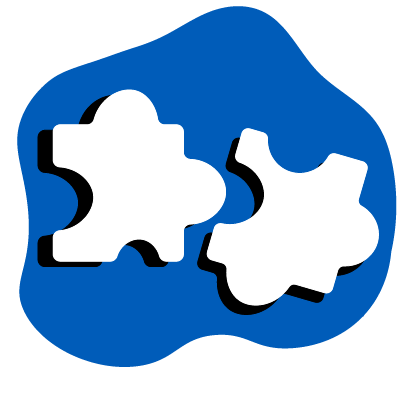
Activity: Do’s and Don’ts in Handling   
GBV Disclosures



Expected duration: 30 mins

Objective: understand do’s and don’ts in handling GBV disclosures

* Explain that we will go through a series of statements and ask participants to stand up if they agree with the statement and remain seated when they disagree with the statement.
* For each statement, encourage participants to explain why they agree or disagree and facilitate a discussion between the two groups.

Statements

1. In order to understand what a survivor needs, it’s important to know their history. You ask her about the violence she has experienced in detail.

* DISAGREE: Never ask a survivor to tell you about her experience of violence or probe for details. Instead, the frontline worker should offer to provide information about GBV case management and other services and allow a survivor to direct the conversation based on if she wants to be referred.

1. If a survivor is upset, you should comfort her by saying: “Don’t cry. Everything will be okay.”

* DISAGREE**:** The role of the frontline worker is to empathize with the survivor’s feelings. Frontline workers should not make promises that cannot be kept. Instead, it is recommended to say: “I am sorry this happened to you. You are very brave for sharing this with me. I will do everything I can to support you.”

1. A gay man shares his experience of GBV with you. He is not willing to talk to anyone including any GBV service provider. You listen to his story and then explain him what the GBV service providers can offer and the contact of the GBV case management service provider which offers services to male survivors. But you don’t do anything after that.

* AGREE**:** This is a right approach. It is the survivor’s choice whom he wants to disclose his experience to and when and how he seeks support. It is important to note that not all GBV service providers offer services to male and/or LGBTIQ+ survivors, so it is important to take note of those who do (if available). It is recommended that available contact details of service providers and/or hotline numbers are shared with the survivor, should he change his mind in the future.

1. A woman discloses intimate partner violence and asks for your help. You offer to speak with her and her husband to resolve the conflict.

* DISAGREE**:** The frontline worker should NEVER mediate and NEVER speak with the husband in case of intimate partner violence. Instead, the frontline worker should validate the woman’s feelings and inform her of available GBV case management and other services. With her consent, the frontline worker should offer to connect her to these services.

1. You referred a female survivor of intimate partner violence to GBV case management services a week ago. Today she comes to talk to you to say that no one has been helping her and wants to talk to you. You discuss and make suggestions on how to be safe from her husband.

* DISAGREE: It is NOT the frontline worker’s role to follow-up in these instances. Instead, the frontline worker, should let the survivor know that they cannot support but will remind the case management service provider. The frontline worker should let the case management service provider know about this interaction, if he/she continues to get the complaint, it is recommended to contact the GBV specialist to flag the situation and ask for advice.

1. While conducting a household survey, you notice a girl of about 10 years with clear bruises and a broken arm. The girl sits quietly in a corner, barely moving or speaking during the time you are there. You also notice that she is very scared when approached by her caregiver. The adult male is the only caregiver of the girl and her three siblings aged between 2-8 years old. They were separated from their father during flight and their mother passed away a few months earlier. You immediately refer the girl to the police and contact child protection focal point in the camp for follow up and services.

* AGREE: The situation of the girl is clearly alarming. Absence of information of whether there has been an incident of GBV or not should not be the only determining factor. This is a situation of child abuse that involves a number of children and an intervention is life-saving. Considering the possible involvement of the caregiver in the abuse, no informed consent is needed to refer the case. The best interest of the child should be of primary consideration when referring the case, especially her safety and security. It is better to refer the case directly to the child protection/GBV specialists if immediately available or ask for their advice if they are not available in your location. In absence of specialized support, referral to health services, even if it is needed immediately, might not be possible, especially if the caregiver is not in agreement. Immediate referral to the police might be the only way to allow children to have access to different services, including health. Special attention should be given to the capacities of local police to intervene immediately and the possible consequences of the referral if it is not taken into consideration immediately. Safeguards need to be put in place and a discussion with a child protection/GBV specialist (without providing the identifiable information) might help the frontline worker move forward quickly.

Exercise derived and adjusted from the IASC Pocket Guide Training Package and Norwegian Church Aid PowerPoint.

