**LEARNING OUTCOME 1:** Participants will have reflected on knowledge and skills required when working with GBV clients.

**Specific Learning Objectives:** *At the end of this workshop, participants will be able to:*

1.1 Identify the consequences of GBV
1.2 Identify the four key areas of GBV-related response
1.3 Better understand and identify the different needs of survivors
1.4 Identify the five steps in a case management approach

**LEARNING OUTCOME 2:** Participants will be better able to design and deliver GBV-related services in their areas of operation.

**Specific Learning Objectives:** *At the end of this workshop, participants will be able to:*

2.1 Explain and apply a survivor-centered approach in service delivery.
2.2 Describe the difference between giving information and giving advice.
2.3 Explain empowerment & confidentiality as key concepts in assisting survivors of GBV.
2.4 Identify obstacles to quality service delivery and develop strategies to overcome these
UNDERSTANDING GENDER-BASED VIOLENCE

Gender-based violence includes more than sexual assault and rape. In acts of gender-based violence, unequal power relationships are abused through the use of physical force or other means of coercion or threat.

Gender-based means:
- Based on gender roles, responsibilities, expectations, privileges, limitations
- Based on what it means to be female or male within a family, society or community

Gender-based violence is violence perpetrated against a person without her or his consent based on her or his gender role, responsibilities, expectations, privileges and limitations. Gender-based violence includes the word gender because survivors are targeted because of their gender or roles in society.

During acts of gender-based violence, unequal power relationships are abused through the use of force or other means of coercion or threat. In circumstances of GBV, a survivor has no choice to refuse or pursue other options without severe social, physical, or psychological consequences.

Most acts of GBV are directed against women because they are female and have unequal power in relationships with men and low status in general throughout the world. This lack of power and status make women more vulnerable to acts of violence.

The Declaration on the Elimination of Violence Against Women, adopted by the United Nations General Assembly in 1993, defines violence against women as:

Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

It encompasses, but is not limited to:
Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry related violence, marital rape,

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1 This training module was adapted from training materials developed for UNICEF Uganda in 2006.
2 Summarized from definitions in UNHCR guidelines and the United Nations Declaration on the Elimination of Violence Against Women.
female genital mutilation and other traditional practices harmful to women, non-spousal
violence and violence related to exploitation; physical, sexual and psychological violence
occurring within the general community, including rape, sexual abuse, sexual
harassment and intimidation at work, in educational institutions and elsewhere;
trafficking in women and forced prostitution; and physical, sexual and psychological
violence perpetrated or condoned by the state, wherever it occurs.

Articles 1 & 2 of the UN Declaration on Violence Against Women, 1993

What are some examples of gender-based violence happening in Pakistan?

**WHY DOES GBV HAPPEN?**

What is the root cause of gender-based violence?

The **ABUSE OF POWER** is the root cause of GBV.

What are some contributing factors that contribute to acts of GBV?

Contributing factors, or factors that increase the risk or severity of GBV, include:

- Gender roles where women have unequal power
- A desire for power or control
- Politics or national policies
- Collapse of traditional society and family supports
- Harmful religious or cultural beliefs
- Poverty
- Substance abuse
- War and displacement
- Corruption
- Harmful traditions
- Design or social structure of a camp
- Limited availability of resources, such as food, water, fuel wood
- Lack of police protection or other security
- General lawlessness
- Community lack of awareness or belief in human rights for all

How does gender make women and girls more vulnerable to acts of GBV? How do disasters and refugee or returnee situations increase a person’s vulnerability? What role does poverty play in GBV?

**Types of GBV**

There are many types of gender-based violence.
Sexual violence is an umbrella term which includes rape, attempted rape, sexual abuse (including child sexual abuse) and sexual exploitation. The consequences of sexual violence may make survivors even more vulnerable and social stigma may prevent them from seeking appropriate care and support.

Most acts of GBV are directed against women because they are female and have less power in relationships with men and low status in general in the world – as well as a lower social status in societies around the world.

**ACTIVITY: Where do you stand?**

**GUIDING PRINCIPLES ON GBV**

All actors working to prevent acts of gender-based violence and those working with survivors must use the guiding principles as standards for their behavior, intervention, and assistance.

The guiding principles on GBV were established to ensure that key actors who are working to prevent and respond to gender-based violence ensure no further harm comes to survivors or the community as they request for help.

They set a minimum standard for behavior and action for everyone working on GBV issues. Guiding principles ensure that the survivor, his or her family and the community receive the best care possible.

The three main principles that guide the conduct of those working to prevent and respond to acts of gender-based violence are:

- Respect
- Confidentiality
- Safety and security

**Respect**

The actions and resources of all actors must be guided by a fundamental respect for the wishes, the rights and the dignity of the survivor. Respecting the survivor means appreciating and valuing the
survivor and his or her experiences, ideas, decisions and actions.

**REMEMBER:** Respecting a survivor means respecting her choices. ALWAYS, be guided by the best interests of the survivor. Always make sure that your actions and behavior are guided by what the survivor wants NOT what you think is appropriate or the best course of action.

The survivor has rights and as a GBV worker, you must respect these rights.

**Confidentiality**
At all times, the confidentiality of the survivor (or survivors) and his or her family must be respected. This means that information will be shared only with others who need to know about the case in order to provide assistance and intervention, as requested and agreed to by the survivor.

If confidentiality is breached it could bring grave consequences for the survivor, particularly if adequate protection is not in place. It also may discourage other survivors from coming forward.

Strict confidentiality is essential and **MUST** be maintained at all times, except when the survivor or the caseworker faces imminent risk to her or his well-being, safety and security. Confidentiality can be **TOTAL** if the survivor insists that nothing should be done. Wherever possible a survivor’s anonymity should be maintained. All written information about the survivor must be kept locked and secure from others.

**Safety and Security**
At all times, you **MUST** make sure the survivor is safe. The safety of the survivor must remain paramount in your work.

Remember that the survivor may be frightened and may need assurance that she or he is safe. In all cases, ensure that the survivor is not placed at risk of further harm by the assailant. If necessary, ask for assistance from camp security, police, field officers, protection officers or others.

You can keep yourself and the survivor safe and secure by:
- Remaining aware and informed
- Moving the survivor to another location if her or his security is threatened
- Keeping all information confidential

What might happen if the guiding principles are not followed?

**ACTIVITY:** The importance of the guiding principles

**KNOWLEDGE AND SKILLS FOR GBV WORKERS**
GBV workers need a solid base of skills and knowledge from which to draw upon when they work with a survivor. What types of knowledge and skills do you think a GBV worker needs?
Knowledge

- Knowledge about the causes and consequences of gender-based violence in their setting
- Knowledge about people – individuals and communities
- Knowledge about response systems (e.g. services available in their setting and roles and responsibilities of each service provider)

Skills

- Relationship-Building Skills
- Interviewing and Assessment Skills
- Communication Skills
- Counselling Skills
- Problem-Solving Skills
- Planning, Co-ordination and Advocacy Skills

CONSEQUENCES OF GBV

With all types of gender-based violence, there are serious and potentially life threatening outcomes.

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<tr>
<th>FATAL OUTCOMES of gender-based violence include:</th>
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<tr>
<td>Homicide</td>
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<td>Suicide</td>
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<tr>
<th>NON-FATAL OUTCOMES of gender-based violence include:</th>
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<tr>
<td><strong>ACUTE PHYSICAL</strong></td>
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<td>Injury</td>
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<td>Shock</td>
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<td>Disease</td>
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<tr>
<th>PSYCHOLOGICAL / EMOTIONAL OUTCOMES of gender-based violence include:</th>
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<tr>
<td>Post-traumatic stress disorder</td>
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<td>Anxiety</td>
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<tr>
<td>Shame</td>
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<td>Self-hate</td>
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<td>Mental illness</td>
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<td>Resentment</td>
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SOCIAL OUTCOMES of gender-based violence include:

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<tr>
<th>Outcome</th>
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<tr>
<td>Blaming from community and/or family</td>
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<td>Social stigma</td>
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<td>Rejection by husband and/or family</td>
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<td>Loss of ability to function in family /community</td>
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<td>Social rejection and isolation</td>
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<td>Withdrawal from community activities</td>
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Remember, no one person is alike and responses to traumatic events will vary.

The survivor is the one who must live and deal with the consequences of an incident and subsequent actions taken to respond to the act, she is the one who must decide what action(s), if any, to take after the incident.

Many researchers around the world have worked to help us, as caretakers and community members, help survivors regain a sense of safety. When entire communities experience trauma, there are some basic principles that caretakers should follow to help survivors recover emotionally.

The most important of these include:
1. Help needs to be available as soon as the survivor verbalizes the event to another person or if a witness has observed the assault in another.
2. Help should be in the form of social support which is unconditional and non-judgmental.
3. Help should take the form of safety, in both a physical and/or emotional space.
4. Help may focus on immediate survivors and family members, friends or witnesses to the assault.
5. Caretakers must have awareness of local, cultural, and situational needs in any intervention in order for it to be effective.  

These five basic principles of recovery involve the community as well. GBV does not occur in a vacuum and survivors must not be expected to recover without the help of their communities, who also need to heal from violence.

ACTIVITY: What do you think would happen?

PREVENTING AND RESPONDING TO GBV

Gender-based violence—especially sexual violence—is a serious and life threatening human rights, protection, and public health issue requiring specific attention and intervention in all phases of humanitarian emergencies. Adequate and comprehensive gender-based violence programs, however, are lacking.

Gender-based violence programs typically include both prevention and response strategies. Prevention activities target the root cause and contributing factors of gender-based violence while response activities target the consequences, or outcomes, of gender-based violence.

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To prevent incidences of gender-based violence, we must address both:
- The root cause of gender-based violence, or the reason GBV happens
- And, the contributing factors of gender-based violence, or factors that increase the likelihood, risk and/or severity of GBV

**Prevention activities seek to influence changes in the knowledge, attitudes, and behaviour** of a community by addressing both the root cause and contributing factors of gender-based violence. This means:
- Removing the abuse of power, the root cause of gender-based violence.
- Eliminating and reducing the risk and severity of gender-based violence by addressing contributing factors such as poverty, displacement, and lack of resources.

Prevention strategies that reduce or eliminate the causes and contributing factors of GBV can REDUCE the incidences of gender-based violence. Prevention activities can result in some immediate small changes in behavior while beginning a process that will encourage long-term change in social and cultural norms about gender.

These long-term changes in gender expectations, limitations, and opportunities occur only after many years of awareness-raising, education, discussions, and examination of gender roles

With all types of GBV, there are serious and potentially life-threatening outcomes. **Response activities target these outcomes or consequences.** Responding to acts of GBV requires understanding and identifying its consequences. Response activities provide assistance to survivors to minimize the harmful after-effects and prevent further trauma and harm.
What are response activities?

**RESPONSE ACTIVITIES**
seek to minimize the consequences of gender-based violence and prevent further trauma

Survivors of GBV may suffer severe physical, psychological, emotional and social problems. In some cases, these consequences might even be fatal. Understanding the potential consequences of GBV will help actors develop appropriate strategies to address them and prevent further harm.

Remember, no one person is alike and responses to traumatic events will vary. The survivor is the one who must live and deal with the consequences of an incident and subsequent actions taken to respond to the act, she is the one who must decide what action(s), if any, to take after the incident.

Responses to gender-based violence must be holistic in their approach and seek to help the survivor achieve “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” GBV workers must take into account a survivor’s physical, emotional, psychological, social and spiritual needs.

**KEY SECTORS OF RESPONSE**
Depending on the plan of action a survivor chooses, many different actors can be called on to respond to the needs of survivors of gender-based violence. Response activities may include action from government actors, NGOs, UN agencies and local authorities.

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4 World Health Organization, 1946.
Key sectors of response include:

**Medical**
- Preventing disease, for example STIs like HIV/AIDS
- Preventing unwanted pregnancy
- Treating injuries
- Collecting forensic evidence, if the survivor chooses
- Providing counseling and treatment for psychological trauma
- Referring (and providing transport) to appropriate care when needed
- Providing follow-up care to the survivor
- Testifying in court about medical findings, if the survivor chooses

**Safety/Security**

**Psychosocial**

**Legal/Justice**

**Medical/ Health Response**

Good quality medical responses for survivors of GBV include examination, treatment, medical evidence documentation, and follow-up. In most cases, however, medical responses do not include all four due to a lack of resources, staff shortages or a lack of training.

In order to provide the best medical care for survivors, healthcare should be easily accessible and examinations and treatment should be done by trained staff using appropriate methods and with adequate equipment, supplies, and medicine.

Response activities, like prevention activities, should be constantly monitored and evaluated to ensure that the assistance given is the most appropriate. Healthcare professionals should also document, collect and analyze data to identify trends in violence, new contributing factors and other changes in society, which may help to improve response and prevention activities.

As much as possible, medical response staff should collaborate with traditional health practitioners to strengthen the response activities and services available in a community. Collaboration may include trainings and sensitizations among traditional practitioners and the community at large.
Asking about gender-based violence saves lives. Health care providers have a responsibility to address healthcare issues as part of their usual and normal practices. Research demonstrates that if a woman tells anyone about an incident of gender-based violence, that person will most likely be a healthcare provider.

Therefore, good medical response teams should consider asking all female patients, every time they are present about gender-based violence in a compassionate, sensitive and discrete way. Asking about GBV and providing emotional support takes a bit more time, but may save time in the future by diagnosing and treating health risks or health problems before they become worse.

When asking a patient about GBV, use simple, clear language and non-technical terms. All staff should agree on what questions you plan to ask a survivor and all staff should ask the same set of questions.

**Legal and Justice Response**

If a survivor chooses, she or he may involve the justice system in a case. All actors involved should work to ensure that prosecution and case closure happens with few or no delays. Court proceedings should be monitored to make sure that the survivor is receiving appropriate legal support. At a very minimum, the survivor should understand the benefits and barriers of taking a case through the legal process.

Legal advice and support must be given to both survivors and witnesses. Testifying and/or participating in a criminal proceeding can be a frightening experience. Legal response actors should respect the guiding principles and prevent any further suffering of the survivor.

**Psychosocial Response**

Psychosocial responses provide any of the following types of support for a survivor:
- Emotional support
- Social and community reintegration
- Self-sufficiency to reduce vulnerability in the form of skills training and income generating activities

Sensitization and awareness-raising activities can help increase awareness about gender-based violence and services available for survivors. Though this may seem like a prevention activity, awareness-raising activities are also very useful and an integral part of response strategies.

Psychosocial actors should reach out to and assist GBV survivors, offering compassionate, caring, appropriate and confidential service. A place in the community should be set as a designated space for psychosocial service.

Crisis counselling, short-term care, emotional support, and reassurance should be given to survivors and their families with referrals for ongoing emotional support if needed. Psychosocial support may also
provide assistance for survivors with other sectors of response, like the police and healthcare professionals.

In many countries, psychosocial actors have relied on traditional ceremonies, particularly healing and cleansing rituals, to help survivors recover from the trauma and pain from their experience. Such ceremonies are not only culturally appropriate but can also help the survivor reintegrate back into her or his community. Community reintegration can also be enhanced through group activities that focus on building support networks, increasing confidence and skills, and promoting economic empowerment. Income generating activities and micro-credit projects reduce vulnerability, increase economic independence, and promote self-esteem. These projects should include both survivors of gender-based violence and other women, to avoid social stigma.

**Safety and Security**

Safety and security responses can provide the following types of support for a survivor:

- Safety, security, protection of the survivor and any witnesses
- Investigation of the case or incident
- Arrest of the alleged perpetrator

Safety and security staff MUST have a plan for the immediate protection of a survivor. In some instances, the danger for a survivor after an incident or after she reports an incident is very high. In these cases, security forces might consider relocating a survivor to a more secure location, such as a safe house or a different camp.

Security forces can also prevent gender-based violence through active problem-solving to resolve identified problems, for example putting up fencing in certain areas, adding more lighting or using radios. The simple presence of security workers, especially after dark and in high-risk areas, often helps prevent some incidences of GBV.

If survivor chooses to report the incident to the police, the police forces should use the guiding principles to guide their actions and should:

- Conduct all interviews in private space
- Investigate the case immediately
- Apprehend alleged perpetrators as soon as possible

**ACTIVITY**: Community Service Mapping
COORDINATION

Survivors of GBV have multiple needs and coordination amongst GBV actors, including service providers, is crucial to meeting those needs. GBV actors may discuss the need to improve coordination at site-specific levels but many fail to think through the most effective ways in which to do this.

Why must GBV actors coordinate their activities?
• Improve and coordinate service delivery
• Improve the complimentarity of activities
• Identify gaps in programming and work together to address these gaps
• Identify changes in contributing factors that may be increasing the risks of violence against women and girls

Coordination involves working together and sharing information and resources about GBV with other key actors. In some cases, this may mean sharing incident data. **NOTE:** This does **NOT NECESSARILY** mean sharing the names and personal details of a survivor. Confidentiality must still be maintained and a survivor must give her informed consent before any information is shared.

Coordination may also involve discussion and problem-solving among actors and stakeholders about prevention and response activities, collaborative monitoring, evaluation, and ongoing programmed planning and development.

**The Cluster Approach**

While interagency coordination is within the mandate of most UN agencies, successful coordination is the responsibility of all humanitarian actors. However, coordination remains a challenge. Most emergency settings are awash with humanitarian actors, each with their own priorities, objectives, and approaches. Successfully addressing GBV requires meaningful and effective coordination amongst all relevant actors.

In some countries, coordination may be led formally or informally by a group of or individual implementing agencies. GBV interventions may be coordinated by a GBV working group, a working group focused on gender, or a formal GBV sub-cluster.

Implementing successful sexual violence interventions in emergency settings requires a sound understanding the cluster approach and how to negotiate with relevant groups and actors to achieve desired results. The cluster approach was developed to improve coordination, to strengthen the process of addressing the gaps in humanitarian responses. Specifically, the cluster approach aims to improve five aspects of humanitarian response: accountability, predictability, reliability, efficiency, and effectiveness.

Clusters have been defined within 9 pre-determined cluster groups: food and nutrition; water and sanitation; health; emergency shelter and NFI; early recovery and reconstruction; logistics; IT telecommunications; camp management; and protection. Since these nine groups are preselected, it provides a standard application that humanitarian actors can anticipate and plan for even before they are necessarily operational or have arrived in country.
Referral Systems

GBV referral systems aim to improve timely access to quality services for survivors of GBV. In an emergency and during periods where services are not yet available or are starting, establishing a functional referral system is crucial and can help survivors negotiate the variety of services available to meet their multiple needs.

Referral systems help ensure that survivors are active participants in defining their needs and deciding what options best meet those needs. In a case management approach, caseworkers advocate for survivors’ access to services, monitor service delivery, and follow up with survivors. The goal of referral systems is not to increase the number of cases referred but to improve the quality and timeliness of care received.

Service delivery coordination varies from site to site, based on which actors are ground and their understanding of what a referral system should or can look like. Regardless of number of cases being reported or seeking services, GBV actors must establish functional referrals systems.

Methods for reporting gender-based violence and the referral network should be continuously monitored and reviewed between different actors. Referral networks should be free of bureaucratic delays, focusing on providing prompt and appropriate services to survivors.

The lead coordinating body is responsible for ensuring the referral system functions. This means, establishing and supporting links between service providers, scheduling regular meetings to discuss any problems with the system, and developing and updating referral forms and a directory of locally-available service providers, with input from all service providers involved.

PRINCIPLES OF CASE MANAGEMENT

A case management approach is useful for clients with complex and multiple needs who access services from a range of service providers, organizations and groups.

Case Management is “a collaborative, multidisciplinary process which assesses, plans, implements, coordinates, monitors and evaluates options and services to meet an individual’s needs through communication and available resources to promote quality, effective outcomes.”

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5 Case Management Society of Australia, 1998
The principles that underpin case management are:

Individualized service-delivery based on the client’s wishes
Comprehensive assessment that is used to identify the client’s needs
• Develop a service plan that meets a clients needs and is developed with her
• Good coordination of service delivery

1. The client is the primary actor.
2. The plan is developed in collaboration with the client and must reflect her wishes and choices.
3. The goal is to empower the client and ensure that she is involved in all aspects of the planning and service delivery.

Why We Don’t Advise Clients

Giving advice means telling someone what you think they should do and how you think they should do it or giving your personal opinion.

• You cannot know if you are giving the ‘right’ advice.
• You might give the ‘wrong’ advice and it can have a bad outcome for the client. This can lead to a client’s problems getting worse.
• Case management is about the client’s opinions and judgments, not the case workers.
• Case management is about empowering clients to make their own decisions about their own lives. Telling someone what to do does not help a person to understand her choices. It is up to the client to decide the best way to solve her problems.
• Giving advice is based on your values and beliefs.

Why We Give Information

• It empowers a client to have control over her choices.
• It shows that you respect a client’s opinions and judgements.
• The client has responsibility for making the right decisions about her life, not the case worker.
• The client is the one who will have to live with the consequences of her or his decision, not the counselor.
• Giving information means telling someone facts so they can make an informed decision about what to do
**Aspects of a Person**

Responses to gender-based violence must be holistic and strive to help the survivor achieve “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” GBV workers must take into account a survivor’s physical, emotional, psychological, social and spiritual needs.

When we help a survivor to address the consequences of different types of gender-based violence we need to consider all the different aspects of a person so we can be holistic in understanding and responding to needs. Each person has five aspects. Each of these is related to and affects the others.

**Emotional** refers to feelings. Feelings are sometimes difficult for the outside observer to see. It is only in the past hundred years that we have begun to understand the importance of this part of an individual, particularly its effect upon other aspects of a person. Now we are beginning to understand the part emotions play in affecting and being affected by physical, psychological and other factors.

**Physical** refers to the material structures of the body and its organic processes. Although this area is easier to study, much is still unknown, particularly about the way physical factors affect and are affected by other aspects of the individual.

**Intellectual** refers to the capacity for rational and intelligent thought; the power of knowing. It relates to the ability to develop, understand, and master knowledge and skill.

**Social** refers to the need and capacity for relationships with other people. Survival of the newborn infant is impossible without an initial relationship with caring people. The capacity for relating meaningfully with others is always subject to individual and cultural variation.

**Spiritual** is defined as the animating or vital principle, which gives life to physical organisms. As such, the origin, function, and expression of spiritual needs are not totally understood. It is obvious that people are more than a collection of physical, social, intellectual, and emotional needs and drives, and that there is a spiritual component of each of these areas. To ignore or deny spiritual needs because we do not completely understand them is to deny the totality of the individual.

Gender-based violence can negatively impact each of these aspects, but every person will be different, depending on who they are and their specific situation.

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6 World Health Organization, 1946.
Steps in Case Management

Every time you respond to an incident of GBV, you must ensure that you include the following five steps in your action:

1. Listening to a Client and Assessing Her Needs

Why has the person come for help?

Carrying out an assessment involves getting information. Case workers should consider the following:

• What has happened?
• How does the client see the situation?
• What needs does the client have?
• What supports does the client have?

This means listening to a client tell her story and helping her to identify her needs and problems.

2. Planning

What does the client want to happen next?

To help a client plan how to meet those needs and solve problems, we give her relevant information. We help her identify her options and choices and make decisions about what she wants to do.

It is good to have a written plan specifying what action needs to be taken, by whom and when.

3. Implementing the Plan

How can we help her achieve her goals?

This step means putting the plan into action. This involves direct service delivery (e.g. counselling),
referral for services we don’t provide, advocacy and support.

Consider some referrals you might give a client.

Remember, the action plan is just a road map. When implementing a plan, consider a car with a driver and a navigator. The client has drawn up a map and is driving the car, determining how fast to go, where to turn and when to stop. The caseworker is like a navigator, helping the client maneuver through the steps in her plan or road map.

4. Follow-Up and Review

Is the situation better? Has our help been effective?

This step includes following-up to make sure the client is getting the help and services she needs to improve her situation and solve her problems. It involves:
Monitoring and evaluating outcomes for the client
Identifying barriers to achieving outcomes

Remember, the plan of action should be time-framed and based on the needs of an individual.

5. Case Closure

This usually happens when the client’s needs are met and/or her own (normal or new) support systems are functioning.

ALL ACTORS SHOULD REMEMBER ...

- To be aware of the different feelings a survivor will have and help her to talk about them if she wants to.
- To be aware that not all survivors will react the same way.
- To treat the survivor gently, with respect and compassion, even if she doesn’t look or act affected.
- To take the survivor’s fears and feelings seriously.
- Not to give advice.
- To give her privacy. Some people can be very embarrassed talking about their experience and may not want to talk about the details.
- Not to force a survivor to talk if she doesn’t want to.
- To use active listening and empathy.
- Not to push the survivor. Let her talk at her own speed.
- To remain calm at all times. This will help the survivor feel calm.
- To tell her she is not alone and although the trauma has disrupted her life, it will not last forever.
- To assure her that her feelings are normal.
- To provide help, but not to take over. It’s up to the survivor to make decisions about what action to take.
- To allow the survivor to choose her own action.
- To encourage the survivor to talk about what happened and how she is feeling with someone she trusts.
- Not to cause further damage to a woman who has already been brutalized.
- Perpetrators of violence are responsible for the abuse and for stopping it.
OBSTACLES FOR GOOD QUALITY RESPONSE ACTIVITIES

Responding to GBV is a difficult task. It is emotionally demanding for both the survivor and the GBV worker. In some cases, response activities can re-traumatize a survivor and do more harm than good, despite the good intentions of a GBV worker.

Community

Most societies tend to blame the survivor, and this social rejection can result in further emotional damage including shame, self-hate, and depression. If you do not recognize psychosocial trauma and social isolation, a survivor faces increased risks of harm and suffering.

Community attitudes of blaming the survivor can also carry through to courts. Many gender-based violence crimes are dismissed or guilty perpetrators are given minor sentences, which can result in psychological harm for the survivor and also physical harm if the perpetrator wants to seek revenge.

Laws and Policies

National laws can also prevent response activities from protecting and helping survivors. Some laws do not provide protection against gender-based violence. For example in Uganda, there is no law which prohibits marital rape. The emotional damage to survivors of marital rape is made worse by the suggestion that the perpetrator is not at fault.

Safety and Security Forces

Police and security workers face a greater risk of retaliation, injury or death when responding to In cases of intimate partners violence than other types of crimes. In some cases, however, security workers view domestic violence as a “family issue” and are unwilling to step in. If police and security workers are not sensitive to a survivor’s needs for immediate care, dignity and respect, further harm may result because of their delayed assistance or insensitive behavior.

The guiding principles must be abided by in all GBV activities for your safety and the client’s safety.

ACTIVITY: Addressing Obstacles to Quality Care
REFERENCES AND SOURCES


