence or control another person or group and

contribute to injustice. Power is directly related to choice. The more power a person has, the more choices available to them. People who are disempowered have fewer choices and are therefore more vulnerable to abuse.

Violence

The use of force to harm another person or other people. Violence can include physical, emotional, social or economic abuse, coercion, or pressure. Violence can be open, in the form of a physical assault or threatening someone with a weapon; it can also be more hidden, in the form of intimidation, threats or other forms of psychological or social pressure.

Important ideas when understanding violence:

- **Force:** making someone do something against their will. Force can happen through using physical, emotional and/or intellectual means.
- **Abuse:** Misuse of power. Abuse prevents persons from making free decisions and forces them to behave against their will.

- **Coercion:** Forcing, or attempting to force, another person to engage in behaviours against her/his will by using threats, verbal insistence, manipulation, deception, cultural expectations, economic power or any other means.

Harm

Gender-based violence causes harm. GBV causes physical injuries, emotional and psychological harm,

economic hardship and social stigma. Any of these can lead to the most harmful of all consequences – death. This could be due to injuries, from

suicide, or murder. Every survivor of GBV is an individual, and will experience harm in different ways.

Human Rights

All human beings are born free and equal in dignity and rights. These rights are universal and are based on the common value of human dignity shared across all cultures. Gender-based violence violates

women's and girls' rights and fundamental freedoms. Women and girls are not exposed to violence by accident, or because of an in-born vulnerability. Instead, violence is the result of structural, deep-rooted discrimination which the state has

an obligation to address. State actors such as the police and the army, and non-state responsibility holders such as religious institutions have a duty to protect human rights. The elimination of GBV is a human rights obligation.

Informed Consent

It occurs when someone fully understands the consequences of a decision and freely gives their approval and agreement after thoughtful consideration and without any force.

In any situation where informed consent is being sought, it is important to assess **capacity to consent**.

This usually requires that someone is above the age of 18; is of sound mind; is able to access and consider fully information regarding risks, benefits and possible consequences of their decision; and is voluntarily and freely giving their consent. In each legal context there are specific provisions setting a minimum age for sexual consent.

There can be no sexual consent in a situation where a person has

a duty of care (e.g. they are their teacher, parent, care-giver, health professional, aid worker) towards the person they are asking to consent to sexual activity.

The absence of informed consent is an element in the definition of GBV.

There can be no consent to any act in situations where any kind of force (physical violence, coercion, influence or pressure) is used.

Gender-Based Violence

GENDER – Acts of GBV are based on gender. Gender refers to the socially defined roles, expectations, rights, and privileges of males and females in any society or community.

VIOLENCE – GBV involves the use of force which includes threats, coercion, and abuse.

POWER – GBV is the abuse of some type of power over another person.

HARM – All forms of GBV are harmful to individuals, families, and communities. Each survivor of GBV is an individual, and each will experience harm differently.

HUMAN RIGHTS – Acts of GBV are violations of basic human rights.

INFORMED CONSENT – GBV happens in the absence of informed consent.

GUIDING PRINCIPLES

Survivor-centred approach

A survivor-centred approach means that all those involved in programming should prioritise the rights, needs and wishes of the survivor.

The survivor is the expert on her own situation. She understands her situation best and is the primary actor. This means that we offer support to the survivor, and never judge or blame her.

We help her to look at all the options available to her and support her to make decisions and choices that feel right for her and her situation.

This also means following the **Guiding Principles**, which are:

Safety

The safety and security of the survivor and their children is our primary consideration.

Confidentiality

Survivors have the right to choose who they feel comfortable sharing their story with. Any information about them should only be shared with the informed consent of the survivor.

Respect

All actions taken by staff should be guided by respect for the choices, wishes, rights and dignity of the survivor.

The role of helpers is to facilitate recovery and provide resources to the survivor.

Non-Discrimination

Survivors should receive equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation or any other characteristic.

Perpetrator Accountability

We never condone, minimise or excuse violence. We never place the responsibility for violence with survivors or others external to the perpetrator.





Protection principles:

Do No Harm:

We always make sure we don't cause further harm by our actions.

Accountability:

We are accountable to women and girls.

We should always be open, transparent, share information, listen and respond to feedback and complaints.

We adapt our activities in line with participants' priorities.

Participation and Empowerment:

We support women and girls to participate in decision making and take ownership of activities.

We support survivors to make their own decisions about their lives, including decisions to refuse services.

Meaningful Access:

The services offered should be well known by women and girls. Services should be culturally and socially acceptable for women and girls accessing them, and within safe and easy reach. This is especially important for women and girls who might be discriminated against or find it more difficult to access support.

Rights-based approach:

Everyone has the right to live with freedom and dignity.

Everyone has the right to live safe from violence, exploitation and abuse.

Children have the right for their best interests to be assessed and for these to guide all decisions that affect them.



Humanitarian principles:

Humanity: Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.

Neutrality: Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.

Impartiality: Humanitarian activities must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.

Independence: Humanitarian activities must be separate from the political, economic, military or other objectives of any actor in the areas where we work.



Partnership:

Trócaire works in partnership with local organisations, particularly

women-centred organisations and movements that represent and work with diverse groups of people and communities. Partnership creates solidarity between international and local organisations, and with crisis-affected people. It is based on

mutual respect, accountability and a genuine openness and sensitivity to the other's needs, feelings, expertise and experience.

3. OVERVIEW OF CORE SKILLS

Each Skill discussed in Section 3 is explained through using the following structure:

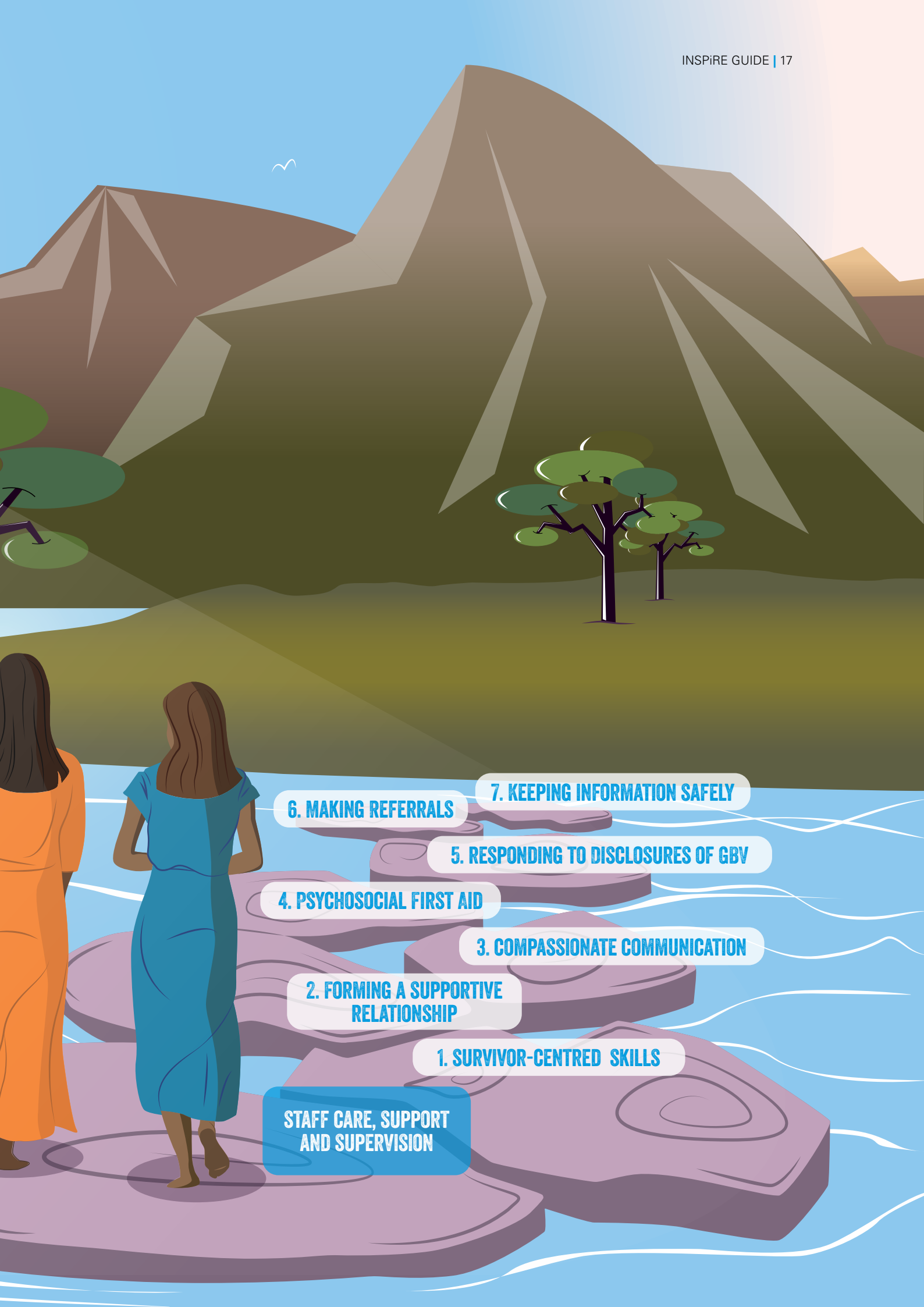
1. What is _____?

An introduction to understanding what the skill is and why it is important in this context.

2. How to?

A breakdown of what is involved when using this skill and how best to apply it. Headings are:

- Step-by-step
- Do's and Don'ts



6. MAKING REFERRALS

7. KEEPING INFORMATION SAFELY

5. RESPONDING TO DISCLOSURES OF GBV

4. PSYCHOSOCIAL FIRST AID

3. COMPASSIONATE COMMUNICATION

**2. FORMING A SUPPORTIVE
RELATIONSHIP**

1. SURVIVOR-CENTRED SKILLS

**STAFF CARE, SUPPORT
AND SUPERVISION**



1. SURVIVOR-CENTRED SKILLS

WHAT IS...

The Survivor-Centred Approach?

We know that survivors are the experts on their own situation. A person who has experienced or is experiencing violence knows much more than we do. She is usually only sharing part of her experience and story with us. In cases of intimate partner violence or ongoing abuse, she knows the perpetrator and the risks of her situation much better than anyone else does. It is also important to recognise that survivors are already dealing with the impact of violence, their own emotional reactions to that violence

and often, social impacts of violence. These social impacts can include stigma, blame and harmful reactions of others in their families and communities. Survivors are doing a lot of work to manage these impacts on a day-to-day basis.

A survivor-centred approach recognises that we, as people offering help and support, are only a small part of the survivor's world. The survivor is the primary actor, she is the one who knows her situation best, and she is the one who will make decisions about what happens next. Our role is to listen to her, show respect, empathy, and compassion for her situation.

We never judge or blame her and support her to make decisions that feel right for her. A central part of

gender-based violence and abuse involves taking away or removing a person's sense of control. This is why it is so important that any support to survivors focuses on ensuring that survivors' sense of control over their own lives, decisions and actions is respected and protected.

Survivor-centred Skills are things we do to make sure that survivors' rights and wishes are respected, that their safety is ensured, and that they are treated with dignity and respect. These skills also ensure that survivors are not discriminated against in any way and are never blamed or made to feel responsible for violence.

These skills put the survivor-centred principles into practice!

Survivor-centred skills are important:

- To protect survivors from further harm.
- To provide survivors with the opportunity to talk about their concerns (including, if they wish, to talk about what has happened to them) without pressure.
- To assist survivors in making choices and in seeking help if they want to.
- To cope with the fear that survivors may have of negative reactions (from the community or their family), or of being blamed for the violence.
- To provide basic psychosocial support to the survivor
- To give the survivor control over the process.

Survivor-centred skills should be applied by everyone who is in contact with survivors. This is regardless of their role in the community, or professional position.

HOW TO?

Ensure Safety

- **Gather information** about all options for referral to services (e.g., health, psychosocial, basic needs, legal assistance) that are available, if survivors decide to seek additional services. Provide the survivor with information about available services and their quality. This will enable her to make a choice about the care and support she wants.

- **Be aware** that when a survivor discloses her story to you, she trusts you and might have **high expectations** about what you can do to help. Always **be clear** about your role and about the type of support and assistance you can offer to a survivor. **Never make promises** that you cannot keep. **Respect** the limitations of what you can do and know when to refer.

- **Ensure** that the survivor has **access** to the services, for example by helping to arrange transport, phone calls, childcare, or providing cash for any service fees or other costs. Consider the possibility of having someone accompany the survivor throughout the process. This would involve having a **supportive, trusted person** who is informed about the process, to accompany the survivor to different services.

- **Be aware of the security risks** women and girls might face, including heightened risks for survivors after experiencing gender-based violence. Hold all conversations, assessments, and interviews in a safe, confidential setting.

- **Try**, as much as the context and your role allow you, **to assess the safety** of people who are seeking support, especially GBV survivors and those at risk. If appropriate in your role, assess safety by asking the survivor:

- 1) how safe they feel **at home**, and
- 2) how safe they feel **in the community**.

With the survivor, **identify strategies** and resources in the survivor's life that can help reduce their risk of harm from the perpetrator, or others connected to the perpetrator.

- If appropriate to your role, **support the survivor to think through her options** if she feels her safety is under threat in the future (e.g. Is there a supportive friend or family member she could contact for assistance in an emergency? Does she have a safe place to go if needed?). You may also **share** your organisation **contact details** and ask her to contact you if she needs to.

- Ensure you are linked with **GBV case management services** who can offer safety planning.

REMEMBER! SURVIVOR-CENTRED PRINCIPLES:

• Safety:

The safety and security of the survivor and their children is the primary consideration.

• Confidentiality:

Survivors have the right to choose to whom they will or will not tell their story. Any information about them should only be shared with the informed consent of the survivor.

• Respect:

All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.

• Non-discrimination:

Survivors should receive equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation or any other characteristic.

• Perpetrator accountability:

Means never condoning, minimizing or excusing violence, and never placing the responsibility for violence with survivors or others external to the perpetrator.

Keep Confidentiality

• **Do not share personal information about participants** with others who are not directly involved in their care, and then **only with the participant's explicit consent** and on a 'need-to-know' basis. If you need to share some information with professionals, for instance to organise a referral, you can only do so if the participant understands what this implies and has given her consent beforehand.

There are **rare exceptions to this rule** when the survivor or participant tells you about:

- A risk of harm to a child or vulnerable adult
- A serious risk of harm to the participant such as when the participant tells you about a threat to their life by themselves or others

- Sexual exploitation or abuse perpetrated by anyone involved in providing or delivering humanitarian assistance.

In these cases you must share the information you have been told with your manager, even without the consent of the survivor, while **protecting his/her confidentiality as much as you possibly can.**

• **Always clearly explain confidentiality** and the **limits** of confidentiality to survivors and any other people you are supporting. For example:

"I will not share anything you tell me with other people unless you give me permission to do so, and it is necessary in order to support you. There are a few situations in which I

may have to tell someone else what you share with me, but it is only for safety reasons: if I think you may hurt yourself or someone else, if you tell me about a risk to a child or a vulnerable adult, or if the perpetrator is a humanitarian worker. This does not mean I will tell the police—it just means that I would have to talk to my supervisor and decide together what next steps to take. If I thought I would have to tell my supervisor I would let you know and keep you informed."

• **Ensure safe collection and use of participant information** (See Skill 9 for further detail about this process under: '**Keeping information safely**').

Ensure non-discrimination

• **Treat all survivors equally and in a dignified way**, independent of their sex, background, religion, ethnicity, gender identity, sexual orientation, the circumstances of the incident or any other reason.

• **Do not make assumptions** about the history or background of the survivor.

• **Be aware of your own prejudices and opinions** about different

groups of people and gender-based violence.

• **Do not let your own biases or prejudices influence** the way you treat a survivor.

DO I GIVE INFORMATION

Giving information means telling someone facts so she can make an informed decision about what to do.

Informing is survivor-centred because it empowers a survivor to have control of her choices. It also shows that you respect a survivor's opinion and judgment. Any information given should be adapted to the age and capacity of the person.

Respect the wishes, rights, and dignity of the survivor and consider the best interests of the child

- **Every action you take should be guided** by the wishes, needs and capacities of the survivor.
- **Ensure attention for all needs expressed by the survivor:** which may include medical, psychosocial, material needs, safety and security or justice needs.
- **Respect the strength and capacities of the survivor** to cope with what happened to her/him.
- After **the survivor** is informed about all options for support and referral, she **has the right to make the choices she wants**.
- For children, **the best interests of the child should be a primary consideration for all involved.** Children should also be able to participate in decisions relating to their lives. However, adults must consider the child's age and capacities when determining the weight that should be given to their wishes.
- **Show that you believe the survivor,** that you do not question the story or blame the survivor, and that you respect her/his privacy, decisions and choices.
- **Provide emotional support to the survivor.** Show sensitivity, understanding and willingness to listen to the concerns and story of the survivor.
- **Retain a caring attitude,** regardless of the type of intervention you make.
- **Maintain positive regard for the survivor,** at all times.

Maintain perpetrator accountability

- If the survivor blames herself, **gently express** to them that in your experience the person responsible for abuse is the person who perpetrated that abuse, not the person who is abused.
- **Do not minimise or condone** gender-based violence.
- **Do not make excuses** for the perpetrator.
- **Do not mediate** between perpetrators and survivors or offer 'couples counselling' to perpetrators and survivors.

DON'T GIVE ADVICE

Giving Advice means telling someone what you think she should do and giving your personal opinion.

Advising is not survivor-centred because it takes away survivor's control over her choices. A survivor might feel you are not listening to her if you tell her what to do. Instead, you can ask open ended questions that prompt the survivor to reflect on her own strengths and resources, including any supportive people in her life and possible positive actions she could take. Sometimes survivors ask directly for advice, and it can be difficult to refuse, in these situations you can say something like "Let's think through the options of what you could do next, we can list all the options and think about the advantages and disadvantages together"



2. FORMING A SUPPORTIVE RELATIONSHIP

WHAT IS...

Forming a Supportive Relationship?

Supportive relationships are the most important part of any psychosocial support, and it is within this relationship that all the other skills are practiced. The quality of the supportive relationship between a support worker and the person

seeking help is the thing that makes the most difference to positive results. People who feel that their support worker cares about them, is on their side and likes them, experience much better results from psychosocial support.

People who seek help often have experiences of difficult, unsupportive, or abusive relationships in their lives. This often makes it difficult for them to trust new people. Having a supportive, kind, caring relationship can be very helpful to people in distress,

as it can show them that they are not alone, that someone cares about them and their needs. It can also give them an opportunity to experience what caring, helpful relationships with others feels like, which can help their healing and help them to practice developing supportive relationships with others in their lives. In this way, having even just one kind caring relationship can help people to bring about positive changes in their lives.

What are the main ingredients of supportive relationships in psychosocial support?

1. **The bond** between the support worker and the person seeking help
2. Agreement about the **goals**
3. Agreement about the **tasks**



HOW TO?

1. THE BOND

A. How support workers can develop **strong, supportive, helping** relationships with participants



Be Genuine

People who become support workers usually find themselves doing this work because of skills and qualities that they have in their daily lives. You might have often been told that you are a good listener, be someone who other

people come to for support and help, find it easy to get on with different types of people and feel good when you are able to help or support others. In your own life, you have existing skills that help you to connect with people, listen to them

and show care and compassion for them. Being genuine means bringing your whole self to this work, using the skills you already have to help you to get on with people seeking support, and connect with them in your professional role as a helper.

Build Rapport

This is the first stage in any helping relationship. The person seeking help needs to see that you are friendly, caring, understanding - and are someone they can talk to.

Usually this means greeting and welcoming them, offering a warm or refreshing drink, and engaging in some light conversation about easy topics to put them at ease.

This builds trust and understanding between you both and is essential for making progress.

Be Clear about your Role and the Limits of this Role

From the very beginning of any interaction with a participant, be clear about your role, what you have been trained to do and what is beyond the limits of your training. For example, a PSS group facilitator might introduce herself like this:

"I am a support worker and have been trained to provide basic emotional and practical support to people experiencing difficulties in their lives. I am trained to facilitate groups and am working under supervision. I am not trained to

provide longer term one-to-one support with specific issues, but I can provide immediate support and then link people with my colleagues either in my own organisation or in other organisations, who can provide this longer-term support."

Set Boundaries

To create safe supportive relationships, it is important to keep the relationship as a safe, professional relationship solely focused on the wellbeing of the person seeking help. This means that while you build rapport and are 'friendly', you are not friends. There are some important rules that it is important to understand:

- If you see the participant outside of sessions, **you should not greet the participant** unless they greet you first. If they greet you, you should keep the conversation short and professional.
- **You should not support friends or family in your professional role** but can refer them to another support worker or group.
- **Do not have romantic or sexual relationships with participants** under any circumstances.
- **Avoid social media connections** with participants.
- **Be very cautious about sharing personal information** about yourself with participants (self-disclosure). While people seeking

help might already know some information about you, it is best not to talk about yourself in support sessions. This is because it is important that the support session stays focused on the participants and their wellbeing, rather than focused on the support person. In some situations, participants might ask you specific questions like 'do you have children?' and you can decide whether to answer that question honestly or use certain strategies to refocus the discussion. In this situation you might say: 'why do you ask?', or 'it works best if we keep the focus on you.' In other situations, you might feel it would be helpful for the participant to hear you share something about yourself. For example, if a participant is very shameful about something they did, the support worker might find it helpful to share that they have done the same thing. However, this should be done very rarely and only when it is deliberate and intended to be in the best interests of the participant.

- **Avoid giving or receiving gifts.** Participants often want to show appreciation, but gifts can introduce difficulties around maintaining appropriate boundaries and respect

in the relationship. If participants try to give you gifts, you should tell them that you are not allowed to accept gifts from participants. In some situations, if a participant brings you something that they have made themselves and are proud of, it could be hurtful to refuse the gift and so it is ok to receive it and to tell the participant that you really appreciate it but are not allowed to accept any other gifts. If you would like to acknowledge and praise participants at the end of a cycle of support, you could give them a card or a drawing of something symbolic from your support interaction. Any gift exchange needs to be thought about and discussed through supervision.

- **Be careful when it comes to touch.** It is usually best not to use touch as a way of showing support, as this can be understood differently by different people and is influenced by gender, culture, previous experiences of violence and other aspects of the support relationship. In some contexts, it might be appropriate for support workers to briefly place a hand on someone's shoulder when they are upset, if they are the same gender as the person, and are sure that this would be appropriate and welcome.

Build Trust

It is often very difficult for participants to trust others, because of their life experiences. It is really important that you earn participants' trust by behaving in a way that is trustworthy, by keeping your promises and following through on everything you commit to do. Sometimes participants will test support workers to see if they can trust them, this could be something

as simple as asking for information about something unrelated to see if the support worker remembers to find it out and get back to them. In other situations, participants sometimes share one piece of their story to see how the support worker reacts before deciding whether to trust them with more of their story. This can sometimes mean sharing something shocking or upsetting to

see whether the support worker will be able to 'handle' the participant's experiences. By remaining calm, caring and being kind to the participant, even when they are behaving in ways you do not fully understand, you can show them that you can be trusted and help to build a supportive relationship.

Respect

Show sincere respect for the dignity and worth of the participant. Being respectful also means that you should avoid sounding like a superior

person or someone who 'knows it all'. This type of communication can make the participant feel as though they are 'less' – less intelligent,

less competent, or less valuable as a person or as part of the group. Remember that the participant is the expert on her own situation.

Be Non-judgemental

Survivors of gender-based violence often judge themselves or are concerned that they will be judged by others. A good helper can

relieve this concern by carefully avoiding judging participants. It is important to be aware of our own prejudices and biases and work on

these with our supervisor to avoid bringing them into our work with participants, including survivors or those at risk.

Show Empathy

Show that you are trying to see and feel from the participant's point of view. This usually includes being a warm person, rather than cold, aloof or all business. Empathy is the capacity to share and understand the thoughts and feelings of others. It is different to sympathy or pity, in that it does not mean just feeling sorry for someone – but instead empathy means deeply understanding the other person's

experience, feeling what it is like for them and helping them to feel seen and heard. Participants say that feeling that their support person has empathy for them and understands them is essential for them to experience positive benefits. Support workers can show empathy by matching their facial expression, tone, body language and energy level to the participant. You can show empathy by listening carefully, being

attentive to the participants' tone, body language and expressions, not interrupting, not dismissing the participant's beliefs, not talking too much and being curious about the participant's thoughts and feelings. This shows that you respect the participant and are trying to understand their thoughts, feelings, and point-of-view, rather than just offering the same support plan to every participant.

Show Unconditional Acceptance and Care

Means giving a basic level of acceptance and care to a person exactly as they are, without judging or evaluating them. This is an important part of support work. Survivors often struggle with a sense of being unworthy or flawed, it is essential that you show that you value and care about their welfare and worth as a human being. If you can communicate this positive

feeling strongly it can be the seed of renewed self-esteem. This does not mean that you personally must approve of everything the participant says or does, but that you put your personal opinions to one side and offer support and care to them as they are. You can show unconditional positive acceptance through phrases like "It sounds like you did what you could in that situation,

with the resources you had at the time", "I care about you and your wellbeing" and "it sounds like you're doing the best you can in difficult circumstances." When participants feel accepted it is easier for them to accept themselves, share their thoughts, feelings, and actions freely, reflect on their situation, and develop their inner resources.

Be Empowering

As a helper you are in people's lives for a short time, the aim of every interaction is to leave them feeling more resilient and resourceful than when you met them.

Be Practical

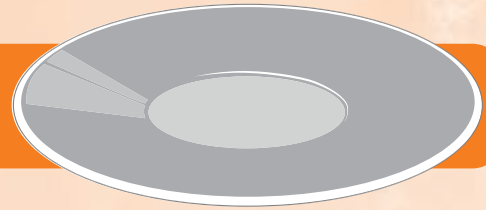
It is important to be practical about what can and cannot be accomplished if we are to succeed in helping them to cope and live their daily lives even after our support is not available.



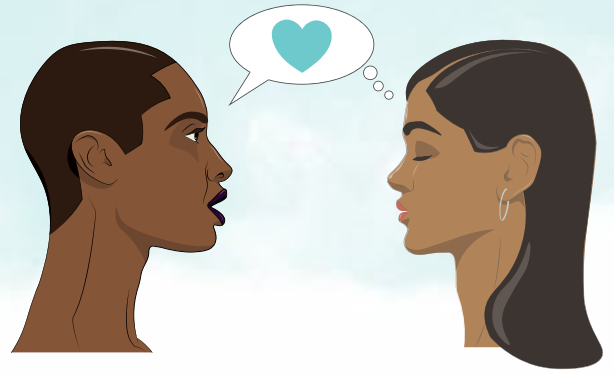
2. AGREE ON THE GOALS OF THE SUPPORT



3. AGREE ON THE TASKS OF THE SUPPORT



3. COMPASSIONATE COMMUNICATION



WHAT IS...

Compassionate Communication?

Compassion means showing kindness and care, treating people as you would like to be treated. Compassionate communication is a style of communicating with people that has the goal of creating a space for the person to feel understood, respected, supported, and valued. Every interaction with a person

in crisis is an opportunity to be a supportive presence in her life, and these skills will help you to do this.

Compassion is showing goodwill, not good feelings. In other words, even though the friendly, supportive stance of compassion is aimed at alleviating suffering, we can't always control the way things are. Sometimes, because you want people to feel better, your instinct may be to tell the survivor not to show her emotions, or to diminish her experience, such as, "Don't be afraid," "Don't cry," "It's not as bad as it seems," "Everything is going to be fine".

But, if we use compassion to try and make participants' pain go away or encourage them to suppress or fight against their feelings, to minimise their experience and 'think positively', things will likely just get worse. Instead, compassion is about recognizing and acknowledging their pain, allowing them to feel what they need to feel, and showing them kindness and care in response.

Compassionate communication skills include **non-verbal communication, listening, healing statements, and self-compassion.**

Did you provoke him?

Why were you walking alone?

Why did she take so long to report?

What were you wearing?

It could have been worse

Did you lead him on?

Keep Quiet

Were you drinking?

I believe you

No one deserves to be treated like that

You are not to blame for what happened

It's not your fault

You'll ruin his life

This will bring shame on your family

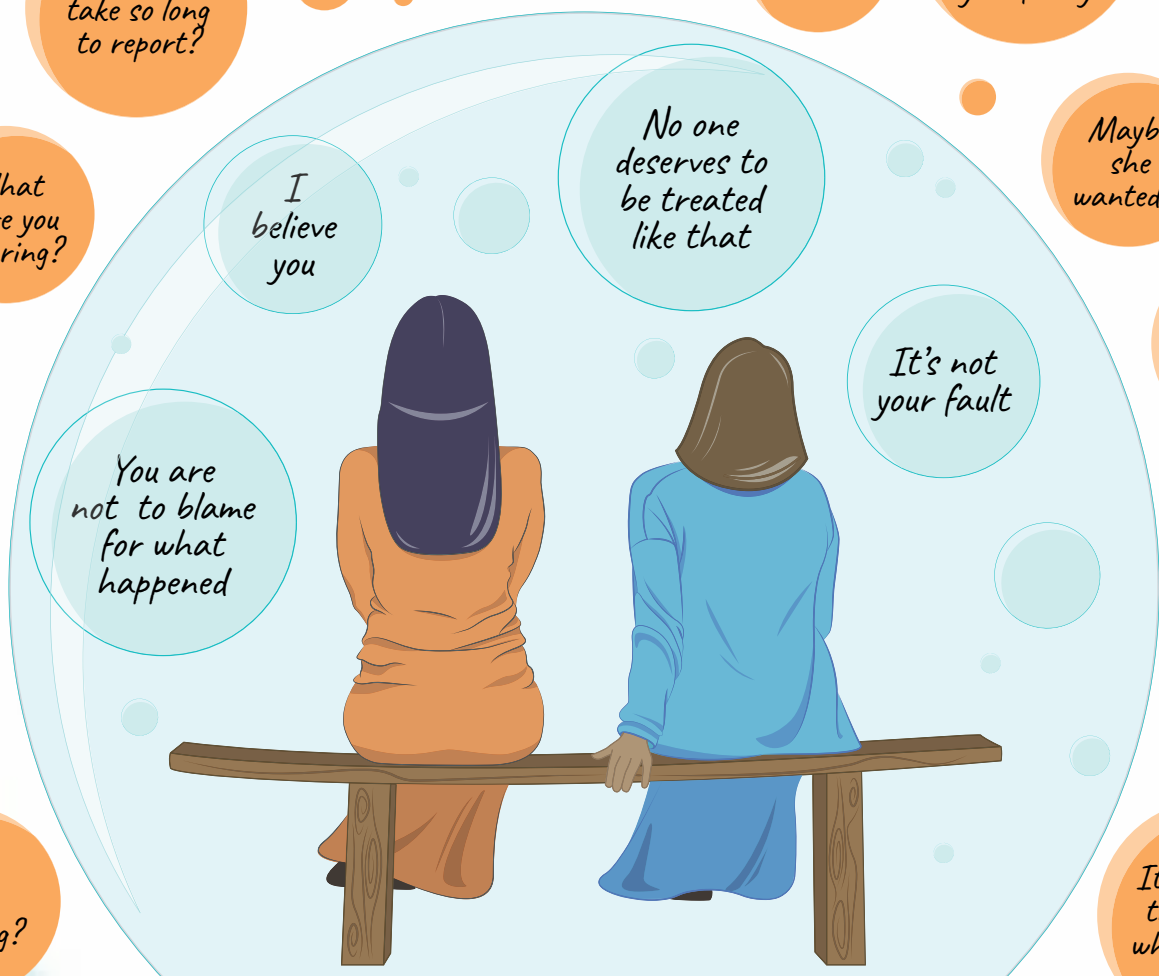
Did you fight back?

Maybe she wanted it

It's your word against his

She was asking for it

It's normal, that's just what men do



HOW TO?

1. NON-VERBAL COMMUNICATION OR BODY LANGUAGE

are the messages we send with our tone of voice, facial expressions, posture or how we sit with people.

• **Tone of voice:** Your tone of voice should be calm and welcoming. Usually this means speaking more gently rather than using a 'sharp' tone and allowing time for participants to hear what you are saying, rather than being 'short' or abrupt when you are speaking.

• **Using pauses, silence and vocalisations:** It sometimes helps to allow brief pauses, moments of silence or non-verbal sounds (like 'mmm') to let people know you are listening deeply to them and would like them to continue, rather than speaking yourself.

• **Facial expression:** Your facial expression should be open, relaxed, calm and show you are interested.

• **Intermittent eye contact:** This means that you make eye contact with the participant every so often, constant eye contact or no eye contact at all feels uncomfortable in most cultural contexts. Depending on your context and whether the person is the same gender as you, more or less eye contact might be appropriate.

• **Distance:** An appropriate distance is usually at least arms-length between people to give personal space, and this distance will increase in some public health outbreaks.

• **Position:** When sitting with participants, it is best to turn your face towards them and let your body point towards them at a side angle, rather than sitting directly across from them. This stance can feel confrontational or facing away from them can show a lack of interest. A side angle is supportive but allows for space.

• **Lean:** This means that we lean in a little bit towards the participant. This helps the participant know we are interested in what she is saying and that we want to stay and listen. Remember to always allow enough personal space.

• **Open:** This means that we do not put anything between the participant and us. If you sit behind a desk, or cross your arms, it can create a barrier between you and the participant. The space between you and the participant should be open.

• **Relax:** This means that we stay in a relaxed sitting position. It does not mean that we slouch in our chairs, but we do not want to sit very stiff and rigid. We want to be comfortable so that the survivor can feel comfortable and relaxed too.

• **Grounded:** If you find yourself feeling uncomfortable, it can be helpful to put your feet on the ground and feel connected to the earth and take a couple of deep breaths. This will help you to relax and be more comfortable listening to the participant.

2. LISTENING SKILLS:

A. Active Listening

• **Pay close attention to what the person is saying:** don't think about what you're going to say next while they're talking. Allow time before responding. Focus on the moment and stay curious about what they are saying and how they are feeling.

• Use **open-ended questions** such as: "What brought you here today?", "How do you think that might be helpful?", "What would you like to happen next?", rather than closed questions that can be answered with a one-word answer, like yes or no.

• **Do not make judgements** about what the person is telling you. Keep an open mind, do not jump to a certain idea or make up your mind about a person or situation. If your mind starts making a judgment, notice this and ask yourself to pause and keep listening to what the person is saying.

• Ask **clarifying questions** when needed to get a clearer understanding of what the participant is saying and how they are feeling. "Let me see if I'm clear

on what you've told me..."; "Would it be ok if I just check something with you for a moment? I thought you said the children are with your mother, is that right?"

• **Paraphrase and summarise what the person is telling you.** ("Let me see if I understand what you have told me so far"). Do not do this for everything they share, but at points where you wish to check in and assure them that you are hearing what they are offering.

2. LISTENING SKILLS:

B. Reflective Listening

Reflective listening has **two key steps**: trying to understand what the participant is saying and how they are feeling, and then repeating this back to her so that she can see it like a mirror (for example, "It sounds like you were very scared in the moment when they came into the house").

This takes some practice to get right, but is a powerful way to help the participant to:

• **Express her view** of the situation, feelings and emotions

• Feel that her **concerns and feelings have been understood and heard**

• **See how she views** the situation and **how she feels** more clearly

• Move to deeper feelings **at her own pace**

• Think aloud and **arrive at her own conclusions**

Reflect Back Content and Feelings

PARTICIPANT: *"I hate working in the group with Fatima, she's so dismissive of my ideas."*

Reflecting content: *"It sounds like you're saying that Fatima can be dismissive of your contribution in the group."*

Reflecting feelings: *"It sounds like you're frustrated with Fatima."*

Reflecting content AND feelings: *"It sounds like you're frustrated* and finding it difficult to work with Fatima because you don't feel that your ideas are valued."*

*In this case, "frustrated" is the feeling and "you don't feel your ideas are valued" is content.

Tips for naming the concerns and feelings accurately:

- Do not repeat back the exact same words. **Rephrase these words** to show the participant you have understood.
- **Use correct feeling words.** For example, try not to use words that are inflammatory - e.g., say "frustrated," not "furious."

- **Do not add anything** to what they have said and check in with them to clarify if you have accurately understood how they were/are feeling.

- **Do not go too deep** into why they might feel a certain way – this can give the person the impression that you think you know their feelings or motivations better than they do.

- **Be open minded** in your response, so that the speaker feels

comfortable in correcting you if you have misunderstood them.

- **Focus more on feelings** as the person begins to tell their story as people will often feel the need to have their emotions acknowledged.

- **Listen carefully** and pick up on any feeling words to draw out the emotions they are expressing and reflect these back to them like a mirror.

Validate, Normalise and Avoid Stigma

The best thing we can do is understand and acknowledge what participants are feeling—and make it feel normal. It is often very helpful to people to tell them that what they are experiencing is a normal reaction to an abnormal event. For example, if a participant begins to cry, we can say:

"You have every right to be upset and sad. It's okay for you to cry here. I will be with you and we can talk when you are ready."

People often worry about their reactions, and think that there is

something wrong with them for not being 'able' to cope, and in these situations, it can be helpful to say something like:

"Of course you are feeling worried, after what you have been through it would be very unusual if you weren't. It is completely normal that you are feeling this way"

This is why we don't use clinical terms outside of clinical settings. Using terms that are associated with a specific diagnosis to refer to people in distress isn't accurate

or helpful, and can be stigmatizing. For example, using terms like 'traumatised' to describe people gives a negative impression and does not focus on their strengths.

It is important that the participant understands that they are not to blame for their feelings and there is nothing wrong with them. What is wrong is what has happened to them. This is an important step in providing support.

DO NO HARM: AVOIDING STIGMA

Below are lists of **recommended terms** for psychosocial and GBV response workers, as well as terms that are not recommended as they are incorrect or can be stigmatising.

Examples of recommended terms	Examples of terms that are not recommended to be used outside clinical settings
"Distress", "suffering", "overwhelmed" "Distress" or "stress"	"Trauma"
"Psychosocial" and "social" "effects of emergencies"	"Post-Traumatic Stress Disorder (PTSD)"
"Terrifying" or "life-threatening" events	"Traumatic events"
"Distressed" children or adults (those with normal reactions to the emergency) "Severely distressed" (those with extreme/severe reactions to the emergency)	"Traumatised" (children or adults)
"Reactions" to "difficult situations" "Signs of distress"	"Symptoms"
"Psychosocial wellbeing" or "Mental health"	"Good mental health" "Mental illness" "Mental disorders" "Psychosis"
"Structured activities"	"Therapy"

Note: Terms like "Trauma" and "Post-Traumatic Stress Disorder (PTSD)" should only ever be used in clinical settings where the person has already received a diagnosis from a clinical psychologist, psychiatrist or psychiatric nurse. These terms are potentially stigmatising and international guidelines caution very strongly against using them to describe people in distress more generally.

3. HEALING STATEMENTS

When participants have experienced gender-based violence, there are some important healing statements that survivors find helpful.

These include:

- "I believe you"
- "I am sorry this happened to you"
- "This is not your fault"

- "You are not to blame for what [the perpetrator] did"
- "You were right to tell me"
- "You are very brave to tell me this"

4. PRACTICING SELF-COMPASSION

You can also support participants to develop compassion for themselves, through how you communicate with them and how you talk about yourself.

Women and girls who have experienced gender-based violence or related harms often blame, criticise, and judge themselves harshly.

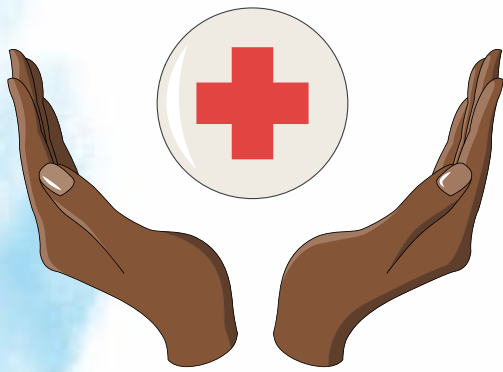
You can help participants develop kinder and more compassionate feelings towards themselves by **bringing some of these ideas into your conversations.**

*I can hear from the tone of voice how critical you are of yourself.
How does it feel when you blame yourself like that?
I can imagine it must be painful or difficult for you when you speak to yourself in that way.*

If you were speaking to a friend who had gone through what you have gone through, what would you say to her?

*Could you ever imagine speaking to yourself the same way you would speak to a friend or someone you care about?
Why not try it and see how it feels?
Can you notice the pace, the tone, the volume in your voice?*

*Imagine you are speaking to yourself when you were a young girl.
What would you say to that girl to comfort her?*



4. PSYCHOSOCIAL FIRST AID

WHAT IS...

Psychosocial First Aid?

Psychosocial First Aid is a practical, supportive response to a fellow human being who is suffering and might need support. Like medical First Aid, Psychosocial First Aid (PFA) is a basic, immediate response that can be delivered by anyone who has basic training in offering PFA and who is supported in their work to deliver PFA. Psychosocial First Aid is most useful in the immediate

aftermath of a distressing event, when a person may be distressed and may need some support. Psychosocial First Aid is a skill to promote feelings and experiences that are most helpful to people's long-term recovery. These include:

- *Feeling safe*
- *Feeling calm*
- *Feeling able to help themselves, as individuals and communities.*
- *Feeling connected to others*
- *Feeling hopeful*
- *Having access to social, physical, and emotional support*

Psychosocial First Aid:

- provide practical care and support, which does not intrude
- assess needs and concerns
- help people to address basic needs (for example, food and water, information)
- listen to people, but do not pressure them to talk
- comfort people and help them to feel calm
- help people connect to information, services and social supports
- identify ways to keep people safe and protect people from further harm.

Why PFA?

People do better over the long term if they:

- Feel safe, connected to others, calm and hopeful
- Have access to social, physical and emotional support
- Regain a sense of control by being able to help themselves

PFA Actions



PREPARE

- Learn about protection risks and the crisis.
- Learn about available services and supports.
- Learn about safety and security concerns.



LOOK

- Observe for safety.
- Observe for people with obvious urgent basic needs.
- Observe for people with serious distress reactions.



LISTEN

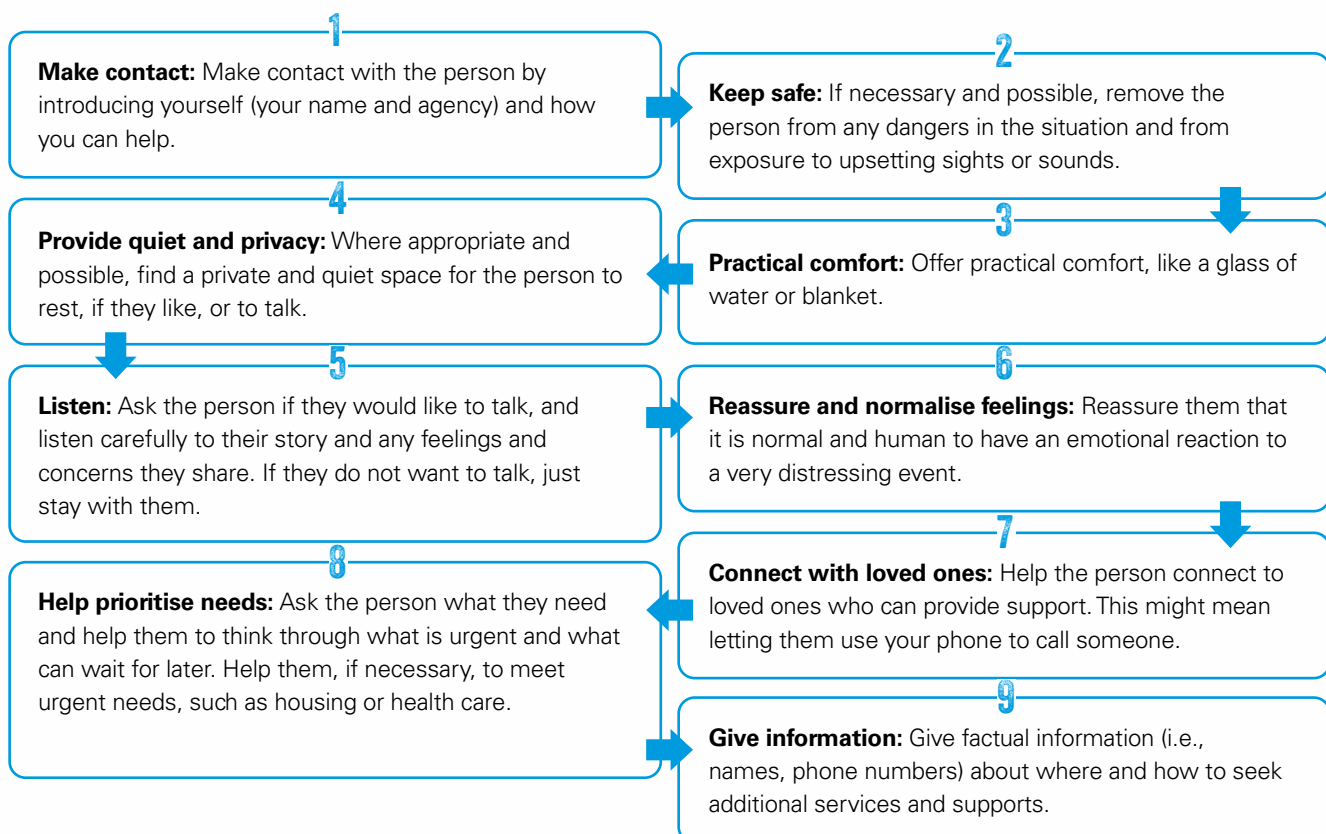
- Make contact with people who may need support.
- Ask about people's needs and concerns.
- Listen to people and help them feel calm.
- Help people address basic needs and access services.



LINK

- Help people cope with problems.
  - Give information.
- Connect people with loved ones and social support.

HOW TO?





5. RESPONDING TO DISCLOSURES OF GBV

WHAT IS...

Responding to Disclosures of Gender-based Violence?

A **disclosure of gender-based violence** refers to any time that a person voluntarily shares with another an experience of gender-based violence. Most survivors never share their experience of gender-based violence for many reasons, including the following:

- Fears and concerns that they will be blamed, judged or not believed
- Fears and concerns that they, their children or wider family will experience stigma from others

- Concerns that the services available will not be helpful or of adequate quality
- Concerns that those they disclose to will tell others
- Concerns that their safety will be at risk if they tell, including risks of harm by the perpetrator, people protecting the perpetrator or their own family members (due to notions of family 'honor')
- Fears and concerns that they will lose control of what happens next.

Therefore, it is often very difficult for survivors to share their experience of gender-based violence, and they may only decide to do so when they are struggling to cope with their experience on their own or would like to/need to access psychosocial, medical or other services.

How people **respond to disclosures of gender-based violence** is therefore really important. It is essential that we learn skills to respond in a way that is compassionate, sensitive, caring, non-judgmental and shows that we believe the person, are supportive and are attentive to their safety. Survivors can experience positive changes when they disclose their experiences, including increasing their own understanding of their situation and experiences, decreased self-blame, increased confidence to deal with the situation, increased connection with family and social supports or increased safety and access to services.

HOW TO?

1. RECOGNISE THE OBSTACLES AND DIFFICULTIES

for a person in making this disclosure and ensure that you are open and receptive to what they have to share while not putting pressure on them to share more than they are ready for.

Things you might say and do:

- **Offer practical comfort** - a glass of water, a cup of tea or coffee, and a quiet place to sit.

- **Use an open-ended question** to invite the person to begin:

"Would you like to tell me what brought you here today?"

- **Actively check in** with the person along the way:

"Are you okay with continuing to talk about this?"

"Would you like to take a break for a while?"

"You only need to tell me what you feel comfortable to tell me"

"You don't need to tell me everything right now"

"It's Ok, take your time."

"I understand this can be very difficult, I am here to support you."

2. RESPOND

A. Listen

Listen carefully to the story as the person tells it. Simply sit and listen to the disclosure with care and without questioning it.

Things you might say and do:

- **Encourage and empathise** using compassionate communication skills: particularly listening skills and non-verbal communication and healing statements.

Use open body postures for example sitting an appropriate distance away, facing the person and angling your body slightly towards them. Sounds or phrases such as 'mmm', 'go on' or 'I'm listening' can be helpful.

- **Acknowledge distressing events or losses:** *"I'm so sorry that happened to you"*

- **Take notes** if needed, but **keep your focus on the survivor.**

2. RESPOND

B. Healing Statements

Let the person know that you understand how difficult the experience was for them, that you believe them, do not judge them and are supportive of them.

Things you might say and do:

"I am so sorry this has happened to you"

"I believe you"

"No one deserves to have that happen to them"

"It is not your fault"

"I am here to listen"

2. RESPOND

C. Responsibility

It is not unusual for a victim to take on responsibility for the abuse that has happened to them, and to blame themselves. This can happen because the perpetrator blamed them or because they think their family or community will blame them. It is important to be very clear that the perpetrator is the only one person that is responsible for the act of abuse.

Always ensure that the responsibility remains with them and not with the victim of abuse.

Where the person telling their story blames themselves, gently note that in your experience the person who is abusive is always responsible and never the person who has been abused.

Things you might say and do:

"In my experience, the person who is violent or abusive is always to blame, never the person they are abusing."

3. REFER ON TO OTHER SERVICES AS NEEDED

Know the boundaries to the support you can offer within the remit of your role. Ensure that you are aware of the relevant services available both within your organisation and those offered by others so that you can let the person know about the possibilities for further support for them.

Outline the services and give them the contact details, so that they can then decide if they wish to proceed and seek support. (Read more details about this process in *Skill 6: Referral*).

Things you might say and do:

"If you would like, I can give you some information on how to access health care and I could help you with this if it's something you would like to do."

4. KEEP CONFIDENTIALITY

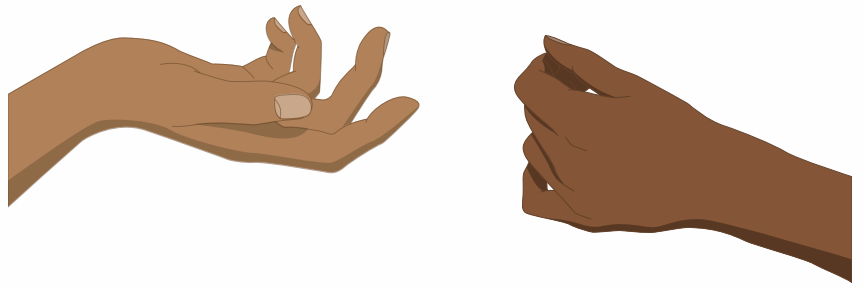
As we learnt under *How to Keep Confidentiality* in Skill 1 on page 2, it is important to explain confidentiality and the limits of confidentiality to the participant, and to keep information safe.

It is also important to let them know that you will not raise or 'bring up' their experience with them again unless they bring it to you to discuss.

Things you might say and do:

- **Don't make promises** that can't or won't be kept.
  - **Don't show your anger or upset.** This isn't about you and your emotions, it's about what the person disclosing needs, you can seek support from your manager after the disclosure for any upset or distress caused by hearing the disclosure.
  - **Don't** allow yourself to **be distracted**
    - Ask clarifying questions only after you have let the survivor speak and have responded to their disclosure. **Avoid unnecessary questions;** only ask questions that will give you information to help the survivor.
  - **Don't Panic!** Try not to look shocked, panicked, angry, disgusted or show any other strong reaction to what you have heard. It is important to manage your feelings so that you can keep your focus on the survivor. If you feel very emotional, take a breath and acknowledge the emotion you are feeling and then agree with yourself that you will discuss this later with your supervisor.
- Remember that the person has trusted you enough to tell you about something terrible that has happened to them, and that what you do and say in response will be very important to them. If they are telling you about an experience of violence that isn't recent, don't assume they have already told other people about, it even if it happened many years ago – you might still be the first person they are disclosing to.

6. MAKING REFERRALS



WHAT IS...

Referral?

Referral means directing someone to a different place or person for information, help or action. It often means recommending that the participant see other professionals or agencies that are more competent to handle a specific aspect of the participant's needs.

Your organisation should cooperate and collaborate with other agencies and should be able to share clear information with you about who is doing what, where and when. Talk to your supervisor if you are not sure and they will help to make the referral.

When do we refer?

Usually, we refer in cases where the person is seeking services other than those provided by our programme. This could include referral to:

- Health services
- Psychosocial services
- Socio-economic supports
- Safety/ Security
- Legal aid

KNOW YOUR LIMITS!

It is important for each of us to know what we can support people with and what situations or issues are beyond the limits of our competency. There may be situations when someone needs much more advanced support than you can provide. Know your limits and get help from others, such as your supervisor, GBV case managers, medical staff, psychosocial staff and your colleagues.

There are some situations that will always have to be discussed with your supervisor, and where you might **consider referral to another staff member** or agency for further care:

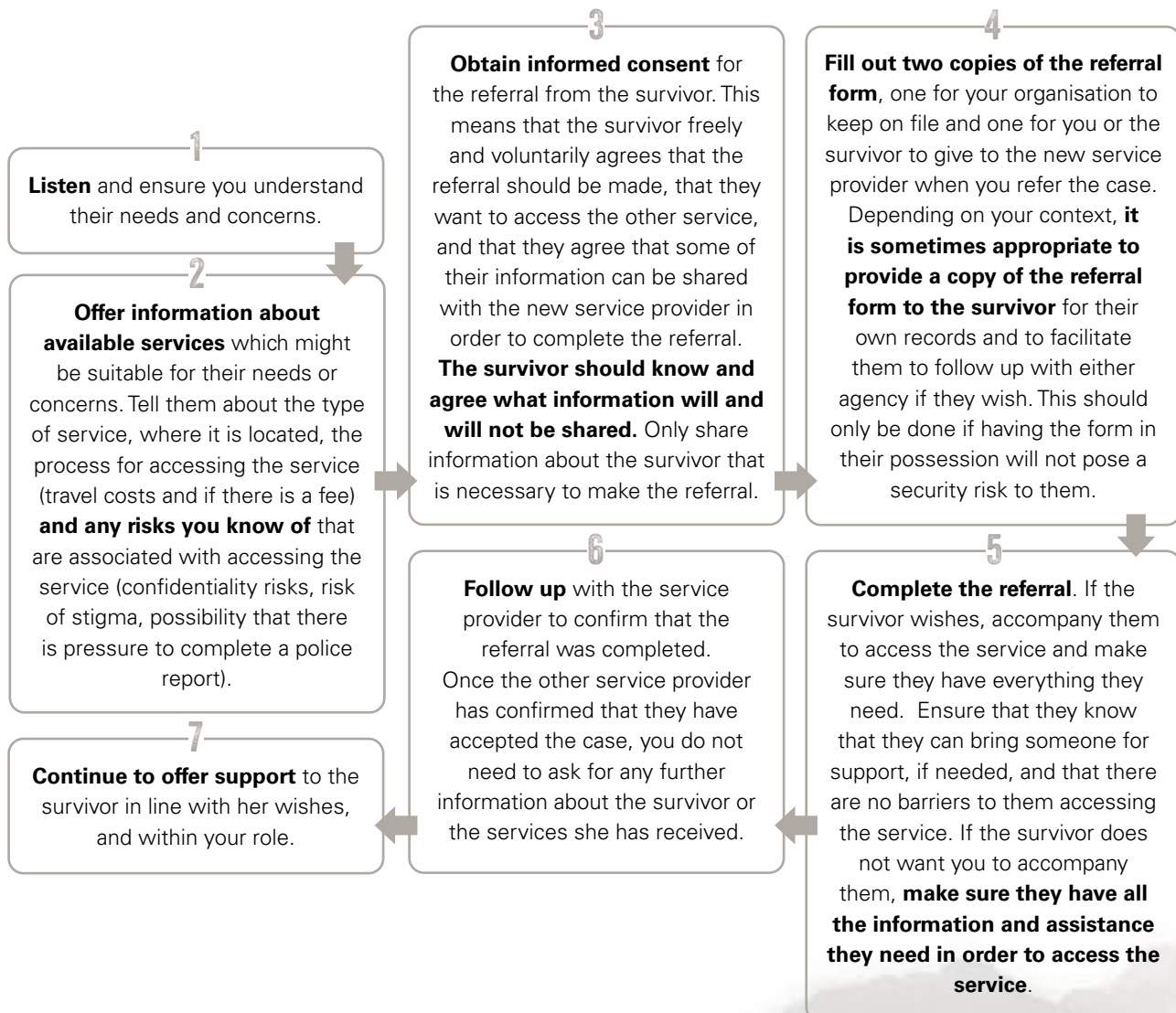
- When you realise the problem is beyond your capability, level of training, and the purpose of your program activities.
- When you yourself become restless, confused and/or have recurring bad thoughts or dreams about the case.
- When a person hints or talks openly of suicide or indicates they may be a risk to themselves or others.
- When you have a concern about a risk of harm to a child or a vulnerable adult.

Signs that a **referral to more specialised psychosocial or health staff** might be needed include:

- If the participant does not show signs of improved coping or recovery, or seems to be coping less well than before
- If the participant is so upset that they are not able to care for themselves or their children
- If the person had a mental health condition before the crisis (as they may benefit from care from a health service provider who knows how to provide treatment for that condition)
- If a person has deteriorated in their ability to self-care or the functioning of their daily life skills
- If the person requests more specialised mental health services
- If the person talks of suicide or indicates she may be a risk to herself or others

HOW TO?

BACKGROUND: A survivor or affected person has come to you seeking help. You have listened to them (using your *Psychosocial First Aid, Handling Disclosures* and *Compassionate Communication skills*) and have understood that they have needs which you cannot meet alone. Think through the following steps to guide your conversation with them.





7. KEEPING INFORMATION SAFE

WHAT IS...

Keeping participant information safe?

When we provide services (psychosocial groups, individual psychosocial supports, GBV case management¹ and/or health services) to women and girls (and boys and men) we need to collect some **personal information** about them in order to deliver our services.

Frontline staff need to know the names and age group of people they are supporting, which communities or camps they live in and sometimes they need to know about particular impairments or health concerns that people may have.

This is all personal information and is sensitive; if this information became known by others, it would be a risk to participants' privacy and possibly their safety.

Any breach of confidentiality also damages trust in the program and makes it less likely that participants will trust project staff.

¹ GBV case management involves a trained case worker (1) taking responsibility for ensuring that survivors are informed of all the options available to them and referring them to relevant services, based on consent; (2) identifying and following up on issues that a survivor (and her family, if relevant) is facing in a coordinated way; and (3) providing the survivor with emotional support throughout the process.

Skill 7 only covers the basics of *Keeping Information Safe* and is intended to guide support workers delivering community level support, although the basics apply to all staff. If your project offers GBV case management, individual psychosocial support or health services to GBV survivors, you will need further specific training on the GBV Information Management System. Please speak with your supervisor about this.

Also, when supporting GBV survivors, case workers and psychosocial support staff record sensitive **survivor information** in order to deliver services. This would often include:

- Personal information, as noted above (e.g. name, age, community, whether they are living with a disability).
- Details of GBV incident(s), for example the type of violence, location of the incident, relationship of the survivor to the perpetrator, etc.
- Case management or focused individual psychosocial support data, including information about the support provided to an individual survivor through the case management process, notes of psychosocial support sessions, etc.

The primary concern of all service providers is the immediate well-being of the survivor. It is important that we keep data safe to protect participants' and survivors' confidentiality, privacy and safety. The reason we record personal information and survivor

information is for service provision, for example for record keeping by support workers, and for supervisors who need to be able to review information gathered to assess quality and progress.

This information is highly sensitive and should only be recorded (written down) when all 4 of the following are true:

1. If you receive the information as part of your ongoing support to participants and while providing services;
2. if the participant openly and willingly shares this information, or a parent/guardian/family member/friend shares the information in the presence of the participant with the participant's consent;
3. if the information is needed in order to provide services to the participant; and
4. if it is possible to safely and confidentially hear, write and store the information.

DON'T.

Seek out or record identifiable information about survivors solely for the purpose of protection monitoring or human rights monitoring. This is not in line with safe and ethical practice.

In any situation where you are collecting information about participants, follow these tips:

Safely Hear

- Review the Keep Safe guidance from Skill 1.
- Find a private space, where you will not be overheard.
- Stay aware of your surroundings; you may need to pause the conversation if you have any safety concerns.
- If the participant is in a different location (e.g. you are on the phone), ask them if it's safe to talk, agree a plan for what you will do if the participant thinks they might be overheard or the if situation becomes unsafe (e.g. you might agree to switch to talking about an unrelated topic like health awareness).
- If for any reason you or the participant do not feel that it is safe to hear information, do not proceed with the conversation.

Safely record information

- Writing down participant information on paper, or recording information on phones, tablets, laptops or other devices, must be done safely. This usually means not recording identifying details (such as participant names), and in some situations, it means not recording information at all. Do not write down or record information if you are not sure that you can keep it safe.
- When writing information, use numbers so that another person reading it will not easily understand what you have written. These numbers should be agreed as a team, within your service to ensure you are all using the same method. More information on how to record information in a way that doesn't identify people is provided in the next section 'How to...use participant numbers.'
- In some situations you might take notes or write something down while speaking with a participant, but you cannot safely keep that information (for example because you will be passing through checkpoints with your notebook before you reach your office). In this situation, you will have to find an alternative way of recording the main information that you need (for example to organise a referral or access to services). For example, you could call your supervisor and give them the information by phone to record safely in the office, then destroy your notes before you leave the area.

Safely store information

- When using hardcopy / physical documents, file them securely by using locked cases or cabinets, and keep keys or access codes safe. When recording information on computers, use password protected files.
- When using phones, laptops, tablets or other devices, set strong passwords and update them regularly, and make sure you have your own profile that automatically locks when not in use.
- Do not let others use your work devices at any time. If you can't control this and others will also be using your work laptop or tablet, ask your supervisor for help to set up a guest profile for them to use, separate to your work profile, with its own password.
- Do not share your passwords or pin numbers with anyone.

Safely share information

- Sharing basic information is sometimes necessary to report on activities (for example, sharing attendance sheets to write monthly reports). The information shared must not identify participants. For example, attendance sheets should not include participants' names or any personal information about them.
  - Sharing personal or survivor information is sometimes necessary to ensure the participant can access services or to ensure service quality. Participants should be asked first, and should give their verbal/written consent for this.
  - Only share information on a 'need to know' basis, to provide services. Ask yourself "Does this person need to know this information?" If you are making a referral to another service, for example, the person might need to know the participant's name and phone number, but they might not need to know the person's story or experiences.
  - If anyone (e.g. another organisation, government official, camp manager) requests information from you about participants, do not share information before checking with your supervisor. This ensures that information is only shared in line with your organisation's information sharing protocol, and in a way that protects participants' confidentiality, safety and consent.
-

HOW TO?

Keep information safe by using participant numbers

What are participant numbers?

Participant numbers are unique numbers that are assigned to each participant and are used instead of names on all documentation. These numbers keep participant details confidential by ensuring that no one (other than staff with access to the tracking file) can link participant numbers to names. They can also be thought of as file numbers or case numbers.

Who needs to use participant numbers?

Anyone who is recording information about participants in Protection of Women and Girls programmes.

Why are they important?

Participant numbers are helpful to keep all the information on file about a participant connected, and to keep track of all support provided (such as case management or to track referrals), without using the participants' names.

When do you create participant numbers?

Create your participant numbers when you know who will be participating in your programme or attending services. Once you have assigned participant numbers to individual participants, ensure you use the same numbers for the same participants every time you are recording information about them. Use these numbers in all your notes instead of names.

1

Add an **administrative text box** at the start of all documentation that is used with participants, such as referral forms. This text box can include participant numbers as well as other useful information, like the date the participant attended the service, and who met with the participant. For example:

Participant number:

Date:

Name of staff:

2

Create a table with the names of all participants and their participant numbers. As a programme team, you should decide together on a coding system that is understood by programme staff but will not be understood by others. For example, in the coding system used below, **P101** means Participant (**P**) from project site one (**1**) who was the first participant to sign up (**01**). The table with names and numbers can be written on a paper sheet or an electronic file and must be stored securely. It is important to keep this file to keep track of which participants are linked to which participant number. For example:

Participant number:	Name:
P101	Bintu
P102	Maria
P103	Amira
P104	Lara
P105	Sarah

3

You should **store this table securely and safely**, and keep it separate from any other written forms or information. **Do not share this file with anyone**, except for your supervisor in cases where this is necessary to provide services.



If you are working in a community or camp setting without an office, **keep the table in your small lockable briefcase**.



If you are working in an office, and have the table written on paper, **keep it in a locked filing cabinet**.



If you are working in an office and are storing the information on a computer, **keep the table in an excel file that is locked and password protected**.

Do not share your file or password with anyone, except for your supervisor in cases where this is necessary to provide services.

4

Before filling out any form or recording information about a participant, **make sure you know which participant number to use**, and write down that number instead of their name.

SAMPLE ATTENDANCE LIST FOR A GROUP SESSION

Attendance List

Group facilitator(s) name: Amani D. (Facilitator) and Carol (Community volunteer)

Day and time of group: Tuesdays 5.30 pm – 6.30 pm **Frequency of sessions:** Every two weeks

Project site number: Site 2

Participant Number	Session 1 date _/_/_	Session 2 date _/_/_	Session 3 date _/_/_	Session 4 date _/_/_	Session 5 date _/_/_	Session 6 date _/_/_	Session 7 date _/_/_	Session 8 date _/_/_	Total sessions attended
P201	✓		✓		✓	✓	✓	✓	6
P202	✓	✓	✓	✓	✓	✓	✓	✓	8
P203	✓		✓	✓	✓			✓	5
P204	✓	✓	✓	✓	✓	✓	✓	✓	8
P205	✓	✓	✓	✓	✓	✓	✓	✓	8
P206	✓	✓	✓		✓		✓	✓	6
P207	✓	✓		✓					3
P208	✓	✓	✓	✓	✓	✓	✓	✓	8
P209	✓	✓	✓	✓	✓	✓	✓	✓	8
P210	✓	✓	✓	✓	✓	✓		✓	7
P211	✓	✓	✓	✓	✓	✓	✓	✓	8
P212	✓	✓	✓	✓	✓	✓		✓	7
P213	✓	✓	✓	✓	✓	✓	✓	✓	8
P214	✓	✓	✓	✓	✓	✓	✓	✓	8
P215	✓	✓	✓		✓		✓	✓	6

Learning and Reflection:

1. How many participants are in the group?
2. How many sessions are there in this group cycle?
3. How many of the participants attended all sessions?
4. How many participants attended at least 6 of the sessions?
5. Which participant attended the least number of sessions and can you think of three possible reasons why?
6. Look at the participant numbers, can you see any way that Amani has tried to make it easier for herself to remember the numbers?
7. Can you think of any other ways to make it easy for us to remember participant codes (they can be a combination of numbers and letters)?

Answers to Questions 1-7

1. There are 15 participants in the group.
2. There are 8 sessions in a cycle.
3. 8 participants.
4. 13 participants.
5. P207, possible reasons: the time didn't suit her, she found it hard to get to the sessions, she didn't find the group helpful or suitable for her needs, she moved away, she had other responsibilities (work, family), she didn't feel welcome in the group space, she had other priorities etc.
6. The numbers indicate the site (site 2).
So when Amani sees **P201** she knows that is a **P**articipant from site **2** number **01**.
7. Brainstorm ideas that will work in your context and make sure that any techniques you agree as a team are kept confidential.

FURTHER RESOURCES AND SUPPORT

Further information and resources are available from:

- **The INSPIRE Toolkit**
- **The INSPIRE Training Package**
- Regular support and supervision sessions
- Your colleagues and team
- Your line manager
- Trócaire colleagues in your context
- Trócaire colleagues in the Humanitarian Technical Unit
- _____
- _____
- _____
- _____

[You may wish to add the names and contact details of your key supports here].

CONTACT LIST OF KEY SERVICES IN YOUR AREA:

Name	Contact Number	Type of Service	Notes
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			



