



**“Do No Harm” Approach:
Inspiring Newly Married Adolescent
Girls to Imagine New Empowered
Futures (IMAGINE)**



care®

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Finally, we wish to thank the following CARE staff, who contributed to the creation of these materials: Anne Laterra, Rachel Shapiro, Carolyn Grant, Jeba Lovely, and Halima Niandou. We would also like to thank Erin Patrick, Sarah Eckhoff, and Fabio Verani for sharing reference materials from which these are heavily adapted, reviewing initial drafts, and providing critical feedback and insights for which they are much improved. Finally, we extend our sincere appreciation to the facilitators, girls, and community members in Zinder, Niger and Rangpur, Bangladesh for their contributions during our formative research as well as their leadership in ensuring that GBV survivors received confidential, non-judgmental referrals and resources throughout the project.

For additional curricula, tools, and reports from the IMAGINE Project, please visit: www.care.org/SRHR/IMAGINE

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Introduction

In order to “do no harm” and support participants’ and community members’ ability to live a life free from violence, exploitation, and abuse, the Inspiring Married Adolescent to Imagine New Empowered Futures (IMAGINE) project developed a robust approach in order to ensure survivors of gender-based violence (GBV) were able to access information and services through confidential referrals. In order to support this objective, the project developed a robust set of project approaches, tools, and trainings to support adult implementation staff—and later, peer leaders—to understand causes and types of GBV, apply psychological first aid when interacting with survivors, provide safe and confidential referrals to services, and confidentially document instances of GBV. IMAGINE drew upon various existing resources and best practices in order to adapt “do no harm” protocols for use by non-health personnel, which were subsequently piloted as part of the project.

Because field facilitators convened community-based activities including girls’ group as part of the project, they were capacitated to serve as the initial resource for girls, or others, who are experiencing or have experienced GBV. As a result, IMAGINE’s trainings and approaches were designed for field facilitators, as opposed to GBV specialists or professionals delivering services to GBV survivors (health, legal, social etc.). The IMAGINE project therefore focused on areas of support that non-specialist staff could safely provide, which included supporting staff with the basic skills needed to link survivors with available services in their communities. Staff were not trained to promote the mitigation of conflict, directly provide GBV counseling, or engage in other services with survivor given the potential to cause additional harm and the need for in-depth, substantial training and supervision.

Alongside other trainings—including sessions emphasizing IMAGINE’s rights-based approach to implementation—field facilitators received a half-day GBV training to explore underlying causes and types of GBV (**Annex 1**), explain key project standard operating procedures (**Annex 2**), and clarify documentation procedures and responsibilities of staff (**Annex 3**). Throughout the project, staff received coaching and support to remind them of the project’s approaches and ensure referral sheets (**Annex 4**) were updated, including after the onset of the Covid19 pandemic.

While at the start of the project, adult field staff were trained in GBV referrals as part of the project’s broader “do no harm” approach, because of lockdowns and disruptions to project activities during the COVID-19 pandemic, the project determined that a new standard operating procedure was necessary to maintain referrals to health, justice, or case management. Given the importance of maintaining GBV referrals during the pandemic due to the rise in GBV cases globally, the project revised its “do no harm” approach to leverage local and accessible resources in order to maintain linkage to services. Because participants were not able to reach field staff through digital technology due to low telephone and computer penetration, and given that the project had recently transitioned to adolescent peer-leadership of girls’ collective safe spaces, the project determined that adolescent peer leaders were best positioned to provide referrals and basic psychological first aid to survivors of GBV.

In response, the IMAGINE project developed a short orientation which drew from IASC’s *GBV Pocket Guide* and IMAGINE’s project’s risk mitigation and GBV response training to orient the peer leaders on the “Look, Listen, Link” approach to GBV referrals, referral do’s and don’ts, and key principles such as “do no harm” and confidentiality (**Annex 5**). In the event that a participant approached a peer leader seeking information or a referral to health, justice, or other services, the peer leader would then be able to share key resources while maintaining confidentiality using a simplified referral sheet

(Annex 6). The project also conducted an updated mapping of functional GBV resources that were accessible to girls and consolidated this information into a simplified, pictorial-based referral sheets for peer leaders to use. Using a cascaded training model, first, adult project facilitators were trained in the use of the manual and referral sheets, and they subsequently rolled out the training to adolescent peer leaders.

This document contains copies of the tools and trainings used throughout the IMAGINE project's implementation period (January 2019-May 2021) in order to support survivors of GBV and embody our commitment to girls' ability to live lives without violence. We encourage other projects to use and adapt these tools in their programming. This guide contains the following resources:

- **Annex 1: IMAGINE Field Facilitator “Do No Harm” Training:** A copy of the initial training provided to field staff on IMAGINE's GBV approach and reporting forms.
- **Annex 2: IMAGINE Gender-Based Violence Standard Operating Procedures:** Explains project approaches when a case of GBV is disclosed to project field staff either by the survivor herself or by a “third party.”
- **Annex 3: IMAGINE Gender-Based Violence Incident Report:** A reporting form that should be filled out by project field staff in the event of a GBV disclose either by the survivor herself or by a “third party.”
- **Annex 4: IMAGINE Gender-Based Violence Referral Sheet:** A copy of the GBV Referral Sheet completed in Bangladesh, serving as an example of referral sheets that should be made available to project staff as part of the “Do no harm” approach.
- **Annex 5: IMAGINE Gender-Based Violence Peer Leader Orientation:** A short orientation for peer leaders to support their ability to provide peer-based referrals for GBV.
- **Annex 6: IMAGINE Gender-Based Violence Peer Leader Referral Sheet:** A copy of the simplified GBV referral sheet provided to peer leaders in Niger.

Finally, we wish to acknowledge the following resources, which were instrumental to the design and content of our tools and approach:

- CARE (2014). *Guidance for Gender Based Violence (GBV) Monitoring and Mitigation within Non-GBV Focused Sectoral Programming*. https://care.org/wp-content/uploads/2020/10/CARE-GBV-ME-Guidance_0.pdf
- Inter-Agency Standing Committee (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf
- Inter-Agency Standing Committee (2015). *How to Support a Survivor of Gender-based Violence when there is no GBV Actor in Your Area*. https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_UserGuide_021618.pdf
- UNFPA Regional Syria Response Hub (2015). *Facilitator's Guide: Reporting on Gender-Based Violence in the Syria Crisis*. https://unfpa.org/sites/default/files/pub-pdf/Facilitator1s_Guide_English_InDesign_Version.pdf
- WHO (2011). *Psychological First Aid: Guide for Field Workers*. https://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf;sequence=1

Annex 1: IMAGINE Field Facilitator “Do No Harm” Training¹



Training Agenda

- Introduction to GBV
 - Sex & Gender
 - What is GBV?
 - Context of GBV in Bangladesh
- Obligations to address GBV in Development Work
 - CARE's Risk Mitigation commitment
- IMAGINE GBV Risk Mitigation Strategy
 - Psychological First Aid and Survivor-Centered Care
 - How to provide a good referral
 - Maintaining Confidentiality
- IMAGINE GBV Risk Mitigation Tools and Reporting Forms
 - Information Sheet
 - Standard Operating Procedures
 - Incident Reporting Form
- Case Studies & Difficult Conversations

Training Objectives

By the end of this workshop participants will be able to:

- Define and describe gender-based violence, recognize the consequences of gender-based violence for women and girls, family members and the wider community
- Understand the principles of survivor-centered care and apply psychological first aid
- Apply the recommended standard operating procedure to mitigate risk and avoid doing harm when referring those who have experienced gender based violence for services
- Understand the services available to those who have experienced gender based violence in Kurigram
- Practice safe referral skills

Introduction to Gender Based Violence

Sex and Gender: What's the Difference?

SEX / **GENDER**

Sex or Gender?

1. Women give birth to babies. Men do not.
2. Little girls are gentle, little boys are tough.
3. Boys do better in science and math; girls do better in art and literature.
4. Women can breastfeed babies, men can bottle-feed babies
5. In ancient Egypt women inherited property and men did not
6. Men's voices change at puberty, women's voices do not
7. According to the United Nations, women do 67% of the world's work, yet their earnings amount to only 10% of world's income

¹ This Powerpoint draws significantly from the following resources: Inter-Agency Standing Committee (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf and Inter-Agency Standing Committee (2015). *How to Support a Survivor of Gender-based Violence when there is no GBV Actor in Your Area*. https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_UserGuide_021618.pdf

Vote with Your Feet (20 minutes)

DISAGREE



AGREE



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Definitions of Gender Based Violence



"any harmful act that is perpetrated against a person's will, and that is based on socially-ascribed (i.e. gender) differences between males and females"
(Inter Agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action 2015)

"a harmful act or threat based on a person's sex or gender identity. It includes physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation whether occurring in public or private spheres. GBV is rooted in unjust and unequal power relations and structures and rigid social and cultural norms." (CARE International GBV Strategy, March 2015)

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5 Categories of GBV



- Sexual Violence (rape, assault, molestation, inappropriate touching)
- Physical Violence (beating, burning, or abuse that leads to injury)
- Emotional Violence (harassment, bullying, insults, controlling behavior, exploitation, actions that cause fear, stress or shame)
- Economic Violence (denial of resources)
- Harmful traditional practices (forced marriages, female genital mutilation)

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GBV is:



- Violence that is **based on gender relations**, roles, norms, expectations, limitations etc.
- Violates a number of **universal human rights** protected by international instruments and conventions
- Involves the **abuse of power**
- Includes some type of **force**, including threats and coercion, and results in **harm**
- Characterized by a **lack of informed consent**
- In CARE's experiences, GBV has been used to **control and stop people from making choices about their lives** (including decisions related to sexual and reproductive health, their food and nutrition, their free time, their work lives etc.).
- GBV is a **driver and a consequence** of poverty, social and political exclusion, conflict and gender inequality.

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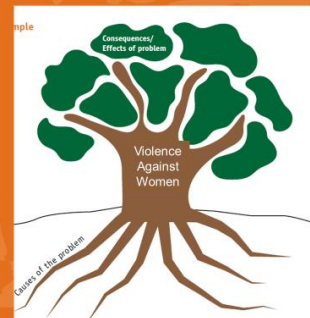
Important Facts about GBV



- GBV exists in every community and society
- Anyone can commit an act of GBV, including a spouse, intimate partner, family member, caregiver, in-law stranger etc.
- But it is most commonly committed by someone the survivor knows (i.e. their intimate partner)
- Sexual and gender minorities are often at increased risk of harm and violence due to their sexual orientation and/or gender identity
- Sex workers are also at increased risk
- Anyone can be a survivor of gender-based violence – this includes, but isn't limited to, people who are married, elderly individuals, people who engage in sex work, and adolescents

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Problem Tree



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Why does GBV happen?



- Many factors that contribute to GBV
- Factors differ based on context and setting, population, and type of GBV
- Importance of addressing GBV through broad-based interventions, as there is no one cause of GBV
- Despite these factors, the **underlying causes of violence** are associated with attitudes, beliefs, norms and structures that promote or condone **gender-based discrimination and unequal power**.

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GBV in Bangladesh



- GBV is happening **everywhere**
- GBV is **under-reported** worldwide
- Anyone can experience GBV but women are at much higher risk
- Very few survivors disclose their experience
- Even fewer seek services or take legal action
- **In Bangladesh:**
 - 53% of women have experienced physical and/ or sexual intimate partner violence
 - 24% of women have experienced physical and/ or sexual intimate partner violence in last 12 months
 - 59% of women are married before age 18

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Obligations to Address GBV in Development & Humanitarian Work




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Responsibilities to Ensure People are Protected

- All development and humanitarian workers should **assume that GBV is occurring**, and take actions to **mitigate risks of GBV**



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What is CARE's Risk Mitigation Approach?

CARE's work:


- CARE's work on gender and power means that we deal with sensitive issues and work with marginalized or vulnerable groups of people.
- Social change behaviors and
- CARE seeks to minimize unintentional harm that might come from taking on these risks

Discussion Question:
What types of challenges does the IMAGINE project pose to the current way of doing things?



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GBV Monitoring and Mitigation Throughout the Project Lifecycle: Implementation



Source: Guidance for Gender Based Violence Monitoring and Mitigation within Non-GBV Focused Sectoral Programming, CARE, October 2014

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Tea Break




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IMAGINE GBV Risk Mitigation Strategy




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What is Psychological First Aid (PFA) ?

PFA IS...

- A humane, and **supportive response** to people who are suffering and who may need support
- A way to **assess needs** and concerns
- A framework to **listen to people**, without pressuring them to talk
- Comforting** people and helping them feel calm
- Connecting** people to services, information and support
- Protecting** people from further harm
- A way to make people feel **safe, connected to others, calm and hopeful**
- Facilitating people's **ability to help themselves** as individuals and communities




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What IS NOT a part of Psychological First Aid (PFA) ?

PFA IS NOT...

- Something only professionals can do
- Professional counseling
- A detailed discussion of the event that caused the distress
- Asking someone to analyze what happened or put events in order
- Pressuring people to disclose their feelings or reactions to an event



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Survivor-Centered Approach



- The **survivor-centered approach** aims to create a supportive environment in which a survivor's rights are respected and in which they are treated with dignity and respect
- The approach helps to promote a survivor's recovery and **her ability to identify and express needs and wishes**, as well as to reinforce her capacity to make decisions

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Use a Survivor-Centered Approach by PRACTICING:



- **RESPECT:** all actions you take are guided by respect for the survivor's choices, wishes, rights and dignity
- **SAFETY:** the safety of the survivor is the number one priority
- **CONFIDENTIALITY:** people have the right to choose to whom they will or will not tell their story. Maintaining confidentiality means not sharing any information to anyone
- **NON-DISCRIMINATION:** Providing equal and fair treatment to anyone in need of support

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Referral Basics



What are referrals?

- The process by which a survivor gets in touch with professionals and / or institutions regarding her case

Why are referrals needed?

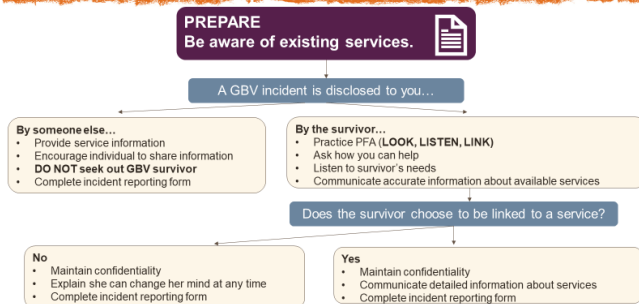
- Survivors typically have multiple and complex needs that require a comprehensive set of services
- One single organization often cannot effectively provide all these services

Who should be involved in referrals?

- Anyone the survivor tells about her experience has a responsibility to give honest and complete information about services available, to encourage her to seek help, and support her through the process whenever possible.

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IMAGINE GBV Referral Process



Referral Process for Adults: LOOK



- ✓ **DO** allow the survivor to approach you. Listen to their needs.
- ✓ **DO** ask how you can support with any basic urgent needs first. Some survivors might need immediate medical care.
- ✓ **DO** ask the survivor if she feels comfortable talking to you in your current location.
- ✓ **DO** provide practical support like offering water, a private place to sit, a tissue, etc.
- **DO NOT** ignore someone who approaches you
- **DO NOT** force help on people by being intrusive or pushy
- **DO NOT** overact. Stay calm.
- **DO NOT** pressure the survivor into sharing detailed information. Your role is to listen and provide information, not ask detailed questions.
- **DO NOT** ask if someone has experienced GBV, has been raped, hit, etc.

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Referral Process for Adults: LISTEN



- ✓ **DO** treat any information shared with confidentiality. If you need to seek advise ask for the survivor's permission to talk to a specialist or colleague. Do not reveal the person's identity
- ✓ **DO** manage any expectations on the limits of your confidentiality if needed
- ✓ **DO** manage expectations on your role – you are not a service provider
- ✓ **DO** listen more than you speak
- ✓ **DO** say some statements of comfort and support, reinforce that the survivor is not to blame
- **DO NOT** blame the survivor or suggest ways she could have avoided the violence
- **DO NOT** write anything down, take photos, inform others or the media
- **DO NOT** make comparison between survivors experience and others
- **DO NOT** ask "why" questions which can make the survivor feel blamed
- **DO NOT** doubt or contradict what someone tells you.
- **DO NOT** provide counseling, take the individual to services, or conduct a detailed interview about what happened

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You can say the following...



"What happened was not your fault"

"You seem to be in a lot of pain right now, would you like to go to the health clinic?"

"Everything that we talk about together stays between us. I will not share anything without your permission"

"I will try to support you as much as I can, but I am not a counselor. I can share any information that I have on support available to you"

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Referral Process for Adults: LINK



- ✓ **DO** Focus on providing **INFORMATION** about services available
- ✓ **DO** respect the right of the survivor to make their own decisions
- ✓ **DO** share information on all services that may be available, even if not GBV specialized services
- ✓ **DO** tell the survivor that she does not need to make a decision now, she can decide to access services at any time
- ✓ **DO** ask if there is someone who the survivor trusts for support
- ✓ **DO NOT** exaggerate your skills, make false promises
- ✓ **DO NOT** offer your own advice or opinion
- ✓ **DO NOT** assume you know what the survivor wants or needs
- ✓ **DO NOT** make assumptions about someone nor discriminate
- ✓ **DO NOT** reconcile or resolve the situation between survivor and perpetrator
- ✓ **DO NOT** ask about or contact the survivor after you end the conversation
- ✓ **DO NOT** share the details of the incident. This could lead to more harm to survivor.

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The Survivor's Perspective



RISKS of seeking support...

- Survivors family or community will find out, stigmatization, exposure to more violence
- Perpetrator finds out other people know what happen and could retaliate
- Service providers could be exposed to threat if helping a survivor
- Insensitive, stigmatizing or inadequate response from service providers if not trained properly

BENEFITS of seeking support...

- Access to potentially life-saving support
- Access to safe, confidential medical care in safe environment
- Access to other services that provide dignity, comfort and support
- Access to support that may prevent further violence

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Referral Process for Unmarried Adolescents



- Unmarried adolescents < 18 years of age are considered minors in Bangladesh
- You should follow the same basic steps if an unmarried adolescent approaches you about violence
 - Look
 - Listen
 - Link
- Be aware that formal service providers, like health workers, may have mandatory reporting requirements if a child (<18 years of age) are experiencing violence but these do not apply to CARE

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How to Maintain Confidentiality



- Protect the identity and safety of survivor
 - Do not write down their story
 - Do not take pictures or audio recordings
 - Do not verbally share personal identifying details of their experience with family, friends, colleagues or supervisors
 - Do not discuss a case in public where you can be overheard
- What is personal identifying information
 - Survivor's name
 - Perpetrator(s) name
 - Date of birth, Registration number, home address, location and time of event, etc.
- Share only general information with supervisor to help make project or area safer
 - Example: "It has come to my attention that people are experiencing harassment around the water point because it is isolated and far away. We can try to reduce the harassment by..."

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IMAGINE GBV Risk Mitigation Tools and Reporting Forms



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Survivor Services



- Remember: What are the different types of GBV?**
 - Sexual
 - Physical
 - Emotional
 - Economic
 - Traditional practices
- What different services someone who has survived these different types of GBV need?**
 - Health
 - Legal
 - Police
 - Food
 - Shelter
 - Mental Health

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IMAGINE GBV Information Sheet



- Union-specific information sheet

- Information services:
 - Child protection
 - Mental health
 - Health
 - Legal
 - Shelter
- Used to link services

Discussion Question:
Review this information, is it correct?

Are there services that are missing?

What informal services (women's groups, religious groups) might also be an option for survivors reluctant to access formal services?

| Details, lists, fees, etc. |
|----------------------------|
| |
| |
| |

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IMAGINE GBV Standard Operating Procedures



| IMAGINE SOP 1: GBV Disclosure by Third Party | |
|--|---|
| Purpose | <ul style="list-style-type: none"> These SOPs are designed to ensure that project staff, either CARE or implementing partners, promptly respond to reports of gender-based violence (GBV). This SOP should be used if a third party, or someone else other than the survivor, discloses an incident of GBV. |
| Responsibility | <ul style="list-style-type: none"> Field Facilitators MUSOC staff CARE staff |
| Scope | <ul style="list-style-type: none"> GBV information sheet |
| Procedure | <ul style="list-style-type: none"> Be aware of existing services where you are working Ensure that you have multiple copies of a completed GBV information sheet and that it is accurate |
| Goal | <ul style="list-style-type: none"> Allow for community members to approach you and listen to their needs or concerns Do not ignore someone that approaches you or denies them as incredible or unbelievable |
| Limit: | <ul style="list-style-type: none"> Listen attentively to the concerns of the third party / relative / individual Do not write anything down Do not confront, stay calm Do not ask the survivor or try to investigate or resolve these claims yourself |
| Use: | <ul style="list-style-type: none"> Inform the individual that you are not a counselor but that you do have information that might help Share accurate information about the services available to this survivor |

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- 2 Standard Operating Procedures
 - GBV disclosure by third party
 - GBV disclosure by a survivor
- Describes:
 - Purpose
 - Responsibility
 - Supplies needed (GBV Information Sheet)
 - Procedure
 - Follow-up

IMAGINE GBV Incident Reporting Form



- Used by IMAGINE staff to whom a GBV incident was reported
- To keep track of GBV incidents occurring in project area
- NOT for investigatory purposes
- NOT for conflict resolution purposes
- Should contain NO PERSONAL IDENTIFYING INFORMATION
- NOT an interview guide
- Should be completed by IMAGINE staff after incident report, not during conversation with GBV survivor
- Priority should still be to provide PFA – look, listen, and link

| GBV INCIDENT REPORT FORM | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|---|--|--|--|--|--|---|--|---|
| Instructions | <ul style="list-style-type: none"> This form should be completed after an incident is disclosed to an IMAGINE staff member. This form should contain NO PERSONAL IDENTIFYING INFORMATION (PII). The form should be completed by the IMAGINE staff member to whom the incident was reported. This form should be returned to CARE Bangladesh. | | | | | | | | | | | | | | |
| INCIDENT INFORMATION | <table border="0"> <tr> <td>Reporting Incident Type:</td> <td><input type="checkbox"/> Sexual violence</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Physical violence</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Emotional violence</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Economic violence or exploitation</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Forced early marriage</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Unsure / not clearly defined</td> </tr> </table> | Reporting Incident Type: | <input type="checkbox"/> Sexual violence | | <input type="checkbox"/> Physical violence | | <input type="checkbox"/> Emotional violence | | <input type="checkbox"/> Economic violence or exploitation | | <input type="checkbox"/> Forced early marriage | | <input type="checkbox"/> Other | | <input type="checkbox"/> Unsure / not clearly defined |
| Reporting Incident Type: | <input type="checkbox"/> Sexual violence | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Physical violence | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Emotional violence | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Economic violence or exploitation | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Forced early marriage | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Other | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Unsure / not clearly defined | | | | | | | | | | | | | | |
| How the Incident Occurred | <table border="0"> <tr> <td>How was the survivor contacted?</td> <td><input type="checkbox"/> By survivor</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By another individual (third party)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> </tr> </table> | How was the survivor contacted? | <input type="checkbox"/> By survivor | | <input type="checkbox"/> By another individual (third party) | | <input type="checkbox"/> Other | | | | | | | | |
| How was the survivor contacted? | <input type="checkbox"/> By survivor | | | | | | | | | | | | | | |
| | <input type="checkbox"/> By another individual (third party) | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Other | | | | | | | | | | | | | | |
| Age of survivor | <table border="0"> <tr> <td>What is the approximate age of the survivor, if known?</td> <td><input type="checkbox"/> Infant or toddler (0-3 years)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Young child (3-9 years)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Young adolescent (10-17 years)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Older adolescent (18-24 years)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Adult (25 years +)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Unsure / not clearly defined</td> </tr> </table> | What is the approximate age of the survivor, if known? | <input type="checkbox"/> Infant or toddler (0-3 years) | | <input type="checkbox"/> Young child (3-9 years) | | <input type="checkbox"/> Young adolescent (10-17 years) | | <input type="checkbox"/> Older adolescent (18-24 years) | | <input type="checkbox"/> Adult (25 years +) | | <input type="checkbox"/> Unsure / not clearly defined | | |
| What is the approximate age of the survivor, if known? | <input type="checkbox"/> Infant or toddler (0-3 years) | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Young child (3-9 years) | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Young adolescent (10-17 years) | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Older adolescent (18-24 years) | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Adult (25 years +) | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Unsure / not clearly defined | | | | | | | | | | | | | | |
| Survivor Status | <table border="0"> <tr> <td>Enter the marital status of the survivor, if known.</td> <td><input type="checkbox"/> Married</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Unmarried</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Unknown / separated</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Divorced / not clearly defined</td> </tr> </table> | Enter the marital status of the survivor, if known. | <input type="checkbox"/> Married | | <input type="checkbox"/> Unmarried | | <input type="checkbox"/> Unknown / separated | | <input type="checkbox"/> Divorced / not clearly defined | | | | | | |
| Enter the marital status of the survivor, if known. | <input type="checkbox"/> Married | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Unmarried | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Unknown / separated | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Divorced / not clearly defined | | | | | | | | | | | | | | |
| Notes | <table border="0"> <tr> <td>Additional notes (the disclosure source)</td> <td><input type="checkbox"/> Disclosed</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Not disclosed</td> </tr> </table> | Additional notes (the disclosure source) | <input type="checkbox"/> Disclosed | | <input type="checkbox"/> Not disclosed | | | | | | | | | | |
| Additional notes (the disclosure source) | <input type="checkbox"/> Disclosed | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Not disclosed | | | | | | | | | | | | | | |

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GBV Case Studies & Difficult Conversations



143

You will hear a series of statements about roles and responsibilities

If you **DISAGREE** with the statement:



If you **AGREE** with the statement:



144

DISAGREE



AGREE



In order to understand what a survivor needs, it is important to know their history. Ask them about the violence they have experienced.

NEVER ask a survivor to tell you about their experience of violence. Offer to provide information about services for survivors, and allow them to direct the conversation based on what they need and want.

145

DISAGREE



AGREE



A woman approached you and told you her story of sexual abuse. She is not willing to talk to anyone or access services. You listened to her story and then explained the services available to her and offered to go with her. She refused to go. You let her know that you were available if she ever changed her mind but did not do anything after that.

Yes. This is the right approach. It is a survivor's choice to whom (or if!) she wants to disclose her experience and when and how she seeks services.

146

DISAGREE



AGREE



A participant in one of your groups approaches you and asks for your help because her new husband repeatedly is violent towards her. She shares a recent story where she did not prepare dinner appropriately and so he hit her. You sympathize with her but, as a wife yourself, you decide to share advice that she should learn how to prepare food in a way her husband likes to avoid this situation in the future.

NEVER provide advice to a survivor about what she should have done or could do to avoid violence. NEVER blame the survivor for victim she has experienced. Instead listen and ask how you can help.

147

DISAGREE



AGREE



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

NEVER mediate and NEVER speak with the husband in cases of intimate partner violence. Validate the woman's feelings and inform her of available women's services such as One Stop Crisis Center. If she consents, offer to connect her to these services.

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Handout: Role Play



STEP 1: Divide into 3 groups

STEP 2: Each group select one Case Study

STEP 3: In small groups, read the Case Study

STEP 4: Discuss the following:

- Has GBV been committed? If so, what type?
- What is your obligation?
- What should you do? What should you not do?
- What tools do you need?
- What service providers might be best able to help Ranya?

STEP 5: Assign one person in the group to play the role of survivor and another to play the role of IMAGINE staff member

STEP 6: Practice a brief skit / or role play based on your discussion above (STEP 4)

STEP 7: Present skits in plenary

STEP 8: Discuss the following:

- What was difficult about this exercise?
- What strategies or skills did you use or observe from the PFA principles?
- Where there things you wanted to say or do but you did not? Why?

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Case Study 1: Hena



You have been working in a village as a field facilitator for several months now and you have gotten to know many members of the community including the adolescent girls who come regularly to your Girls' Collective meetings. You recently delivered the session on GBV to this group. After that session one of your group members, Runa, approaches you and tells you that her neighbor, Hena is experiencing GBV. Runa tells you that Hena is 19 and that she has been experiencing emotional violence and harassment during her walks to and from school by other men in the village.

Hena is not a member of your Girls Collective group and you have never met her but you are upset to hear about her situation.

1. Has GBV been committed? If so, what type?
2. What is your obligation?
3. What do you do?
4. What service providers might be best able to help Hena?
5. What should you not do?

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Case Study 2: Khaleda



You have been counseling a young married couple, Khaleda and Sajeeb, for several weeks now. One day, after the counseling session, Sajeeb leaves quickly to finish some work but Khaleda asks you to stay for a few minutes and offers you some tea. While she is preparing the tea she becomes very upset and discloses to you that when her husband is away for long periods of time working in Dhaka her father-in-law is physically violent with her and also often refuses to give her the food and money that she needs.

You want to comfort and help Khaleda.

1. Has GBV been committed? If so, what type?
2. What is your obligation?
3. What do you do? What should you not do?
4. What service providers might be best able to help Khaleda?
5. What should you not do?

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Case Study 3: Meher



Meher is a member of one of your Girls' Collective groups. She is 16 and not yet married. One day, after the group session is completed, Meher stays behind and seems upset. You ask her what is wrong and she tells you that her uncle, who she stays with, is physically and emotionally violent towards her.

You want to comfort and help Meher.

1. Has GBV been committed? If so, what type?
2. What is your obligation?
3. What do you do? What should you not do?
4. What service providers might be best able to help Meher?

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Additional Resources



- CARE Ethical Principles:
 - <http://gendertoolkit.care.org/Pages/ethics.aspx>
- CARE GBV Monitoring and Mitigation Guidance for Non-sectoral Programs:
 - http://www.care.org/sites/default/files/documents/CARE%20GBV%20M%26E%20Guidance_0.pdf
- Guidelines for Integrating GBV Interventions in Humanitarian Action
 - <https://gbvguidelines.org/en/>
- Psychological First Aid: Guide for Field Workers
 - http://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf;jsessionid=3E5DB4D143B225098ADE6B3F521156A9?sequence=1

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Thank you!



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Annex 2: IMAGINE Gender-Based Violence Standard Operating Procedures (SOPs)²

IMAGINE SOP 1: GBV Disclosure by a Third Party

Objective

- These steps are designed to ensure that all project staff, whether CARE or its implementing partner, properly support GBV survivors
- This SOP should be used if a third party (someone other than the survivor--family member, friend, etc.) discloses an incident of GBV

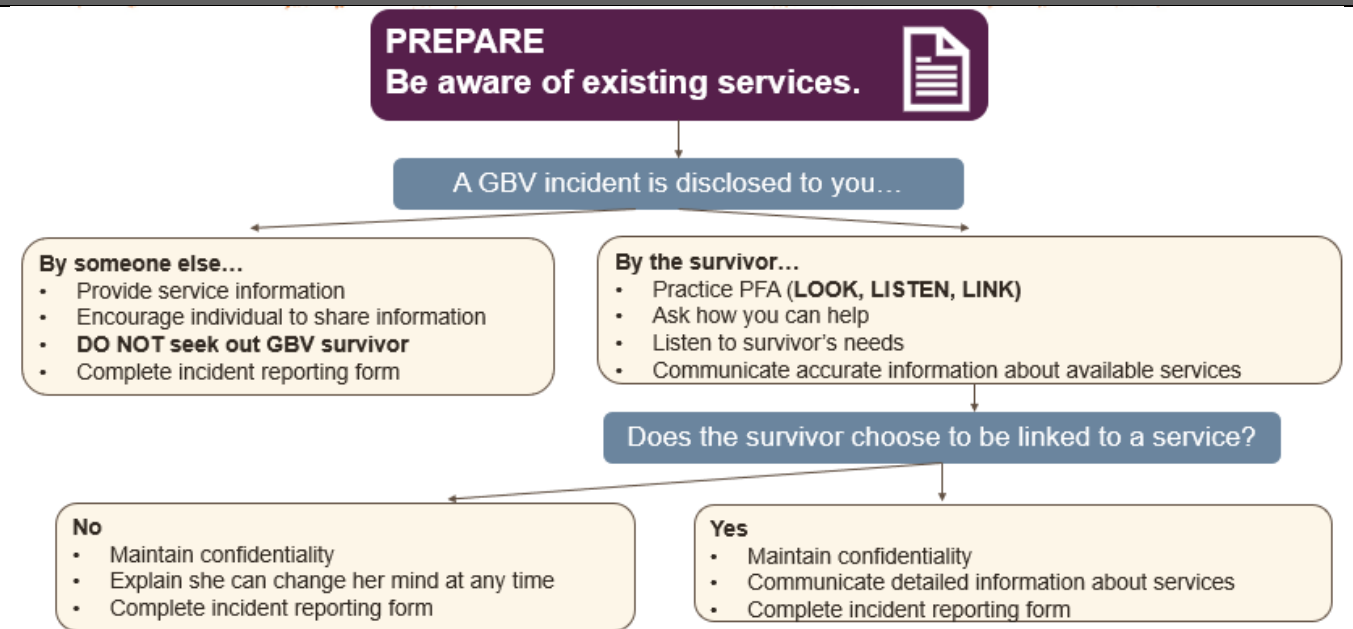
Target Audience

- Facilitators
- CADEL staff
- CARE staff

Materials

- GBV Referral Sheet
- Incident Reporting Form

Process³



Procedure

²IMAGINE's SoPs draw extensively on the following resources: Inter-Agency Standing Committee (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf and Inter-Agency Standing Committee (2015). *How to Support a Survivor of Gender-based Violence when there is no GBV Actor in Your Area*. https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_UserGuide_021618.pdf

³ Inter-Agency Standing Committee (2015). *How to Support a Survivor of Gender-based Violence when there is no GBV Actor in Your Area*. https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_UserGuide_021618.pdf

Prepare:

- Be aware of the available services where you work
- Make sure you have several copies of the updated **GBV Referral Sheet**

Observe:

- Allow community members to approach you and listen to their needs or concerns
- Don't ignore someone who approaches you or dismiss their concern

Listen:

- Ensure confidentiality and make sure the person is comfortable with the location
- Listen carefully to the concerns of this friend / relative / individual
- Do not write anything down
- Don't overreact, stay calm
- Do not seek out the survivor or try to investigate or resolve these claims yourself.

Link:

- Inform the person that you are not a trained counsellor but that you can provide information on resources
- Share accurate information about the services available to the survivor
- Encourage the person to share this information with the survivor, but only if it can be done safely and confidentially.
- Remind the person not to disclose information about the survivor to others without the consent and wishes of the survivor
- Let the person know that you are available and can share this information directly with the survivor if they are interested
- If the person wants a copy of the referral sheet, provide them with a copy

Documentation

- Do not share any personally identifying information about the survivor or the third party who disclosed the incident with co-workers, supervisors or others.
- Complete the **GBV Incident Report Form**, ensuring that it does not contain any personally identifying information, and share it with your supervisor.
- Working with your supervisor, determine if you can implement risk mitigation measures without compromising the confidentiality of the individual or survivor.

IMAGINE SOP 2: GBV Disclosure by a Survivor

Objective

- These steps are designed to ensure that project staff, whether CARE or its implementing partner, properly support GBV survivors.
- This SOP should be used if a survivor discloses an incident of GBV.

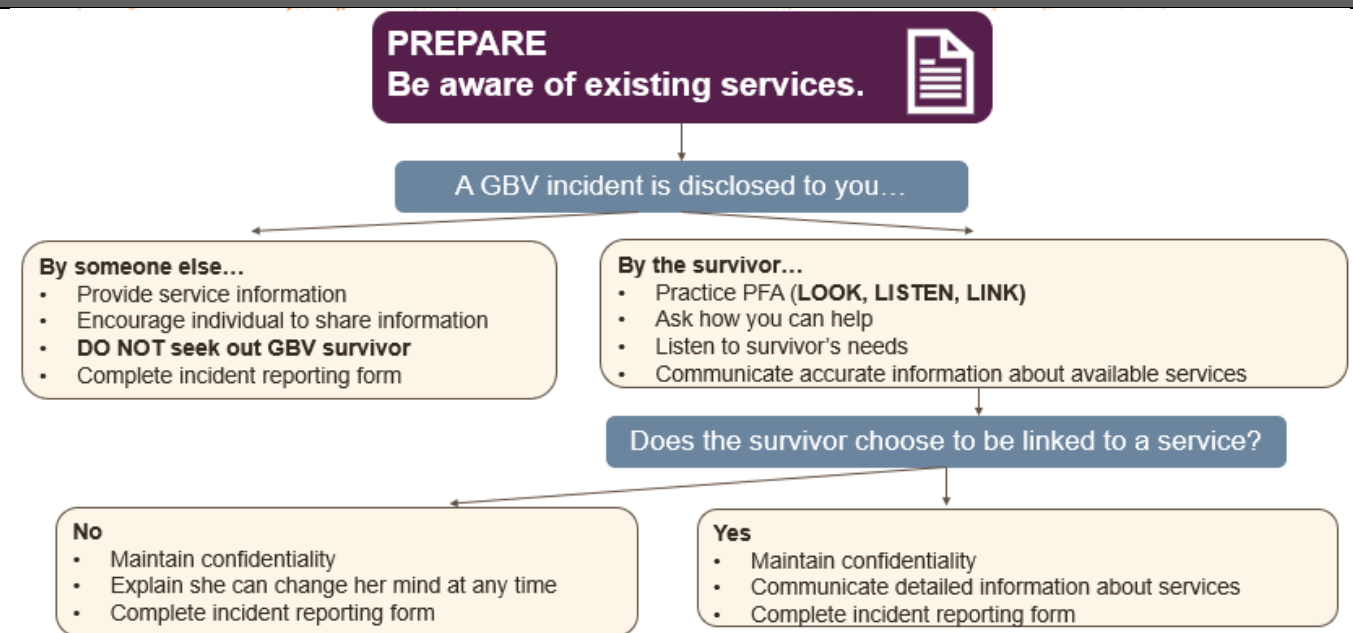
Target Audience

- Facilitators
- CADEL staff
- CARE staff

Materials

- GBV Referral Sheet
- Incident Reporting Form

Process⁴



Procedure

Prepare:

- Be aware of the resources where you work
- Make sure you have several copies of the updated **GBV Referral Sheet**
- Be aware of all mandatory reporting rules and requirements for certain types of violence, in accordance with national policy and guidelines

Observe:

⁴Inter-Agency Standing Committee (2015). *How to Support a Survivor of Gender-based Violence when there is no GBV Actor in Your Area*. https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_UserGuide_021618.pdf

- Allow community members to approach you and listen to their needs or concerns
- Don't ignore someone who approaches you or dismiss them
- Ask the survivor if there are any urgent needs, such as medical care, first
- Assure him/her that you are in a private place where the survivor feels comfortable talking, or ask where he/she would feel safest to talk with you
- Let the survivor share the level of detail they feel comfortable with. Do not ask detailed questions about what happened

Listen:

- Ask how you can provide support - Manage expectations by explaining that you are not a service provider, but that you can listen and share information you have about the services they might be able to access.
- Listen carefully and be patient
- Inform the survivor that the information they share will remain confidential, but indicate mandatory reporting requirements if they apply.
- Do not write anything down
- Don't overreact, stay calm
- Emphasize that what happened was not the survivor's fault and do not give advice or suggestions as to how you think they should act

Connect:

- Share accurate information about services available to the survivor
- Respect the survivor's right to decide for themselves if and where to access services. Do not pressure them or give your own opinion
- Tell the survivor that they do not have to make a decision now, and that they always have the right to change their mind in the future
- If the survivor is interested in accessing services, share more information on how to proceed.
- Offer your phone, if you feel safe doing so, so that the survivor can contact service providers
- Do not attempt to investigate the incident or resolve the situation between the survivor and the perpetrator

Documentation

- Do not share any personally identifying information about the survivor or the third party who disclosed the incident with co-workers, supervisors or others.
- Complete the **GBV Incident Report Form**, ensuring that it does not contain any personally identifying information, and share it with your supervisor.
- Working with your supervisor, determine if you can implement risk mitigation measures without compromising the confidentiality of the individual or survivor.

Annex 3: Gender-Based Violence Incident Report

| IMAGINE GBV Incident Reporting Form | |
|-------------------------------------|--|
| Instructions | <ul style="list-style-type: none"> • This form must be completed after a GBV incident has been reported to an IMAGINE staff member. • This form should not contain any identifying information about the survivor. • This form is not an interview guide and should not be completed in the presence of a survivor. • This form should be completed by the IMAGINE staff member to whom the incident was originally disclosed. • This form should be given to CARE Niger. |

| INFORMATION ABOUT THE INCIDENT | |
|--|---|
| Primary Incident Type <i>Indicate the type of incident(s) disclosed by the survivor (check all that apply)</i> | <input type="checkbox"/> Sexual violence <input type="checkbox"/> Physical violence <input type="checkbox"/> Emotional violence <input type="checkbox"/> Economic violence or exploitation <input type="checkbox"/> Early or forced marriage <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Uncertain/did not share details |
| Date of Incident Disclosure <i>When were CARE IMAGINE staff informed of this disclosure?</i> | _____ |
| Person Disclosing | <input type="checkbox"/> By the survivor <input type="checkbox"/> By another person/third party <input type="checkbox"/> Other (specify) _____ |
| INFORMATION ABOUT THE SURVIVOR | |
| Age of the Survivor <i>Enter the approximate age of the survivor, if known</i> | <input type="checkbox"/> Infant or toddler 0-5 years old <input type="checkbox"/> Young child 6-9 years old <input type="checkbox"/> Young teenager 10-14 years old <input type="checkbox"/> Adolescent aged 15 to 19 years old <input type="checkbox"/> Young adult 20-35 years old <input type="checkbox"/> Adult 35 years old and over <input type="checkbox"/> Uncertain / no details disclosed |
| Marital Status <i>Enter the victim's marital status, if known</i> | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widower <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Uncertain / no details disclosed |
| Commune <i>In which commune was this disclosure made?</i> | <input type="checkbox"/> Koleram <input type="checkbox"/> Dogo <input type="checkbox"/> Uncertain / no details disclosed |

| DETAILS OF THE INCIDENT | |
|---|--|
| <p>Information about the incident Summarize the survivor's story and explain everything that happened at the time of disclosure, e.g., the events leading up to the incident, what happened, what she did afterwards.</p> <p>REMEMBER THAT THIS SHOULD BE NON-IDENTIFYING INFORMATION.</p> | |
| <p>Action Taken Use this information to describe any action taken by the survivor or by CADEL or CARE at the survivor's request.</p> <p>REMEMBER THAT THIS SHOULD BE NON-IDENTIFYING INFORMATION.</p> | |
| <p>Additional action required or planned Include any future action requested or planned by the survivor. Are there any mandatory reporting requirements that must be met if yes?</p> <p>REMEMBER THAT THIS SHOULD BE NON-IDENTIFYING INFORMATION.</p> <p>REMEMBER THAT ANY ACTION MUST HAVE THE SURVIVOR'S APPROVAL.</p> | |

Reference Table

| | |
|--------------------------|---|
| Sexual Violence | Any sexual act committed with a person without his or her consent. Sexual violence can take the form of rape or sexual assault. |
| Physical Violence | Any act causing physical harm resulting from illegal physical force. Physical violence may take the form of, among other things, serious and minor assaults, deprivation of liberty and manslaughter. |

| | |
|----------------------------------|---|
| Emotional Violence | Any act that causes psychological harm to an individual. Emotional abuse may take the form of, for example, coercion, defamation, verbal abuse or harassment. |
| Economic Violence | Any act or behaviour causing economic harm to an individual. Economic violence may take the form of property damage, restriction of access to financial resources, education or the labour market, or failure to meet economic responsibilities, such as alimony. |
| Early and Forced Marriage | This happens when parents or others organize and force a minor to marry someone. The force may be exerted by pressuring or ordering a minor to marry for dowry-related or other reasons. Forced marriage is a form of gender-based violence because the minor is not allowed or is not old enough to make an informed choice. |

What is Personal Identifying Information?

You should not include any personally identifying information in your incident report. Personal Identifying Information can be defined as any data or information that can potentially identify a specific individual. The following are examples of personally identifying information:

- Survivor's names
- National Victim Identification Number
- Date of birth of survivor
- Survivor's address
- Survivor's village
- Names of family members
- Names of other people involved in the incident, such as the perpetrator(s), witness(es), etc.

If any type of information is not listed above but you think that, in your context, it could be used to identify the survivor or people associated with the incident, do not include it in the incident form.

Annex 4: IMAGINE Gender-Based Violence Referral Sheet⁵

Fill in this information sheet for services in your area and keep it in a place where it is easily accessible. Work with a GBV specialist, your team leader, and partners to identify 1) available services provided by partners and 2) community-based services such as religious groups / places of worship, women's groups, disabled persons' organizations etc. Additionally, develop referral → network with one stop Crisis Centers/Cells of MowCA and share emergency contact no. 109 with all level beneficiaries.

| | | Level of Structure | | | |
|---------------------------------|------------------------------|--------------------|----------|-----------------|-------------------|
| Type of Services → ↓ | Available services ↓ | District | Upazilla | Belgachha union | Panchgachhi union |
| Physical Health Supports | Facility → | | | | |
| | Services Offered → | | | | |
| | Location → | | | | |
| | Name of Focal Point → | | | | |
| | Contact Number → | | | | |
| | Details, hours, fees, etc. → | | | | |

| Type of Services | Available services | District Level | Upazilla Level | Belgachha union | Panchgachhi union |
|------------------|--------------------|----------------|----------------|-----------------|-------------------|
| | Facility → | | | | |
| | Services Offered → | | | | |
| | Location → | | | | |
| | | | | | |

⁵ Template based on CARE's Rubirizi GBV Referral Mechanism document.

| | | | | | |
|---------------------------|----------------------------|------------------------|------------------------|--|--|
| Legal Aid Supports | Name of Focal Point | Name: | Name: | | |
| | | Org: | Org: | | |
| | Contact Number → | Cell: | Cell: | | |
| | Details, hours, fees, etc. | Service time & others: | Service time & others: | | |

| Type of Services | Available services | District Level | Upazilla Level | Belgachha union | Panchgachhi union |
|--|--|----------------|----------------|-----------------|-------------------|
| Mental Health / Psychosocial Supports | Facility → | | | | |
| | Services Offered → | | | | |
| | Location → | | | | |
| | Name of Focal Point | | | | |
| | Contact Number → Details, hours, fees, etc. | | | | |
| Type of Services | Available services | District Level | Upazilla Level | Belgachha union | Panchgachhi union |
| | Facility → | | | | |
| | Services Offered → | | | | |
| | Location → | | | | |

| | | | | | |
|------------------------------|--|--|--|--|--|
| Shelter for Survivors | Name of Focal Point | | | | |
| | ContactNumber➔ Details, hours, fees, etc. | | | | |

| Type of Services | Available services | District Level | Upazilla Level | Belgachha union | Panchgachhi union |
|--|----------------------------|-----------------------|-----------------------|------------------------|--------------------------|
| Income Generating Initiatives for survivors | Facility ➔ | | | | |
| | Services Offered➔ | | | | |
| | Location➔ | | | | |
| | Name of Focal Point | | | | |
| | Contact Number➔ | | | | |
| | Details, hours, fees, etc. | | | | |

Annex 5: IMAGINE Gender-Based Violence Peer Leader Orientation⁶

- Time: 1 hour, 40 minutes
- Materials needed: None

Facilitator Note: While it is ideal to provide the training in a single session, where multiple, shorter trainings are necessary, you may divide the session as follows:

- *Session 1 (25 minutes): Training overview and review of GBV (10 minutes), Survivor-centered care, and risks and benefits of seeking support (15 minutes)*
- *Session 2 (20 minutes): Providing referrals: approach and role of a peer leader (20 minutes)*
- *Session 3: Providing referrals: do's and don'ts (25 minutes)*
- *Session 3 (30 minutes): Look, listen, link: role play (20 minutes), Conclusion (10 minutes)*

Orientation Overview and Review of GBV (10 minutes)

DO: Welcome the peer leader(s) to the training.

SAY: Today we are going to talk about a difficult topic that affects people in our community, as well as all communities across the world: gender-based violence (also known as “GBV”). **The goal of this orientation is to improve your ability to respond with information and support in case you are approached by a survivor of gender-based violence in your girls’ collective.**

In this orientation, we will review the definition and types of gender-based violence, explain what a referral is and how you can link girls in our community to services as a peer leader, practice using the GBV referral sheet, and review the “Do’s” and “Don’ts” for interacting with survivors of GBV. This training will be interactive and require your active participation. I also encourage you to stop me at any time if you have questions.

Talking about gender-based violence can be a difficult or sensitive topic. For some people, talking about GBV may trigger their own memories of violence. Even people who are not survivors of GBV may experience something we call “vicarious trauma.” This is when talking about or listening to a person share their experiences with violence or suffering causes trauma to the person listening. Vicarious trauma can cause emotional or physical changes in your body, such as feeling anxious or sad, difficulty sleeping, or feeling on edge. Vicarious trauma is common and normal—it does NOT mean the person experiencing it is weak.

Before continuing with the training, I would also like to take a moment to talk a little bit about the services available to you as a peer leader. I’ve provided you with an IMAGINE referral sheet, which we will discuss in more depth later in the orientation. This lists some of the services available to survivors of GBV, including psychological support services. These are resources you can access as a peer leader if you desire.

ASK: Do you feel comfortable continuing the training? Please know that participating in this orientation is completely voluntary, and your choice will not impact your ability to continue as a girls’ collective peer leader. If you do choose to continue, know that we can also pause or stop this orientation at any time, and you are always free to leave if you feel uncomfortable.

- *Facilitator’s note: If a participant decides to stop the training, respect her decision. Emphasize that the resources you mentioned are always available, and the peer leader can also reach out to you if she has any questions about the services available to her. Thank the participant for her time.*

ASK: Do you have any questions before we begin?

⁶ This orientation draws heavily from the Inter-Agency Standing Committee’s “Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.” 2015. <https://gbvguidelines.org/en/pocketguide/>

SAY: We are going to start by reviewing what gender-based violence is, including different types of gender-based violence. Gender-based violence, or GBV, is an umbrella term for a harmful act that is committed against a person's will and is based on a person's gender. Anyone of any gender can be a survivor of gender-based violence. While women and girls disproportionately experience gender-based violence, men and boys can and do experience violence as well. However, when boys and men use violence against women, it is often falsely seen as acceptable or even normal behavior. This is because from a young age, boys are told that they have power over girls and women, and girls are told to submit to the power of boys and men. In reality, GBV violates human rights and involves an abuse of power.

ASK: In our girls' collective sessions, we talked about 5 main types of violence. Can you remember some or all of the five types of violence? Are you able to give an example for each type of violence?

- *Facilitator note:*
 - *Sexual Violence (rape, assault, molestation, inappropriate touching)*
 - *Physical Violence (beating, burning, or abuse that leads to bodily injury)*
 - *Emotional Violence (harassment, bullying, insults, controlling behavior, exploitation, actions that cause fear, stress or shame)*
 - *Economic Violence (denial of resources)*
 - *Harmful traditional practices (forced marriages, female genital mutilation)*

SAY: Anyone can commit an act of gender-based violence including a spouse, intimate partner, family member, caregiver, in-law, stranger, parent or someone who is exchanging money or goods for a sexual act. Anyone of any gender can be a survivor of gender-based violence – this includes, but isn't limited to, children, adolescents, people who are married, elderly individuals or people who engage in sex work. During this training, you will often hear me refer to survivors as "she" or "her"—this is only because, as a girls' collective peer leader, you are more likely to be approached by girls in your group who are survivors; as I just mentioned, a survivor can be from any gender. In instances of gender-based violence, the survivor is never responsible for violence committed against them.

ASK: Do you find any of this surprising? Why or why not?

Survivor-Centered Care & Risks and Benefits of Seeking Support (15 minutes)

SAY: When someone experiences GBV, we call them a "survivor" of GBV. We are now going to talk more about a "survivor-centered approach" to GBV, and what you, as a peer leader, can do to support survivors of GBV.

The **survivor-centered approach** aims to create a supportive environment in which a survivor's rights are respected and they are treated with dignity and respect. The approach helps to promote a survivor's recovery and her ability to identify and express needs and wishes, as well as to reinforce her capacity to make decisions. This means we practice RESPECT, SAFETY, CONFIDENTIALITY, and NON-DISCRIMINATION. I am now going to read a story about an interaction between a survivor of gender-based violence and a peer leader. I would like you to listen to the story and think about how the peer leader is demonstrating respect, safety, confidentiality, and non-discrimination.

Sara is an unmarried Girls' Collective peer leader. One day after a session, one of the married girls in her collective, Seema, approaches her and asks if she can talk about something private. Concerned, Sara agrees and asks whether Seema would like to talk in their current location or move to a different place to speak. Seema says that she is okay talking in their current location. Crying, Seema reveals that her husband is often violent towards her, hitting or slapping her whenever he becomes angry. She is worried about her safety and health. Sara listens patiently without interrupting. When Seema is done, Sara shares with her that the violence she experienced is not her fault. She explains that she is not a counselor but can help provide information about services Seema might wish to access. Sara shares the information about the nearest health facility with Seema, while emphasizing that it is completely up to Seema whether to seek services. Seema explains that she is not sure whether she would like to go to a health facility. Sara tells Seema that she does not need to make a decision immediately but can access services at any time if she wishes. She also encourages Seema to think about whether there is someone in her life she might be able to go to for additional support. Seema seems reassured and tells Sara that she appreciates her being such a good listener. Sara tells Seema that their conversation will remain private, and if she ever changes her mind, she is always happy to provide more information on services at a later date.

ASK: How did Sara show respect to Seema?

- *Facilitator note: Showing respect means that all actions you take are guided by respect for the survivor's choices, wishes, rights, and dignity. It means you respect what the survivor wants for herself and her family and allow her to make decisions and express her needs and desires. Sara showed respect to Seema by listening to her, providing information without judgement, managing Seema's expectations about her role, and allowing Seema to make her own decisions about whether to seek services.*

ASK: How did Sara promote Seema's safety?

- *Facilitator note: Promoting safety means we make sure that we consider the physical and emotional wellbeing of a survivor of GBV as our top concern. This includes making sure that, through our actions, we do not put a survivor at risk. Sara promoted Seema's safety by asking where Seema felt safe talking. She also promoted Seema's safety by allowing Seema to choose whether or not to seek services and protecting Seema's privacy.*

ASK: How did Sara demonstrate confidentiality, and why is it important for survivors of GBV?

- *Facilitator note: Survivors have the right to choose to whom they will or will not tell their story. Maintaining confidentiality means not sharing a person's information or story with anyone without permission. Sharing information, especially on GBV, puts the health and safety of the survivor at risk. Sara demonstrated confidentiality by assuring Seema that their conversation would stay private.*

ASK: How was Sara "non-discriminative" towards Seema?

- *Facilitator note: This means providing equal and fair treatment to anyone in need of support, regardless of age, marital status, class, ethnicity, religion, etc. Sara demonstrated "non-discrimination" but helping Seema, regardless of Seema's marital status, age, or any other factor.*

SAY: As part of a survivor centered approach, it is important to offer information about professionals or institutions that can help support a survivor's needs. **Connecting a survivor to these professionals/institutions is called a referral.** Referrals may be for many types of services, including health services, legal services, psychosocial services (such as counseling), safe housing, or other resources.

SAY: Anyone the survivor tells about her experience has a responsibility to give honest and complete information about available services. However, a survivor may also choose NOT to seek services or even to report her experience of GBV. This is because seeking support for GBV offers both potential risks and benefits.

ASK: What are possible risks of a survivor seeking support?

- *Facilitator Note: RISKS of seeking support include:*
 1. *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.*
 2. *Possibility that the perpetrator(s) finds out other people know what happened, leading to retaliation by harming or even killing the survivor.*
 3. *Possibility that service providers are exposed to threats and violence by the perpetrator or community if they are seen as helping a survivor.*
 4. *Possible insensitive response by service providers or other professionals if they are not trained properly.*

ASK: What are possible BENEFITS of a survivor seeking support?

- *Facilitator's note: BENEFITS of seeking support include:*
 1. *Access to life-saving support.*
 2. *Access to safe, confidential and professional medical care in a timely manner that could prevent HIV and unwanted pregnancy.*
 3. *Access to other services that provide more dignity and comfort, including options for safety and psychosocial support.*
 4. *Access to support that may prevent further violence from occurring.*

SAY: Keeping in mind both the risks and benefits to a survivor for seeking support is important to supporting a survivor's decision. This information should not be provided unless specifically asked for by a survivor—the point of this information is to show you, as a peer leader, that it is important to respect a survivor's choices. Remember, as part of a survivor-centered approach, it is up to the survivor to make her own decisions, as part of her own path to recovery.

Providing Referrals: Approach and Role of the Peer Leader (20 minutes)

SAY: We are now going to talk about how to provide a referral. Before beginning, it is important to recognize what your role is. During our peer leader training, we talked about the difference between a peer leader and a counselor. Can you remind me what the difference is?

- *Facilitator note: A peer leader is responsible for a specific curriculum and works to improve knowledge, attitudes, and skills. A counselor is professionally trained in counseling skills and works with a person's feelings, thoughts, and behavior.*

SAY: When approached by a survivor of GBV, this means a peer leader's roll is to **REFER** for services, while a counselor's role is to work with, treat, and support a survivor of GBV. It is important to be realistic and clear about your role: your responsibility is to listen and provide information and link to available services.

ASK: What harm could happen if a peer leader pretended to act as a counselor?

- *Facilitator note: The peer leader could cause psychological harm to the survivor or put the survivor's safety and health at risk. The peer leader could also experience "vicarious trauma."*

SAY: As a peer leader, there are two situations in which an incident of GBV may be shared with you: by the survivor herself or by someone close to the survivor.

First, we are going to talk about if *someone other than the survivor* approaches you about someone experiencing GBV. For example, perhaps another member of your girls' collective is concerned that her friend is experiencing GBV and approaches you for help.

In this case, you should provide up-to-date and accurate information about any services that may be available for the survivor. Then, encourage the person approaching you to share this information safely and confidentially with the survivor. **DO NOT try to find or identify the GBV survivor. Do NOT follow up with the survivor or the person disclosing information to you. Do NOT write down, photograph, or document in any way details about a person experiencing GBV.**

ASK: Why is it important, if someone other than the survivor approaches you to talk about a suspected case of GBV, NOT to try to find, identify, or contact the survivor or document details about her experience of GBV?

- *Facilitator note: Seeking out a survivor or listing information about the incident including their name, address, or other personal information puts the survivor's health and safety, as well as your health and safety, potentially at risk. It also does not respect a survivor-centered approach, where the survivor herself determines with whom to share her story or ask for help.*

SAY: Now, we are going to talk about what to do *if the survivor herself approaches you* to talk about her experience with GBV. In this situation, your job is to **LOOK, LISTEN, and LINK.**

- **LOOK:** Allow the survivor to express their emotions and needs, demonstrating care, support and understanding. Address any urgent basic needs a person may have, such as talking in private place, urgent medical care, water, a blanket, or clothes. Remember that any disclosure should be treated as serious and important.
 - Examples of what you could say are:
 - “You seem to be in a lot of pain right now, would you like to go to the health clinic?”
 - “Does this place feel OK for you? Is there another place where you would feel better?”
- **LISTEN:** After ensuring the survivor's basic needs are met, and that she is not in immediate danger, listen. The survivor may be very upset and/or confused, but as a helper it is important to stay as calm as possible. Allow the individual to share as much or as little information she would like to. It is NOT YOUR ROLE to provide counseling or take the individual to services or conduct a detailed interview about what happened to them. Focus on providing them with INFORMATION about the services you know are available, rather than asking detailed questions about the incident itself.
 - Examples of what you could say are:
 - “How can I support you?”
 - “Everything that we talk about together stays between us. I will not share anything without your permission.”
 - “I will try to support you as much as I can, but I am not a counselor. I can share any information that I have on support available to you.”
 - “You do not need to tell me about your experience in order for me to provide you with information on support available to you.”
 - “I'm sorry this happened to you.”
 - “What happened was not your fault.”
- **LINK:** Ask the survivor if there is someone she trusts who she can go to for support. Provide accurate information on available services using the IMAGINE referral sheet. Share what you know, and most importantly explain what you do not. Let the survivor decide if she wants to access services.
 - It is important to understand that, while your job is to offer information about services that are available, it is ultimately up to the survivor to choose whether to seek services. As we discussed, there are both risks and benefits for seeking support to GBV, so deciding whether to seek services is a personal decision. If a survivor does choose to access services, communicate detailed information about the available resource/service. Do not share information about the survivor or their experience to anyone without the consent of the survivor. Do not record details of the incident or personal identifiers of the survivor.
 - If a survivor does not choose to seek services, respect her choice. Maintain confidentiality. Explain that if the survivor changes her mind and she may seek services at a later time.
 - Examples of what you could say are:
 - “Our conversation will stay between us.”

- “Here are the details of the service including the location, times that the service is open, the cost (if applicable), transport options and the person’s name for who you can talk to.”
- “Is there anyone that you trust that you can go to for support, maybe a family member or a friend? Would you like to use my phone to call anyone that you need at this moment?”
- “Do not feel pressure to make any decisions now. You can think about things and always change your mind in the future.”
- “I cannot talk to anyone on your behalf to try to resolve the situation. But what I can do is support you during our conversation and listen to your concerns.”

DO: Distribute the IMAGINE referral sheet.

SAY: As you can see, whether it’s linking a survivor to services or providing information on resources to someone concerned about a survivor of GBV, an important part of your role as a peer leader **is to provide information about local services and resources**. We are now going to talk more about key resources available in your community for survivors of GBV.

When linking a survivor to services (or when providing information to someone else disclosing a case of GBV), you should use our referral sheet for IMAGINE. As you can see, this sheet contains three key resources you can share when providing information to a survivor of gender-based on violence about available services. For each resource, there is information about the types of services available, telephone number and address, hours, and cost. In order to help you remember what services are available at each resource, there are also pictures at the bottom of the page. The blue cross indicates that a resource provides medical care, the people talking to one another indicate counseling or psychosocial support, the judge symbolizes judicial services, and the person with arrows indicates referrals to additional services, such as case management, protection, legal services, health services, and police.

At the far left, you can see information for the nearest health center, [*say name of health center*]. This may be the closest resource to you. This health center has trained health providers who can provide health services to survivors, as well as limited counseling services. They can also help refer or connect a survivor with other services, such as legal services. This health center is open [*explain hours*] and costs [*explain cost*]. If a survivor approaches you requiring urgent medical care, your nearest health center can provide immediate medical care and refer to other services if needed.

In the middle, there is [*insert name of resource*]. This is located at [*explain location*] and available between [*explain hours*]. This resource provides [*describe services available*] and [*explain cost*].

Finally, on the far right is the [*insert name of resource*]. This is located at [*explain location*] and available between [*explain hours*]. This resource provides [*describe services available*] and [*explain cost*].

ASK: Do you have any questions about the referral sheet?

SAY: When providing information to survivors, you can explain the three different resources available. You can also work together to determine if a particular resource might be more helpful to a survivor, based on what services they may want to access. Finally, it is important to understand that this list is only some of the services that may be available to a survivor. All three resources can help refer a survivor to other services, if desired.

ASK: I understand that this might be a lot of information. To summarize:

- When approached by someone other than the survivor, your job is simply to provide information and resources using the IMAGINE referral sheet. You should never seek out the survivor, follow up, or document the disclosure in any way.

- When approached by the survivor herself, your job is to LOOK, LISTEN, and LINK to services using the IMAGINE referral sheet. Again, you should not document or share the incident in any way, and you should respect the survivor's decision about whether to access care.

ASK: We are now going to move on to discuss some important aspects of LOOK, LISTEN, and LINK, including confidentiality as well as the "Do's" and "Don'ts" of providing referrals. But before then, do you have any questions...

- ...about your role as a peer leader if approached by a survivor?
- ...about your role as a peer leader if approached by someone other than the survivor?
- ...about the IMAGINE referral sheet?

Providing Referrals: Do's and Don'ts (25 minutes)

SAY: When providing referrals for services, there are a few key points to keep in mind. First of all, whether a survivor is approaching you or someone else shares with you a story about someone experiencing GBV, it is important to respect the confidentiality of the survivor. This means keeping information shared private unless the survivor allows you to share it with someone, such as a health worker. Confidentiality protects the identity and safety of a survivor. It also treats her with respect by allowing her to make her own decisions about who to tell her story to and whether/when to seek help.

ASK: What harm could happen if confidentiality is not observed?

- *Facilitator note: violating a survivor's confidentiality puts their health and safety at risk. They may be exposed to greater violence or harm.*

ASK: How can you protect the confidentiality of a survivor?

- *Facilitator note:*
 - Do NOT write down their story, name, perpetrator's name, address, etc.
 - Do NOT take pictures, videos, or audio recordings on your cellphone
 - Do NOT verbally share details of their experience with family, friends, colleagues or supervisors
 - Do NOT discuss a case in public where you can be overheard
 - Do NOT share specific details about a person or their story with anyone unless specifically granted permission by the survivor herself

SAY: In addition to respecting confidentiality, there are other good practices we can use when interacting with survivors, as well as some practices that can be potentially harmful to their health and wellbeing. We will now talk about some important "Do's" and "Don'ts" when referring survivors to services. I am going to read to you a list of Do's and Don'ts. For each sentence, I would like you to explain why you think this is a 'Do' or a 'Don't'. First, we will start with things you should NOT do when interacting with a survivor of GBV or another person reporting a case of GBV to you.

- **DO NOT PROACTIVELY SEEK OUT CASES OF GBV**
 - *Facilitator note: Proactively seeking out cases of GBV violates a survivor-centered approach by violating a survivor's right to respect and safety. It risks putting this person at risk and causing further physical or emotional trauma. It does not respect the survivor's right to decide if and when to seek help.*
- **DO NOT** provide counseling
 - *Facilitator note: Remember, your role is a peer educator, not a counselor. You are not trained in counseling. Acting as a counselor risks causing further emotional trauma or harm.*
- **DO NOT** conduct a detailed interview about what happened.
 - *Facilitator note: As a peer leader, your job is to LOOK, LISTEN, and LINK to services. You do not need to have full details about a case of GBV in order to provide information about health or counseling services. Pressuring a survivor to share additional details can cause additional emotional trauma to a survivor. Instead, you might say something like "Please share with me*

whatever you want to share. You do not need to tell me about your experience in order for me to provide you with information on support available to you.”

- **DO NOT** try to resolve the situation between survivor and perpetrator
 - *Facilitator note: As a peer leader, your job is to listen and provide information; it is NEVER to try to resolve or “solve” a case of violence. Trying to “resolve” the situation between a survivor and a perpetrator violates a survivor’s right to safety, respect, and confidentiality. It could also put your own health and safety in danger.*
- **DO NOT** force help on people by being pushy or offering your own advice or opinion.
 - *Facilitator note: Offering your own opinion or pushing a survivor to make a decision violates a survivor’s right to respect, including her ability to make her own decisions. Remember, there are both risks and benefits to seeking support for GBV. You are not trained to specifically offer advice to survivors of GBV: only to listen and to provide information about services.*
- **DO NOT** blame the survivor or suggest ways she could have avoided the violence
 - *Facilitator note: violence is NEVER the fault of the survivor. Your role is to listen and provide information, not to provide advice. Blaming the survivor can cause further emotional trauma and negatively impact the health of a survivor.*
- **DO NOT** write anything down, take photos, inform others or the media.
 - *Facilitator note: Writing down identifying information could lead to more harm of the survivor or to you. It also violates confidentiality, since there is a chance that others will see your photos or notes and the information will no longer be private.*
- **DO NOT** ask about or contact the survivor after you end the conversation
 - *Facilitator note: Your role is to listen and provide information to services. It is then up to the survivor to determine how she would like to move forward. Following-up with a survivor risks causing further harm to their health and safety and violating their confidentiality.*

SAY: We’ve just reviewed some of the things you should NOT do when looking, listening, and linking to services. Now we are going to discuss things that you *should do*. For each “DO” that I read, I’d like you to tell me why you think this would be helpful.

- **DO** allow the survivor to approach you. Listen to their needs.
 - *Facilitator note: allowing the survivor to approach you is in line with a survivor-centered approach. It respects a survivor’s decision about when or whether to disclose her experience of violence.*
- **DO** ask the survivor if she feels comfortable talking to you in your current location.
 - *Facilitator note: in order to promote both confidentiality, respect, and the safety of the survivor, she may prefer to speak in a different location. Allow the survivor to determine where she would like to talk to you.*
- **DO** Focus on providing information about services available
 - *Facilitator note: Providing information about available services is part of your responsibilities to “look, listen, and link.” Providing information allows a survivor to choose whether or not she would like to access services.*
- **DO** respect the right of the survivor to make their own decisions
 - *Facilitator note: part of a survivor-centered approach is allowing a survivor to make informed decisions—such as who to tell (if anyone) about their experiences, whether to seek services, etc. Your job is to provide information, not to guide or offer opinions about how a survivor should move forward.*
- **DO** tell the survivor that she does not need to make a decision immediately. She can decide to access services at any time
 - *Facilitator note: A survivor not only has a right not only to make her own decisions but also to change her mind. Even if she decides she does not want to access services immediately, she can always change her mind and decide to seek services and support at any time.*

- **DO** treat any information shared with confidentiality.
 - *Facilitator note: Respecting a survivor's confidentiality is key to a survivor-centered approach and helps protect a survivor's safety and health. If you need to seek advice and guidance on how to best support a survivor, ask for the survivor's permission to talk to a specialist or colleague. Do so without revealing the name, address, or other specific details that would allow someone to identify the survivor.*
- **DO** manage expectations on your role.
 - *Facilitator note: Making sure a survivor understands your role—to look, listen, and link—can help create clear expectations. For example, you could say, "I will try to support you as much as I can, but I am not a counselor. I can share any information that I have on support available to you."*
- **DO** say some statements of support; reinforce that what happened to them was not their fault
 - *Facilitator note: Statements of support can help provide comfort and reassurance to survivors. Supportive statements might include things such as "What happened was not your fault" or "I'm sorry this happened to you."*
- **DO** ask if there is someone, a friend, family member, caregiver or anyone else who the survivor trusts to go to for support.
 - *Facilitator note: Emphasize that you will not tell anyone details about a survivor's experience without her permission, but encourage the survivor to think about whether there is someone else she could go to for support if needed. For example, you could say, "Is there anyone that you trust that you can go to for support, maybe a family member or a friend? Would you like to use my phone to call anyone that you need at this moment?"*

SAY: We've just finished talking about some of the key Do's and Don'ts about your role as a peer leader. To test your knowledge, I'm going to read a series of situations where either a survivor or someone close to a survivor shared information about a suspected case of GBV with a peer leader. I would like you to tell me if the approach the peer leader in the story took was helpful or harmful. If it was harmful, tell me what you think they should have done instead.

1. Sara is a girls' collective peer leader. Miriam, a girl in her group approaches her saying that she has experienced physical violence from her husband. Sara asks for more information in order to understand more about the type of violence Miriam experienced in order to understand her needs.
 - *Answer: This is harmful. You should NEVER ask a survivor to tell you about their experience of violence. Instead, Sara could offer to provide information about services available to Miriam and allow Miriam to direct the conversation based on she needs and wants.*
2. Halima, a girl in your girls' collective, tells you that her father has sexually abused her. You listen to her story and then explain the services available to her. She refuses to go. You let her know that you are available if she ever changes her mind.
 - *Answer: This is helpful. It is Halima's choice to whom (or if!) she wants to disclose her experience and when =or if to seek services.*
3. Salamatou, a participant in your girls' collective, approaches you because her new husband is repeatedly violent towards her. She shares a recent story where she did not prepare dinner appropriately, so he hit her. You sympathize with her but, as a wife yourself, you decide to share advice that she should learn how to prepare food in a way her husband likes to avoid this situation in the future.
 - *Answer: This is harmful. By sharing advice with Salamatou on how to "avoid" the situation in the future, the peer leader not only blames her for experiencing violence but also offers her own personal advice, which is not part of "look, listen, learn." Remember: NEVER provide advice to a survivor about what she should have done or could do to avoid violence. NEVER blame the survivor for violence she has experienced. Instead, the peer leader should simply look, listen, and link.*
4. Adaku, a girl in your girls' collective, tells you her father-in-law is emotionally and physically abusive. You offer to speak with her father-in-law to resolve things.

- *Answer: This is harmful. Speaking to Adaku's father would potentially expose both Adaku and the peer leader to more violence and make the situation worse, instead of better. A peer leader is not a counselor, and the role of the peer leader is not to "resolve" a case of violence but instead to "look, listen, and link." Remember: NEVER speak with the person committing an act of intimate partner violence (also called a perpetrator). Validate the person's feelings and inform her of available services.*
5. *Chibundo, a girl in your girls' collective, approaches you to tell you that she is worried about her friend, Adaora, who she believes is being physically abused by her new husband. As the peer leader, you listen to her concerns and share with Chibundo resources for available health services and ask Chibundo to share them with Adaora. Even though Adaora is also in your girls' collective, you do not follow up with Adaora or with Chibundo afterwards.*
- *Answer: This is helpful. In this story, the peer leader not only follows the "look, listen, link" process by providing referral information to Chibundo, but she also respects Adaora's confidentiality, health, and safety but not following up after the disclosure.*

Look, Listen, Link: Role Play (20 minutes)

SAY: We've spent the last few minutes talking about your role as a peer leader and some key "Do's and Don'ts" to providing referrals. We are now going to role play some scenarios so you can practice your new referral skills. In this role play, I will play a survivor of GBV, while you will play a peer leader and follow the "look, listen, link" steps for referrals. These scenarios might be challenging or difficult to talk about. If you would like to pause or stop the training, please just let me know. Remember, you are free to stop the training at any time.

ASK: . Do you feel comfortable practicing the role play scenarios, or would you like to stop the training or take a break?

- *Facilitator's note: If the participant does not feel comfortable continuing, respect her opinion and move on to the conclusion.*

DO: Read over scenario 1 (do NOT read out loud). You will play a character disclosing violence, while the peer leader should play herself. Do not interrupt the peer leader during the scenario. However, at the end of the scenario, discuss with the peer leader:

- Did the peer leader check to make sure you felt comfortable talking in your current location?
- Did the peer leader listen to you without probing for more information, collecting identifying information, counseling, or offering her advice?
- Did the peer leader clearly articulate her role was to listen and to help provide information about services, if desired?
- Did the peer leader assure you that the violence you experienced was not your fault and offer reassurance?
- Did the peer leader respect your choice about whether to seek services?
- You can refer to the examples of "what to say" above to give the peer leader additional ideas and tips on how to guide the conversation.

Scenario 1: Your name is Mimouna, and you are a girls' collective participant. You are approaching your peer leader because you were beaten by your father after burning rice for dinner. You have sustained some physical injuries because of this incident. However, if offered referral information to services, you refuse to go to a health clinic.

DO: Read over scenario 2 (do NOT read out loud). You will play a character disclosing violence, while the peer leader should play herself. Do not interrupt the peer leader during the scenario. However, at the end of the scenario, discuss with the peer leader:

- Did the peer leader check to make sure you felt comfortable talking in your current location?

- Did the peer leader listen to you without probing for more information, collecting identifying information, counseling, or offering her advice?
- Did the peer leader clearly articulate her role was to listen and to help provide information about services, if desired?
- Did the peer leader assure you that the violence you experienced was not your fault and offer reassurance?
- Did the peer leader respect your choice about whether or not to seek services?
- You can refer to the examples of “what to say” above to give the peer leader additional ideas and tips on how to guide the conversation.

Scenario 2: Your name is Fatimata. You are friends with another girls’ collective participant, Fatou. You suspect that Fatou is being emotionally abused by her new husband, so you approach your peer leader to ask for help.

DO: Read over scenario 3 (do NOT read out loud). You will play a character disclosing violence, while the peer leader should play herself. Do not interrupt the peer leader during the scenario. However, at the end of the scenario, discuss with the peer leader:

- Did the peer leader check to make sure you felt comfortable talking in your current location?
- Did the peer leader listen to you without probing for more information, collecting identifying information, counseling, or offering her advice?
- Did the peer leader clearly articulate her role was to listen and to help provide information about services, if desired?
- Did the peer leader assure you that the violence you experienced was not your fault and offer reassurance?
- Did the peer leader respect your choice about whether or not to seek services?
- You can refer to the examples of “what to say” above to give the peer leader additional ideas and tips on how to guide the conversation.

Scenario 3: Your name is Amina, and you are a girls’ collective participant. You were raped by your uncle, and you are seeking support from your peer leader. You are confused about the peer leader’s role—you repeatedly ask the peer leader for advice about what you should do and ask if the peer leader can help you resolve things with your family.

Conclusion (10 minutes)

SAY: Great job role-playing the scenarios. I understand that this is a new role and responsibility for you, and you may still have questions or want to practice providing referrals. I am available to be a resource to you. If you have questions, want to review something, or need help, I can help answer your questions or connect with someone who can. **Remember, you should not disclose confidential information to me without the permission of a survivor.** However, you can ask me general questions that do not contain a survivor’s name, address, or other information if you need support.

DO: Read off the key messages of the training:

- Gender-based violence is an umbrella term for a harmful act that is committed against a person’s will and is based on a person’s gender. Gender-based violence can happen to anyone and be perpetrated by anyone. GBV violates human rights and involves an abuse of power.
- A peer leader is not a counselor. A peer leader’s role is to listen and provide information on available services. Providing information on available services is called a referral.
- When interacting with survivors, it is important to use a survivor-approach that protects the safety, confidentiality, respect, and non-discrimination of a survivor. Part of a survivor-centered approach means allowing the survivor to make decisions about whether or not to seek services or support.

- A peer leader should never proactively seek out cases of gender-based violence, try to “resolve” a conflict between a survivor and a perpetrator, or document specific information about an incident of GBV (such as name, address, etc.) in any way. This can put the health and safety of a survivor, as well as a peer leader, in danger.

ASK: We are now going to conclude today’s training. Before we end, what questions do you still have?







DO: Thank the peer leader for participating in the training and conclude the training. Reassure peer leaders that the training contained some challenging topics and emphasize that it is okay to feel some strong emotions. Remind peer leaders that the services listed on the referral sheet are available to them if desired, and that you are available in case they have questions. During future mentorship/coaching visits, make time to see if peer leaders have any additional questions or challenges related to GBV, and review key concepts together.

Annex 6: IMAGINE Peer Leader Gender-Based Violence Referral Sheet

Directions: Replace the information below with local resources. You should also replace the photos with pictures of the buildings where resources are available, if safe to do so, and update the icons below to align with the resources offered at each resource point.

Are you a survivor of gender-based violence in need of assistance?



| At a Diney village level | At a Koleram Commune level | At a Mirriah Department level |
|--|---|--|
|  |  |  |
| <p>[Resource name] <i>[Resources provided]</i></p> <p>[Tel]</p> <p>[Hours]</p> <p>[Cost]</p>  | <p>[Resource name] <i>[Resources provided]</i></p> <p>[Tel]</p> <p>[Hours]</p> <p>[Cost]</p>  | <p>[Resource name] <i>[Resources provided]</i></p> <p>[Tel]</p> <p>[Hours]</p> <p>[Cost]</p>  |