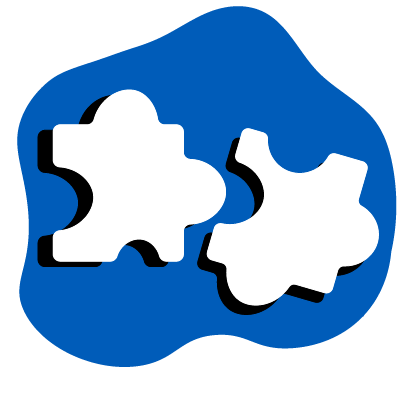
Activity: Role Play Handling GBV Disclosures



Expected duration: 60 mins

Objective: practice survivor-centred communication and how to handle GBV disclosures

* It is recommended to adjust and/or remove certain scenarios based on the context. NB: scenario 1 is sensitive in case camp managers/government authorities attend the training and may need to be adjusted accordingly.
* Divide the participants in pairs and provide them with a hand-out of one of the scenarios (see below).
* Give the pairs 15 minutes to discuss and prepare a 5 minutes roleplay. One person will play the frontline worker and the other the GBV survivor/the person reporting a GBV incident.
* Encourage the frontline worker to use the local referral pathway handout during the roleplay, when providing information about available services to the survivor.
* After 10 minutes, invite pairs to practice their role play in their pair for 5 minutes.
* Ask for volunteer pairs to present their role play in plenary, one pair for each case study.
* After each role play, allow the volunteers as well as other participants to provide their feedback, before highlighting the key considerations below. What did the volunteers find challenging? Do the participants have any tips for the volunteers?
* In terms of survivor-centred communication skills: correct participants based on the do’s and don’ts (see below). Provide tips based on the survivor-centred communication skills below, as required.
* In terms of how to handle disclosures, each scenario has some specific key considerations (see below). Generally, make sure that the participants take into account:
* Frontline workers should not probe for information or ask questions about the incident
* Do no harm
* Confidentiality
* Safety
* Respect for the wishes of the survivor
* Special considerations for child survivors of GBV
* Informed consent/assent for children
* Mandatory reporting
* At the end, reiterate to participants that they do not need to be experts in order to engage supportively and respectfully with survivors.

Key considerations scenario 1

* The frontline worker should make sure that discussing such sensitive information takes places in a private and safe environment (rather than a doorway).
* The frontline worker should consider medical needs as a priority and provide information about available health services and how to access them taking into consideration the woman’s limited mobility and visual impairment – in addition to a referral to GBV case management services, if the woman provides informed consent. The survivor may need someone to accompany them to medical and other services. In this case the frontline worker should always consider the safety risks. In some settings, frontline workers are known in the community, so walking a survivor to a medical facility or a police station automatically raises curiosity and may inadvertently put the survivor at risk – although in this scenario possibly less likely given the visual impairment and age of the woman. If the frontline worker will not accompany the woman, is there someone else she trusts who can?
* As the frontline worker should avoid asking questions about the nature of the incident and there may be shame/unclarity about the incident, it is recommended to share in any case information about the timeframe of 72 hours in which transmission of STIs including HIV can be prevented (as the woman is around 75-years old, there is no risk of pregnancy).
* It is important to ensure confidentiality, unless the woman would like the incident to be reported to the camp manager for some reason (always based on informed consent). The instruction of the camp manager does not constitute a legal mandatory reporting requirement. In this scenario, it is also recommended that the frontline worker informs a GBV specialist about the concerns regarding the instruction of the camp manager (without disclosing details of the case), if not already aware, so that the GBV specialist can engage in advocacy with the camp manager.

Key considerations scenario 2

* Remind participations that we should abide by the survivor-centred approach, which includes maintaining confidentiality and respect for the survivor’s choices. In case we disregard Nadia’s wishes and breaches her trust, Nadia may not seek medical support again. Meanwhile, the frontline worker can provide Nadia with the contact details of a GBV case management services provider and/or available hotline numbers.
* In case the injuries are considered life threatening or there are other serious reasons to believe that Nadia’s life is at risk, the frontline worker should immediately inform the GBV case management service provider.
* In this scenario, it is also recommended that the frontline worker offers to Nadia to bring a GBV specialist along on the next visit who could speak with Nadia about her situation. The frontline worker should only proceed with informing the GBV specialist if Nadia provides informed consent (or in case of a life-threatening situation, see above).

Key considerations scenario 3

* This is a case of possible sexual exploitation and abuse (SEA) by an humanitarian worker, which is considered as GBV.
* The frontline worker should prioritize referrals to GBV services by providing the man with information about available services/hotline numbers and encourage him to share this information safely and confidentially with his neighbour.
* Even whilst an indirect disclosure and only an allegation of SEA, the frontline worker has the duty to report the incident to the respective reporting channels according to agency protocols (e.g. IGO or SpeakUp helpline for UNHCR) or to the PSEA focal point working with the organization employing the alleged perpetrators. In this regard, the frontline worker should respect the wishes of survivors who may not want their identifiable information to be shared. As this is an indirect disclosure it is not possible to know if the survivor provides consent for this, therefore the information that could reveal the identity of the neighbour should not be disclosed when reporting the incident.
* The frontline worker should not investigate or ask further questions about the SEA and/or perpetrator.
* With regards to enrolment of the woman as a beneficiary for the livelihoods programme, this can be further discussed with the PSEA focal point.

Key considerations scenario 4

* The case is clearly an emergency and all actions should be taken to ensure child and mother are safe.
* Explain to the mother that her daughter’s case requires a specialized intervention and ask her if she agrees to speak with a child protection/GBV specialist.
* The frontline worker should explain that the d protection/GBV specialist will likely ensure she and her daughter are safe before any action is taken against the perpetrator, particularly options of moving the mother and child from the host family, but note that serious precautions must be taken in order to not inadvertently put the family at risk of retribution from the perpetrator.
* The mother should also be informed of the mandatory reporting requirements in place and possible implications of referring the child.
* Ask participants to recall possible mandatory reporting requirements related to child abuse, in their context and make sure that all participants are aware of these.

Some scenarios derived and adjusted from the UNHCR Facilitator Guide on GBV Risk Mitigation, 2020 (https://unhcr365.sharepoint.com/sites/GSCB-GBVLearning/SitePages/Facilitator-Guide-on-GBV-Risk-Mitigation.aspx), the 2022 Minimum Standards @UNHCR Course and the IASC Pocket Guide – How to support survivors of GBV when a GBV actor is not available in your area – Training Package, 2018 (<https://gbvguidelines.org/en/pocketguide/>).

Do’s in disclosure

* DO believe the survivor. Reassure the survivor that this was not her fault.
* DO make sure that both the survivor and you are safe from immediate danger.
* DO provide practical care and support (e.g. offer water, somewhere to sit, etc.)
* DO listen to the person without asking questions.
* DO be aware of and set aside your own judgements.
* DO respect the right of the survivors to make their own decision. Inform, do not give advice.
* DO limit the number of people informed about the case.

Don’ts in disclosure

* DO NOT force help on the survivor, be intrusive or pushy.
* DO NOT pressure the survivor into providing information or further details.
* DO NOT doubt or contradict the survivor.
* DO NOT investigate the situation or provide advice.
* DO NOT mediate between the survivor and the alleged perpetrator or a third person.
* DO NOT write down or record details of the incident or personal details of the survivor.
* DO NOT take pictures of the survivor or the signs of violence she has experienced.
* DO NOT share any person personal/identifying information about a survivor or her experience, including with your supervisor.
* DO NOT assume the needs and wishes of the survivor. Some actions may put the survivor at further risk of stigma, retaliation, or harm.
* Once a GBV referral has been made, DO NOT ask for extra information or contact the survivor directly.

Survivor-centred communication skills

Body language

* Sit facing the survivor.
* Do not put anything between the survivor and us. No desks, no objects. The space between you and the survivor is open.
* Lean in towards the survivor. This helps the survivor know we are interested in what she is saying and that we want to stay and listen.
* Maintain eye contact with the survivor at all times (unless this is considered to be culturally inappropriate).
* Stay in a relaxed sitting position. It does not mean that you should slouch in your chairs and look sloppy, but you do not want to sit very stiff and rigid. You want to be comfortable so that the survivor can feel comfortable and relaxed too.

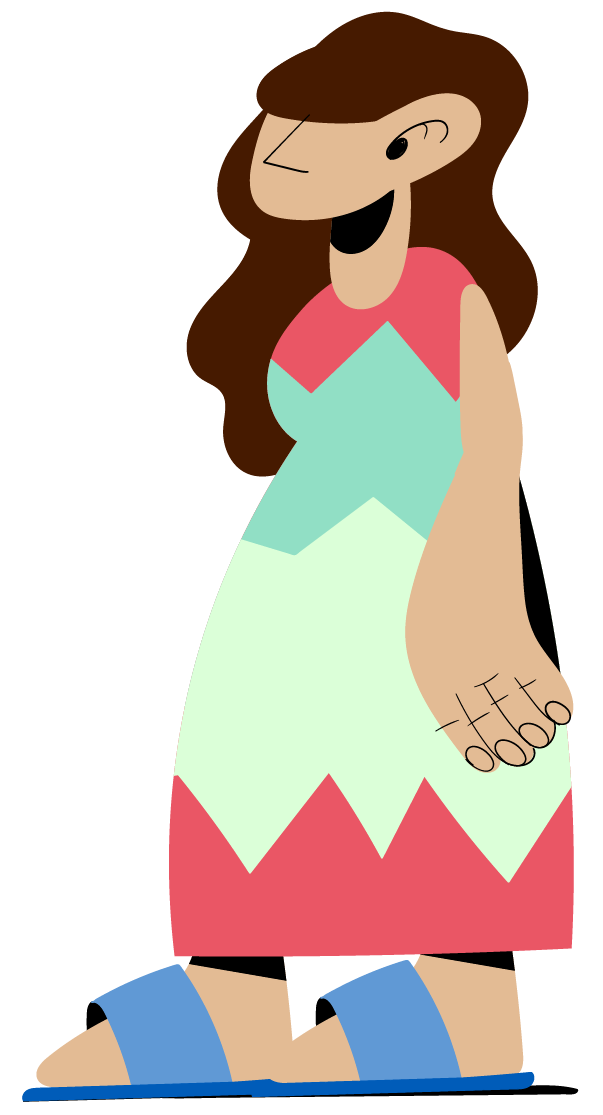
Verbal Messages

* Follow the survivor’s pace, using the same language as the survivor.
* Simple explanations are key to ensure the survivor feels safe and comfortable sharing her experience.
* It is also good to learn to remain silent and give the survivor time to think and process her emotions, though this can be very difficult for some of us.

Active Listening Skills

* Use open-ended questions to really understand how the survivor is thinking and feeling and don’t prompt for further details or investigate further.
* Paraphrase and summarize (“Let me see if I understand what you have told me so far”).
* Reflect content and/or feeling (“It sounds like you were very scared in the moment when he yelled and raised his fist”).
* Reflect how the survivor is feeling and thinking so she can see it like in a mirror.
* Help the survivor to see the situation and options more clearly.
* Help the survivor to focus.

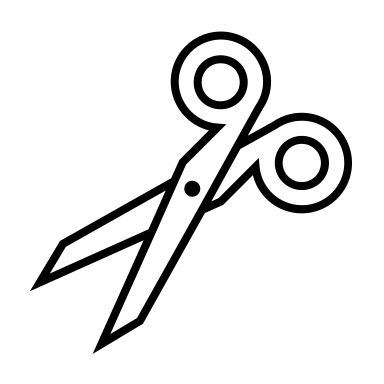
Content derived and adjusted from the IASC Pocket Guide – How to support survivors of GBV when a GBV actor is not available in your area – User Guide, 2018 (<https://gbvguidelines.org/en/pocketguide/>) and the Shelter Cluster GBV Constant Companion, 2019 (<https://sheltercluster.s3.eu-central-1.amazonaws.com/public/docs/constant_companion-_english-_v6.pdf>).



Scenario 1

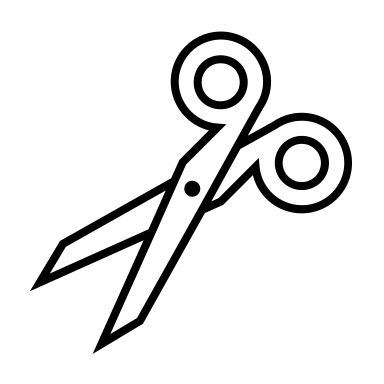
NB: this scenario is sensitive in case camp managers/government authorities attend the training and may need to be adjusted accordingly.

The frontline worker is on a shelter activity monitoring visit, taking part in regular focus group discussions (FGDs) in a community centre with beneficiaries of the shelter programme. After finishing a FGD with a group of older women, a woman who appears to be about 75 years of age and has visual impairments, stops you and insists on speaking to you in the next room. You walk with her to the next doorway and she tells you she is having trouble walking because someone sexually assaulted her. The frontline worker remembers the instruction of the manager of the camp where the shelter programme is active, who requested all organizations working in the camp to report incidents of sexual violence to him.



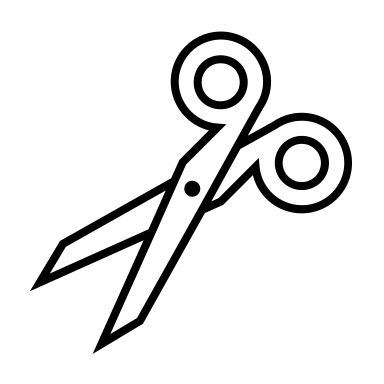
Scenario 2

As part of health promotion activities, the frontline worker regularly visits a small community that has been displaced to a remote location, including the family of Nadia. The frontline worker has been noticing that Nadia regularly has serious bruises and swollen eyes and the frontline worker provides basic first aid. After several visits, Nadia starts to trust the frontline worker and hints that the injuries are caused by her husband. The frontline worker is concerned about her safety and informs Nadia about the services of a local NGO, which runs a safe shelter in a confidential location in town. Despite the concerns of the frontline worker, with each new injury, Nadia says that her husband is going through a particularly difficult period and that she believes her husband is going to stop.



Scenario 3

The frontline worker is identifying and registering beneficiaries for a new livelihoods programme. A man tells you that his neighbour is in need of support. Her husband died last year and she struggles to find enough resources to feed her five children. He says that everybody in the neighbourhood knows that she sleeps with a worker of the NGO which provides food assistance, so that she can receive extra food rations. NB: one person plays the role of the frontline worker, whilst the other person plays the role of the man.



Scenario 4

The frontline worker is visiting a woman enrolled in a vocational training programme. Her family has been displaced and lives with a host family. She tells the frontline worker that the husband of the host family has sexually abused her 12-year old daughter and she doesn’t know what to do.