Facilitator note on an optional Module- GBV Core Concepts and referrals

**Time: 1 full day**

**Session Purpose:**

Participants are familiar with, and able to apply, basic GBV concepts.

**Learning Objectives:**

By the end of this session, participants will be able to:

1. To become familiar with the definition of Gender-based Violence
2. To understand root causes, contributing factors and consequences of GBV
3. To understand how to support a survivor of GBV who discloses their experiences including safe and confidential referrals

**Outline of the Session:**

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| **Topic** | **Time** | **Guidance notes for facilitator** |
| Part 1. GBV core concepts | *3. 5 hours* | Exercises, PPT and discussions |
| Part 2. Supporting GBV survivors and referrals | 2 hours | Exercises, PPT and discussions |

**Session materials:**

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| **General** | **HO=Handouts and**  **R =Resources** | **Electronic References** |

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| * Module PPT * Flipchart * Markers * Paper/cards | * Do and Don’ts handout | * None |

**Facilitator notes**

* This module constitutes two major parts. The first part is exploring what GBV core concepts are in addition to the causes, consequences and different considerations. Part two explains in depth how to conduct GBV referrals in contexts where GBV actors exists and contexts where GBV actors do not exist. It is recommended that you assess the profile of the participants ahead of the workshop to decide if part two is needed. Part two is usually needed for participants who are either in direct contact with beneficiaries or are supervising staff members that are in direct contact with beneficiaries. In cases where part 2 is only recommended, use the time allocate for it to reflect on deeper discussions on GBV core concepts.
* Facilitators should review slides ahead of time and condense and adapt the material as needed to focus on key concepts that are appropriate to the sector; for example, including more discussion on children for child protection actors or on men and boys where this group is at heightened risk for GBV. Alternatively, removing these and other concepts where it does not support the context or participants’ learning and/or where time does not allow an in depth focus on core concepts.
* The time allotted to review the different components within this session should be adapted based on the group
* The first activity is optional. If participants have limited understanding of gender, it is appropriate to engage in the first activity. Alternatively, if there is a pre-existing understanding of gender, participants may be supported to move immediately into a discussion on GBV.
* Consider whether the GBV tree is appropriate to the group of participants when explaining basic GBV concepts. If it has or is being used by local GBV actors this may be a helpful way to build on existing knowledge. If it has not the facilitator may consider focusing on the concepts without the illustration

**Part 1. GBV core concepts**

**Defining GBV:** This part of the session includes an overview of the of the key concepts that underpin the participants’ understanding of GBV

* Ask participants about the difference between sex and gender
* Explain the concept of Gender:
* “Sex” refers to the physical/biological differences between males and females and is determined by biology. It does not change (without surgical or hormonal intervention.)
* “Gender” refers to the social differences between males and females. It is determined by social factors – history, culture, tradition, societal norms, and religion.
* “Gender” in any society involves the socialization of boys and girls, men and women that defines their roles, responsibilities, opportunities, privileges, limitations and expectations.
* It can be useful to ask a few participants to translate “sex” and “gender” into local languages. Try to get the group to agree to use these translated definitions when talking about gender. Emphasize that inserting the English word “gender” into discussions in other languages is not an effective way to teach the concept of gender.
* Ask participants for examples of the difference between sex and gender from their culture.
* Elaborate: Gender is a neutral term neither good nor bad OR right nor wrong. “Gender” refers to both males and females. The term “gender” is widely used in humanitarian aid programs.
* Explain the concept of human right in the context of GBV:
* Human rights are universal, inalienable, indivisible, interconnected and interdependent. Everyone is entitled to all the rights and freedoms, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
* Acts of GBV violate a number of human rights principles enshrined in international human rights instruments. These include, amongst others:
* the right to life, liberty and security of person,
* the right to the highest attainable standard of physical and mental health
* the right to freedom from torture or cruel, inhuman, or degrading treatment or punishment
* the right to freedom of opinion and expression, to education, to social security and to personal development
* Prevention of and response to GBV is therefore directly linked to the protection of human rights.
* Show the slide about violations of human rights for GBV survivors
* Explain the concept of power
* GBV is about abusing power. Whether the power is “real” or perceived, the victim of the abuse believes the power is real. Some examples of different types of power and powerful people:
* Social—peer pressure, bullying; leader, teacher, parents
* Economic—controlling money or access to goods/services/money/favours; sometimes husband or father
* Political—discriminatory laws; agents of local, state, national government, sometimes police, local/tribal leaders, etc.
* Physical—strength, size, access to and use of weapons, controlling access or security; soldiers, police, robbers, gangs
* Age-related—committing abuse, taking advantage of relative positions and level of authority in society; parents, teachers, etc. - young and elderly people often have the least power
* Power is directly related to choice. The more power one has, the more choices available. The less power one has, fewer choices are available. Un-empowered people have fewer choices and are therefore more vulnerable to abuse.
* In most cultures males have more power than females because of gender norms
* When GBV occurs, it is the abuse of exploitation of unequal power relationships.
* Discussion: do all people with power abuse their power? Clarify that power is not necessarily bad; it can be beneficial both personally and socially – what are some examples of a good use of power? (For example, political power being used to pass protective laws; police using physical power to defend civilians from harm, etc.)
* Explain the concept of violence
* Violence in this context is any act that causes harm. It involves the use of some type of force, real or implied – and this is a key element in defining what we mean when we say “gender-based violence.”
* “Force” does not always have to mean ‘physical force’. It might be physical, emotional, social or economic in nature. Violence may also involve coercion or pressure. Force also includes intimidation, threats, persecution, or other forms of psychological or social pressure (e.g. in the case of forced marriage). The target of such violence is compelled to behave as expected or to do what is being requested, for fear of real and harmful consequences.
* Violence involves the use of physical force or other means of coercion such as threat, inducement or promise of a benefit to obtain something from a weaker or more vulnerable person.
* Using violence involves forcing someone to do something against her/his will = use of force.
* Explain the concept of an informed consent
* There are two main aspects to informed consent:
* Consent means saying “yes,” agreeing to something. Informed consent means making an informed choice freely and voluntarily. That is, s/he understands the consequences of the choice, has equal power, and freely chooses to accept the consequences.
* Informed consent also means being aware of and able to exercise the right to say “no”
* Acts of GBV occur without informed consent. Even if s/he says “yes,” this is not true consent because it was said under duress—the perpetrator(s) used some kind of force/abuse of power to get her to say yes. If there is coercion or force, consent cannot occur!
* Children (under age 18) are not able to give informed consent because they are not considered mature enough the implications of saying ‘yes’, including for acts such as female genital cutting/mutilation (FGM/C), marriage, sexual relations, etc.
* Explain: Sexual violence is the most immediate and widely recognized type of GBV and it is a serious, life-threatening protection issue, primarily affecting women and children. However, all forms of GBV can increase in humanitarian contexts, including intimate partner violence, trafficking for the purpose of sexual exploitation, early and forced marriage, harmful traditional practices, sexual exploitation and forced prostitution.
* NB. Some participants may offer examples that are not GBV, such as child abuse (child beating that is unrelated to gender). If this occurs, take a moment to review the definition of GBV and clarify that there are many forms of violence, and the line between GBV and other types of violence is often difficult to determine. There are also similarities in the types of assistance provided to survivors of any form of violence. For our purposes here, however, we are focusing only on GBV, which includes violence used because of someone’s gender to further perpetuate the marginalization of that gender
* Around the world, GBV has a greater impact on women and girls than on men and boys. The term “gender-based violence” is often used interchangeably with the term “violence against women.”
* GBV is especially problematic in the context of complex emergencies and natural disasters, where civilian women and children are often targeted for abuse, and are the most vulnerable to exploitation, violence, and abuse simply because of their gender, age, and status in society.
* It is important to note, however, that men and boys may also be victims of GBV, especially sexual violence; and that other forms of GBV, such as exclusion, deprivation, coercion, also exist in humanitarian settings and should be considering within humanitarian action.
* Within the UN, agencies use different terminologies: WHO uses Violence Against Women; UNFPA uses GBV; UNHCR uses SGBV

**Causes and consequences of GBV:** This part of the session addresses the root causes and contributing factor of GBV as well as the different consequences

* Ask participants to honestly and openly discuss their opinions about the 3 questions on the PPT with colleagues sitting nearby for 5 minutes
* Use this slide if the GBV tree is appropriate for this group of participants (i.e.: if they’ve had limited exposure to GBV core concepts)
* The GBV tree allows us to understand not only the forms and consequences of GBV, but most importantly, the root causes and contributing factors that lead to GBV.
* In order to effectively prevent and mitigate risks of GBV we must first understand both why and how it occurs.
* If time permits, the facilitator can put large copies of the tree on flipcharts so participants can write specific forms/ types of GBV in the trunk.
* The root causes of all forms of GBV lie in a society’s attitudes towards and practices of gender discrimination—the roles, responsibilities, limitations, privileges, and opportunities afforded to an individual according to gender.
* Root Causes of GBV include:
* Male and/or societal attitudes of disrespect or disregard towards women.
* Lack of belief in equality of human rights for all
* Cultural/social norms of gender inequality
* Lack of value of women and/or women’s work
* Ask participants: What are the contributing factors/ increased risks of GBV faced by the affected population where they work?
* Some examples:
* Alcohol/drug abuse
* Poverty
* Insufficient availability of food, firewood, income generation options requires women to enter isolated areas
* Boredom, lack of services, activities, programs
* Camp leadership predominantly male; women’s security issues not considered in decisions
* Collapse of traditional society and family supports
* Religious, cultural, and/or family beliefs and practices
* Design and social structure of camp (overcrowded, living with strangers)
* Design of services and facilities
* General lawlessness
* Geographical location/environment (high crime area)
* Lack of identity cards/registration cards for each individual IDP/ refugee
* Lack of laws against forms of gender-based violence
* Lack of police protection
* Lack of protection agencies presence in camp
* Legal justice system/laws condones gender violence
* Loss of male power/role in family and community; seeking to assert power
* Political motive, weapon of war, for power/control/fear/ethnic cleansing
* Retaliation: IDPs/ refugees may be considered materially privileged compared with the local population
* (etc.)
* Displacement situations often increase the risks of GBV as community protective mechanisms may be weakened or destroyed. GBV can take place within, or be condoned by, families, communities and institutions – including schools and religious facilities – that are typically thought of as helping to keep women and girls safe. Humanitarian action instead of providing a safe environment for their residents, can sometimes increase women and girls’ exposure to violence
* Conditions experienced in emergencies can increase risk of GBV, and influence the type and extent of GBV and risks that may be present in the current setting. These contributing factors and risks do not cause GBV although they are associated with some acts of GBV.
* Consequences of GBV may be physical, psychological, economic, social and so forth, for example “reproductive health outcomes alone include: trauma to reproductive organs, including fistula; acquisition of sexually transmitted infections, including HIV; and unwanted pregnancies that can lead to unsafe abortions and other complications.” Global Public Health also includes several psychological consequences of sexual violence, including “anxiety, shame, post-traumatic stress, depression, loss of sexual pleasure, fear of sex, and a loss of function in society” (Source: Laurie & Petchesky 2008).
* In a crisis situation, victims who are IDP/refugees are at an even higher risk for medical complications due to the unstable environment, unfamiliar territory, increased exposure to violence and often fewer services available.
* All forms of GBV are considered life threatening and therefore prevention should be considered critical in humanitarian action and appropriate life-saving mitigation and response measures taken in each sector.

**Different considerations to GBV:** This part of the session focuses on reflecting on GBV women and girls, men and boys, children as well as the LGBTI community.

* Link to the Declaration on the Elimination of Violence against Women (DEVAW; UNGA 1993), which 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.”
* Explain that gender discrimination is not only a cause of many forms of violence against women and girls but also contributes to the widespread acceptance and invisibility of such violence—so that perpetrators are not held accountable and survivors are discouraged from speaking out and accessing support.
* Finally, note that widespread gender discrimination and gender inequality often result in women and girls being exposed to multiple forms of GBV throughout their lives, including ‘secondary’ GBV as a result of a primary incident (e.g. abuse by those they report to, honor killings following sexual assault, forced marriage to a perpetrator, etc.).
* Men and boys are also at risk of GBV
* GBV has various definitions, which allow actors to understand the effects of GBV on boys and men differently (for example, whether it includes male recruitment)
* In all types of GBV, violence is used primarily by males against females to subordinate, disempower, punish or control. The Guidelines highlight how the gender of the perpetrator and the victim are central not only to the motivation for the violence, but also to the ways in which society condones or responds to the violence. Whereas violence against men is more likely to be committed by an acquaintance or stranger, women more often experience violence at the hands of those who are well known to them: intimate partners, family members, etc. (See page 7 of the Guidelines for a citation for this information). Children and adolescents often face a heightened risk of violence in humanitarian settings due to the lack of rule of law, breakdown of family and community protective mechanisms, their limited power in decision-making and their level of dependence. Furthermore, the strain put on adults in humanitarian crises may increase the children’s risk of physical abuse, corporal punishment and other forms of domestic violence.
* Risk factors external to the family can include exploitation by persons of authority, proximity to armed forced, and overcrowding in camp settings, amongst others.
* If relevant, ask participants to share briefly how and why children hold less power in the country of training and how this may make them more at risk for GBV
* While both boys and girls experience GBV, it can be for different reasons and result in different forms.
* In all actions concerning children and adolescents, the best interest of the child must be the primary consideration.
* Emphasize that this overview is not specific to the local context; participants may add or comments on these forms as they relate to what they have seen In many areas of the world LGBTI individuals are at an increased risk of GBV due to institutionalized discrimination and oppression based on their gender identity
* Lesbian, gay and bisexual individuals face higher risks due to their sexual orientation – from those in their community, including family, security personnel, amongst others
* Emphasize that often times LGBTI survivors are discriminated within referral pathways and services allotted to survivors of GBV
* End the session by summarizing the GBV core concepts

**Part 2. Supporting GBV survivors and referrals**

**Role of Non- GBV specialists**: This part of the session focuses on the role of Non- GBV practitioners in receiving disclosures of GBV and referring survivors to specialized services.

* Ask participants to identify their role in GBV as Non- GBV practitioners
* Allow some answers and explain that their role is to implement GBV risk mitigation measures within their programs (prevention and risk mitigation), as well as being prepared to receive disclosures of GBV and safely referring survivors to services with their informed consent.
* Show this slide and describe what the roles of a GBV specialist are
* Emphasize that this does not mean that they should be actively seeking GBV survivors as this approach can be harmful to the survivors and pose safety risks on the practitioners. Rather, services and frontline service providers should be designed and trained to receive disclosures should individuals wish to willingly share their experience.

**Survivor centered approach:** This part of the session highlights the components of a survivor centered approach and differentiate them from victim blaming approach

* Explain from the slide the principles of working with GBV survivors.
* Respecting the wishes of the survivor might mean that you do not refer to services if you do not have approval, do not impose priorities on the survivor or decide on his/her behalf
* Safety means that all actions that are done with the survivor need to take into consideration her safety. It might mean that need to secure a safe space to talk to the survivor or protect him/her from disclosing a GBV incident inform of others
* Confidentiality refers to the right of the survivor to tell her story to whom he/she wishes. This includes not sharing her information and story with anyone without a consent. In case of referrals the survivor decides on the level of information to be shared and with whom
* Non- discrimination refers to equal and fair treatment to all survivors regardless of the age, nationality, race, etc..
* Read from the slide and compare the survivor centered approach with the victim blaming attitudes which often contribute to further harm and lead to feelings of powerlessness, shame and stigma.
* Emphasize that the survivor centered approach includes providing information to facilitate decision making rather than giving advice on what to do. Giving advice is poor practice since the survivor is the only person who can know what is best for him/her.

**Referrals:** This part of the session covers the basic concepts of referrals and focuses on the importance of having a functional referral pathway through the referral web exercise as well as how GBV referrals differs from any other referral process

* Ask the participants in plenary if they are familiar with referrals and about their experience in providing them
* The referral web exercise (Optional): this exercise helps participants to understand the importance of a good and functional referral system for GBV survivors by focusing on the disadvantages and harm that can be caused to survivors in the absence of a well-coordinated referral pathway. This exercise is optional. You may skip it if the participants have good understanding of GBV referrals and/or you don’t have time to do it

Instructions:

* Ask for 8 volunteers (less if not applicable) to play the roles of different individuals. Distribute the pre-made “service provider”. Ask these individuals to play the role of the person noted on their name tag.
* The pre- made service provider cards are:
* Mother
* Community leader
* Midwife
* Doctor
* Community services worker
* Police
* Lawyer
* Social worker
* Seat the service providers in a circle with the 8 chairs. Ask the remainder of participants to stand on the outside of the circle so they can easily see the activity.
* Explain that the ball of yarn represents a 20-year-old woman who was sexually assaulted.
* As the facilitator, stand outside the circle and give the ball to the Mother. Explain that the woman has told her mother about the incident.
* Instruct Mother to hold the end of the string firmly.
* Tell the story below, of what happens to this woman. Each time an actor is involved, the ball of string is tossed across the circle to that actor. Each actor who receives the ball will wrap it around a finger and then toss the ball to the next actor as instructed.
* Stop the game when the script is completed.
* At the end of the game, there will be a large web in the center of the circle, with each actor holding parts of the string.

Script:

A 20-year-old woman was sexually assaulted by a man just outside an evacuation center, and she tells her mother:

* Mother takes the woman to Community Leader in order to report what has happened.
* Community Leader refers the woman to the Midwife because the leader is concerned about the medical condition of the daughter.
* The Midwife helps, but the woman needs immediate medical care for injuries. The Midwife asks the woman to go see a doctor.
* The Doctor provides treatment for injuries and a general check-up, and sends the woman back to Midwife hoping that the Midwife might provide some extra support.
* The Midwife knows the woman needs psychosocial care and She refers the woman to the Community Services Worker.
* The Community Services Worker promises the Midwife and the Mother to help, and to make sure that the woman receives all the services that she should. The service worker provides emotional support and refers the woman to the police to report the incident.
* The Police take a full report of the incident. However, in order to protect the woman once the report is filed, they refer her to a Lawyer to ensure that she is represented.
* The lawyer calls the Doctor about the survivor to get information about the medical exam. The Doctor asks to see the survivor again because she forgot to collect a needed sample during the exam.
* The Doctor refers the survivor to a Social Worker for psychosocial support.
* The Social Worker meets routinely with the woman, and sends her back to the Doctor for a check-up
* The woman then goes to talk with the Community Leader, whom she first saw, because she is confused about the process.
* The Community Leader contacts the lawyer to find out the status of the case.
* The lawyer suggests that they contact the Police for a clear update.
* The Police refer the Community Leader sends her back to the social worker

Discussion:

Pause to look at the web and ask some questions to generate discussion:

* What do you see in the middle of this circle?
* Was all of this helpful for the survivor?
* How many times did the girl have to repeat her story?
* Might a situation like this happen in your setting?
* What could have been done to avoid making this web of string?
* Key messages to highlight in the discussion:
* This activity provides an example of the challenges a survivor of GBV often experiences, reliving the traumatic event more than once due to unorganized response
* It is critical to efficiently coordinate and communicate with other clusters and actors in order to protect the wellbeing of survivors.
* All humanitarian staff are responsible for being aware of and reinforcing a functional referral mechanism in which survivors care and support can be streamlined in accordance with survivor-centred practices.
* Ask participants about the survivors RISKS of seeking support
* Possibility that the survivor’s friends, family and/or community will find out, which can lead to being stigmatized, kicked out of their home or community, and/or exposed to more violence.
* Possibility that the perpetrator(s) finds out other people know what happened, leading to retaliation by harming or even killing the survivor.
* Possibility that service providers are exposed to threats and violence by the perpetrator or community if they are seen as helping a survivor.
* Possible insensitive response by service providers if they are not trained properly.
* Ask participants about the survivors BENEFITS of seeking support
* Access to life-saving support when in distress.
* Access to safe, confidential and professional medical care in a timely manner that could prevent HIV and unwanted pregnancy.
* Access to other services that provide more dignity and comfort, including options for safety and psychosocial support.
* Access to support that may prevent further violence from occurring.
* Read the slides on referrals and referral pathway while stressing the importance of having a functional referral pathway for GBV survivors
* Highlight that a survivor reports to any person whom she trusts and that it is an obligation of all humanitarian actors to respond in case of GBV disclosure.
* Explain that GBV referrals are different from any other referral because of its nature that requires upmost caution when it comes to confidentiality and avoiding further harm.

**How to support survivors of GBV who disclose their experiences**: This part of the session focuses on handling disclosures in different situations as well as obtaining an informed consent for referrals. It ends with an exercise that helps participants practice obtaining an informed consent and doing a referral

* Explain that humanitarian actors may encounter GBV disclosures in multiple situations
* Read the slide and explain the steps of receiving a GBV disclosure in a one on one setting
* Emphasize that providing accurate information about the services requires preparation and coordination with the GBV sector and other sectors as well.
* Emphasize that an informed consent MUST be obtained before doing the referral. Taking verbal informed consent ensures the adherence to the survivor centered approach and avoids unintended harm to the survivor.
* Read the slide and explain the steps to be taken in cases where the survivor does not want to be referred.
* Read the slide and explain the steps of receiving a GBV disclosure in a group setting or in front of other people.
* As the facilitator, discuss tips on how to ask if a survivor would like to talk further in a safe and private location. Identify ways to adhere to the survivor-centered principles by ensuring the interaction does no further harm to the survivor, including discussing issues around others who may know the perpetrator(s) or the survivor, their family, children etc. Do not force a survivor to go somewhere they do not want to go
* Discuss tips on how to ask if a survivor would like to talk further in a safe and private location. Identify ways to adhere to the survivor-centered principles by ensuring the interaction does no further harm to the survivor, including discussing issues around others who may know the perpetrator(s) or the survivor, their family, children etc. Do not force a survivor to go somewhere they do not want to go.”
* Read the slide and explain on what to do if you “hear” about a GBV incident or threat
* Highlight that it is important not to proceed into any action since the informed consent of the survivor him/herself is necessary
* Guide the participants on the next steps after disclosure and obtaining informed consent; refer to GBV specialists if available, otherwise refer to available services.
* The informed consent exercise: This exercise aims at helping participants practice obtaining an informed consent and differentiate between good and poor practice. Clarify that this practice is only for adults.

Instructions:

* Distribute the referral pathway (A local GBV referral pathway if available or a pathway for available services if GBV services are not present)- the referral pathway should be prepared ahead of time and obtained from the coordination structures in the country.
* Give time for participants to familiarize themselves with the pathway
* Ask two volunteers to act out role of an adult survivor and a frontline worker (disclosing GBV, providing information on services that are found on the referral pathway and obtaining an informed consent)
* Discussion after the exercise:
* What were the difficulties?
* What went right?
* What could have been done in a better way?

**DO AND DONT’s**: This part of the session highlights best practice when dealing with GBV survivors and gives participants practical examples of what to say when talking to a survivor

* Distribute the DO and DONT’s handouts and ask participants to read them on their own
* Ask participants to summarize the most important things from the list of DO and DON’T’s in plenary
* Read the slides and provide examples of what to say
* Explain that these examples reflect the DO and DON’T’s list
* Ensure that participants are aware that they should not be conducting an interview with the survivor neither investigating the GBV incident
* Emphasize the non- victim blaming approach
* Remind participants of the survivor- centered approach