GBV guidelines for reporting cases for non-GBV specialized actors

ROLES AND RESPONSIBILITIES OF THE DIFFERENT ACTORS IN GBV RESPONSE

a) Apply WHO guidelines for GBV information and ethical data collection - the 8 recommendations\(^1\):

- The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.
- Information gathering must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on good practice.
- Basic care and support for survivors must be available locally before commencing any activity that may involve individuals disclosing information about GBV.
- The safety and security of all those involved in information gathering is of paramount concern and in emergency settings in particular should be continuously monitored.
- The confidentiality of individuals who provide information must be protected at all times.
- Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity.
- All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
- Additional safeguards must be put into place if children are to be the subject of information gathering.

International recognized principles and guidelines strongly recommended not to share quantitative data on GBV incidents reports unless a safe and ethical GBV information management

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\(^1\)Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies, WHO, 2007
system is in place managed by qualified and trained GBV and IM specialists, including informed consent and agreed upon information sharing protocols².

2) SUMMARY MATRIX

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>GBV SPECIALISED ACTORS</th>
<th>OVERALL PROTECTION</th>
<th>OTHER SECTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct assistance to GBV survivors</td>
<td>Only GBV Sub-Cluster partners should provide services to GBV survivors; by then we mean trained personnel (health, PSS, PFA, Case management, safety security, access to justice)</td>
<td>Basic emotional support (PFA) and referral</td>
<td>Basic emotional support and referral</td>
</tr>
<tr>
<td>Referral to care of GBV survivors</td>
<td>Referral developed, updated and disseminated. Each service provider should know the referral pathways and refer GBV survivors accordingly.</td>
<td>Refer to GBV focal points and/or direct to services included in the referral pathways known. If no referral pathways, make a call to the GBV SC to direct you for the nearest primary health care center (PHCC)</td>
<td>Refer to GBV focal points and/or direct to services (health, PSS) included in the existing referral pathways If no referral pathways, make a call to the GBV SC³ to direct you for the nearest primary health care center (PHCC)</td>
</tr>
<tr>
<td>GBV individual case information gathering</td>
<td>This is done by service providers only and through safe and ethical</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

² It is important to remember that GBV is happening everywhere. It is under-reported worldwide, due to fears of stigma or retaliation, limited availability or accessibility of trusted service providers, impunity for perpetrators, and lack of awareness of the benefits of seeking care. Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such information. With this in mind, all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take appropriate actions, regardless of the presence or absence of concrete evidence.

Guidelines for Integrating Gender-Based Violence Interventions in humanitarian Action: Reducing risk, promoting resilience and aiding recovery, IASC 2015. [gbvguidelines.org](http://gbvguidelines.org/)

³ GBV Sub-Cluster coordinator, Fabiola Ngeruka at ngeruka@unfpa.org, phone number +211955137130 or GBV Co-lead, Evelyn Letiyo at eletiyo@internationalmedicalcorps.org, phone number: +211 927 000 630
3) REFERRAL IN SOUHT SUDAN CONTEXT

3.1 Overall recommendations for referral in our context:

- When referring cases in our context, ensure to provide only the basic information needed related to the specific service offered and on how to get in touch with the survivor should apply survivor centered approach and fully respect the guiding principles. Generally, no detailed description of the incident nor background information nor detailed medical exams undertaken nor perpetrator’s neither identity nor health/social worker’s identity is needed nor recommended. Indicate also if there are immediate risks – expressed by the survivors or observed.

- Ensure that services or community focal points, case managers, social workers, who will welcome the survivor within the services, are accessible, safe, confidential, and trustworthy and update and disseminate the GBV referral pathways or mapping of service providers.

- Generally during referral no documents or forms are recommended to be shared; information related to the services and helping to get in touch with the survivor are the only information to be shared and always after informed consent is given. A verbal referral (if this happens via phone ensure to make the phone call be in a quiet and private place) or a referral via e-mail or messaging applications if appropriate are recommended.

- All actors should ensure that the focal points are trained and know how to receive and to make referrals.

- Once referral has taken place, the responsibility of providing care moves to that service, for case management, the case manager will take care of the case and ensure proper follow up;

- Service providers should acknowledge receipt of the case and confirm when they will be able to meet the survivors’ needs. If they cannot provide care to the survivor for any
reason they should inform the referring organization that they cannot do so and, if appropriate, the reason.

3.2 Handling disclosure and referral for non-specialized services

This section attempts to point out the main recommendations concerning disclosure and referral procedures in the case of a GBV survivor who seeks assistance from a non-specialized service provider. Non-specialized actors are conceived as all individuals belonging to formal and not formal structures, women associations, community groups, local organisations, community’s centres, family, and other humanitarian sectors not directly engaged in GBV activities nor providing direct care to GBV survivors. Indeed, it is very likely that a GBV survivor might get first in contact with them and they might constitute the first referral pathway entry point for the disclosure of her/his incident.

Their immediate actions are:

- Listen,
- Provide information,
- Ask for informed consent, and
- Timely refer → the role of non-specialized actors ends with the referral.

What if there are no services available in the location? This is often the case of South Sudan where one or more services are not available or accessible at a given time for different reasons. Survivors should still have access to first emotional support, basic recommendations to ensure her/his safety, and to the key information as presented in the following sections. A more accurate and regular follow up on the individual and regular updates on community and specialized services in the area are also recommended. It will be important not to raise expectations and be clear on the limits on the ground with survivors.

The following table summarizes actions to be taken by non GBV specialized actors:

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5 this is why at the GBV SC we conducted a psychological first aid (PFA) training of trainers in 2015 to 33 NNGOs, all actors should be trained in PFA
LISTEN
The first step to be followed by a non-specialized service provider is to be as much respectful and courteous as possible to allow the survivor to seek for help and disclose their distress. Respecting the GBV guiding principles is essential to building trust and ensuring the survivor’s safety. See Annex III for GBV survivors’ important talking points.

PROVIDE INFORMATION
The survivor should be informed about all the available options for support and assistance based on her needs and on the proposed referral pathways in your location. The full range of choices should be presented to the survivor, regardless of the personal beliefs of the individual.

ASK FOR INFORMED CONSENT
The GBV survivor has the right to control how information about their case is shared in case of referral. These SOPs use the expression informed consent, since the survivor should fully understand what she/he is consenting to.

REFER
It is very important to take prompt action in order for the GBV survivor to access quality and timely care to the GBV survivor according to the referral pathway illustrated at the beginning of this Section. For severe cases and sexual violence cases timely referral can save lives and prevent further harm and medical complications.

- Ask if you can provide help.
- If possible, find a safe and quiet place to talk.
- Ask the person who has experienced violence that it is not their fault.
- Help the person feel comfortable, for example, offer water if you can.
- Try to keep the person safe.
- Remove the person from immediate danger, if it is safe to do so.
- Assess security and safety of the survivor, evaluating together is she/he is in danger and identify together actions to help her/him, key people to contact, and locations she/he might be safer.
- Inform her/him that GBV is common, and it is not her/his fault.
- Inform her/him that GBV can cause lasting negative emotions in these cases.
- Although some needs may be obvious, such as a blanket or clothing for someone whose clothing is torn, always ask what people need and what their circumstances.
- Do not pressure the survivor to talk or talk to her/him.
- Listen in case they want to talk about what happened.
- If they are very distressed, help them to feel calm and help them to make things easier.

- Inform the survivor or child caregiver that they are entitled to ask for assistance, protection from violence, abuse and exploitation, care and support.
- Inform them that specialized services and a referral pathway are available if they help find ways to keep them safe, provide information on available services, offer treatment, and show them how they can deal with the situation.
- For adult survivors, inform them that they have the right to decide what services they will receive and who they want to share information with.
- As long as you remember your survivor control skills, you will be able to help.
- You must provide good, honest information and allow her/him to make choices about her/his life, without promising things we cannot give her/him without raising her/his expectations.
- Give time to the survivor to think and ask you clarifications.
- Do not push a survivor to talk if she/he does not feel ready.
- If you push her/him, she/he may end up being more harmed.
- Providing information about benefits and consequences of each following step in a language she/he will understand them.
- For survivors, survivors, especially sexual violence, provide information on relationships. Explain to the survivor the importance of seeking health care within 72 hours to minimize risk of sexually transmitted diseases (including HIV/AIDS) and unwanted pregnancies.
- Respect survivors and child caregivers’ rights to decide who support they need. Don’t give advice or your opinion on what the survivor should do.

- Ask her/him if she/he gives you the consent to contact other services and give them her/his name.
- Information about GBV incidents is extremely sensitive and confidential. Therefore you need to ask her/him explicitly if she/he gives you the consent to share some information with the services you will refer her/him to.

- GBV survivors have a right to control how information about their case is shared with other agencies or individuals, and should understand the implications for sharing information and make a decision before the information is shared.
- Before referring any of your clients, make sure that the survivor has the right to place limitations on the types of information to be shared and to specify which organizations or individuals cannot be given the information.

- If they decide to access support, inform the survivor, child caregiver that they can contact or go directly to the specialized service provider, or
- You can help them to do so by making a referral.
- If they prefer to access the service on their own, you role finishes here. Remember to keep all information confidential at all times.
- If they would like support to access services, then obtain informed consent and make the referral.
- If in doubt, you should immediately call your service provider or she/he must try to contact the survivor about the services she/he may reach out by herself, whereas appropriate calling/reaching brief message outlines to the service focal point about the arrival of the survivor and how to get in touch with her in the next time of the situation.
- If appropriate, the service provider or organization might provide accompanying the survivor to the service.
- No matter what your experience has been with the person you can say goodbye in a positive way by wishing them well.
Glossary:

- **Gender Based Violence (GBV)** is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion, or other deprivations of liberty. While women, men, boys and girls can be victims of gender-based violence, because of their subordinate status, women and girls are the primary victims. *(Guidelines for gender-based violence interventions in humanitarian settings, IASC, 2005)*

- **Informed Consent for GBV survivors**: Refers to approval or assent, particularly and especially after thoughtful consideration. Informed consent is voluntarily and freely given based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action; and according to the circumstances can be verbal or written. To provide informed consent, the individual must have the capacity and maturity to know about and being enough mentally sound to understand the services being offered and be legally able to give his/her consent. *(GBVIMS Userguide, 2011; and WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies, 2007)*

- **Focal point/gender based violence focal point** refers to the part-time or full-time role of designated staff who represent their organization, community structures and/or their sector and participate in meeting and coordination activities related to GBV; it also refers to individuals within services and associations who have been appointed as staff of contacts for GBV cases *(Guidelines for gender-based violence interventions in humanitarian settings, IASC, 2005)*

- **Disclosure of GBV incident**: The process of revealing information about the GBV experience/incident. Disclosure in the context of gender based violence abuse refers specifically to how a person (for example, a caregiver, a health worker, a social worker, a member of women groups, a friend, a teacher) learns about a GBV directly from a survivor. However, the term “identification” or “involuntary disclose” is commonly used in the case of small children when they are too young to speak about the incident and a third person identify the violence (a parent, a health worker during examination, and so on). *(IRC/UNICEF, Caring for Child Survivors of Sexual Abuse, 2012)*

- **Response for GBV cases**: Response is determined by the GBV survivor’s needs and the consequences of the GBV incidents. It means providing services and support to reduce the harmful consequences and prevent further injury, suffering, and harm. Those services should be provided through culturally-sensitive multisectoral care including health and medical care, mental health and psychosocial support, security/police services, legal assistance, case management, education and vocational training opportunities, and other relevant services. *(UNHCR, Sexual and...* 

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6 Children are generally considered unable to provide informed consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse; however recently there has been some important changes in promoting a more active role of children in their healing process (See Section 5.3) There are also instances where consent might not be possible due to cognitive impairments and/or physical, sensory, or developmental disabilities.
Referral for GBV cases: The process of formally requesting services for a survivor, or child survivor and their family from another agency (e.g. health care, psychosocial support, material assistance, etc.) through an established procedure; caseworkers maintain overall responsibility for the case regardless of referrals (Adapted from Inter-agency guidelines for case management and child protection, 2014)

✓ Survivor-centered approach: A survivor-centred approach means that all parties engaged in GBV programming prioritize the rights, needs and wishes of survivors. A survivor-centered approach seeks to empower survivors by putting them at the centre of the healing process. It recognises that each person is unique, reacts differently to GBV, has different strengths, resources and coping mechanisms, has the right to decide who should know about what has happened to them, and what should happen next. Dealing with GBV survivors in a survivor-centered manner involves prioritizing their best interest, and applying the guiding principles of safety, confidentiality, respect, and non-discrimination. (UNICEF, Caring for Survivors Training Manual, 2010).