



Camp Coordination  
and Camp Management



Child  
Protection



Food Security  
and Agriculture



Housing, Land  
and Property



Education



Health



Humanitarian  
Mine Action



Nutrition



Livelihoods



Protection



Shelter, Settlement  
and Recovery



Water, Sanitation  
and Hygiene



Humanitarian Operati  
Support Sectors

# 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



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የሥነ ልቦና ሚኒስቴር  
Ministry of Women  
Children and Youth



**This version of the Gender Based Violence Pocket Guide and the accompanying mobile application were produced in 2020 with financial support from UNICEF and UN Women. It is based on the original English version of the globally endorsed interagency resource, and has been adapted for the Ethiopian context. The adaptation and translation of the Pocket Guide was led by UNICEF, UNFPA, UN Women, and the Ministry of Women, Children, and Youth (MoWCY) with additional technical support from specialists from the International Rescue Committee, the Child Protection and Gender Based Violence Area of Responsibility, and the PSEA Network in Ethiopia. The addition of information within the Ethiopian context, referral resources and local terminology were key adaptations made.**

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**This version of the GBV Pocket Guide has been translated into Amharic, Oromifa, Tigrigna and Somali by Translators Without Borders, and has been endorsed by the Ministry of Women, Children, and Youth for use in Ethiopia.**



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# What is the Pocket Guide?

The *Pocket Guide* and its supporting materials<sup>1</sup> provide **all humanitarian practitioners** with information on:

- How to support a survivor of gender-based violence (GBV)
- Who discloses their experience of GBV to you
- In a context where there is no GBV actor (including a GBV referral pathway or a GBV focal point) available.

The *Pocket Guide* uses global standards on providing basic support and information to survivors of GBV without doing further harm. We encourage adaptation of this resource to your local context with the support of a GBV specialist and in a manner that maintains a survivor-centered approach.

While the *Pocket Guide* uses a Psychological First Aid (PFA) framework (Prepare, Look, Listen and Link), previous knowledge or training on PFA is not needed. Comprehensive PFA training is encouraged.

<sup>1</sup> Accompanying the *Pocket Guide* is a *Background Note* and a *User Tips/How-To Guide*.

# Contents

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<b>Key messages</b>	6 & 7	Immediate guidance
<b>Decision tree</b>	10 & 11	
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Look	18	
Listen	19	
Link	20 & 21	
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Seeking support & PSEA	24	<i>Preparation and building knowledge and skills to respond</i>
Prepare, Look, Listen & Link	26 to 29	
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# Key Messages

## **Always talk to a GBV specialist first**

to understand what GBV services are available in your area. Some services may take the form of hotlines, a mobile app or other remote support.

## **Be aware of any other available**

**services** in your area. Identify services provided by humanitarian partners and government such as health, psychosocial support, shelter, legal aid, and non-food items. Consider services provided by communities such as grassroots, faith-based, women-led organizations and groups and disability service organizations.

**Remember your role.** Provide a listening ear, free of judgment. Provide accurate, up-to-date information on available services. Let the survivor make their own choices. Know what you can and cannot manage. Even without a GBV actor in your area, there may be other partners, such as a child protection or mental health specialist, who can support survivors that require additional attention and support. Ask the survivor for permission before connecting them to anyone else. Do not force the survivor if she or he says no.

Do not proactively identify or seek out GBV survivors. Be available in case someone asks for support.

## **Remember your mandate.** All

humanitarian practitioners are mandated to provide confidential, non-judgmental and non-discriminatory support to people

in need regardless of: gender, sexual orientation, gender identity, marital status, disability status, age, ethnicity/tribe/race/religion, who perpetrated/committed violence, and the situation in which violence was committed.

Use a **survivor-centered approach** by practicing:

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

If health services exist, always provide information on what is available. Share what you know, and most importantly explain what you do not. Let the survivor decide if she or he wants to access them. Receiving quality medical care within 72 hours can prevent transmission of sexually transmitted infections (STIs), and within 120 hours can prevent unwanted pregnancy.

Provide the opportunity for children and people with disabilities to communicate to you without the presence of their caregiver, if wished and does not endanger or create tension in that relationship.

## Key Messages

If a man or boy is raped it does not mean he is gay or bisexual. Gender-based violence is based on power, not someone's sexuality. However, violence can also be targeted at a person because of his or her real or perceived sexual orientation.

LGBT people are often at increased risk of harm and violence due to their sexual orientation and/or gender identity. Actively listen and seek to support all survivors.

Anyone can commit an act of gender-based violence including a spouse, intimate partner, family member, caregiver, in-law, stranger, parent, service provider or someone who is exchanging money or goods for a sexual act.

Anyone can be a survivor of gender-based violence – this includes, but isn't limited to, people who are married, people with disabilities, children, LGBT persons, elderly individuals or people who engage in sex work.

**Protect the identity and safety of a survivor. Do not write down, take pictures or verbally share any personal/identifying information about a survivor or their experience, including with your supervisor. Put phones and computers away to avoid concern that a survivor's voice is being recorded.**

- Personal/identifying information includes the survivor's name, perpetrator(s) name, date of birth, registration number, home address, work address, location where their children go to school, the exact time and place the incident took place etc.
- Share general, non-identifying information:
  - To your team or sector partners in an effort to make your program safer.
  - To your support network when seeking self-care and encouragement.

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*"It has come to my attention that people are experiencing harassment around the water point because it is isolated and far away. We can try to reduce this harassment by encouraging use of a closer water point, or encouraging collecting water in groups, or..."*

*"Someone shared with me an experience of something bad that happened to them. I can't share the details, but need support around how this interaction is affecting me."*

**What should  
a survivor of  
based violence  
approaches**



What should I do if  
I experience  
gender  
discrimination  
at work?

# Decision Tree

**A GBV  
incident is  
disclosed to  
you...**

**BY THE SURVIVOR**

**LOOK & LISTEN**

(refer to pages 18 & 19)

Introduce yourself.  
Ask how you can help.  
Practice respect, safety,  
confidentiality and non  
discrimination.

**BY SOMEONE ELSE...**

Provide up-to-date and accurate information about any services and support that may be available to the survivor. Encourage the individual to share this information safely and confidentially with the survivor so that they may disclose as willing.

**NOTE:**  
**DO NOT seek out GBV  
survivors.**

**PREPARE**  
Be aware  
of existing  
services.

**Is a GBV  
actor/referral  
pathway  
available?**

**YES**

Follow the GBV referral pathway to inform the survivor about available GBV services and refer if given permission by the survivor.

**NO**

**LINK**

(refer to pages 20 & 21)

Communicate accurate information about available services.

**Does the  
survivor choose  
to be linked to a  
service?**

**YES**

Communicate detailed information about the available resource/service including how to access it, relevant times and locations, focal points at the service, safe transport options etc. Do not share information about the survivor or their experience to anyone without explicit and informed consent of the survivor. Do not record details of the incident or personal identifiers of the survivor.

**NO**

Maintain confidentiality.  
Explain that the survivor may change his/her mind and seek services at a later time.

If services are temporary, mobile or available for a limited time, provide information on when these services will cease to exist.

**WHO ARE THE  
RELEVANT  
SUPPORT SERVICES  
I CAN HIGHLIGHT  
TO THE SURVIVOR  
DEPENDING ON  
WHAT THEY ASK  
FOR HELP WITH?**

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# Information Sheet

Fill in this information sheet for services in your area and keep it in a place where it is easily accessible. Update this sheet regularly as services might change modality (shifting to remote or mobile services for example), new services might start or services end.

Work with a GBV specialist, your team leader and partners, or CP-GBV AoR to identify (1) available services provided by humanitarian partners and (2) available services by government

(3) community-based services such as religious groups/ places of worship, women-led groups, youth-focused groups, Disabled Persons' Organizations etc.

Write down necessary information about how to access those services, including where to go, who to talk to, and who can/cannot access them (e.g. only women, necessary documentation, etc.).

## Kebele or Woreda Women, Children, Youth Affairs Office

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## Child Protection

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## Mental health/psychosocial support

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## Health

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## Sexual and reproductive health

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## Clinical Management of Rape

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **Police Station Kebele/Woreda level**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **Non-food items/WASH incl. dignity kits**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **Shelter (such as women's shelter)**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **Legal**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **Food and nutrition**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **Services for adolescents/youth**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **Services for people with disabilities**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **Services for LGBTI+ people**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **Services for child or female-headed households**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## **PSEA Focal Point of your organisation**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## **Livelihood and economic**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## **Women's groups**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## **Other 1:**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## **Other 2:**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## **REGIONAL SERVICES**

These services are available in many regional capital cities. Contact the regional Bureau for Women, Children and Youth Affairs for up to date information.

### **One Stop Centre**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **Regional Hotline/Helpline for GBV Response**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## **NATIONAL GBV HOTLINE**

### **National level hotline**

INFORMATION: \_\_\_\_\_

FOCAL POINTS: \_\_\_\_\_

HOTLINE NUMBER: \_\_\_\_\_



**HOW SHOULD  
I BEHAVE  
IN THIS  
SITUATION?**

---

**WHAT  
ARE THE  
KEY DO'S  
AND  
DON'TS?**

# DO'S, DO NOTS AND WHAT TO SAY



LOOK

## DO

**DO** allow the survivor to approach you. Listen to their needs.

**DO** ask how you can support with any basic urgent needs first. Some survivors may need immediate medical care or clothing.

**DO** ask the survivor if s/he feels comfortable talking to you in your current location.

**DO** If a survivor is accompanied by someone, do not assume it is safe to talk to the survivor about their experience in front of that person.

**DO** provide practical support like offering water, a private place to sit, a tissue etc.

**DO** to the best of your ability, ask the survivor to choose someone s/he feels comfortable with to translate for and/or support them if needed.

## DO NOT

**DO NOT** ignore someone who approaches you and shares that s/he has experienced something bad, something uncomfortable, something wrong and/or violence.

**DO NOT** force help on people by being intrusive or pushy.

**DO NOT** overreact. Stay calm.

**DO NOT** pressure the survivor into sharing more information beyond what s/he feels comfortable sharing. The details of what happened and by whom are not important or relevant to your role in listening and providing information on available services.

**DO NOT** ask if someone has experienced GBV, has been raped, has been hit etc.

## Examples of what 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."

# DO'S, DO NOTS AND WHAT TO SAY

A large orange circle containing the word "LISTEN" in white, uppercase letters.

## DO

**DO** treat any information shared with confidentiality. If you need to seek advice and guidance on how to best support a survivor, ask for the survivor's permission to talk to a specialist or colleague. Do so without revealing the personal identifiers of the survivor.

**DO** manage any expectations on the limits of your confidentiality, if applicable in **your context**.<sup>2</sup>

**DO** manage expectations of your role.

**DO** listen more than you speak.

**DO** say some statements of comfort and support; reinforce that what happened to them was not their fault.

## DO NOT

**DO NOT** write anything down, take photos of the survivor, record the conversation on your phone or other device, or inform others including the media.

**DO NOT** ask questions about what happened. Instead, listen and ask what you can do to support.

**DO NOT** make comparisons between the person's experience and something that happened to another person. Do not communicate that the situation is "not a big deal" or unimportant. What matters is how the survivor feels about their experience.

**DO NOT** doubt or contradict what someone tells you. Remember your role is to listen without judgment and to provide information on available services.

## Examples of what to say...

"How can I support you?"

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

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

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

"I'm sorry this happened to you."

"What happened was not your fault."

<sup>2</sup> There are some contexts that have mandatory reporting rules related to certain types of cases. Refer to your Protection focal point and/or GBV specialist for further information and guidance.

**LINK**



**LINK**

## **DO**

**DO** respect the rights of the survivor to make their own decisions.

**DO** share information on all services that may be available, even if not GBV specialized services.

**DO** tell the survivor that she or he does not have to make any decisions now, she or he can change their mind and access these services in the future.

**DO** ask if there is someone, a friend, family member, caregiver or anyone else who the survivor trusts to go to for support.

**DO** ask for permission from the survivor before taking any action.

**DO** end the conversation supportively.

## **DO NOT**

**DO NOT** exaggerate your skills, make false promises or provide false information.

**DO NOT** offer your own advice or opinion on the best course of action or what to do next.

**DO NOT** assume you know what someone wants or needs. Some actions may put someone at further risk of stigma, retaliation, or harm.

**DO NOT** make assumptions about someone or their experiences, and do not discriminate for any reason including age, marital status, disability, religion, ethnicity, class, sexual orientation, gender identity, identity of the perpetrator(s) etc.

**DO NOT** try to make peace, reconcile or resolve the situation between someone who experienced GBV and anyone else (such as the perpetrator, or any third person such as a family member, community committee member, community leader etc.)

**DO NOT** share the details of the incident and personal identifiers of the survivor with anyone. This includes the survivor's family members, police/security forces, community leaders, colleagues, supervisors, etc. Sharing this information can lead to more harm for the survivor.

**DO NOT** ask about or contact the survivor after you end the conversation.

## Examples of what to say...



LINK

“Our conversation will stay between us.”

“I am not a counselor, however, I can provide you with the information that I have. There are some people/organizations that may be able to provide some support to you and/or your family. Would you like to know about them?”

“Here are the details of the service including the location, times that the service is open, the cost (if applicable), transport options and the name of the person you can talk to.”

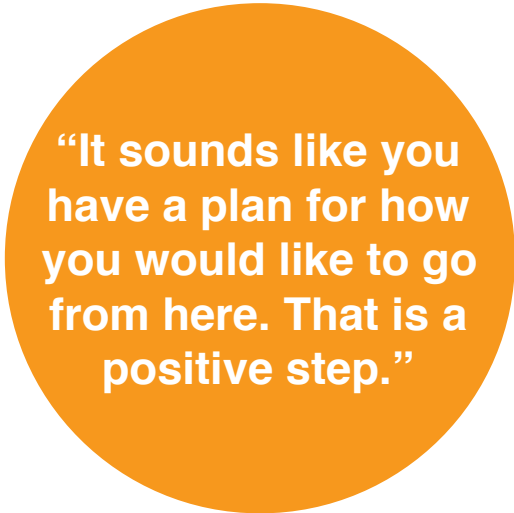
“Is there anyone that you trust that you can go to for support, maybe a family member or a friend? Would you like to use my phone to call anyone that you need at this moment?”

“When it comes to next steps, what you want and feel comfortable with is the most important consideration.”

“Do not feel pressure to make any decisions now. You can think about things and always change your mind in the future.”

“I cannot talk to anyone on your behalf to try to resolve the situation. But what I can do is support you during our conversation and listen to your concerns.”

“It sounds like you have a plan for how you would like to go from here. That is a positive step.”



**“It sounds like you have a plan for how you would like to go from here. That is a positive step.”**

How should  
ste  
W  
for psy.

and I proceed  
step by step?  
What are the  
guidelines  
psychological  
first aid?

# STEP BY STEP GUIDANCE

## THE SURVIVOR'S PERSPECTIVE:

### Benefits and risks for seeking support

Seeking services is not always safe for a survivor and could lead to more harm. Remember that your role is to provide accurate, up-to-date information on available services and let the survivor make their own choices on what feels safe for them. Consider the following example of benefits or risks:

#### RISKS of seeking support

Possibility that the survivor's friends, family and/or community will find out, which can lead to being stigmatized, kicked out of their home or community, and/or exposed to more violence.

Possibility that the perpetrator(s) finds out other people know what happened, leading to retaliation by harming or even killing the survivor or her/his family.

Possibility that service providers are exposed to threats and violence by the perpetrator or community if they are seen as helping a survivor.

Possible insensitive and victim blaming response by service providers if they are not trained properly which can cause secondary victimization.

In times of disease outbreak on a large scale (i.e. COVID-19 pandemic), many services might not be seen as a safe place to receive support due to fear of infection or possible neglect by providers.

#### BENEFITS of seeking support

Access to life-saving support when in distress.

Access to safe, confidential and professional medical care in a timely manner that could prevent HIV, other sexually transmitted infections, and unwanted pregnancy.

Access to other services that provide more dignity and comfort, including options for safety (such as through shelters) and psychosocial support.

Access to support that may prevent further violence from occurring.



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# Sexual exploitation and abuse

## **By a humanitarian actor or individual associated with providing humanitarian assistance and/or protection**

Protection from Sexual Exploitation and Abuse (PSEA) is a term used to refer to steps taken to protect vulnerable people from sexual exploitation and abuse (SEA) by humanitarian actors and associated personnel, including humanitarian aid workers, volunteers, security guards, contractors, drivers, UN mission personnel, UN police personnel, peacekeepers, suppliers/vendors of goods and services for humanitarian purposes and so on, under a contractual agreement.

Regardless of who the perpetrator is, the roadmap to support any survivor of GBV as outlined in this resource remains the same. However, humanitarian workers have an obligation to report any allegation of SEA.

For additional responsibilities that arise when the perpetrator is a humanitarian actor or associated with humanitarian assistance and/or protection, contact your agency/organization's PSEA Focal Point, if there is one, or your Head of Agency.



## PREPARE

### **Preparation is key.**

Even without a GBV actor (including a GBV referral pathway or a GBV focal point) available in your area, there may be other services, including at the local/community level, that can be helpful to address someone's needs. You likely know about more services than you think!

### **Be aware of available services**

Use the Information Sheet (page 14 to 16) to fill in information about available services. Work with a GBV specialist, your team leader, colleagues, the Gender-Based Violence AoR and other partners.

Write down necessary information about how to access those services, including where to go, who to talk to, and who can/cannot access them (e.g. only women, necessary documentation, etc.).

Ask your team leader, program manager and/or cluster/sector coordinator about the protocols for Preventing Sexual Exploitation and Abuse. In the case that your agency does not have an established protocol for PSEA, consider reaching out to a PSEA focal point for guidance in your setting.

### **Practice makes perfect**

Get comfortable with the sample scripts on pages 18 to 21. Practice out loud or with colleagues and friends. The more you practice, the more comfortable you will be if a survivor of GBV seeks your help.

Refer to the User Tips Manual for additional information on how you can train on/practice these materials.

The Pocket Guide is helpful for anyone who is going through a difficult situation. The next time your colleague or friend comes to you for support or advice, practice using the questions and statements in this resource.

## LOOK

### **When someone discloses their experience of gender-based violence to you...**

#### **Introduce yourself**

Introduce your name, your role and who you are. Ask how you can help.

#### **Address urgent basic needs**

Each person will have different basic needs, which may include urgent medical care, water, sanitary pads, finding a loved one or a blanket or clothes if lost, torn, stained or removed. Especially for GBV survivors, clothes may be the primary urgent need for them to feel more comfortable and dignified.

Let the survivor tell you how s/he feels about their personal safety and security. Take care to not make assumptions based on what you are seeing.

## LOOK (continued)

### Be aware of the different ways that people reach out for support

Allow people to express their emotions in whatever form they take. People have diverse responses to stress and crisis.

Some people may be quiet and unable to talk; angry and yelling; blaming themselves for what happened to them; crying; acting violently and so on

People with hearing or speaking difficulties, people who speak a different language and others experience different barriers when reaching out for support.

Adhere to the survivor-centered principles and confidentiality when finding ways to listen to and support these individuals. Even if you cannot understand someone you can always demonstrate care and support.

Ensure female staff is present to provide support, especially in contexts where women and/or girls are culturally unable to interact with men.

### Recognize what you can and cannot manage

Some situations require more specialized support beyond your role, such as situations involving child survivors, mandatory reporting<sup>3</sup>, imminent danger of a survivor, or where the survivor may be of harm to themselves or to others.

There may be other focal points with the capacity to better support in this scenario. Refer to your Information Sheet (pages 14 to 16).

**REMEMBER**, if you want to seek support from a supervisor or another humanitarian practitioner, ***ALWAYS ask permission from the survivor first.***

Tell the survivor who you want to talk to, why you want to talk to them and what information you want to share. Only share information that the survivor specifically agreed to. If the survivor is not comfortable or outright refuses sharing any of their information, help them as best as you can using the tools in this Pocket Guide.

<sup>3</sup> There are some contexts that have mandatory reporting rules related to certain types of cases. Refer to your Protection focal point and/or GBV specialist for further information and guidance.

## LISTEN

After ensuring the survivor's basic needs are met, and that s/he is not in immediate danger, **LISTEN**.

The survivor may be very upset and/or confused, but as a helper it is important to stay as calm as possible. Allow the individual to share as much or as little information as s/he would like to.

It is not your role to provide counseling, take the individual to services or conduct a detailed interview about what happened to them. Rather than asking detailed questions about the incident itself, focus on providing them with information about the services you know are available.

**TIP: Normally, it is best to avoid questions, especially those that begin with “WHY,” as such questions can feel like they are placing blame on the survivor. Instead, just listen or, if needed, ask questions such as**

*“can I tell you  
about services that  
are available to  
support you” or “how  
would you like me to  
support you?”*

### THE POWER OF LISTENING:

Sometimes you may be in a situation where there are absolutely no services or resources available for you to share with a survivor.

You may feel helpless. It is important that you are honest with the survivor, recognizing the survivor's courage to share their experience with you, express that you are sorry you cannot be more helpful and provide the survivor with as much dignity in the course of your conversation as possible. Being present while demonstrating active listening is supportive in and of itself.

## LINK

As you support the survivor to make decisions on their next steps...

### **Ask the survivor if there is someone s/he trusts to go to for support.**

If asked what your opinion is, encourage the survivor to make the decisions on who to go to, when and why.

Do not give your own opinion of the situation.

### **If any services do exist, provide accurate information to the survivor on the available services or options for more comfort.**

Preparation is key. Use your Information Sheet (pages 14 to 16) and make sure you have accurate, up-to-date information on the services available and how to access them.

If you are not sure a specific service exists, say you are not sure.

### **Compassionately end the conversation.**

Maintain confidentiality.

Positively reinforce any decisions that the survivor made.

Keep in mind, your role is to support the survivor in their decisions and choices, even if the survivor does not make any. Do not engage in repeated sessions or meetings with the survivor, counseling or attempts to manage the survivor's case.

### **After the conversation**

**Reflection and self-care:** It is important to remember that you can do everything right, but you are not going to fix this person's experience or take away their pain. Listening to and hearing other people's experiences can expose you to their painful, traumatic or hurtful experience – also known as experiencing secondary trauma.

Think about how to take care of yourself as these feelings come up for you. Reach out to your own support system and network, including your colleagues, team leader or a GBV specialist, to de-brief on the exchange (keeping in mind the survivor's confidentiality) and seek support.

Since certain types of violence (for example, domestic violence) can operate in cycles, you may see this person again or learn that they experienced another incident of violence.

You cannot change their experiences, but you can:

Listen without judgment to a survivor during each incident regardless of whether you've talked to them before or not.

Think about how to improve your programming, make the services you offer safer, and create a more positive environment for those who experience GBV.

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What if  
the survivor  
who  
approaches  
me is a  
child or  
adolescent?

# SUPPORTING CHILDREN AND ADOLESCENTS UNDER 18 YEARS

## KEY MESSAGES

**Always talk** to a GBV or child protection specialist in your location or region first to understand: (1) what services are available in your area and (2) referral protocols and procedures.<sup>4</sup>

**Do not harm.** Do not seek out child survivors. It is not your job to investigate or assess if a child/ adolescent is experiencing violence.

Doing so can lead to more violence and risks for the child/adolescent.

Be approachable if a child/adolescent wants to seek your help.

**Remember your role.** If a child/adolescent reaches out to you for help,

1. Provide a listening ear, free of judgment.
2. Support the child/adolescent by connecting them to an adult that the child/adolescent identifies as being safe and trusted. This may not be their parent, caregiver or a family member.
3. Do not make decisions for him/her. Respect if the child/adolescent does not want a caregiver or any other safe and trusted person present when she/he talks to you. If the child/adolescent does not want anyone present, you need to take

steps to ensure they are safe. Do not make decisions for him/her, including forcing the child/adolescent's caregiver or any other person to be with them when s/ he talks to you.

**Be Responsible.** There are several measures you should put in place when working alone with a child/adolescent to make sure you are both protected. Make sure an appropriate adult knows the time and place when you are alone with a child/adolescent. Choose a suitable venue: use a room with windows so people can see in, or leave the door open. Ensure the child/adolescent knows they can stop the one-to-one contact at any time and make sure they know how to complain or get help if they need it.

**Provide comfort.** Allow the child/adolescent to lead the conversation, even if this means providing company in silence. Be at eye level with open body language to show the child/adolescent that they can open up to you if s/he wants to. Refrain from asking questions about what happened, by who and why – instead use comforting statements and speak in a manner that they can understand.

**REMEMBER,** if a GBV or child protection actor/referral pathway is available in your area, facilitate safe and confidential referral of the child/adolescent to a specialist to better assist them. Use this guidance when there is **no GBV or child protection actor/referral pathway** available in your area.

<sup>4</sup> Refer to your GBV or Child Protection focal point in-country on local protocols and procedures, including: (1) limits on confidentiality and (2) designated GBV and child protection focal points.

### **Treat every child fairly.**

All children should be offered the same unbiased support regardless of their sex, age, family situation, status of their caregiver or any other part of their identity. Do not treat a child that has experienced GBV as helpless. Each child has unique capacities and strengths and possesses the capacity to heal. Speak to a child survivor in a way that they understand and with respect for their dignity and opinions.

### **Maintain confidentiality.**

Do not write down, take photos or document in any way your interaction with the child/adolescent. Put away any phones or computers that may be perceived as recording the conversation. Ask for permission to share any information about the child/adolescent or their experience. This means asking if you can share the information even with someone that the child/adolescent identifies as someone they trust.

### **Ensure the safety of the child.**

The physical and emotional safety of the child is the primary concern. Consider the child's safety throughout all interactions with him or her, and in relation to any next steps taken.

In some cases it may be unclear how to support **the best interest of the child** and his/her physical and mental well-being. If ever unsure about the safety of the situation, inform the child that you will need to confidentially speak to another service provider or team member that may have more knowledge on how to ensure his or her safety.

### **Be aware of how a child/ adolescents or their caregiver may seek support.**

Children and adolescents seek help in different ways than adults, and rarely make direct disclosures. Children may find it difficult to trust or talk to adults, especially adults they do not know well; experience fear, embarrassment or shame; or be afraid of expressing their emotions, or may have limited verbal communication skills. You may: (1) hear rumors of child abuse, (2) be approached by adults seeking help for a child or (3) suspect abuse of a child, based on signs or behaviors from the child.

## **DO'S AND DON'TS**

### **IF SOMEONE ASKS YOU FOR HELP ABOUT A CHILD/ADOLESCENT IN NEED...**

**DO** provide accurate, up-to-date information on available services to the individual who asked you for support.

**DO** respect confidentiality.

**DO NOT** investigate a rumor or seek to find/interview the child/adolescent.

**DO NOT** discuss or share the details of what you learned with anyone.



## IF THE CHILD/ADOLESCENT SEEKS YOUR HELP...

### LOOK

**DO** ask the child/adolescent if they want to find a quiet and private place to talk. Make sure it is a place where others can see you, but not hear you.

**DO** ensure that you are sitting at their eye level. Maintain open body language.

**DO** ask girls and boys if they want to talk to an adult woman or man of the same gender.

**DO NOT** direct the child/adolescent to go to a quieter or private place, or isolate the child against their will.

**DO NOT** touch, hug or make physical contact as this can be traumatizing, uncomfortable and distressing.

### LISTEN

After ensuring the survivor's basic needs are met, and that she or he is not in immediate danger, LISTEN.

The survivor may be very upset and/or confused, but as a helper it is important to stay as calm as possible. Allow the individual to share as much or as little information as she or he would like to. It is not your role to provide counseling, take the individual to services or conduct a detailed interview about what happened to them. Rather than asking detailed questions about the incident itself, focus on providing them with information about the services you know are available.

**DO** listen attentively and pay attention to non-verbal body communication.

**DO** be calm and patient, accepting what is being said without passing judgment.

**DO** let the child/adolescent express themselves and use their own words.

**DO NOT** interview or assess. Do not write anything down, take pictures or verbally share information about the child/adolescent or their experience.

**DO NOT** display shock, disbelief, anger or any other reactions that may cause the child/adolescent distress.

**DO NOT** use big words or speak more than the child/adolescent.

## COMFORT

**DO** reassure the child/adolescent that it is OK s/he told you what happened.

**DO** respect the child's opinion, beliefs and thoughts.

**DO** use comforting statements appropriate to the cultural context...

**DO NOT** make promises you cannot keep such as saying "everything will be OK" when it is not within your control to assure a child's well-being.

**DO NOT** force the child/adolescent to continue talking with you if s/he does not want to.

Examples include:

*"I believe you"* – build trust

*"I am glad that you told me"* – builds a relationship with the child

*"Thank you for sharing your experience"* – expresses empathy

*"You are very brave to talk with me"* – reassuring and empowering

## LINK

**DO** ask if there is someone that the child/adolescent trusts, and if s/he wants help in reaching out to this person, or accompaniment to find this person.

**DO** stay with the child/adolescent until s/he feels safe or are in the care of someone who s/he identifies as safe and trusted.

**DO** provide the child/adolescent and adult s/he trusts with accurate, relevant information on services that are available and how to access them

**DO** say what you know and what you do not know. Say "I do not know" or "I do not have that information" if you do not have the information requested.

**DO NOT** force a child/adolescent to have their caregiver or any other person with them when s/he talks to you as these individuals may have perpetrated the violence, or the child/adolescent may not want to share their experience with them.

**DO NOT** leave a child/adolescent unattended while s/he is in distress (for example, crying, angry or in shock).

**DO NOT** try to solve the situation yourself, make a plan or make decisions for the child/adolescent.

## Reference for children's age and ability to make decisions

Note that a specialized practitioner – with experience working with children/adolescents who experience GBV – is best positioned to determine a child or adolescent's ability to make decisions in coordination with the child/adolescent themselves and their respective caregiver(s).

**Your role as a non-specialist is to listen to and comfort the child/adolescent, link them to someone that they trust, and share information on available services.** The age categories below are for reference only and may change depending on the age, level of maturity, developmental stage and other factors.

**Older adolescents age 15 years and older** are generally mature enough to make their own decisions and understand their experiences.

**Your role:** (1) listen to the adolescent share their experience, (2) support the adolescent to connect with someone they trust for ongoing support and (3) provide information on available services and how to access them.

**Young children 6 to 9 years and young adolescents 10 to 14 years** may or may not be able to self-report experiences of violence. They may or may not be able to make decisions on their own.

**Your role:** (1) support the child/adolescent to find an adult they trust to support them with next steps and (2) provide information on available services and how to access them to both the child/adolescent and the identified adult.

**Infants and toddlers 0 to 5 years** will not self-report experiences of violence given their lack of or limited communication skills. Another individual –a friend, caregiver, family member, community member etc. – will likely seek help on the child's behalf.

**Your role:** provide information to the accompanying individual on available services and how to access them.

***Adapted from: UNHCR, Best Interest Determination Guidelines, 2008. IRC/ UNICEF, Caring for Child Survivors of Sexual Abuse, 2012.***



This resource is a companion guide to the 2015 IASC GBV Guidelines.  
[www.gbvguidelines.org](http://www.gbvguidelines.org)

[www.gbvguidelines.org/pocketguide](http://www.gbvguidelines.org/pocketguide)



GBV Pocket Guide