

# GBV Response



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# GBV Response

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# Key Concepts

## Role of Community Leaders in Strengthening GBV Response

Community leaders can play important roles in response to GBV survivors. This includes leaders in formal leadership positions, such as traditional or religious leaders who play a role in community-based justice mechanisms that adjudicate GBV cases, as well as informal leaders who are influential and trusted by the community. Some of the ways community leaders contribute to GBV response and engage with survivors are outlined below.

**Community leaders influence and shape community attitudes, norms and behaviors related to GBV and GBV survivors.** Community leaders greatly influence community attitudes, social norms and behaviors that determine how GBV and GBV survivors are perceived by the community, how survivors are treated, and whether survivors seek help. The stigma, shame and blame often attached to GBV can have tremendously harmful impact on survivors, affecting if and how they disclose incidents, and how they are treated when they seek help. Community attitudes and norms also influence a survivor's ongoing safety, protection from further violence, as well as her psychosocial wellbeing and mental health. Engaging community leaders to help strengthen survivor-centered attitudes, norms and behaviors that promote survivor's dignity, safety and rights can significantly improve community response to GBV and outcomes for survivors.

**Community leaders are critical sources of information and guidance for survivors and their families.** Trusted and influential leaders in formal and informal positions of leadership are often sought for support and guidance from the community on a wide range of matters, from marriage, distribution of resources, and interpersonal conflicts, including intimate partner violence, early and forced marriage, and sexual violence perpetrated within communities. Engaging community leaders to build their knowledge and skills in survivor-centered response to GBV can help survivors and their families receive accurate information about potential consequences of GBV, and guidance that prioritizes survivors' wishes, safety, wellbeing, and dignity.

**Community leaders influence community-based systems, resources, and services.** Community leaders are central to the development of community systems, including healthcare, education, justice, and social welfare systems. They influence government and humanitarian decision-making, planning, and resources allocation and play a key role in improving availability and accessibility of services to communities. This includes reducing barriers GBV survivors and other community members face in accessing services and helping to coordinate with different stakeholders, sectors, and service providers in the community. Engaging community leaders to prioritize and mobilize resources for coordinated care, support, and protection services can help survivors receive timely, safe, and quality care.

**Community leaders are involved in providing services to GBV survivors.** Community leaders are often directly involved with providing services to GBV survivors. In many settings, traditional and religious leaders provide justice and mediation services for GBV through community-based dispute resolution and justice mechanisms. Their authority over GBV is embedded in customary and religious law and in social norms. It may also be codified within formal justice systems. In emergency settings, when formal systems break down or are more difficult to access, women and girls are more likely to turn to community leaders and informal courts to address incidents of GBV.<sup>1</sup> Even when they do not promote survivors' rights or safety, survivors may request help from community leaders as their best or only option to seek redress.

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<sup>1</sup> The World Bank Working Paper. *Improving local justice processes and outcome for women and girls affected by violence and discrimination: a review of promising interventions*, 2014.

In addition to justice services, community leaders may be involved in other survivor care, support, and protection services. For example, women leaders may be involved in providing safe shelter for survivors escaping violence. Community leaders may also work with government or non-governmental agencies, or community-based organizations, that provide psychosocial support, and other services for survivors. Engaging leaders who provide services to survivors to promote survivor-centered principles, processes, and practices can greatly enhance GBV survivors' safety, rights and recovery and help protect them from further violence.

## Considerations for GBV Teams Preparing to Engage Community Leaders in Response

There may be concerning practices among community leaders for GBV teams to be aware of before planning to engage community leaders to strengthen survivor-centered response. These are linked to the patriarchal nature of community leadership structures and community norms and practices that condone GBV. While there is great diversity in community leadership structures, and among leaders themselves, both formal and informal leadership structures across the world are largely patriarchal. This means women's status is generally subordinate to men's, and women's and girls' perspectives and experiences may not be equally valued or considered. Because of this:

- **Community leaders may consider acts of GBV a dishonor to the family, clan, or community, and have less concern for the impact of GBV on individual survivors.** When addressing cases, leaders may prioritize community harmony over individual rights, safety, and protection in order to restore family and community relationships. This approach can run counter to a survivor's interests, for example, if she is trying to leave an abusive husband or seek justice against a perpetrator within the community.
- **The practice of marrying an adolescent girl or unmarried woman to the boy or man who raped them remains common in different parts of the world.** This practice may be viewed by community leaders as a favorable option for restoring peace between families and within the community. It may also be understood as a merciful option to preserve the survivor's future in communities where her marriageability is compromised by rape. Still, such forced marriages violate girls and women's rights and can be incredibly traumatizing for survivors, condemning them to a lifetime of sexual violence.
- **Community leaders may condone IPV, even expecting men to discipline their wives for certain infractions.** Where this is true, leaders may not be inclined to address IPV unless the frequency or level of abuse surpasses social expectations related to perceived transgressions. Such an evaluation requires leaders to consider not only the actions of an alleged perpetrator, but also the behavior of the survivor, and survivors' testimonies may not be required or even welcomed in negotiating agreements. Informal justice, when administered by community leaders, often involves resolving disputes through mediation, where disputing parties are guided to reach negotiated agreements.<sup>2</sup> In many contexts, leaders negotiate accusations of IPV between husbands (alleged perpetrators) and male relatives of their wives (survivors), where a woman's father may receive a payment in compensation for her abuse. When women are directly involved in negotiations or mediation, they may be asked to make specific compromises or promises in exchange for the husband's commitment to cease serious abuse. This practice effectively equalates a woman's behaviors that are not in line with her husband's expectations, such as poor housework or leaving home without permission, to a man's assault and abuse.

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<sup>2</sup> The World Bank. *Working Paper: Improving local justice processes and outcome for women and girls affected by violence and discrimination: a review of promising interventions*, 2014.

Because of attitudes and practices described above, GBV teams are sometimes reluctant to engage community leaders in GBV response, particularly those leaders involved in mediating or proposing settlements or solutions to GBV incidents that are harmful to survivors. In particular, staff may be concerned about reinforcing or legitimizing community practices that are not survivor centered. These concerns are legitimate, and teams should carefully consider risks and benefits of different strategies for engaging with community leaders to ensure they do not inadvertently cause harm. However, lessons from practice illustrate that carefully planned and respectful engagement with leaders can be transformative and can strengthen survivor-centered responses at the community level, even in very challenging and conservative settings.



## Example From Practice

A former GBV Program Manager described her team's experience working with community leaders in Maban, South Sudan

*"In emergency work, we're used to contacting people when we need something from them, and we can forget the importance of building respect and good relationships. In our program, we started engaging leaders through greetings and introductions, and then holding regular meetings to learn from leaders and share our concerns. We invited them for trainings on GBV core concepts and referrals. This served as an important foundation when we engaged leaders on behalf of survivors.*

*We only approached leaders on behalf of survivors who we supported with case management services, and only after talking through everything with survivors. Often, survivors weren't familiar with their leaders, maybe because of displacement or because men were more involved with community affairs, so we would accompany and introduce survivors to leaders who might help. Sometimes survivors had already spoken with leaders who didn't take their cases seriously, and when we met with those leaders on survivors' behalf it helped to elevate the importance of a case.*

*When we supported a survivor whose case was to be settled through mediation or court proceedings, we always organized a one-on-one meeting with the leader ahead of proceedings. We would just sit and listen to the leader's concerns. When we spoke, we would raise points from our trainings and focus on consequences for the survivor. Leaders would often express agreement but then talk about the pressure they faced to meet people's expectations. I came to appreciate that leaders are people, and they are also influenced by others. I also realized that sometimes we are too timid to raise questions, believing that everything is deeply rooted in tradition or religion. I found that sometimes leaders' decisions were actually very pragmatic, and if we simply asked why, and why again, we could better understand their interests and concerns, and leaders were then often happy to engage in joint problem-solving. For example, leaders were largely reluctant to grant divorces to survivors, even though local customs allowed for divorce in cases of severe abuse. After asking "why" in different ways, we understood that some leaders simply weren't able to provide official divorce papers. So we worked with leaders to create divorce documents in Arabic, and we made copies to be signed by all parties at the traditional courts. We kept a copy of divorce records in our case files, and we laminated a copy for each survivor to keep.*

*Understanding leaders' perspectives and concerns helped us to identify common ground and effectively advocate on behalf of survivors. One time, a leader was happy to stop the forced marriage of a girl when I suggested that she would earn a larger bridewealth for her family in the future, if she were first able to complete school. I didn't feel entirely good about appealing to this interest, but ultimately the decision was also in the survivor's interest.*

*Over time, leaders began inviting us to participate in court proceedings. We would still meet leaders one-on-one ahead of time, then at court we would just sit in and be present for the survivor. Sometimes, we would be invited to speak, and then we would raise principles of human rights and highlight consequences of the relevant form of GBV for survivors. I believe our presence took some pressure off leaders. For those who wanted to be more supportive of survivors, we provided the rationale and a specific reference point. It helped them to be more courageous.*

*While engaging with our program, leaders stopped many forced marriages of girls before and during court proceedings, including at least one case where it had been arranged for a girl to marry her rapist. We were also able to support many survivors of GBV to obtain recognized divorces."*

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# Approaches

With respect for the multiple roles community leaders can play in strengthening GBV response, GBV programs can consider a range of ideas for engaging community leaders. Generally, these can be organized into two approaches: 1. Strengthening coordination, access, and community awareness of response services, and 2. Fostering survivor-centered attitudes, norms, and behaviors among community leaders and broader communities. GBV teams can consider options under each of these approaches by following a process of identifying priorities, assessing risks, and planning interventions, as described below.

## Strengthening Coordination, Access, and Community Awareness of Response Services

Essential services should be made available for survivors of GBV in all emergency contexts, including survivor-centered GBV case management and psychosocial support services and medical services to treat survivors of rape, sexual assault, intimate partner violence, and other forms of GBV. Establishing quality services is not sufficient, though, to ensure that survivors are able to access timely support in line with their wishes. Community-based systems are essential to facilitate information-sharing, referrals, coordination between service providers, and access for survivors. For GBV teams, engaging leaders to support information sharing and referral pathways is often less sensitive and less involved than efforts to shift social norms and behaviors, and in a wide range of contexts, community leaders have made significant contributions to strengthen community-based systems.

## Fostering Survivor-centered Attitudes, Norms, and Behaviors

Survivors of GBV deserve to be believed and supported, and those who receive support from family and close members of their community will face fewer consequences and risks. Fostering attitudes, norms, and behaviors that would support survivors is linked to embracing concepts of gender equality, nonviolence, and women's and girls' rights, as covered in [Transformative Change](#). But even where GBV teams don't engage community leaders for transformative change toward GBV prevention, they might engage leaders to encourage more supportive attitudes toward survivors, particularly individual survivors who they may encounter in their service to communities. While fostering survivor-centered attitudes and behaviors requires more involvement than a one-off meeting or training, and is best supported through ongoing engagement, GBV teams may also engage individual leaders on an ad hoc basis, to advocate for their support of specific survivors. As engagement of leaders for GBV response is sensitive and can increase risks, it is important that GBV teams continually assess safety and ethical risks, and it is also essential that GBV staff themselves have access to support and security services.

## Choosing an Effective Approach and Planning to Engage Community Leaders in GBV Response

Following three simple steps can help GBV teams safely assess and plan for effective engagement with community leaders in GBV response:

- Step 1: Identify priorities for engaging community leaders to strengthen survivor-centered response
- Step 2: Assess ethical and safety risks and plan for safety.
- Step 3: Develop a plan for implementing and monitoring activities



## Step 1: Identify priority areas for engaging community leaders

**Consider strengths, gaps, and opportunities** for engaging different leaders for each of the following:

- Attitudes, norms, and behaviors related to GBV and GBV survivors
- Community knowledge of, and trust in, GBV response services
- Availability and accessibility of coordinated services to meet survivors' health, psychosocial, safety and justice needs
- Response to individual survivors

This may be a relatively straightforward process if the team has been working in the community for some time, or it may take longer and require more information-gathering if it is a new GBV program. Opportunities to consider when assessing opportunities:

- Partner with local women's groups and organizations.
- Consult with a wide range of stakeholders who are familiar with the community and community leaders.
- Listen to and be led by women and girls from the community. They are experts in their experiences and in strengths and gaps in community responses to GBV. Ask them about what is currently working to support GBV survivors and their ideas for improving community responses to GBV to better promote survivors' safety, care, and protection from further violence.
- Apply an intersectional lens and ask women and girls from all groups and backgrounds (considering different ages, religions, ethnicities, disabilities, etc.) about community strengths and gaps in GBV response.

**Prioritize objectives and activities.** Once the team has identified opportunities for engaging community leaders to strengthen GBV response, agree on objectives for engagement and specific, related activities. Don't forget to use a participatory approach and engage different groups of women and girls in this process!

Once you have identified priorities, it's time to get creative and consider strategies or activities that will help the team safely effectively engage with community leaders to strengthen survivor-centered GBV response. There is no one-size fits all approach –strategies will depend on gaps and opportunities, risks and safety considerations, priorities of women and girls, and the extent to which leaders are interested and ready to engage with your program (as assessed in Building a Foundation for Engagement). For example, in some settings, GBV teams will identify leaders interested in building their knowledge and skills in survivor-centered response, while in another setting, it may be most appropriate to limit engagement to specific leaders on a case-by-case basis, when advocating on behalf of GBV survivors. As with all actions related to GBV response, any actions concerning specific survivors should be guided by the wishes of individual survivors.

➔ Use the **Ideas for Engagement** in the next section when developing strategies for engaging community leaders in in strengthening GBV response.

## Step 2: Assess ethical and safety risks and plan for safety.

Before developing a plan to implement activities, carefully assess potential ethical and safety risks that might arise when engaging community leaders to strengthen GBV response. As with step 1, consult with with women and girls to understand ethical and safety risks before initial engagement with leaders to strengthen GBV response to identify potential risks. However, anticipating and responding to risks is an ongoing process and GBV teams should regularly monitor for the emergence of unintended consequences throughout their work with community leaders in GBV response.

### Step 3: Develop plans for implementing and monitoring activities

Within the capacity of your team and organization, develop a plan for implementing and monitoring specific activities to engage community leaders in strengthening GBV response. What are the activities? What resources are needed? When they be implemented and how will they be monitored? How and how often will the team monitor for unintended consequences? How will the team capture, document and share successes and challenges in the program?

- ➔ Use the **Community Leaders' Engagement Plan Tool** in the *Foundations for Engagement* chapter of the Toolkit to help plan when and how to implement and monitor activities to support engagement of community leaders in strengthening GBV response

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# Ideas for Engagement

## **Strengthening Coordinated Community-based Systems and Building Community Awareness of Response Services**

- Developing and Disseminating a GBV Referral Pathway
- Increasing Access to GBV Response Services
- Outreach and Awareness-Raising

## **Fostering Survivor-Centered Attitudes, Norms, And Behaviors**

- Training Leaders to Apply a Survivor-Centered Response
- Group Discussions on Respect for Survivors
- Group Discussions Focused on Hypothetical Cases
- Practice Sessions for Listening and GBV Response
- Emergency Assistance and Coded Communication
- Direct Advocacy with Leaders in Support of Survivors
- Survivor-Centered Support, Justice and Mediation

## Developing and Disseminating a GBV Referral Pathway

A referral pathway is a simple mechanism for safely linking GBV survivors to services, including healthcare, psychosocial support, case management, safety and security services, and justice and legal aid.<sup>3</sup> The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming indicate that community leaders and other “gatekeepers” should be informed about referral pathways to promote awareness within communities.<sup>4</sup> To maximize leaders’ commitment to, and promotion of referral pathways, it is recommended to actively involve leaders in the development of referral pathways within their communities. GBV program teams can engage leaders early in the process of developing, revising, or adapting referral pathways for their communities.

Suggested steps for engaging community leaders to develop or update a GBV referral pathway:

1. Inform leaders about the purpose of a GBV referral pathway and discuss the underlying guiding principles of a survivor-centered response.
2. Solicit leaders’ input in mapping GBV response services and identifying focal points.
3. Share feedback with leaders provided by women and girls involved with developing a GBV referral pathway.
4. Ask leaders to validate the GBV referral pathway once developed. Emphasize the importance of empowering survivors to elect services and self-report.
5. Involve leaders in the dissemination and promotion of the GBV referral pathway.
6. Engage leaders in discussions or practice sessions to review and reinforce the GBV referral pathway.

Community leaders who are involved in the development and rollout of a referral pathway may be more likely to use the pathway when they hear of or are directly involved with responding to an incident of GBV. Through engagement focused on developing and disseminating GBV referral pathways, GBV teams can encourage leaders to take positive actions in response to cases when they are involved with making or receiving referrals. The table below outlines different ways leaders may be involved with making or receiving referrals and corresponding positive actions GBV teams can encourage leaders to take.

Ways Community Leaders May Be Involved with GBV Referrals	Positive Actions Community Leaders Can Take
Survivors report incidents of GBV to leaders	Leaders respond with compassion; support survivors to access services in line with their wishes; and maintain confidentiality
Leaders hear about incidents of GBV through second-hand reports	Leaders prioritize the safety, security and wishes of survivors; encourage those with knowledge of incidents to respect guiding principles and not gossip; adhere to the referral pathway where survivors decide whether to seek services and whether to report incidents to authorities
Survivors are referred to leaders as focal points or service providers within the referral pathway	Leaders listen to survivors and provide requested support applying a survivor-centered approach; refrain from taking actions outside support requested by survivors or outside their authority and capacity

➔ See **Participatory Guidance: Developing a GBV Referral Pathway** in *GBV Response Tools and Resources*.

3 IASC (Inter-agency Standing Committee). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, 2015. p. 64.

4 GBV AoR (Gender-Based Violence Area of Responsibility). *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, 2019. p. 53.

## Increasing Access to GBV Response Services

Even when good quality GBV services are available, survivors face many barriers to accessing them. Some of these barriers are practical, such as distance to services, cost of services, or procedural requirements such as the need to obtain a special police form before being able to seek medical examination and treatment. Other barriers relate to service provider attitudes and beliefs, limited trust in services, and social and security repercussions related to disclosing GBV.

Community leaders are well-placed to help identify and address barriers to GBV response services. GBV teams can involve leaders in participatory barrier analyzes, as well as plans and actions to resolve or reduce barriers that keep girls and women from accessing care in the community. While GBV teams can take direct action to increase access to services, significant and sustainable changes will require community participation and leadership. The table below outlines some examples of how GBV teams can involve, encourage, and support leaders to take actions to increase survivors' access to services.

*“In remote villages, when a woman is ready to deliver a baby, the community has a system to transport her to the maternity ward. If they can do this to save the life of a woman who is delivering, and her baby, why can't they do the same to save a survivor of GBV?”*

*Communities can adapt these systems to support all emergency cases. When leaders understand their role and understand the importance of women having access to services, they will support.”*

– GBV Program Manager, reflecting on the potential of community solutions

Common Barriers to GBV Services	Positive Actions Community Leaders Can Take
Lack of knowledge about services; benefits of seeking help after GBV	Raise awareness and share information about the impacts of GBV, availability of services and benefits of accessing services to addressing harmful consequences of GBV
Costs associated with accessing services	Mobilize funds for survivors to access, through savings and loans groups or emergency community funds for vulnerable individuals; advocate with local and ministry authorities to waive fees for survivors
Distance to services; lack of transportation	Organize emergency transport schemes, such as working with taxi companies on reimbursement plans; advocate with ministry authorities for the establishment of outreach clinics and services.
Lack of childcare inhibiting survivors from attending services; programs	Identify volunteers to provide childcare.
Physical access challenge for survivors with disability	Mobilize community resources to improve disability access to services through physical enhancement and/or technology solutions such as remote consultations.

➔ See **Addressing Barriers to Care** in *GBV Response Tools and Resources*

## Outreach and Awareness-Raising

GBV teams can engage community leaders to share information on available services and the importance of timely response services for survivors, particularly survivors of rape. Community leaders often have platforms for sharing information, including meetings with other leaders and community focal points, and may be willing to share information through existing platforms and networks. GBV teams can further ask community leaders to participate in awareness-raising efforts such as distribution and display of the referral pathway or other pamphlets/ posters related to GBV response, sharing messages at community events or over the radio, and joining committees or groups of volunteers focused on GBV outreach.

Involving community leaders to share information on services can help, not only to increase knowledge of services, but also to signal support for GBV response services and, by extension, support for survivors of GBV.

## Training Leaders to Apply a Survivor-Centered Response

Training in GBV core concepts is foundational for both staff and community leaders and should always include attention to a survivor-centered approach. A survivor-centered approach creates a supportive environment in which survivors' rights and wishes are respected, their safety is promoted, and they are treated with dignity and respect. A survivor-centered approach is based on the following guiding principles:<sup>5</sup>

- **Safety:** The safety and security of survivors and their children are the primary considerations.
- **Confidentiality:** Survivors have the right to choose to whom they will or will not tell their story, and any information about them should only be shared with their informed consent.
- **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
- **Non-discrimination:** Survivors should receive equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation or any other characteristics.

Community leaders can promote survivor-centered principles within the community, and also apply the principles themselves in any interactions they have with or about GBV survivors. Further in-depth training for community leaders may focus on deepening understanding of different types of GBV, the consequences of GBV for survivors, their families, and their communities and how to apply survivor-centered principles in practice. Through training, community leaders may be supported to reflect on their actions and responsibilities related to GBV response, and how they might apply guiding principles of a survivor-centered response in different circumstances and scenarios.

➔ See *Training Manual*

## Group Discussions on Respect for Survivors

Small group discussions involving diverse leaders can be a powerful way to foster attitudes, norms and behaviors that reduce stigma, shame and blame associated with GBV and promote those that foster compassion, respect, and support for survivors. A carefully facilitated group discussion can create a safe space for reflecting on the harmful consequences and human rights dimensions of GBV, as well as community values that promote dignity and respect for all community members.

<sup>5</sup> Definition drawn from: GBV AoR. *Inter-Agency Minimum Standards for GBVIE Programming*, 2019.

A supportive process that encourages reflection, dialogue and mutual learning can open the way for exploring the gap between values of respect and dignity and the realities for women and girls who are subjected to discrimination and violence. This process can also help community leaders reflect on how GBV harms the dignity, health and well-being of women and girls, and the benefits of changing attitudes, norms and behaviors that prevent GBV survivors from seeking help.

In turn, community leaders can influence wider community attitudes, norms and behaviors in support of GBV survivors. They may do this through:

- Facilitating similar discussion groups with community members;
- Using their public roles and platforms to speak out in support of GBV survivors;
- Holding community meetings to break the silence about GBV;
- Mobilizing other leaders and community members to take action in support of GBV survivors;
  
- Modelling and championing supportive attitudes and behaviors

**To promote effective discussions with community leaders, GBV teams can:**

- Plan for multiple sessions – shifting attitudes takes time
- Use a structured approach where each discussion builds on previous discussions
- Use a strengths- and benefits-based approach
- Ensure facilitators are respected by, and respectful of community leaders
- Ensure facilitators have excellent facilitation and communication skills
- Invite staff to observe discussions to strengthen team capacity
- Debrief after each discussion to review and plan for the next session

➔ See **Discussion Guide: Respect for Survivors** in *GBV Response Tools and Resources*

## Group Discussions Focused on Hypothetical Cases

One approach for facilitating group discussions related to GBV response is to use hypothetical but realistic scenarios to highlight consequences of GBV for survivors and explore how community leaders might positively respond to cases. Hypothetical scenarios are useful because they allow community leaders to focus on “the survivor” without abstraction, but also without disclosing the identity of any actual survivors, and without judging the actions of any actual perpetrators or community leaders. This can allow for more honest, open, and reflective discussion. Even where community leaders are reluctant to acknowledge the possibility of GBV within their own communities, they may be willing to hear stories drawn from other emergencies, or to discuss hypothetical scenarios as an exercise.

Group discussions focused on hypothetical cases are best kept small. GBV teams can even hold one-on-one meetings with leaders who are interested in meeting to review hypothetical scenarios as a means of strengthening GBV response. While GBV staff may have strong opinions about how community leaders should respond to hypothetical cases, it is important for the facilitator to keep in mind that the goal of such exercises is to strengthen thoughtful practice, rather than to quickly arrive at the right “answers.” Facilitators should approach the exercises as a shared learning opportunity. GBV teams that understand community leaders’ concerns, perspectives, and interests will be better prepared to serve communities and survivors from those communities. At the same time, community leaders will be more willing to learn from GBV teams that demonstrate sincere interest in their perspectives and concerns.

➔ See **Discussion Guide: Hypothetical Scenarios** in *GBV Response Tools and Resources*

## Practice Sessions for Listening and GBV Response

Trusted community leaders can provide critical support to survivors and serve as important entry points for survivors to access GBV case management, healthcare, and other response services. By sharing information and their commitment to addressing GBV, community leaders can demonstrate openness to survivors who may be seeking help.

GBV teams can support community leaders to practice response to survivors who seek their help. As with GBV staff and other first responders, it is helpful to consider the types of things a leader can do and say to reflect empathy and concern. Survivors can be very sensitive to perceptions of blame and judgement, and through simple roleplay exercises, GBV teams can offer feedback to help leaders hone their communication skills and become more comfortable receiving survivors and providing basic support and referrals.

Depending on survivors’ situations and wishes, as well as leaders’ capacity and authority, community leaders may be able to provide additional assistance to survivors, for example:

- Identify temporary shelter
- Encourage support from families of survivors, including welcoming survivors of IPV back into the family home
- Help to stop a planned forced marriage
- Report threats or incidents to authorities
- Report suspicions of SEA
- Hold perpetrators accountable

GBV teams can use hypothetical scenarios, focused on types of GBV in the community where community leaders might be receptive and able to strengthen response, to explore options and ideas with community leaders. As community leaders identify options of support they could offer, they can also practice communicating these options with survivors, and GBV teams can help to reinforce the importance of only acting in accordance with survivors’ wishes.

➔ See **Practice Sessions for GBV Response** and **Tip Sheet: What to Say and Do when a Survivor Discloses GBV** in *GBV Response Tools and Resources*



## Emergency Assistance and Coded Communication

Community leaders who support survivors of GBV may come to know women and girls who face continued risks, particularly those with abusive partners or former partners. If survivors have accessed available support and protection in line with their wishes, yet they still face risks of violence, community leaders can play important roles in assisting survivors when they are in danger. GBV programs can engage community leaders to discuss if and how they might be available to survivors in immediate need. Community leaders who are committed to providing help can be further engaged and safely connected with individual survivors, depending on survivors' wishes.

Survivors of intimate partner violence can develop plans to increase their safety at particular times, including before or during partners' violent episodes. Within GBV management services, caseworkers support survivors of IPV to develop such safety plans,<sup>6</sup> which often include plans to alert a confidant and plans to seek temporary shelter. As part of safety planning, GBV caseworkers can discuss the option of connecting with leaders who are willing to offer support to survivors in immediate need.

Specific plans for seeking immediate help from a community leader should be worked out during individual assessments and safety planning. It is important, though, that both the survivor and leader agree to pre-determined means of communication and a course of action for assistance.

Means of requesting immediate assistance may include a non-verbal "signal alert", a code word, or other coded way of communicating a need for help. For example, a survivor could flash a light or place an innocuous object outside her home to alert neighbors, or she could place a call to a friend or community leader to ask about a meeting, or she could send a child to ask about borrowing a specific item. Alerts can be specific to individuals and their confidants, including community leaders, as arranged through safety planning. Individualized alerts can be most secure for individual survivors, though such systems also rely on the availability of select confidants. Alerts can also be shared among women and leaders within communities. Shared alerts can expand the potential for help-seeking, but there is also a risk for alerts to become known by perpetrators of abuse.

## Direct Advocacy with Leaders in Support of Survivors

Advocacy is an important strategy for promoting GBV survivors' rights to care, support, protection and redress for the violations they have experienced. Survivors often advocate on their own behalf, or have family members of other supporters that can advocate for them. Advocacy is also a key element of case management with GBV survivors, and caseworkers commonly advocate with service providers or others to ensure that survivors receive the support and resources



### Example from Practice

#### Advocacy for survivors of forced marriage

A GBV program in Cameroon engaged leaders to understand the risks of early and forced marriage and agree on a system for addressing cases. From that point, when married girls sought help from the GBV program and requested additional support, a caseworker would inform community leaders to monitor survivors' security as their cases were referred for further action. Community leaders agreed to no longer address cases of forced marriage through traditional justice, but rather helped to refer survivors to relevant ministries, including legal support for survivors who wished to dissolve their marriages. Girls who wanted to stay in school were registered with support from designated GBV focal points within schools, and the ministries coordinated with the girls' husbands to pay school fees.

<sup>6</sup> GBVIMS Steering Committee. *Inter-Agency GBV Case Management Guidelines*, 2016. [gbvresponders.org](http://gbvresponders.org)

they require to feel safe, heal and recover. At times, it may be appropriate for GBV program staff to engage with one or more community leaders to advocate on behalf of an individual survivor. GBV teams should only approach a community leader to advocate on behalf of a survivor when a survivor wants this to be done, and when they have assessed that it is safe to do so.

To promote safe and effective advocacy on behalf of a survivor, GBV managers should ensure:

- The approach has been discussed with the survivor, there is a clear purpose for the advocacy, and particular leader(s) identified.
- The survivor wishes to pursue this approach and has given consent for specific information to be shared when discussing her case with agreed-upon leader/s.
- Ethical and safety implications have been assessed, including staff safety.
- The staff feel safe and comfortable to undertake direct advocacy with a community leader – staff should never be required to do something they do not feel comfortable with.
- Ongoing support is in place for the survivor, through case management or other psychosocial support services.
- A process is in place to ensure that staff receive supervision and support before, during and after the engagement with a community leader, and their safety is monitored and managed on an ongoing basis.

➔ See **Planning Guide: Advocacy with Leaders on Behalf of Survivors** in *GBV Response Tools and Resources* for further information and guidance on undertaking direct advocacy on behalf of leaders.

## Survivor-Centered Support, Justice and Mediation

In many settings, traditional, religious, or other community leaders adjudicate and settle disputes between community members. In fact, globally, the vast majority of legal problems and disputes are resolved within informal justice systems. There are many reasons why survivors or families of survivors might seek help through informal mechanisms, however, as with most formal justice systems, these mechanisms are not commonly survivor-centered.

GBV teams should carefully consider safety and ethical risks before engaging community leaders around justice/mediation systems, and when engaging leaders, teams should use thoughtful and respectful communication to avoid backlash or negative consequences for survivors involved with justice processes. GBV team members may feel different levels of comfort engaging with community justice mechanisms, and no staff should be compelled to participate.

To strengthen survivor-centered support related to community-based justice and mediation processes, GBV teams can consider engaging community leaders through one or more of the following strategies:

1. Understand justice and mediation systems and procedures,
2. Promote survivor-centered justice and mediation processes,
3. Support survivors involved with justice/mediation processes,
4. Advocate for survivors involved with justice/mediation processes, and
5. Observe or participate in justice/mediation proceedings.

# 1. Understand Justice and Mediation Systems and Procedures

There is a wide variety of informal legal/justice mechanisms used in different parts of the world. These include legal systems based on customary, religious, and indigenous rules and practices. Customary laws are embedded in customs, traditions or rules and dispute resolution mechanisms of clans and traditional groups, while religious laws refer to norms that are derived from interpretations of religious texts. In most systems, traditional leaders, religious leaders, or other community leaders (who tend to be older men) are at the heart of investigating, adjudicating and mediating alleged crimes and disputes. Mediation is a common element within informal justice systems, with the focus on parties negotiating a resolution to a case. Restorative justice is another common element within informal justice systems. This refers to a process through which survivors and offenders, their families, and representatives of the community, discuss how to respond to an offender's actions and repair relationships. Examples of restorative justice in practice include survivor-offender mediation and dialogue, peace-making circles, and sentencing circles.

Before undertaking any engagement with community leaders to strengthen survivor-centered informal justice processes and outcomes, GBV teams can first develop their understanding of how the justice system operates. Answering the following questions may be helpful:

- What are the laws related to traditional justice? *(Many legal codes will restrict community leaders' involvement with specific types/ degrees of criminal cases.)*
- What are the common practices related to justice and mediation? What types of GBV cases are addressed? *(Keep in mind that common practice may not align with legal codes.)*
- Which community leaders have authority to administer justice/ propose settlements? *(Refer to your Community Leader Mapping.)*
- What do justice/mediation processes look like? Are these public or private? Who participates? Are survivors present? Are survivors able to speak directly with leaders during or before proceedings?
- What are common outcomes of justice/mediation proceedings? What 'solutions' are proposed for IPV? What 'solutions' are proposed for sexual violence within the community?
- Are some leaders thought to be more supportive of survivors during proceedings and in proposed 'solutions'?

To learn more about informal justice mechanisms and how they operate, GBV teams can seek information from the following sources if it is safe to do so:

- Direct engagement with community leaders for mutual learning and exchange through one-on-one discussions, group discussions, and trainings
- Consult with local women's rights organizations
- Ask women and adolescent girls through group discussions
- Review any published research or reports
- Request to observe public proceedings

## 2. Promote Survivor-Centered Justice and Mediation Processes<sup>7</sup>

If deemed safe and appropriate, GBV teams can use a variety of strategies to engage community leaders to strengthen survivor-centered justice processes for GBV survivors. Influencing community leaders who are custodians of informal justice systems can help increase attention to women's and girls' justice needs and promote more sensitive approaches. Lessons from working with community leaders, including faith and traditional leaders, on GBV include: the importance of contextualization by articulating women's rights through customary laws or religious texts; identifying the right entry point and developing trust; understanding religious diversity and power dynamics between actors; the need for local ownership; and continuous dialogue with faith actors and other leaders. Activities for engaging community leaders to promote survivor-centered justice processes include:

- Facilitate community dialogues on women's rights and access to justice for women between leaders, women, and other community members
- Organize trainings in GBV core concepts, including the principles of a survivor-centered response, where leaders are allowed space to reflect on how to better apply principles in justice proceedings
- Organize trainings with expert facilitators in women's rights and gender-sensitive approaches to justice, such as gender-responsive decision-making, mediation, evidence assessment, and record-keeping
- Organize meetings and trainings with representatives of formal justice mechanisms, to clarify relevant laws and policies and strengthen referral processes for survivors
- Produce and share information sheets with simplified statutory codes or guides on relevant formal laws on the rights of women
- Organize exchange visits with gender-responsive formal courts and informal justice forums to build mutual understanding and facilitate cross-system learning on how to be more gender-sensitive. Include women champions, community leaders, magistrates, or judges of informal justice forums.
- Support women-centered dispute resolution systems. Although uncommon, there are examples of women-centered dispute resolution systems that GBV teams might support.



### Example from Practice

#### Coordinating between informal and formal justice in Cameroon

A GBV program in the Far North region of Cameroon recognized concerns with the support survivors received in both formal and informal justice systems. The program organized a GBV core concepts training for the Ministry of Justice, who in turn agreed to co-facilitate a training with community leaders, focused on GBV core concepts and laws related to addressing GBV. Through the training, community leaders learned that crimes related to GBV should be referred to formal justice mechanisms.

The GBV program also worked with ministries and leaders to strengthen processes for referring survivors between the community and district-level authorities. All parties agreed that a survivor interested in pursuing justice would be supported by a community leader and/or the head of a women's association to first visit the Ministry of Women's Empowerment and Family, who could then help a survivor to document her case and plan for an accompanied, and more supportive meeting with the Ministry of Justice.

<sup>7</sup> GBV AoR Helpdesk (2020) *Strengthening Survivor-Centered Justice for GBV Survivors in Emergencies*.

### 3. Support survivors involved with justice/ mediation processes

GBV programs that provide focused response services for survivors of GBV, in line with inter-agency standards for GBV case management and psychosocial support services,<sup>8</sup> can help survivors make informed choices about whether to seek traditional justice or mediation. The Inter-Agency GBV Case Management Guidelines include detailed information on why mediation is problematic in the context of GBV, and the significant risks of mediation for survivors.<sup>9</sup> The Guidelines also include recommendations for sharing information with survivors and supporting survivors who elect to proceed with mediation despite known risks. Briefly, GBV teams can provide the following support directly to survivors through GBV case management services:

- Provide survivors with accurate information about the justice process, what to expect and the types of outcomes (see above 1. Understanding justice and mediation systems and procedures)
- Support survivors to consider risks of participating in informal justice processes so they can make informed decisions about whether to lodge a complaint
- Help survivors who elect to proceed with justice/mediation proceedings for potential outcomes, including victim-blaming and safety risks
- Develop safety plans with survivors
- Follow up with survivors to for continuous support, assessment of safety risks and needs
- Provide practical assistance as possible, including transportation, childcare, accompaniment



#### Example from Practice

##### Strengthening informal justice processes and supporting survivors in Nigeria

During heightened stages of conflict in Borno State, Nigeria, some communities have had no access to formal security or legal justice systems. Leaders in these communities have assumed greater responsibility and served as the only option for survivors of GBV seeking protection or justice. Unfortunately, many leaders are known to attribute blame to survivors, and mediation processes and outcomes do not often uphold survivors' rights. In this context, a GBV team in Damboa, Nigeria has determined that risks are too high to observe mediation proceedings, but the team has worked to engage community leaders in regular discussions and trainings on GBV, with emphasis on consequences of GBV and leaders' roles in administering justice for survivors. Through regular engagement, the team has been able to identify leaders within the community who hold more supportive views, including a couple of leaders who they view as real allies. When GBV caseworkers understand that a survivor may be interested in seeking mediation support from a community leader, the team takes the following steps:

1. Carefully discuss the shortcomings and risks of mediation and support the survivor to make an informed choice
2. When survivors elect to proceed with mediation, help to identify a leader with appropriate authority who may be more supportive, based on previous engagement and experiences. Provide in kind support and transportation, where necessary, for survivors to seek help from more supportive leaders
3. Develop a safety plan and regularly follow up with survivor during and after the process of mediation.

8 GBV AoR (2019) *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*. Available at: <https://gbvaor.net/#keydocument-block>

9 GBVIMS Steering Committee (2016) *Inter-Agency GBV Case Management Guidelines*

## 4. Advocate for Survivors Involved with Justice/Mediation Processes.

GBV teams may hear about GBV cases adjudicated by community-based mechanisms through different means, including from community leaders. It is important for GBV programs to always operate from a survivor-centered approach, which means that any efforts by GBV teams to influence justice proceedings are based on the explicit wishes of survivors. GBV programs should never make assumptions about what survivors will want, nor should they involve themselves in specific cases if survivors have not requested their support.

When GBV programs provide support to individual survivors who are involved with justice or mediation processes (see above 3. Support survivors involved with justice/mediation processes), the possibility of the GBV team engaging in such a process might be raised by a survivor or a GBV caseworker. GBV programs should establish whether this is a safe and appropriate option for their context, and whether specific team members will serve as focal points for such assistance.

If a survivor requests the GBV program to engage a community leader to seek support, share information on her case, or advocate for specific procedures or outcomes, and the GBV program and staff determines this will be possible, plans should be made to effectively engage a select leader, in line with the survivor's specific wishes. Where there is an option of selecting a leader, GBV teams apply their mapping and criteria from the **Building a Foundation for Engagement** chapter to identify leaders who might be more supportive.

See ideas captured under **Direct Advocacy in Support of Survivors** above, as well as the related **Planning Tool**, to review criteria and recommendations for advocating with survivors on behalf of survivors. Specific to considerations related to mediation or justice processes, and based on a survivor's wishes, GBV programs might engage community leaders to:

- Request a leader's support on behalf of a survivor, and make introductions
- Share information on the survivor's case, as agreed upon
- Share information on the relevant form of GBV, including common consequences for survivors, family members, and communities
- Open a discussion with a community leader to explore their concerns, share relevant information, and engage in joint problem solving (preferably before justice/mediation proceedings have taken place)
- Request a meeting with the survivor ahead of justice/mediation processes
- Request specific considerations related to mediation/ justice proceedings, based on a survivor's preferences, such as:
  - Having the hearing in private or in public
  - Planning for safety
  - Whether or not the survivor will speak during proceedings
  - Which witnesses or advocates may participate or be present
  - Whether written statements can be provided
  - Whether additional, influential, or supportive community leaders might be involved
- Follow up, after justice/mediation proceedings to raise concerns or request additional support

## 5. Observe or participate in justice/mediation processes.

GBV teams may have the opportunity to support survivors during justice or mediation proceedings, or even to directly influence proceedings. Community leaders who have been effectively engaged by GBV programs through different activities will be more likely to welcome GBV staff involvement. If a survivor requests a GBV staff to accompany her during such a process, and the staff is comfortable doing so, and this is approved by relevant leader/s, the GBV staff will need to consider different possibilities with the survivor. It will be important to know the survivor's preferences for your involvement, and to plan your involvement as much as possible, but also to remain flexible to adapt to circumstances and leaders' cues during proceedings, while adhering to parameters established with the survivor. Based on contextual opportunities and a survivor's wishes, GBV teams might be able to support a survivor during justice or mediation proceedings in one or several of the following ways:

- Be present for the survivor as a source of support, even silent support if necessary
- Check in with the survivor during proceedings to see how she is feeling, whether she needs a break, whether she wants to stop proceedings, etc.
- Speak as an expert on the relevant form of GBV, including common consequences for the survivor, family, and community
- Share information on the case, as agreed upon, including consequences the survivor has faced
- Respectfully raise questions about process. For example, you might ask whether the survivor or a witness may be invited to speak.
- Accompany the survivor to leave proceedings, helping her to reach safe accommodation and plan for next steps

Following mediation/ justice proceedings, GBV teams can check in with survivors, assess new or increased risks, adjust safety plans, and identify additional steps to take. Survivors may want GBV staff to follow up with leaders after proceedings, to review outcomes and potential consequences, or to request additional support.

➔ See **Planning Guide and Tool: Advocacy with Leaders on Behalf of Survivors** for further information and guidance on undertaking direct advocacy on behalf of leaders, including advocacy related to justice/mediation proceedings, in *GBV Response Tools and Resources*

# GBV Response Tools and Resources

## Tools and Resources

- Participatory Guidance: Developing a Referral Pathway
- Addressing Barriers to Care
- Discussion Guide: Respect for Survivors
- Discussion Guide: Hypothetical Scenarios
- Practice Sessions for GBV Response
- Tip Sheet: What to Say and Do when a Survivor Discloses GBV
- Planning Guide and Tool: Advocacy with Leaders on Behalf of Survivors
- Fact Sheet: Early Forced Marriage
- Fact Sheet: Intimate Partner Violence
- Fact Sheet: Sexual Assault and Rape
- Fact Sheet: Female Genital Mutilation/Cutting

## Training Modules

- *Training Modules: GBV Response*



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# Participatory Guidance: Developing a Referral Pathway<sup>10</sup>

## 1. Discuss the importance of a referral system

GBV programs can engage community leaders and other community members to understand how good referral systems protect survivors' safety and help them access critical and potentially life-saving support.

## 2. Develop a referral list

GBV programs will identify key services through coordination mechanisms, service mapping, and consultations with government and other service providers. GBV teams can also consult with community leaders, particularly to identify community-based and non-traditional service options such as disability organizations, ethnic and religious groups, community groups and lesbian, gay, bisexual, transgender, and intersex (LGBTI) organizations.<sup>11</sup>

Consider the following when developing your list:

- Emotional support
- Accompaniment throughout medical and legal processes
- Health services (including clinical management of rape and intimate partner violence (CMR/IPV))
- Legal services
- Safe housing or options for temporary shelter
- Child protection services
- Community leaders
- Disability-inclusive services for women with cognitive, physical, or other disabilities
- Women's support or empowerment groups
- Adolescent girls' support or empowerment groups
- Economic support resources or activities
- Appropriate services for all women (trans women, women who are lesbian or bisexual, women who are HIV-positive, immigrant women, women who do not speak the primary language in the community, etc.)
- Other services that community members feel are important in the context

**Begin to consider barriers to accessing services.** If health services that can provide CMR/IPV services, including provision of post-exposure prophylaxis for HIV and emergency contraception, are outside of the community, community leaders can help to develop safe transport schemes to strengthen timely and confidential access to medical care.

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<sup>10</sup> Adapted from *Raising Voices* (2020) *SASA! Together: An activist approach for preventing violence against women, Kampala, Uganda*.

<sup>11</sup> International Rescue Committee (2018) *Mobile and Remote GBV Service Delivery Mobile and Remote GBV Service Delivery* (gbvresponders.org)

**Gather information for each service.** Try to collect all relevant information for each service. See table below.

Institution/ Organization	Type of Service	Focal Point/ Contact Person	Hours of Operation	Cost of Service	Phone Number	How to Make a Referral

### 3. Review the quality and availability of services

Before finalizing the list and sharing information, GBV team can visit services to be sure they are operational, test contact phone numbers, meet service providers, and consult with partners and women and girls to develop at least a basic understanding of the quality and availability of services. Services included in a referral pathway should be safe and supportive of survivors.

### 4. Raise awareness of the referral pathway and train community leaders and others to make supportive referrals.

Engage community leaders and community groups to disseminate information on the referral pathway. Develop pictorial representations of the referral pathway (see example below), and post contact information in key locations. The GBV team can help to train community leaders and others in using the referral pathway to make safe and supportive referrals for survivors. When possible, service providers can join trainings to share information on their services directly to communities and address any questions or concerns.

### 5. Engage service providers to strengthen services and referrals.

GBV programs can help to strengthen response by engaging and training service providers within the referral pathway, particularly those that are not explicitly focused on GBV, in GBV core concepts and a survivor-centered approach. Additionally, GBV programs may hear feedback on services from survivors receiving GBV case management services, or women and girls involved with different program activities. GBV programs may also receive feedback from engaged community leaders. Based on feedback, GBV teams can engage service providers to strengthen helpful services or address any concerns.

GBV programs can also organize regular coordination meetings with service providers within the GBV referral pathway to review coordination procedures and address any challenges or gaps. Periodic trainings can be organized to review principles of survivor-centered response.

### 6. Update the referral list, and conduct refresher trainings

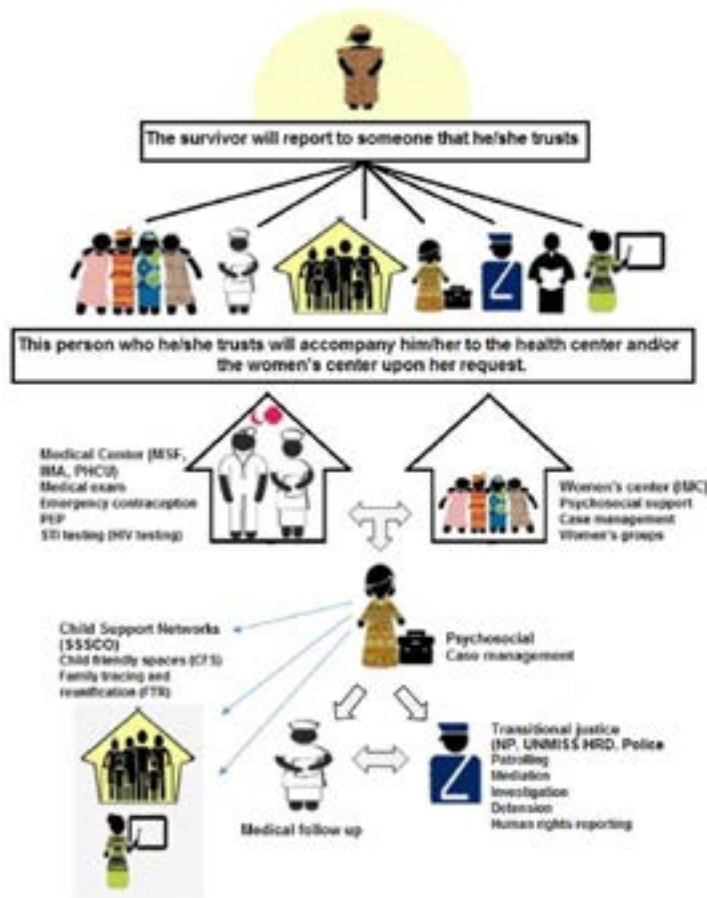
The referral pathway should be regularly updated to reflect feedback from the community, experiences of survivors with services, and changes in available services and contact information. This is particularly important during early stages of an emergency, where frequent changes are expected. Updated referral pathways can be shared through outreach and refresher trainings.

### 7. Strengthen basic response skills within the community

Where community members have skills to provide basic, survivor-centered response, survivors who disclose incidents of GBV will be better supported and have increased access to essential response services. GBV programs can engage community leaders and others in the community to strengthen basic response.

## Resources Related to Strengthening Basic Response:

- Find sample training modules in the *Training Manual*
- Review the **Tip Sheet: What to do and say when a survivor discloses GBV** in *GBV Response Tools and Resources*
- See the Inter-Agency Standing Committee's [How to Support Survivors of Gender-Based Violence When a GBV Actor Is Not Available in Your Area: A Step-by-Step Pocket Guide for Humanitarian Practitioners](#)



Sample Community Referral Pathway: Malakal, South Sudan

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# Addressing Barriers to Care<sup>12</sup>

## Follow these steps to assess and address barriers to care and support services for GBV survivors

### 1. Organize a workshop to develop a plan to address critical capacity gaps

Do this exercise in a participatory manner, inviting community leaders, representatives from women's and children's networks, survivor support groups, and other organizations and groups that advocate on behalf of survivors. It is good to have different ages represented, for example adolescents, young women and older women.

### 2. Identify the service and population to be analyzed

You can choose to look at barriers faced by survivors for a particular service, for example, barriers faced in accessing law enforcement; barriers faced by a particular group of survivors, for example, general barriers faced by adolescent girls in seeking help; or barriers faced by a particular group in accessing a particular service, for example, barriers to adolescent girls in accessing health care. You can also do all three if it is needed, although this will take more time.

- To identify barriers survivors face in **accessing a particular service, write the name of the service** in a circle, e.g., health post, police, women's center, women's shelter, child protection network, etc. and draw a series of concentric circles around it.
- To identify barriers faced by a **particular group of survivors, write the name of the group** in a circle, e.g., adult women, married women, unmarried women, adolescent girls, young children, males, sex workers, etc. and draw a series of concentric circles around it.
- To identify barriers faced by a **particular group to a particular service, write the name of the service and the name of the group** in a circle and draw concentric circles around it.

### 3. Ask 'why'

- If you put the name of a service in the center circle, ask participants why survivors don't use the service and write the answers in the second circle.
- If you put the name of a particular group of survivors in the center circle, ask participants why that group doesn't access services and write the answers in the second circle.
- If you put the name of a service and particular group in the center circle, ask why that group doesn't access that service and write answers down in the second circle.

### 4. Probe and get more information

- For each factor or barrier identified, continue to ask, 'why is this so?' and write the corresponding answers in the next circle.
- Continue this process until all barriers have been revealed.
- Write the barriers on a list.

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<sup>12</sup> UNICEF. *Communities Care: Transforming Lives and Preventing Violence Toolkit*

## 5. Develop a plan for addressing each gap

- Go through the list of barriers one by one and have participants discuss and explore potential strategies and actions for reducing or eliminating each barrier.
- Ask participants to decide which actions are high priority, who is responsible for them and the timeframe.
- Participants may not be able to identify all the solutions for all the barriers. You may need to consult with others before finalizing the action plan.

## 6. Document, implement and review the action plan for addressing barriers

- Using the **action plan for addressing barriers**, document the action plan and distribute it to relevant stakeholders.
- Start implementing it!
- Organize a review meeting to follow up on progress in implementing the plan and adjust as needed.

### Action plan for addressing barriers to care and support for GBV survivors

Barrier	Strategies for reducing the barrier	Who	When

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# Discussion Guide: Respect for Survivors

Group discussions with community leaders about gender, power, and types of GBV can help leaders examine their attitudes and practices toward survivors, as well as those common within the community. This discussion guide includes suggestions for arranging and leading any group discussion, followed by sample questions and important ideas for discussing gender, power, and types of GBV.

## **Arranging Discussion Groups (ahead of discussion)**

- Identify a comfortable and quiet locations for discussions.
- Limit groups to 15 participants
- Complete discussions within 1.5 hours.
- Ensure lead facilitator has experience and/or training in facilitation. The facilitator must be able to ask probing and clarifying questions, demonstrate comfort and patience when talking about sensitive issues, positively manage negative or harmful comments, and respond appropriately to disclosures of GBV.
- Have a referral list of available services in case of GBV disclosure.
- Where possible, arrange same-sex facilitators for all male or all female discussion groups.

## **Introduction (5-10 minutes)**

- Greet everyone, share introductions, pleasantries, and gratitude for any recent positive actions.
- Share general information about your organization and program (with any new participants).
- Present the purpose of the discussion.
- Agree to not share stories that identify individuals.

## **Discussion (30-45 minutes)**

- Introduce topic of discussion and begin with a question or other prompts.
- Be sure to review questions/prompts and adapt them for context.
- Avoid “teaching”, talking too much, or arguing. Use prompts to keep conversation going and remember the discussion is also a learning opportunity for you.
- Do not feel pressure to use all questions/prompts.

## **Wrap-Up (5 minutes)**

- Summarize key takeaways or ideas from discussion.
- Agree on any points for further discussion and make plans as appropriate.
- Thank all participants.

## Prompts/Questions

GBV teams can explore community values and expressions of respect for others through group discussions. When discussing consequences of GBV and common community response to survivors of GBV, it will be useful to focus on a specific form or trend of violence. Prompts and questions below can be adapted to relate to different forms of GBV. Each sample cluster of prompts/ questions below could be adapted for a single group discussion.

- When someone has experienced a loss, or an awful event, how do we show that person that we care for them and empathize with their experience? Is the same support extended to women who survive [rape/ other form of GBV]? How could community members demonstrate support for a survivor?
- I wonder if we can all take a minute to silently think about a hard time in our lives. What helped us during that time? Think about the person or people who helped you to feel better—what they did or said. I won't ask you to share your own experiences, but I want us to keep those in mind as we talk today about women and girls who experience violence...
- Many people blame or think badly of a woman who experiences [rape/IPV/ other form of GBV]. I want to talk today about some of the consequences of that blame... How do you think most people in the community would think about someone who was [raped/beaten by her husband/other]? Discuss the consequences of stigma and mistreatment of survivors...
- What do women usually do after they have experienced [rape/IPV/other form of GBV]? Who would they tell? Would they tell their family members/friend/community leader/service provider? What might prevent a woman from telling someone or seeking help? What can be done to encourage survivors to seek help and support?
- I would like to talk about a type of violence that sometimes affects women/girls. I know this is a difficult conversation, and I don't want to talk about any specific individuals, but I think it's important to discuss the consequences of [rape/IPV/EFM/other] and how we might better support any women or girl who experiences this...

## Important Ideas for Discussion

- Be familiar with consequences of GBV, including important points of global evidence. Information can be useful to open a conversation, to explain your concern and reason for raising issues, or to answer direct questions. Group discussions should not focus, though, on memorizing information but rather exploring topics. Make sure you listen more than you speak, and don't silence discussion with your knowledge of the topic.
- Remember not to be alarmed if someone raises a problematic point of view. This is likely a positive sign that you've created a safe space to air ideas, and exposing ideas is an important part of the process of change. You can note your concern or disagreement without silencing discussion. Probe further. Ask how a survivor might feel. Ask other participants to share their thoughts.
- Be prepared to remind participants not to reference individuals or real cases.
- Be prepared to share information with leaders to help survivors access support.
- Note areas for learning and further discussion—for both leaders and the GBV team.

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# Discussion Guide: Hypothetical Scenarios

Group discussions with community leaders involving hypothetical scenarios can help to create space for sensitive and important discussions related to GBV response. This discussion guide includes suggestions for arranging and leading any group discussion, followed by steps for facilitating scenario-based discussions, sample scenarios, sample questions, and important ideas for discussing GBV response through hypothetical scenarios.

## **Arranging Discussion Groups (ahead of discussion)**

- Identify a comfortable and quiet locations for discussions.
- Limit groups to 15 participants
- Complete discussions within 1.5 hours.
- Ensure lead facilitator has experience and/or training in facilitation. The facilitator must be able to ask probing and clarifying questions, demonstrate comfort and patience when talking about sensitive issues, positively manage negative or harmful comments, and respond appropriately to disclosures of GBV.
- Have a referral list of available services in case of GBV disclosure.
- Where possible, arrange same-sex facilitators for all male or all female discussion groups.

## **Introduction (5-10 minutes)**

- Greet everyone, share introductions, pleasantries, and gratitude for any recent positive actions.
- Share general information about your organization and program (with any new participants).
- Present the purpose of the discussion.
- Agree to not share stories that identify individuals.

## **Discussion (30-45 minutes)**

- Introduce topic of discussion and begin with a question or other prompts.
- Be sure to review questions/prompts and adapt them for context.
- Avoid “teaching”, talking too much, or arguing. Use prompts to keep conversation going and remember the discussion is also a learning opportunity for you.
- Do not feel pressure to use all questions/prompts.

## **Wrap-Up (5 minutes)**

- Summarize key takeaways or ideas from discussion.
- Agree on any points for further discussion and make plans as appropriate.
- Thank all participants.



## Steps for Facilitating Scenario-Based Discussions

1. Select or create a scenario, adapted for contextual relevance. Use names that are easily recognized but not the same as any known survivors, or family members of leaders.
2. Share or read a scenario. Clarify that the scenario is hypothetical and not based on any individual in the community. Ask participants not to reference specific cases during discussion.
3. Prompt discussion with limited questions.
4. Highlight important ideas and wrap-up discussion with plans for follow-up.

### Sample Scenario 1

Sarah is a 16-year-old student who loves to study and has big dreams for her life. She lives with her family and helps to care for her younger sisters. One day, she learns that her father is in debt to an older, wealthier man in their community named Adam. Four years ago, her father needed money to pay medical bills after an injury and asked to borrow money from Adam. Adam did not believe Sarah's father would be able to repay a loan, so he instead offered to give the money in exchange for Sarah's hand in marriage, once she was a bit older.

Adam has now come calling for Sarah. She is devastated and does not want to marry Adam, who is much older and already has two wives. She feels betrayed by her father, but she does not wish to anger or humiliate him, and he gave his commitment to this Adam.

### Sample Scenario 2

Hada is a 20-year-old woman with one small child. Her husband, Kader, was away from town for work for most of a year. During this time, Hada was very friendly with her neighbors and liked to help in the community. She volunteered with a women's group and also took classes at the Women and Girls' Safe Space.

Since Kader returned home, Hada is rarely seen in the community. She no longer visits neighbors of the Women and Girls' Safe Space. It appears that Hada is pregnant again, but she has not announced her pregnancy and is not seeking prenatal services.

### Sample Scenario 3

Miriam lives with her husband, Ali, and their three children. When they got married, Ali paid a bride wealth to her family. He often tells her that he had paid a good price for her so she should work hard and be a good wife, or else he will send her back and demand the money back from her family.

Miriam works from early in the morning until late in the evening selling vegetables in the market. When she gets home, she is tired, but she still needs to cook dinner, fetch water, wash clothes, and look after her young children.

Ali often takes the money that Miriam earns at the market and goes out in the evening. He comes home late, and often, he starts shouting at Miriam. He beats her in front of the children. Sometimes he makes her sleep outside to punish her if the food is cold or not cooked to his liking, and to show the neighbors that he is the boss in his family. Many of their neighbors ignore Miriam. Although they often see her with bruises on her face, they just keep quiet.

### Sample Scenario 4

Agnus is a 13-year-old girl who has been very sad and ill lately. Her mother was worried about her and took her to the doctor, who informed her that Agnus is pregnant. Agnus confessed to her mother that John, their 19-year-old neighbor, raped her some weeks ago. This is why she has been sad and not acting like herself.

## Prompts/Questions

- How might the woman or girl at the heart of the scenario might be feeling?
- What risks does she face? What might happen if...
- How would different members of her family respond in this situation? Other members of community?
- Would you (or another leader) be involved, somehow, in this situation? Would the woman or girl facing problems likely seek support from a leader? Why or why not? Who else might contact you to become involved? Why?
- Whose interests should guide a leader's actions in such a case?

## Important Ideas for Discussion

- Keep the survivor at the center of discussion. Discussion will likely shift into other areas of concern, and the facilitator can help to bring focus back to the woman or girl at the heart of the scenario. This provides good practice for survivor-centered response.
- Focus on the role of community leaders. Discussion may shift to what others could or should do. What can leaders do to support a woman or girl in this situation?
- Be prepared to remind participants not to reference individuals or real cases.
- Be prepared to share information with leaders to help survivors access support.
- Note areas for learning and further discussion—for both leaders and the GBV team.

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# Practice Sessions: Responding to Survivors

GBV teams can organize one-on-one, or small group sessions for community leaders interested in practicing their response to women and girls who seek their help, and survivors who disclose incidents of GBV. Practice sessions, including feedback and discussions, should usually be completed within one hour.

## Organizing Exercises

Practice sessions can include different types of exercises, depending on the size of a session and leaders' preferences. Some options include:

- Role play between a GBV team member (acting as survivor) and leader
- Role play between two leaders, acting out different parts
- Role play presentations (with two actors in front of a small group)
- Small group discussion, where responses are suggested without pressure to “act.”

For each session, the following steps are recommended:

1. Present a situation or scenario (either to the group or only to the person acting in the role of a survivor).
2. Allow time for leaders to practice response through an exercise.
3. Reflect on the exercise. Ask leaders how they felt. Invite feedback from any leaders who observed the exercise. Recognize positive things that leaders did. Provide feedback through questions and suggestions for changes, or additional actions.

## Scenarios

Each exercise will involve a brief, hypothetical situation or scenario with a woman or girl seeking help, or a GBV survivor. Scenarios should be relevant to the context, but not based on real cases. Names used for scenarios should be easily recognized but not the same as any known survivors, or family members of leaders. Teams and leaders can consider the following options:

- Agree on a problem the woman or girl might be facing, such as a type of GBV, but no other details
- Discuss problems within the community, or a particular trend of GBV, and then agree to practice response to a survivor reporting a related incident.
- Select and adapt a scenario from **Discussion Guide: Hypothetical Scenarios**

## Key Elements for Community Leaders to Practice Through Sessions

Through scenarios, leaders can practice important elements of survivor-centered response, within their respective roles as community leaders. Leaders can practice what to say and do to reflect empathy and concern, and how to share options for support and assistance. Through practice, leaders can increase their comfort and skill in the following key elements of response:

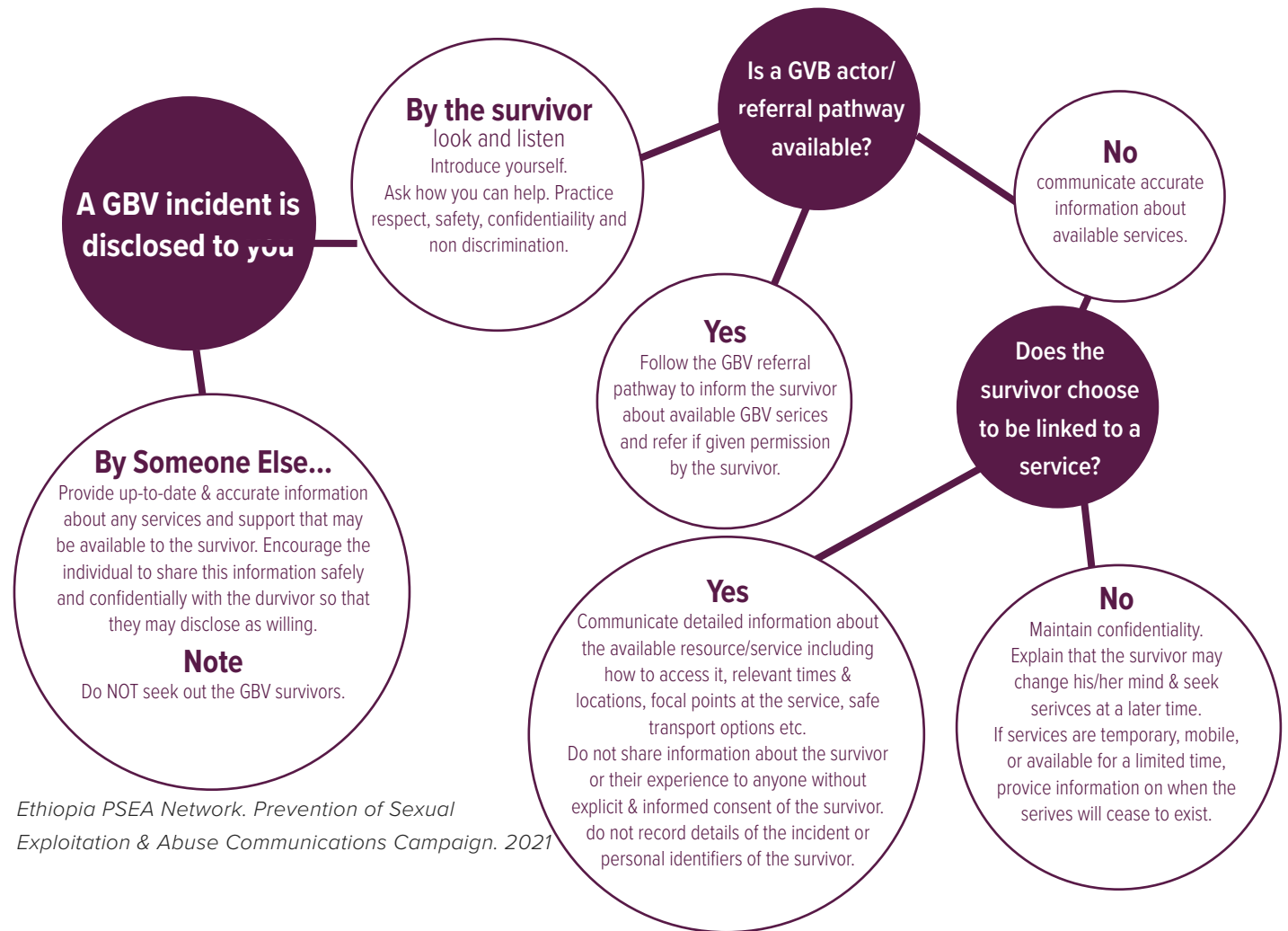
- Creating a safe space and putting survivor at ease
- Listening
- Non-verbal communication
- Making helpful statements
- Asking questions to understand needs and preferences (while avoiding unnecessary questions)
- Sharing options for referrals and other forms of support (without advising or directing)

## What GBV Teams Can Offer and Learn

Through practice sessions, GBV teams can provide feedback and support to community leaders who are committed to strengthening survivor-centered response. Practice sessions also offer GBV teams an opportunity to learn with leaders. GBV teams can:

- Become more familiar with community response to survivors, which can inform programming.
- Learn about leaders' practices in response, which can help GBV teams better prepare survivors engaged with GBV case management who are weighing the option of reporting to leaders
- Gauge leaders' familiarity with GBV consequences, referral systems, etc. and identify areas for follow-up
- Strengthen relationships with leaders for future collaboration

# Tip Sheet: What to Do and Say When a Survivor Discloses GBV<sup>13</sup>



## Look

- Receive a survivor, demonstrating a welcoming attitude
- Ask how you can help to address any urgent needs. Some survivors may need immediate medical care or clothing.
- Ask if the survivor feels comfortable talking to you in the current location. Find a more private or comfortable place if needed.
- Offer water, a tissue, etc.

### Examples of helpful things to say:

- “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? Do you feel comfortable having a conversation here?”
- “Would you like some water? Please feel free to have a seat.”

<sup>13</sup> Adapted from: IASC (Inter-agency Standing Committee). *Pocket Guide: How to support survivors of gender-based violence when a GBV actor is not available in your area*, 2015. <https://gbvguidelines.org/en/pocketguide/>

## Listen

- Listen more than you speak.
- Control your curiosity and don't press with questions.
- Comfort with words of support. Reinforce that what happened was not the survivor's fault.
- Express sympathy and understanding.
- Let her know that you will hold the information she shares with you in confidence.
- Stay focused on the survivor and her experience, even as you may have concerns about the perpetrator or the wider context or security situation.

### **Examples of helpful things to say:**

- *"I'm glad you told me."*
- *"I know this is happening to other women in the community. You are not alone."*
- *"I'm sorry this happened to you."*
- *"What happened was not your fault."*
- *"Everything that we talk about together stays between us. I will not share anything without your permission."*
- *"Please share with me whatever you want to share. You do not need to tell me more than you want to."*

## Link

- Respect the survivor's rights to make her own decisions.
- Use the GBV referral pathway and share information on services available.
- Ask if she would like any specific support from you.
- Tell the survivor she does not need to make decisions now and can access services in the future.
- Ask if anyone in her family is aware and supporting her.
- Offer to help strengthen her family support—but only if she wants this help.
- Offer to accompany the survivor for services.
- Maintain confidentiality and don't share information about her situation without her consent.
- Make a plan to talk again with the survivor if she likes and let her know you are available.

### **Helpful things to say:**

- *"Our conversation will stay between us."*
- *"There is a special program that supports women and girls in similar situations. Would you like to know about them?"*
- *"How can I help you?"*
- *"I can help to connect you to services if you like?"*
- *"I want to be sure your family is supporting you. Is there anything I can do to help? Do you want me to talk to anyone?"*
- *"Do not feel pressure to make any decisions now. You can think about things and always change your mind in the future."*
- *"I want to be sure you're okay and receiving the support you want. How can I check in with you?"*

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# Planning Guide and Tool: Advocacy with Leaders on Behalf of Survivors

This planning guide is intended to help a GBV team consider the appropriateness, as well as the approach, of engaging leaders to advocate on behalf of individual survivors of GBV. Guidance is organized into three steps: 1. Reviewing safety and ethics, 2. Planning for the meeting, and 3. During the meeting.

The planning tool that follows this guidance may help GBV teams further organize their ideas and plans. While this tool is designed to help teams prepare for challenging discussions related to supporting individual survivors, GBV teams may use the tool to organize themselves ahead of any meeting with leaders that involves advocacy, or an “ask”.

## Advocacy with Leaders on Behalf of Survivors: Planning Guide

### 1. Review safety and ethics before a GBV team member engages in direct advocacy:

- Advocacy is based on expressed wishes of survivor, including selection of leader
- GBV team member is clear on the survivor’s wishes, including what information you can share with leader
- Survivor is receiving ongoing GBV case management/ psychosocial support services
- GBV team member feels safe and comfortable meetings with the leader for this purpose. This type of engagement shouldn’t be required of staff
- GBV team member has access to direct supervisor and ability to report any threats, etc.

### 2. Plan for the meeting with a leader:

- Ensure safety and ethical criteria are met
- Agree on team member/ representative to engage leader, considering preparedness and appropriate profile
- Discuss approach with supervisor/ colleagues
  - Clarify and prioritize “asks” for leader
  - Consider leader’s interests in the case
  - Identify common ground
  - Identify positive contributions of leader to highlight during the meeting
  - Discuss actions taken in similar cases to prepare for likely reactions and possible risks and consequences
  - Collect information, including relevant facts about the case and related forms of GBV (see Fact Sheets on different forms of GBV)
  - Organize and review key points, emphasizing common ground, appealing to facts, and focusing on “asks”
  - Practice greetings, key messages, positive communication

- Request a meeting, as appropriate. If dropping by, be sure to select good time (not during meals, prayers, etc.)
- Plan transportation as needed to arrive on time
- Plan to wear respectful clothing

### **3. During the meeting with a leader:**

- Greet and exchange pleasantries
- Explain the purpose of your visit and why you have sought their support
- Listen. The leader may be eager to share feelings and opinions about a case. Exercise patience, listen to concerns, and acknowledge their feelings without argument.
- Acknowledge leader's interests and positive contributions
- Share concerns, drawing on key points. Listen to leader's response and/or concerns
- Appeal to leader's interests and your mutual concern for the survivor
- Explore the potential of "asks"/ requested actions together.
  - Adopt a joint problem-solving approach
  - Keep your focus on the survivor and the case at hand; don't be distracted by broader or other issues that may be raised
  - Don't press for an immediate decision if this is not needed
  - If the leader is very angry or resistant, or if any threats are made, thank them for their time and quickly end the meeting
- Summarize points of agreement and next steps
  - Share any final thoughts that you would like the leader to consider
  - Express appreciation for leader's time and consideration
  - Share contact information and plan for follow-up, as relevant



# Advocacy with Leaders on Behalf of Survivors: Planning Tool

## Summary of Issues and Request

Briefly, why are you considering advocating with a leader?

## Ethics & Safety

Has the survivor requested this intervention?  Yes  No

Are you clear about the survivor's wishes and consent related to:

- What specific information you can share?  Yes  No
- With which specific leaders?  Yes  No

Does the staff feel safe and comfortable to meet with the leader?  Yes  No

Does the staff have:

- Required means of communication and transportation?  Yes  No
- Knowledge of available support, in case of threats or other security risks?  Yes  No

## Purpose

What is your major ask?

What actions do you want the leader to take?

Engaged community leader/s: \_\_\_\_\_

## Leader's Interests

How open is the community leader to the issue?



Open. Supportive of the GBV program and a proponent of survivor-centered response.



Partially Open. Has demonstrated interest in GBV program activities, but not known as a reliable advocate for survivors.



Closed. Not known to the GBV program and/or thought to be not supportive.

The leader will likely be most concerned about...

## Key Points for Discussion

What key points- pieces of information or facts- are important to highlight?  
Which facts will most appeal to the leader's interests (see [factsheets](#))?

## Prepare for Potential Challenges

Anticipate different perspectives and possible arguments.  
How will you re-orient discussion to focus on key points?

## Communication Style

Important things to remember when communicating with leader.  
Specific greetings?  
Has the leader made positive contributions to community safety, or to the GBV program, that you want to acknowledge?

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# Fact Sheet: Early/ Forced Marriage

**Early marriage** is synonymous with “child marriage” and is a marriage in which at least one party is married before the age of 18. Early/child marriage is often the result of entrenched gender inequality, making girls disproportionately affected by the practice. Globally, the prevalence of [child marriage among boys](#) is just one sixth that among girls.<sup>14</sup>

**Forced marriage** is a marriage in which one or more of the parties is married without their consent or against their will. A marriage can also become a forced marriage even if both parties enter with full consent if one or both are later forced to stay in the marriage against their will.<sup>15</sup>

Early marriage is form of forced marriage, as girls are often forced and, according to human rights standards, are not able to provide informed consent to marry under the age of 18.

Early/forced marriage (EFM) is identified as a specific form of GBV but should also be considered a form of sexual violence, where girls forced into marriages are consequently forced into sexual relationships.

## Impact of Early/Forced Marriage

Early/forced marriage threatens the lives and health of girls in many parts of the world, despite international agreements, national laws, and substantial evidence of its harm. Being forced into marriage is a grave violation of an individual’s self-determination and bodily integrity. The violation of early/forced marriage is also linked to numerous risks and consequences, compounding the harmful impact of the practice for individuals, families, and communities.

## Drivers of Early/Forced Marriage

Forms of early/forced marriage are customary in many parts of the world, but marriage customs have shifted quickly within communities, based on movements to shift practices, as well as changes in livelihoods, emergencies, and displacement. Early marriage is often driven by parents’ interests in protecting girls and securing their marriageability. During emergencies, when strains on family resources are great, these concerns are often heightened, and early marriage may increase and shift to include younger girls and greater age differences.

## Individual Consequences

- Girls who marry are more likely to drop out of school.
- Girls/women who experience EFM earn lower income. For each year of primary schooling, a woman’s income increases by 10 to 20%
- Early marriage leads to earlier and more pregnancies, resulting in negative health consequences. Girls who marry often do not have access to, or use, contraception.
- Early marriage significantly increases risks of maternal mortality. Maternal mortality is a leading cause of death of adolescent girls (globally the second highest cause of death for adolescent girls, and in some countries the highest). A multi-country study found that maternal mortality doubled for mothers aged 15-19, compared to mothers aged 20-34. For mothers under 15, the rate doubled again. This means a girl under 15 is four times more likely to die during pregnancy or after childbirth than someone in their 20s.

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<sup>14</sup> UNICEF. Webpage on child marriage, Child marriage | [UNICEF](#)

<sup>15</sup> UNICEF. Webpage on child marriage, Child marriage | [UNICEF](#)

- Early pregnancy among girls whose bodies are not ready often leads to medical complications such as obstetric fistula and hemorrhaging. (Obstetric fistula is a condition where a hole develops in the birth canal as a result of childbirth. The hole can be between the vagina and the rectum, ureter, or bladder. It results in continual leakage of urine or feces from the vagina, causing discomfort as well as social stigma.)
- Those who marry early face higher risks of contracting sexually transmitted infections (STIs) and, in some settings, are more likely to be HIV positive. This is due to low negotiating power within their marriages.
- Forced marriage is associated with poor mental health and suicide. Girls who are married are more likely to experience isolation, depression.
- Girls/women who experience EFM are often disconnected from families
- Relationships initiated through EFM are more likely to involve violence, including emotional, physical, and sexual violence. Therefore, EFM is both a form of GBV and also a risk factor for additional forms of GBV.
- In some contexts, relationships initiated through EFM are more likely to result in divorce, and divorce can carry additional negative consequences for women in those contexts.
- Early marriages are often not legally recognized, which contributes to challenges for girls/women to access entitlements.

## **Family Consequences**

- Increased child mortality. Children born to mothers under the age of 15 are 2.5 times more likely to die than those born to mothers aged 24-27.
- Children born to underage mothers are more likely to have problems with nutrition, physical and cognitive development.
- Health complications associated with early marriage lead to increased health expenses for families.
- Lack of education of girls/women affects other family members. This means less income for the family.
- Children with less-educated mothers are also less likely to receive proper nutrition, less likely to be immunized against childhood diseases, and more likely to die.
- EFM is most widely practiced in developing countries, and in poorer communities within developing countries.
- Early marriage contributes to poverty by limiting girls' education and work opportunities. Societies where women are able to complete secondary school are more prosperous.

## **Societal/ Community Consequences**

- EFM is most widely practiced in developing countries, and in poorer communities within developing countries.
- Early marriage contributes to poverty by limiting girls' education and work opportunities. Societies where women are able to complete secondary school are more prosperous.

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# Fact Sheet: Intimate Partner Violence

**Intimate partner violence (IPV)** is a pattern of behavior in an intimate relationship – often within marriage, but also in dating relationships, or between ex-partners- where one person exerts power and control over the other person. Intimate partner violence (also referred to as domestic violence, or partner abuse) can include physical, sexual, emotional, spiritual, reproductive, economic, or psychological abuse.

## Impact of Intimate Partner Violence

Intimate partner violence, even when it does not involve physical violence, can be extremely harmful. It includes behaviors that frighten, intimidate, humiliate, manipulate, and isolate survivors. Intimate partner violence has a range of short- and long-term consequences for survivors and negatively impacts families, communities, and the wider society.

## Do women also abuse their partners?

Both males and females can experience IPV, but the great majority of IPV is perpetrated by men. Intimate partner violence is the exploitation of power, and men are afforded more power in society and in families. Men are also less likely to be sanctioned for abusing power.

## Will community leaders respond to IPV in contexts where it is common or expected?

Some types and degrees of IPV are rooted in social norms and gender roles and expectations. In many communities, it is acceptable for men to punish their wives, to control their access to resources and services, to exert control over their sexuality and reproductive choices, and even to beat them for perceived transgressions. Even where IPV is normative, community leaders and others will recognize IPV as a problem when men beat their wives “too much”- that is, when the degree of violence surpasses social expectations, or when the abuse is not considered justified. Intervening in such cases is often an understood part of a community leader’s responsibilities.

## Cycle of Violence

Severe and escalating IPV is characterized by a cycle of violence, with periods of calm that may last weeks or even years, that then escalate into episodes of violence. This cycle can be compared to weather patterns, where the calm period is sunny, then pressure builds up in the form of clouds, until the storm. Understanding the cycle of violence is important, because community leaders and others may think a situation of IPV has been “resolved” during a calm period, when really the survivor remains at risk.

## Individual Consequences

- **Death and injury** – 42% of women who have experienced physical or sexual violence at the hands of a partner had experienced injuries as a result. These can include bruises and welts, lacerations, abdominal injuries, head injuries, fractures and broken bones or teeth, burns, etc. Severe injuries can result in death.
- **Chronic health** – Stress of prolonged IPV can cause and exacerbate ailments that may be difficult to identify or diagnose. IPV is a risk factor for many diseases and conditions, where health consequences can persist long after the violence has stopped.
- **Mental health and suicide** – Women who have experienced IPV are almost twice as likely to experience depression. IPV is linked to PTSD. Women experiencing IPV are much more likely to attempt suicide.

- **Social isolation** – Women experiencing IPV may be restricted from friends and family. Poor self-esteem and depression related to IPV also contribute to women’s loss of participation in social life.
- **Alcohol and drug problems** – Women experiencing IPV are almost twice as likely as other women to have alcohol-use problems.
- **Sexually transmitted infections** – Women who experience physical and/or sexual partner violence are 1.5 times more likely to acquire syphilis infection, chlamydia, or gonorrhea. In some regions (including sub-Saharan Africa), they are 1.5 times more likely to acquire HIV.
- **Unwanted pregnancy and abortion** – IPV is associated with unwanted pregnancy, abortion, and unsafe abortion.

## Family Consequences

- **Violence during pregnancy** – IPV during pregnancy is linked to miscarriage, delayed prenatal care, stillbirth, premature labor and birth, fetal injury, and low birth-weight babies
- **Children’s health** – Women who experience IPV have a 16% greater chance of having a low birth-weight baby; Studies have found children born to women experiencing IPV are 40% more likely to suffer from stunting, are less likely to be immunized, have higher rates of diarrheal disease, and are at greater risk of dying before the age of five.
- **Children’s mental health** – Many studies have found an association between IPV against women and consequences for children, including anxiety, depression, and poor school performance
- **Children’s safety** – IPV is associated with child abuse in the same household.
- **Children’s future relationships** – Children will mirror behaviors they witness. Significant evidence indicates that boys exposed to IPV are more likely to perpetrate IPV later in life; girls exposed to IPV are more likely to be in abusive relationships later in life.

## Community/Societal Consequences

- Social and economic costs of IPV are enormous, across all societies. Countries with lower prevalence of IPV are largely more prosperous.
- IPV contributes to poverty by limiting women’s mobility and ability to work.
- IPV contributes to family disputes and separations.
- Women who experience IPV can face varied consequences and housing insecurity; may require community/social support.
- IPV affects children and future generations, where consequences are compounded and repeat.

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# Fact Sheet: Sexual Assault and Rape<sup>16</sup>

**Sexual violence** is any sexual act (or attempt to obtain a sexual act), unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim.

**Rape** is non-consensual penetration of the vagina, anus, or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object. Rape can be perpetrated by someone known to the victim or by a stranger. Rape by two or more perpetrators is often referred to as gang rape.

**Sexual assault** is any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape as well as unwanted kissing, fondling, or touching of genitalia and buttocks. This incident type does not include rape, i.e., where penetration has occurred. Female genital mutilation/cutting is an act of sexual violence that impacts sexual organs, and as such will be classified as a sexualized act.

There are many types of sexual assault and rape that include, but are not limited to the following:

- Rape in marriage or dating relationships
- Rape by strangers
- Rape by soldiers
- Unwanted sexual advances, or touching, including demanding sex in return for favors
- Sexual abuse of people who are mentally or physically disabled
- Sexual abuse of children
- Forced marriage, including the marriage of children
- Forcing someone into prostitution

## Impacts of Sexual Assault and Rape

Sexual violence is harmful and negatively impacts survivors, their families, their communities, and wider society. There are many short- and long-term physical, mental and psychosocial consequences. At its worst, sexual violence can be life-threatening. The nature and severity of consequences are influenced by the type, duration and severity of the violence, the individual's age and developmental level, her relationship to the perpetrator/s, her psychosocial circumstances and the care and support she receives.

## Physical Consequences

Physical consequences of sexual violence can include acute physical effects such as injury, shock, disease, and infection, as well as chronic health problems such as disability, infections, chronic pain, gastrointestinal disorders, eating and sleeping disorders. There may also be immediate and ongoing reproductive health problems including miscarriage, unwanted pregnancy, menstrual and gynecological disorders, and pregnancy complications.

Some consequences are present immediately after an incident, while others appear at a later stage. For example, it is common for survivors to experience shock immediately after an assault; they may feel cold, faint, confused or disoriented, they may feel sick and even vomit. In the hours, days and weeks following sexual assault, many people report difficulty falling or staying asleep, heart palpitations and breathing

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<sup>16</sup> Source: UNICEF Communities Care: Transforming Lives and Preventing Violence Toolkit.



difficulties, headaches or general aches and pains, feeling tired and fatigued, nausea, being easily startled by noises, general agitation and muscle tension, numbness, eating problems, or oversensitivity to noise. It is also common for women to come for medical care months or even years after sexual violence. Physical effects depend on the violence itself. In cases of child sexual abuse, there may be no obvious physical signs. The absence of physical injuries or signs does not mean that sexual violence did not take place.

## **Psychological and Emotional Consequences**

Psychological effects generally refer to inner thoughts, ideas and emotions and can be less visible or even completely hidden, so survivors may need to offer this information. Psychological and emotional effects of sexual violence can be immediate and longer term. Common psychological effects of sexual violence include anxiety, depression, self-harm, chronic stress reactions, and overwhelming feelings of fearfulness, disempowerment, shame, and anger. It is very important to remember that everyone shows emotions differently and judging how people outwardly is a mistake.

People are all different, and the way they act and behave will depend on the individual and the context, including the culture. The reactions vary from person to person, depending on the age of the survivor, her life situation, the circumstances surrounding the violence and the response of support persons.

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# Fact Sheet: Female Genital Mutilation/Cutting<sup>17</sup>

GBV programs may sometimes support girls at risk of female genital mutilation/cutting (FGM/C) and consider engaging community leaders on behalf of survivors. More frequently, GBV programs engage community leaders in efforts to prevent FGM/C. Evidence suggests that perspectives of community leaders on FGM/C can be changed through engagement.<sup>18</sup> Where it is practiced, FGM/C is strongly rooted in social norms, and shifting these norms requires concerted, thoughtful efforts and community participation. Community-based organizations are best suited to lead safe and effective strategies to prevent FGM/C.

## Key Facts

- Female genital mutilation/cutting (FGM/C) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.
- The practice has no health benefits for girls and women.
- FGM/C can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
- FGM/C is mostly carried out on young girls between infancy and age 15.
- FGM/C is a violation of the human rights of girls and women.

## Types of FGM/C

Female genital mutilation is classified into four major types:

- **Type 1:** This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans).
- **Type 2:** This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).
- **Type 3:** Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans (Type I FGM/C).
- **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

## Who is at Risk?

FGM/C is mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women. More than three million girls are estimated to be at risk for FGM/C annually. The practice is mainly concentrated in the Western, Eastern, and North-Eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM/C is therefore a global concern.

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<sup>17</sup> This fact sheet is drawn from World Health Organization (WHO), *Female genital mutilation*, 2020. Available at <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

<sup>18</sup> UNFPA, UNICEF WHO, Population Council. *Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation* | UNICEF; UNHCR & Population Council. 2107. *Community Engagement In SGBV Prevention And Response A Compendium Of Interventions In The East & Horn Of Africa And The Great Lakes Region*, 2020

## Consequences of FGM/C

**FGM/C has no health benefits**, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies. Generally, risks of FGM/C increase with increasing severity, but all forms of FGM/C are associated with health risks.

### Immediate consequences can include:

- severe pain
- excessive bleeding (hemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death.

### Long-term consequences can include:

- urinary problems (painful urination, urinary tract infections);
- vaginal problems (discharge, itching, bacterial vaginosis and other infections);
- menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- scar tissue and keloid;
- sexual problems (pain during intercourse, decreased satisfaction, etc.);
- increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- need for later surgeries: for example, the sealing or narrowing of the vaginal opening (Type 3) may lead to the practice of cutting open the sealed vagina later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;
- psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.);

## Cultural and Social Factors for Performing FGM/C

The reasons why female genital mutilations are performed vary from one region to another as well as over time and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:

- Where FGM/C is a social norm, social pressure to conform, as well as the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM/C is almost universally performed and unquestioned.
- FGM/C is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.

- FGM/C is often motivated by beliefs about what is considered acceptable sexual behavior. It aims to ensure premarital virginity and marital fidelity. FGM/C is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts.
- Where it is believed that being cut increases marriageability, FGM/C is more likely to be carried out.
- FGM/C is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine, or male.
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- Religious leaders take varying positions on FGM/C: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice. They can be effective advocates for abandonment of FGM/C.
- In most societies, where FGM/C is practiced, it is considered a cultural tradition, which is often used as an argument for its continuation.
- In some societies, recent adoption of the practice is linked to copying the traditions of neighboring groups.

### **For More Information on FGM/C, See the Following Resources:**

- World Health Organization (WHO). Complete information sheet available at: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>
- An evidence review of different strategies to prevent and respond to FGM/C between 2008-2020 can guide future programming: UNFPA, UNICEF WHO, Population Council. 2020. An Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation. [Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation | UNICEF](#)
- Additional resources are available through the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: [UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation | UNICEF](#)