

HOW TO SUPPORT

SURVIVORS AND VICTIMS OF GENDER-BASED VIOLENCE

When a GBV Actor is not Available in Your Area



**A step-by-step
Pocket Guide for
development and
humanitarian
practitioners in
Tanzania**

This version of the Gender Based Violence Pocket Guide was produced in 2023 with support from UN RCO, UNICEF, UN Women, WHO, UNFPA, and UNHCR in Tanzania. It is based on the original English version of the globally endorsed inter-agency resource and has been adapted for the Tanzanian context. The adaptation and translation of the Pocket Guide was led by the Tanzania PSEA Network with additional technical support from gender-based violence (GBV) and violence against children (VAC) specialists. The addition of information within the Tanzanian context, referral resources, and local terminology were key adaptations made.

What is the *Pocket Guide*?



The *Pocket Guide* and its supporting materials¹ provide **all development and humanitarian practitioners** in Tanzania with information on:

- ◆ How to support a survivor/victim of gender-based violence (GBV) or sexual exploitation and abuse (SEA)
- ◆ Who discloses their experience of GBV or SEA to you
- ◆ In a context where there is no specialized actor (including a referral pathways or focal points) available.

The *Pocket Guide* uses global standards on providing basic support and information to survivors of GBV and SEA without doing further harm. 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.*



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

Key Definitions



Gender-based violence (GBV)

GBV is an umbrella term for any harmful act that is perpetrated against a person based on socially ascribed differences between males and females (i.e., gender). It includes acts that inflict physical, sexual, or mental harm, threats of such acts, coercion, and other deprivations of liberty.



Child Sexual Abuse

Any sexual activity between a child and an adult/older child. It involves either explicit force or coercion, or circumstances where informed consent cannot be given by the victim because of his or her young age.



Sexual Exploitation and Abuse (SEA)

It occurs when people in power or position of trust from the development and humanitarian community (such as UN, NGOs, and partners) exploit the vulnerability of the affected communities for sexual purposes. It is important to note that consent does not determine whether SEA has occurred as victims have unequal power status.



GBV versus SEA

SEA is a form of GBV, as victims of SEA are often abused because of their vulnerable, intersectional status as women, girls, boys, or even men (in some circumstances). It is the mandatory reporting obligation for SEA that represents the key differences between the two (as GBV does not have mandatory reporting obligations).



Victim/Survivor

A person who has GBV perpetrated against him/her or an attempt to perpetrate GBV against him/her. Both terms may be used interchangeably.

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Key Messages

Always talk to a GBV specialist first to understand what services and support are available in your area. Some services may take the form of helpline, helpdesk, and/or other forms of remote support.

Be aware of any other available services in your area. Identify services provided by development and humanitarian partners such as health, psychosocial support, shelter and non-food items. Consider services provided by communities such as mosques/churches, women's groups, and disability service organizations.

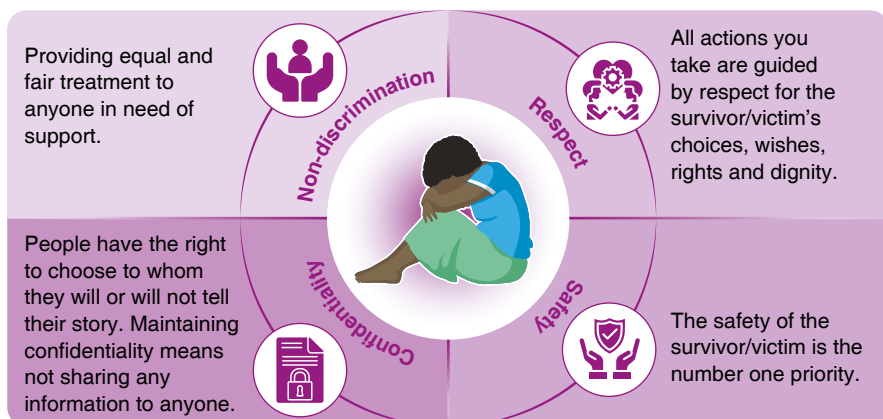
Remember your role. Provide a listening ear, free of judgment. Provide accurate, up-to-date information on available services. Let the survivor/victim make their own choices. Know what you can and cannot manage. Even without a GBV actor in your area, there may be other partners, such as a child protection or

mental health specialist, who can support survivors/victims that require additional attention and support. Ask the survivor/victim for permission before connecting them to anyone else. Do not force the survivor/victim if she/he says no.

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

Remember your mandate. All development and humanitarian practitioners are mandated to provide non-judgmental and non-discriminatory support to people in need regardless of 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/victim-centred approach** by practicing:



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/ victims decide if she/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 people with disabilities to communicate to you without the presence of their caregiver, if wished (and does not endanger nor create tension in that relationship).

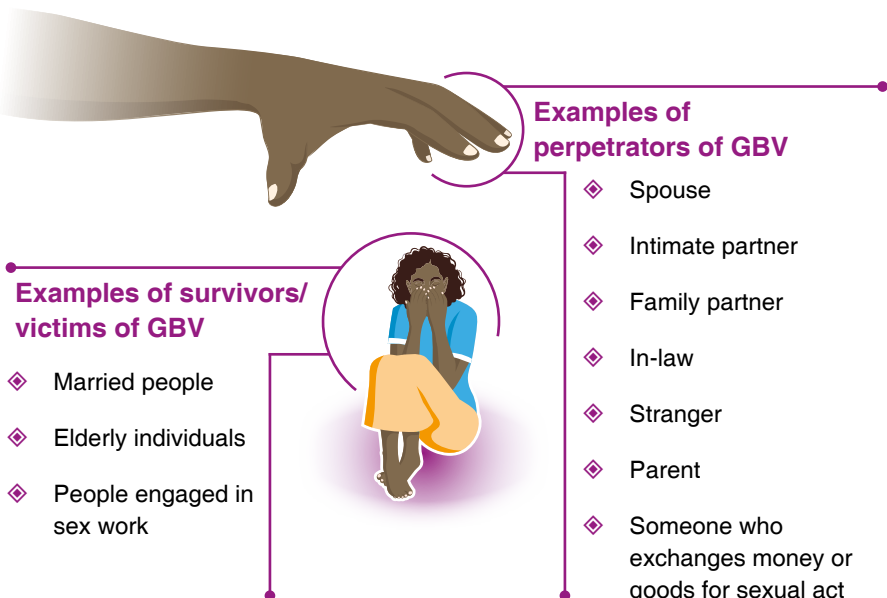
Gender-based violence is rooted in the abuse of power, force, and harmful norms, and certain minorities are often at increased risk of harm and violence due

to their personal situation. For instance, if a man or boy is abused, it does not change his identity.

It is therefore vital to actively listen and seek to support all survivors/ victims, women, men, boys, and girls, without discrimination.

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

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



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

- ◆ Personal/identifying information includes the **survivor/victim'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.

Examples of how to safely share identified risks and trends:

"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."

A decorative graphic in the top-left corner consisting of a vertical chain of four interlocking loops. The loops alternate in color between purple and yellow, with the top and bottom loops being purple and the middle two being yellow.

**What should
I do if a survivor
of gender-based
violence
approaches me?**

Decision Tree



PREPARE

Be aware of existing services.



A GBV incident is disclosed to you...

By someone else...

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

NOTE: DO NOT seek out GBV survivors/victims.

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/victim 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/victim.

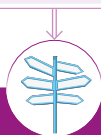
**For children
and
adolescents,
go to page 31.**

By the survivor/victim

LOOK & LISTEN

(refer to pages 17 to 19)

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



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 19 & 20)


Communicate accurate information about available services.



Does the survivor/victim choose to be linked to a service?

No

Maintain confidentiality. Explain that the survivor/victim 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.

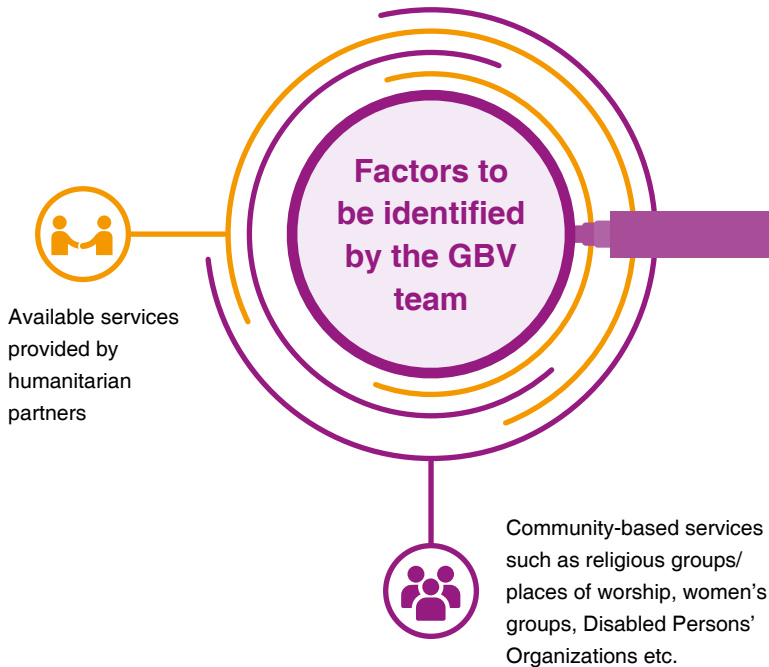
A decorative graphic in the top-left corner consisting of a vertical chain of four interlocking loops. The loops alternate in color between purple and yellow.

**Who are the
relevant support
services I can
highlight to
the survivor
depending on
what they ask for
help with?**

Information Sheet

Fill in this information sheet for services in your area and keep it in a place where it is easily accessible.

Work with a GBV specialist, your team leader and partners to identify the following:



Child Protection

Information: _____

Focal points: _____

Mental health/psychosocial support

Information: _____

Focal points: _____

Health

Information: _____

Focal points: _____

Sexual and reproductive health

Information: _____

Focal points: _____

Non-food items/WASH including dignity kits

Information: _____

Focal points: _____

Shelter

Information: _____

Focal points: _____

Legal

Information: _____

Focal points: _____

Food and nutrition

Information: _____

Focal points: _____

Services for adolescents/youth

Information: _____

Focal points: _____

Services for people with disabilities

Information: _____

Focal points: _____

Services for gender minorities

Information: _____

Focal points: _____

Services for child or female-headed households

Information: _____

Focal points: _____

PSEA Network

Information: _____

Focal points: _____

Other:


Information: _____

Focal points: _____

Other:

Information: _____

Focal points: _____



**How should I
behave in this
situation?**

**What are the key dos
and don'ts?**

Dos, Don'ts and what to say

*For children
and
adolescents,
go to page 31.*

LOOK



Dos

DO allow the survivor/victim to approach you. Listen to their needs.

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

DO ask the survivor/victim if she/he feels comfortable talking to you in your current location. If a survivor/victim 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/victim to choose someone she/he feels comfortable with to translate for and/or support them if needed.

Don'ts

DO NOT ignore someone who approaches you and shares that she/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/victim 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."

LISTEN



Dos

DO treat any information shared with confidentiality. If you need to seek advice and guidance on how to best support a survivor/victim, ask for the survivor/victim'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**. There are some contexts that have mandatory reporting rules related to certain types of cases (such as sexual exploitation and abuse committed by staff/partners against vulnerable communities). Refer to the Tanzania PSEA Network for further information and guidance.

DO manage expectations on 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.

Don'ts

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/victim 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?”
- ◆ “I will not share information without your informed consent (SEA cases) / permission (GBV cases)”
- ◆ “I will try to support you as much as I can, but I am not a counsellor. 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.”

LINK



Dos

DO respect the rights of the survivor/victim 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/victim that she/he does not have to make any decisions now, she/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/victim trusts to go to for support.

Don'ts

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, gender, identity of the perpetrator(s), etc.

DO offer your phone or communication device, if you feel safe doing so, to the survivor/victim to contact someone she/he trusts.

DO ask for permission/informed consent from the survivor/victim before taking any action.

DO end the conversation supportively.

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/victim with anyone. This includes their family members, police/security forces, community leaders, colleagues, supervisors, etc. Sharing this information can lead to more harm for the survivor/victim.

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

Examples of what to say...

- ◆ “Our conversation will stay between us.”
- ◆ “I am not a counsellor, 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 person’s name for who you can talk to.”
- ◆ “Is there anyone that you trust that you can go to for support, maybe a family member or a friend? Would you like to use my phone to call anyone that you need at this moment?”
- ◆ “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.”



**How should I
proceed step by
step?**

**What are the guidelines
for psychological
first aid?**

Step-By-Step Guidance

The Survivor/Victim's Perspective

Benefits and risks for seeking support

Seeking services is not always safe for

a survivor/victim 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/victim make their own choices on what feels safe for them. Consider the following example of benefits or risks:



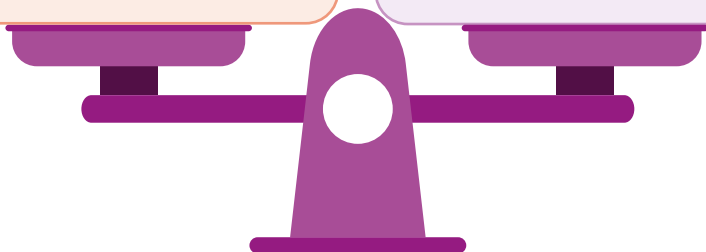
RISKS of seeking support

- ◆ Possibility that the survivor/victim'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/victim.
- ◆ Possibility that service providers are exposed to threats and violence by the perpetrator or community if they are seen as helping a survivor/victim.
- ◆ Possible insensitive, discriminatory, and/or prejudiced response by service providers if they are not trained properly.



BENEFITS of seeking support

- ◆ Access to life-saving support when in distress.
- ◆ Access to safe, confidential and professional medical care in a timely manner that could prevent HIV and unwanted pregnancy
- ◆ Access to other services that provide more dignity and comfort, including options for safety and psychosocial support.
- ◆ Access to support that may prevent further violence from occurring.



Sexual Exploitation and Abuse

by a development/
humanitarian actor or an
individual associated with the
delivery of aid, services, and
assistance

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 by development and humanitarian actors (as well as any associated personnel, such as consultants, volunteers, security guards, contractors, drivers, suppliers, vendors, and so forth).



Sexual Exploitation and Abuse (SEA) is a form of GBV, as victims of SEA are often abused because of their vulnerable, intersectional status as women, girls, boys, or even men (in some circumstances). **It is the mandatory reporting obligation for all suspected, or alleged, SEA cases that represents the key differences between the two (as GBV does not have mandatory reporting obligations).**

The obligation to report SEA may raise difficult questions and operational challenges related to consent, which must be resolved in close coordination with the Inter-Agency PSEA Coordinator. It is recommended that all staff who may be in direct receipt of first-hand reports of

SEA are trained on how to communicate the limits of confidentiality (i.e., “Informed consent”)² before a disclosure is made. This does not fully resolve issues of confidentiality, informed consent, and mandatory reporting, but it provides an opportunity for the complainant/victim to reflect on ‘what’ and ‘how’ before any information is shared/reported.

In Tanzania, the development and humanitarian community are committed to create a safe environment for vulnerable adults, youth, and children. It is therefore important that you know the rules:

- ◆ SEA is unacceptable and prohibited for all international and national workers (whether they work for the UN or implementing partners).

◆ It is strictly prohibited to have relations with anyone under the age of 18 (regardless of age of consent locally or in home country).

◆ It is strictly prohibited to have relations with anyone in exchange of good, services, employment, and/or favours. This also includes any form of prostitution (both in duty station and in home country).

◆ It is strictly prohibited for all UN staff and partners to engage in any form of sexually humiliating, degrading, and/or exploitative behaviour.

Moreover, you must fully understand that:

◆ Any act of SEA will be investigated, and punitive measures will be taken, if warranted.

◆ Any proven act of SEA will result in measures that may include but are not limited to suspension; immediate repatriation (if international staff); dismissal; and/or ban from future operations.

◆ You have a responsibility to report SEA immediately through PSEA mechanisms (and not investigate yourself). A failure to respond is a breach of the Code of Conduct.

◆ Individual who makes a report

in good faith has the right to be protected against retaliation, whereas false and malicious reports are considered misconduct.

Nevertheless, the roadmap to support any survivor/victim of sexual exploitation and abuse (SEA) remains the same as for any other gender-based violence incidents (as outlined in this resource).

SEA complaints in Tanzania may be reported directly by the victim or by anyone else who may have a suspicion and/or concern, e.g., staff, partners, volunteers, donors, affected communities, and so forth. It is important that anyone who may receive a SEA complaint in Tanzania makes sure to note the key points as given on page 25.

For additional responsibilities that arise when the case constitutes sexual exploitation and abuse, you should seek support and guidance from:

◆ Your supervisor/head of office.

◆ PSEA focal point(s) from either your entity or any other member entity of the Tanzania PSEA Network

◆ Inter-Agency PSEA Coordinator, or PSEA Network Co-chairs

◆ Submit request for support on the UN Tanzania PSEA Webpage

² This should be explained in their own language and in such a way that it is easy for the complainant/victim to understand (a) the information and level of detail that will be reported, (b) who will have access to this information, and (c) what form of follow-up actions might be taken. The complainant/victim will be supported by the PSEA Network to better understand the process and assert their right to confidentiality.

Anyone who receives a SEA complaint in Tanzania should note the following:



Treat the victim, or complainant (if different), with dignity and respect by always believing the victim; ensuring privacy; and making them as comfortable as possible.

Explain to the victim/complainant the mandatory requirement to report on all SEA allegations and seek informed consent to share information confidentially. If a victim has not given consent to report the incident, there is nevertheless the obligation to report.



Get basic incident information and only ask relevant questions required to gain a clear understanding of the SEA complaint, so that it can be safely referred to the appropriate agency. This typically consists of addressing what, where, when, and who.



Refer the SEA complaint to either the PSEA focal point of the relevant agency or the Inter-Agency PSEA Coordinator, who will take over the process.

PREPARE



Preparation is key. Even without a GBV actor 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 (pages 13 to 15) to fill in information about available services. Work with a GBV specialist, PSEA focal points, your team leader, colleagues 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 PSEA focal point about the protocols for Preventing Sexual Exploitation and Abuse. In the case

that your agency does not have an established protocol, reach out to the Tanzania PSEA Network for guidance in your setting.

Practice makes perfect

- ◆ Get comfortable with the sample scripts on pages 17, 19 & 20. Practice out loud or with colleagues and friends. The more you practice, the more comfortable you will be if a survivor/victim 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, finding a loved one or a blanket or clothes if lost, torn, stained or removed. Especially for GBV survivors/victims, clothes may be the primary urgent need for them to feel more comfortable and dignified.
- ◆ Let the survivor/victim tell you how she/he feels about their personal safety and security. Take care to not make assumptions based on what you are seeing.

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; violent and so on.

- ◆ People with disabilities, people who speak a different language and others experience different barriers when reaching out for support. Adhere to the survivor/victim-centred 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 children, mandatory reporting³, imminent danger of a survivor/victim, or where the survivor/victim 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 13 to 15).

REMEMBER!

If you want to seek support from a supervisor or another colleague, **ALWAYS ask permission from the survivor/victim** first. Tell the survivor/victim who you want to talk to, why you want to talk to them and what information you want to share. If the survivor is not comfortable or outright refuses sharing of their information, help them as best as you can using the tools in this Pocket Guide.

³ 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/victim's basic needs are met, and that she/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/he would like to. It is not your role to provide counselling, 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

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/victim. 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/victim. You may feel helpless. It is important that you are honest with the survivor/victim, recognizing the survivor/victim's courage to share their experience with you, express that you are sorry you cannot be more helpful and provide the survivor/victim 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/victim to make decisions on their next steps...

Ask the survivor/victim if there is someone that she/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/victim on the available services or options for more comfort.

- ◆ Preparation is key. Use your **Information Sheet (pages 7 to 10)**

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/victim made.
- ◆ Keep in mind, your role is to support the survivor/victim in their decisions and choices, even if the survivor/victim does not make any. Do not engage in repeated sessions or meetings with survivor/victim nor attempt to manage the survivor/victim'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, PSEA Coordinator, or a GBV specialist, to de-brief on the exchange (keeping in mind the survivor/victim'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/victim during each incident

regardless of if 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.

An illustration featuring several hands of various skin tones (brown, tan, and dark brown) reaching towards a central white circle. The hands are positioned around the circle, with some fingers slightly curled as if holding or supporting it. The background is a solid light yellow color.

**VICTIMS AND
SURVIVORS OF
GENDER-BASED
VIOLENCE NEED
YOUR SUPPORT**

A decorative graphic in the top-left corner consisting of a vertical chain of four interlocking links. The links alternate in color between purple and yellow.

**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 country/ context first to understand: (1) what services are available in your area and (2) local protocols and procedures.⁴

Do no harm. Do not seek out child survivors/victims. 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, including forcing the child/adolescent's caregiver or any other person to be with them when s/he talks to you.



REMEMBER! If a GBV or child protection actor is available in your area, facilitate safe and confidential referral of the child/adolescent to a specialist to better assist them.

Use this guidance **ONLY** when there is **no GBV or child protection actor** available in your area.

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 she/he wants to. Refrain from asking questions

⁴ Refer to your Gender-Based Violence (GBV) or Violence Against Children (VAC) specialists in-country on local protocols and procedures, including: (1) limits on confidentiality, (2) rule of law, and (3) designated focal points.

about what happened, by who and why – instead use comforting statements and speak in a manner that they can understand.

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/victim 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. You may: (1) hear rumours of child abuse, (2) be approached by adults seeking help for a child or (3) suspect abuse of a child, based on signs or behaviours from the child.

If someone asks you for help about a child/adolescent in need...

Dos

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

DO respect confidentiality.

Don'ts

DO NOT investigate a rumour 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



Dos

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.

Don'ts

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



Dos

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.

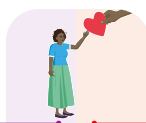
Don'ts

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



Dos

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... 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

Don'ts

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.

LINK



Dos

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 she/he feels safe or are in the care of someone who she/he identifies as safe and trusted.

DO provide the child/adolescent and adult she/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.

Don'ts

DO NOT force a child/adolescent to have their caregiver or any other person with them when she/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 she/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 (such as 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.

