

Module 3: Multisectoral Prevention and Response to Gender-based Violence

Overview

This module guides participants through a process to understand the minimum actions needed to establish effective prevention and response to GBV.

Training Goals

1. To enable design of effective GBV prevention strategies to address the root causes of GBV and the unique contributing factors that take place in individual settings.
2. To increase understanding of the urgent need for basic survivor assistance (response) services in all settings; and to be able to work with stakeholders to establish response services.
3. To understand the importance for all actors to abide by the recommended Guiding Principles.
4. To increase knowledge of multisectoral and interagency action for prevention and response, and the need for well coordinated action.

Key Learning Points

- Effective Response (survivor assistance) = Offering accessible, compassionate, respectful, and confidential services to address the harmful consequences and after-effects related to health, emotional, social, and security issues.
- Effective Prevention = Understanding the root causes of GBV and the contributing factors specific to the individual setting—and establishing strategies to reduce or eliminate them.
- Both prevention and response require action from a variety of sectors, specialties/disciplines, organizations, groups.
- Multisectoral, interagency, and interdisciplinary coordination, communication, and collaboration is challenging but essential in order to effectively address gender-based violence in any community.

Total Time Approximately 6 hours

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Session 3.1–Types of GBV

Length	45 minutes
Overview	This session introduces the various types and acts of GBV by using a visual tool (a tree) that most people will remember long after the workshop.
Learning Objectives	<ol style="list-style-type: none"> 1. Increase knowledge about the many different forms/types of GBV that can occur. 2. Increase ability to identify acts of gender-based violence, as compared to other types of violence.
Preparation	Draw a simple tree on flipchart paper – it must include a root system, trunk, and branches. Keep it simple and leave adequate blank space for writing words on the roots, trunk, and branches.
Materials	Flipchart Markers 2003 UNHCR SGBV Guidelines – OR – If you do not have copies of the Guidelines for all participants, prepare handouts of the various examples of GBV listed in Chapter 1 of the Guidelines.
Session type	Lecture/discussion and activity

Procedure

1. Ask the group to give some examples of gender-based violence. Stop the discussion when you have 5–8 examples, including at least one from each of the 5 types listed in Step 2 below.
 - Some examples might be: Rape, Domestic Violence, Sexual Exploitation, FGM
 - Some participants may offer examples that are not GBV, such as child abuse (child beating that is unrelated to gender issues). If this occurs, take a moment to review the definition of GBV and clarify that there are many forms of violence, and the line between GBV and other types of violence is often difficult to determine. And, there are similarities in the types of assistance provided to survivors of any form of violence. For our purposes here, however, we are focusing only on GBV.
2. Write the following types of violence on the tree trunk and point out where the examples given in Step 1 fall on the tree trunk:

SEXUAL
 PHYSICAL
 EMOTIONAL-MENTAL-SOCIAL
 ECONOMIC
 HARMFUL TRADITIONAL PRACTICES
3. Explain that this is the GBV tree and that it has roots, a trunk, and branches. The trunk represents the types of GBV. Later, we will discuss the roots and branches of the tree.
4. Now introduce activity 3.1.

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Activity 3.1

1. Divide participants into 5 small groups. Assign each group one of the general types of GBV you listed on the flip chart in Step 2.
2. Instruct groups that they are to brainstorm and come up with examples of their type of GBV. They are to write these examples on a flipchart paper. Give the groups 20 minutes to complete their assigned tasks.
3. When groups are finished, they should post their lists around the room for others to see. One representative from each group should remain with the flip chart to answer or clarify any questions that may come up.
4. Instruct participants to do a “Gallery Walk” by walking around the room and reading what the other groups have written and discussing any questions with the group’s representative.
5. Allow 5–10 minutes for participants to view each group’s work and to discuss among themselves. Monitor progress; allow more or less time as needed.
6. Ask everyone to return to their seats. Ask a few discussion questions; discuss for approximately 5 minutes:
 - Were there any examples listed that you disagreed with?
 - Anything that surprised you?
 - Are there examples of GBV that were repeated in different groups?
7. Give participants the Handout you prepared, or refer them to Chapter 1 in their copy of the UNHCR SGBV Guidelines. Take a few moments to let participants glance at the information. Encourage them to read more after the workshop.
8. Summarize and close the session. Leave the tree flipchart in place for the next session.

Key Discussion Points

◆ Gender-based violence can be:

- Sexual violence
 - Harassment
 - Rape
 - Sodomy
 - Attempted Rape
 - Marital Rape
 - Abuse/Exploitation
 - Child Sexual Abuse/Incest
 - Sexual Abuse (non-penetrating)
 - Forced prostitution “willing” but involuntary, child prostitution, UAMs,
 - Sexual Trafficking
 - Harmful traditional practices

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- Physical
 - Spouse beating/Domestic Violence
 - Assault and other physical violence (gender-based)
 - Harmful traditional practices
- Emotional-mental-psychological—social
 - Verbal, emotional abuse
 - Humiliation
 - Discrimination
 - Denial of opportunities and/or services
 - Spouse confinement (domestic violence)
 - Harmful traditional practices
- Economic (Can be a component of any of the above)



Harmful Traditional Practices fit into each of the three main categories above. When talking about this topic there is a need for cultural understanding, sensitivity and awareness. The discussion should include the challenges of dealing with long standing cultural practices such as:

- FGM/FGC
- Early/forced marriage
- Honor killings
- Dowry abuse
- Widow ceremonies
- Punishments directed at women for crimes against culture
- Denial of education, food for girls/women due to gender role expectations

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Session 3.2—Causes and Contributing Factors

Length	20 minutes
Overview	This session illustrates the root causes of all forms of GBV, as well as an array of contributing factors that may be present. This session lays the groundwork for the next session, Prevention. Participants must first be able to identify and understand causes and potential contributing factors.
Learning Objectives	<ol style="list-style-type: none">1. To increase knowledge of the root causes of all forms of GBV.2. To increase awareness of potential contributing factors and risks that may be present in individual settings.
Preparation	Use the GBV tree from the previous session.
Materials	Flipchart Markers
Session type	Lecture/discussion

Procedure

1. Explain that in order to design effective GBV programming, we must understand the causes and contributing factors of GBV.
2. Turn to the tree picture and ask participants for causes/contributing factors. Write them in the root area of the tree, explaining that the roots of the GBV tree represent the causes and contributing factors. Continue until you have elicited the majority of items listed below in the Key Discussion Points. You may need to suggest some of the items to the group.
3. Point out that you asked the group to list causes and contributing factors. Ask if anyone can explain the difference between the two. Briefly discuss, then clarify for the group why it is important to know the difference.
4. Point to the root area of the tree and ask the group to identify which of the items listed are root causes of GBV. Circle the root causes with a different-colored marker (red works well).

Key Discussion Points

- ◆ The root causes of all forms of GBV lie in a society's attitudes towards and practices of gender discrimination—the roles, responsibilities, limitations, privileges, and opportunities afforded to an individual according to gender. *Addressing the root causes through prevention activities requires sustained, long term action with change occurring slowly over a long period of time*
- ◆ Contributing factors are factors that perpetuate GBV or increase risk of GBV, and influence the type and extent of GBV in any setting. Contributing factors do not cause GBV although they are associated with some acts of GBV. Some examples:
 - Alcohol/drug abuse is a contributing factor—but all drunks/drug addicts do not beat their wives or rape women.
 - War, displacement, and the presence of armed combatants are all contributing factors, but all soldiers do not rape civilian women.
 - Poverty is a contributing factor, but all poor women are not victimized by forced prostitution or sexual exploitation.

Many contributing factors can be eliminated or significantly reduced through prevention activities.

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- ◇ Root Causes of Gender-based Violence:
 - Male and/or society attitudes of disrespect or disregard towards women.
 - Lack of belief in equality of human rights for all
 - Cultural/social norms of gender inequality
 - Lack of value of women and/or women's work

- ◇ Possible Contributing/perpetuating Factors:
 - Alcohol/drug abuse
 - Poverty
 - Availability of food, fuel, wood, income generation requires women to enter isolated areas
 - Boredom, lack of services, activities, programs
 - Camp leadership predominantly male; women's security issues not considered in decisions
 - Collapse of traditional society and family supports
 - Religious, cultural, and/or family beliefs and practices
 - Design and social structure of camp (overcrowded, living with strangers)
 - Design of services and facilities
 - General lawlessness
 - Geographical location/environment (high crime area)
 - Lack of identity cards/registration cards for each individual refugee
 - Lack of laws against forms of gender-based violence
 - Lack of police protection
 - Lack of UNHCR presence in camp
 - Legal justice system/laws silently condones gender violence
 - Loss of male power/role in family and community; seeking to assert power
 - Political motive, weapon of war, for power/control/fear/ethnic cleansing
 - Poverty
 - Retaliation: Refugees may be considered materially privileged compared with the local population.

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Session 3.3—Prevention Strategies

Length	1 hour
Overview	This session is an overview of prevention strategies.
Learning Objectives	Increase ability to develop effective prevention strategies by assessing causes and contributing factors in the setting and designing activities to address them.
Preparation	Prepare a flip chart paper and post it on the wall so that it can be seen throughout the session: <p style="text-align: center;">PREVENTION = UNDERSTANDING THE CAUSES AND CONTRIBUTING FACTORS - AND ESTABLISHING STRATEGIES TO REDUCE OR ELIMINATE THEM</p>
Materials	Handout, Chapter 3 from the UNHCR SGBV Guidelines Flipchart Markers
Session type	Lecture/discussion and activity

Procedure

1. Review the causes and contributing factors on the GBV tree. Emphasize that understanding these—especially community norms around gender issues—is necessary to design effective prevention programs.
2. Point to the flip chart you prepared in advance and read it aloud. Explain that this session will explore a variety of prevention strategies that can be effective in addressing some of the most common causes and contributing factors present in the displaced settings in which we work.
3. Review and reframe the items listed on the roots of the GBV tree and write on a flip chart (or prepare this flip chart in advance—it takes time to write all of these words):
 - Socio-cultural norms/gender discrimination
 - Breakdown of family and community support systems; social problems, lack of social sanctions against perpetrators
 - Lack of accountability for persons in power, especially those providing humanitarian assistance, peacekeeping, security
 - Lack of access to services and facilities in camps/refugee settings
 - Formal (national) and traditional laws and justice systems do not protect against acts of GBV

Activity 3.3

1. Divide participants into 5 small groups and assign one of the items listed in Step 3 to each group.

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2. Instruct the groups to identify possible prevention strategies to address their assigned topic. Each group will prepare a short (5 minute maximum) training about their discussions. They will only have time to highlight the key points and encourage participants to study the topic further. They have 30 minutes to complete the assignment.
3. Each group must have at least one copy of the 2003 UNHCR SGBV Guidelines; they will need to refer to the information in Chapter 3, Prevention.
4. Reconvene and allow groups to make their presentations. Summarize the major points.

Key Discussion Points

- ◆ PREVENTION = UNDERSTANDING THE CAUSES AND CONTRIBUTING FACTORS - AND ESTABLISHING STRATEGIES TO REDUCE OR ELIMINATE THEM
- ◆ Prevention is a long term process and requires good monitoring so that strategies can be changed over time to maximize effectiveness. Developing prevention strategies is the same as developing any other project or program; it requires good assessment, good planning, good monitoring, and resources (human, financial, technical).
- ◆ The root causes of GBV are long standing cultural norms. It may take several generations before there is lasting social change that results in a real reduction or elimination of GBV.
- ◆ For every act of GBV, there is a perpetrator and a survivor/victim. Prevention strategies must target both potential perpetrators and potential survivors.

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Session 3.4—After-effects/Consequences

Length	30 minutes
Overview	There are a number of health, psychological, and social consequences to the survivor. This session explores these consequence and after-effects in detail. Understanding the nature and extent of potential consequences will enable participants to understand the urgent need for basic minimum response services in all settings (to be discussed in the next session).
Learning Objectives	Be able to describe the potential consequences and after-effects of various types of gender-based violence
Preparation	The GBV tree flipchart used in previous sessions
Materials	Flipchart Markers
Session type	Lecture/discussion

Procedure

1. Write “Consequences/After-effects of GBV” on the flipchart. Ask participants to give you examples of some of these. Use one color marker for Health consequences and a different color for Psychosocial consequences.
2. Add and explain additional examples to include most of the consequences listed in the discussion points below.
3. Go to the GBV tree and write a few of the key examples on the branches of the tree. Explain that these are represented by the branches of the GBV tree.
4. Conclude this session by pointing out that consequences and after-effects are related to health and psychosocial issues. Understanding these will enable good program design to assist survivors and alleviate the harmful consequences after-effects

Key Discussion Points

- ◆ There are a number of medical, psychological, and social consequences to GBV that vary depending on the types of GBV.
- ◆ Death, either through homicide or suicide, is not uncommon—as discussed in Module 2 and illustrated in the GBV Facts, Statistics, Attitudes handout.
- ◆ The most significant social outcome is stigma and all societies’ tendency to **blame the victim** for an incident of GBV, especially rape and other sexual abuses. This stigma and blame result in even greater psychological and emotional suffering to the survivor and often influences the behavior of those who should be helping. The survivor may be considered an outcast in the community and may even be unmarriageable.
- ◆ Survivors of GBV are at high risk for further abuse and victimization.
- ◆ **Health consequences**¹—There are serious and potentially life threatening health outcomes with all types of sexual and gender-based violence. The exact consequences vary, depending on the type of GBV.

¹From *Population Reports: Ending Violence Against Women*, Johns Hopkins University School of Public Health, Series L, Number 11, 1999 and *UNHCR SGBV Guidelines*.

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- Fatal Outcomes
 - Homicide
 - Suicide
 - Maternal mortality
 - Infant mortality
 - AIDS-related mortality
- Acute Physical
 - Injury
 - Shock
 - Disease
 - Infection
- Chronic Physical
 - Disability
 - Somatic complaints
 - Chronic infections
 - Chronic pain
 - Gastrointestinal problems
 - Eating disorders
 - Sleep disorders
 - Alcohol/drug abuse
- Reproductive
 - Miscarriage
 - Unwanted pregnancy
 - Unsafe abortion
 - Sexually transmitted infections (STIs), including HIV/AIDS
 - Menstrual disorders
 - Pregnancy complications; infertility
 - Gynecological disorders
 - Sexual disorders



Psychological/Emotional Consequences—Most psychological and emotional after-effects should be viewed as normal human responses to horrific, terrifying, extreme event. In some cases, however, the survivor experiences mental illness that requires medical intervention.

- Post traumatic stress
- Depression
- Anxiety, fear
- Anger
- Shame, insecurity, self-hate, self-blame

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- Mental illness
- Suicidal thoughts, behavior, attempts



Social Consequences—Most societies tend to blame the survivor for the incident, especially in cases of rape. This social rejection results in further emotional damage, including shame, self-hate and depression. Due to their fear of social stigma and rejection, most survivors never report the incident and never receive proper health care and emotional support. Most incidents of GBV are never reported to anyone.

- Blaming the victim
- Loss of ability to function in community (e.g., earn income, care for children)
- Social stigma
- Social rejection and isolation
- Rejection by husband and family

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Session 3.5–Response Services

Length	30 minutes
Overview	This session builds on the previous session about consequences and teaches participants about the minimum recommended response services that may be needed to reduce the harmful consequences of GBV and prevent further injury, trauma, and harm. The session also introduces the four primary sectors/disciplines/specialties necessary for GBV response and lays the groundwork for further discussions about multisectoral and interagency coordination.
Learning Objectives	<ol style="list-style-type: none"> 1. Explain the relationship between consequences/after-effects of GBV and response services. 2. Identify the minimum recommended response services that must be available to reduce harmful consequences of GBV and prevent further injury, trauma, and harm.
Preparation	<p>Post the Consequences/After-effects list nearby</p> <p>Prepare a flip chart and post it in the front of the room where it can be seen throughout this session:</p> <p>RESPONSE = PROVIDING SERVICES AND SUPPORT TO REDUCE THE HARMFUL CONSEQUENCES AND PREVENT FURTHER INJURY, TRAUMA, AND HARM.</p>
Materials	<p>Flipchart</p> <p>Markers</p> <p>Handout, Chapter 4 from the UNHCR <i>SGBV Guidelines for Prevention and Response</i></p>
Session type	Discussion

Procedure:

1. Point to the Consequences/After-Effects list and remind participants of the previous discussion. Be sure to refer to this list also throughout this session.
2. Point to the flip chart you prepared (Response =) and read it aloud.
3. Ask the group what kinds of help a survivor might need to reduce harmful consequences. As they offer response actions, write them on a blank flip chart, organized into quadrants by sector area. After a few examples are on the flip chart, write the names of the sectors in each quadrant. The flip chart should begin to look something like this:

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<p>HEALTH</p> <p>Emergency contraception Treat injuries Treat STIs</p>	<p>PSYCHO-SOCIAL</p> <p>Emotional support & counseling Income generation programs Skills training programs Group counseling</p>
<p>SECURITY</p> <p>Report to police Investigate case Arrest perpetrator File charges with the court</p>	<p>LEGAL JUSTICE—formal and traditional</p> <p>Apply appropriate laws and hold perpetrators accountable</p>

4. Continue to solicit/suggest response actions until you have listed the key response services described in the UNHCR Guidelines and covered in Key Discussion Points outlined below.
5. Emphasize that response requires the work and attention of many different actors from at least these four key sectoral areas (Health, Psychosocial, Security, and Legal Justice).
6. Close the session by pointing out that we can provide good quality, multisectoral, interagency response services ONLY if survivors report incidents of GBV and seek assistance. Therefore, response must include a few more components beyond the care/services provided by each of these four sectors. Other sessions in this workshop will include discussion of the remaining pieces of response:

Training for all actors and stakeholders
Working with the community to establish accessible methods for reporting cases
Documentation, monitoring and evaluation
Interagency and intersectoral coordination, communication, and collaboration

Key Discussion Points

- ◆ Response = Providing services and support to reduce the harmful after-effects of GBV and prevent further injury, trauma, and harm. Response includes action to:
 - Assist/support the survivor
 - Provide appropriate consequences to the perpetrator
 - Restore/maintain security for the survivor and the community
- ◆ Response, then, includes action in the following sectors/functional areas:
 - Health care
 - Psychosocial assistance
 - Psychological and emotional support
 - Social acceptance and reintegration

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- Security and safety
 - Legal justice—formal and traditional
 - All must work in collaboration with one another
- ◆ Not all survivors need—or want—all of this help. Our job is to ensure that services are available, accessible, and of good quality.
- ◆ It is also important to note that we must educate the people who carry out these response services before advertising a program. If these service providers are not properly trained and survivors go to them for help, the survivor may face more problems and probably further trauma and harm.
- ◆ Response must also include:
- Training for all actors, all sectors, all levels—whether volunteer or staff—to respond compassionately, confidentially, and appropriately.
 - Reporting and referral systems.
 - Documentation of reported incidents, data analysis, monitoring and evaluation
 - Coordination and information sharing systems among the various actors and organizations.

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Session 3.6—Guiding Principles

Length	30 minutes
Overview	There are three basic principles that must guide the work of all actors when assisting survivors. Participants must fully understand the need for these guiding principles, what they are, and how to abide by them.
Learning Objectives	Identify, describe, and abide by the three primary guiding principles for working with GBV survivors
Preparation	None
Materials	Handout, Chapter 2 from the UNHCR SGBV <i>Guidelines for Prevention and Response</i> (section on Guiding Principles)
Session type	Lecture/discussion

Procedure

1. Begin the session by reminding participants of the consequences and after-effects discussed earlier. Highlight the emotional and social issues brought out in that discussion.
2. Explain that all actors who provide services or assistance to survivors must bear in mind those consequences—and abide by a set of Guiding Principles in their work with survivors.
3. Write the three guiding principles on the flip chart:
 - Safety
 - Confidentiality
 - Respect
4. Go through each principle. Through lecture and discussion, bring out the key discussion points.
5. Ask how participants can ensure that each principle is carried out. Some examples of discussion points under each principle are as follows:
 - Safety
 1. How would you ensure a woman’s safety if she is living with the perpetrator?
 2. What do you do if a survivor does not want to report the incident?
 3. Developing an individual safety plan with a survivor is important—discuss with survivor things like “if you fear for your safety, where can you go?”
 - Confidentiality
 1. How do you handle the concept of confidentiality when the survivor is a 5 year old child?
 2. How can you maintain confidentiality in a small village?
 3. Important to provide support to GBV staff, encourage confidentiality among staff, but have a venue to discuss issue in a confidential manner; have staff sign a confidentiality oath (see Tools Manual).

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- Respect
 1. Do not ask inappropriate questions like “are you a virgin?”
 2. All survivors have different coping mechanisms and so it is crucial to respect where the survivor is at in her coping

Key Discussion Points

- ◆ All actors must abide by the Guiding Principles at all times. No exceptions.
- ◆ If safety, confidentiality, or respect are breached or compromised in some way by those who are helping, then the helpers will actually be harming the survivor. This must never happen.
- ◆ Refer back to these principles often in the workshop, as they are the crux of our work in GBV.
- ◆ **Safety**
 - Ensuring the safety and security of the survivor should be the number one priority for all actors, at all times. Remember that the survivor may be frightened and need assurance of her individual safety. In all cases, ensure that she is not at risk of further harm by the perpetrator or by other members of the community.
 - If necessary, ask for assistance from camp security, police, or other law enforcement authorities, field officers, or others.
 - Be aware of the safety and security of the people who are helping the survivor, such as family, friends, community service or GBV workers, and health care staff.
- ◆ **Confidentiality**
 - At all times, respect the confidentiality of the survivor families.
 - Share only necessary and relevant information (not all details), ONLY if requested and agreed by the survivor, with only those actors involved in providing assistance. Information about GBV reported incidents and GBV survivors should never be shared if it includes the individual’s name or other identifying information. Information concerning the survivor should only be shared with third parties after seeking and obtaining the survivor’s (or their parents,’ in the case of children) explicit consent in writing.
 - All written information must be maintained in secure, locked files.
 - If any reports or statistics are to be made public, all potentially identifying information should be removed and only aggregate numbers and data made public.
 - In meetings, there may be times when a specific GBV case is mentioned. Ensure that no identifying information is revealed, disguising details as needed to protect the confidentiality of the survivor.

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◆ Respect

All actions taken will be guided by respect for the choices, wishes, rights, and dignity of the victim/survivor. Some examples:

- Conduct interviews in private settings and with same sex translators, wherever possible.
- Always try to conduct interviews and examinations with staff of the same sex as the victim/survivor (e.g., woman survivor to woman interviewer)
- Be a good listener.
- Maintain a non-judgmental manner.
- Be patient; do not press for more information if the survivor is not ready to speak about her experience.
- Ask survivors only relevant questions.
- The prior sexual history or status of virginity of the survivor is not an issue and should not be discussed.
- Avoid requiring the survivor to repeat her story in multiple interviews.
- Do not laugh or show any disrespect for the individual or her culture, family or situation.

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Session 3.7–Introduction to Multisectoral Action

Length	10–15 minutes
Overview	This is a quick introduction to multisectoral action and coordination needed for effective prevention and response. The session uses a simple visual tool to demonstrate the importance of multisectoral and interagency coordination.
Learning Objectives	Understand the importance of multisectoral action to address GBV
Preparation	None
Materials	Flipchart Markers Chair (Four legged, light and small enough for you to lift and move around)
Session type	Lecture/discussion

Procedure

1. Refer participants to the previous discussions about Response actions and Prevention strategies. Highlight the need for each of the four primary sectors to be actively involved in prevention and response.
2. Explain that prevention and response to GBV is like a four-legged chair. Bring the chair to the middle of the room and loudly place it on the floor. Discuss the qualities of a four-legged chair, highlighting the need for all four legs to do their job properly and consistently if the chair is to function as a chair. If one leg is broken or missing, the chair falls down. (During this discussion, pick the chair up, set it down loudly, push it over so it falls down, move it around—make a memorable visual show of the functioning and non-functioning of the chair.)
3. Ask the participants and discuss: Why do all four sectors need each other?
4. Close the session with the chair in the middle of the room.

Key Discussion Points

- ◇ All four sectors are needed to support each other’s work. For example
 - Successful criminal prosecution of perpetrators requires
 - Good police investigation
 - Good forensic medical evidence
 - Emotional support for the survivor through the process—prosecutions take time and are usually full of delays; without support, the survivor is likely to become frustrated and discouraged and may stop going to court
 - Effective prevention must include
 - Security—identify and remove security risks, provide adequate police presence
 - Justice—Legal environment that supports survivors and punishes perpetrators (laws as well as behavior and attitudes of judges, magistrates, prosecutors)
 - Health—Public health education
 - Psychosocial—Community awareness about GBV and changing attitudes/behavior

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Session 3.8—Establish Procedures for Reporting and Referrals

Length	1 hour
Overview	The majority of time in this session is spent doing an activity to demonstrate the importance of clear, accessible, and well coordinated interagency procedures for receiving reports of GBV and referring the survivor for services to the various actors who can assist. The activity is rather complex and provides a memorable visual demonstration about interagency coordination. The session concludes with a discussion of how to prevent the chaos that occurred in the activity and concrete ideas of what to do to avoid confusion, help the survivor, and maintain the Guiding Principles.
Learning Objectives	<ol style="list-style-type: none"> 1. Understand the importance of establishing clear, simple, accessible, confidential, and respectful reporting and referral procedures. 2. Increase capacity to develop reporting and procedures by adapting a sample interagency procedure manual.
Preparation	<p>Prepare handouts, copies of the Sample Interagency Procedure Manual from <i>Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations</i> (Beth Vann, RHRC Consortium, 2002), Appendix B.</p> <p>Read the Red String Activity so that you can prepare for it.</p> <p>Gather information about the rape response procedures in the country where participants work. You need to have at least a general understanding about roles and procedures for doctors/nurses, police, prosecutors, judges, and UNHCR. If roles and procedures are not clear, this is good information for you to know.</p> <p>Create name tags with job titles (use actual job titles used in the setting) of approximately 10 people who are likely to interact with a survivor during the response process in your country setting (the setting where most participants work). Select at least one title from among each of the following groups:</p> <ul style="list-style-type: none"> ▪ Police (Police Officer, Police Investigator) ▪ Justice (Judge or Magistrate, Court Prosecutor) ▪ Traditional (Elder or Community Leader, Camp Chairperson) ▪ Health (Doctor, Nurse or Midwife, TBA) ▪ Family (Mother or other family member that a survivor might tell about the rape, Sister, Father) ▪ Psychosocial (Community Services Worker, Social Worker, GBV Counselor) ▪ Community (Neighbor, Block Leader) ▪ UNHCR (Protection Office, Field Officer, Community Services Officer) <p>Be sure the name tags can be easily read from a distance.</p>
Materials	<p>Flipchart</p> <p>Markers</p> <p>Ball of red yarn or string (or other bright color), at least 40 m (or 100 ft) long</p>
Session type	Lecture/discussion and activity

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Procedures

1. Ask for volunteers and distribute the name tags to the appropriate number of people. Tell them that they Actors and will be in the role of the person noted on their name tag.
2. Seat the volunteers in a circle, chairs fairly close together. Ask the remaining participants to stand outside the circle so that they can easily see the activity.
3. Explain that the ball of yarn represents a 20 year old girl who was raped.
4. Standing outside the circle, give the ball to Mother (or whomever you have chosen to be the first person the survivor tells about the incident) and explain that the girl has told her mother about the incident.
5. Instruct Mother to hold the end of the string firmly, do not let go, and throw the ball to the person you tell her.
6. You will then tell the story of what happens to this girl. Each time an Actor is involved, the ball of string is tossed across the circle to that Actor. Each Actor who receives the ball will wrap it around a finger and then toss the ball to the next Actor as instructed. An example of how you might play out the story is as follows:
 - Mother takes girl to Block Leader.
 - Block Leader refers the girl to the TBA.
 - TBA helps, but the girl needs more health intervention and TBA refers girl to the Midwife.
 - Midwife calls in the Doctor
 - Doctor administers treatment and sends girl back to Midwife.
 - Midwife refers the girl to the Community Services Worker.
 - Community Services Worker provides emotional support and contacts the UNHCR Community Services Officer for assistance
 - UNHCR Community Services Officer talks with the girl and discovers the girl wants to involve the police—refers the girl to the UNHCR Protection Officer
 - UNHCR Protection Officer meets the girl, takes her back to the Doctor for a few more questions
 - Doctor sends the girl back to the UNHCR Protection Officer
 - UNHCR Protection Officer refers the girl to the Police.
 - Police contact the Doctor
 - Doctor contacts Mother
 - Mother takes girl to UNHCR Protection Officer.
 - UNHCR Protection Officer refers girl to a Lawyer
 - Lawyer contacts Police
 - Police contact Prosecutor to have him speak with the survivor
 - Prosecutor discusses with Lawyer
 - Lawyer discusses with Prosecutor
 - Prosecutor calls the Doctor about the survivor to get information about the medical exam. Doctor asks to see the survivor again because she forgot to examine something
 - The doctor refers the survivor to a social worker
 - The social worker then contacts the police to give them some new information

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- The police contact the UNHCR protection officer to report the incident
 - The protection officer contacts the mother to ask questions
 - The mother asks the survivor additional questions
 - The survivor goes to talk with the community leader because she is confused about the process
 - The community leader contacts the prosecutor and the judge to find out the status of the case
 - They refer the community leader to the police
 - The police refer the leader to the UNHCR protection officer
 - Etc.
7. Stop the game when every Actor has taken part in at least 2 communication exchanges regarding the case. There will be a large red web in the center of the circle, with each Actor holding parts of the string.
 8. Pause to look at the web. Ask some questions to generate discussion:
 - What do you see in the middle of this circle?
 - Was all of this helpful for the survivor? Traumatic?
 - Might a situation like this happen here?
 - What could have been done to avoid making this web of string?
 - Observers: How many times did the girl have to repeat her story?
 - Actors: How many times did you talk with this survivor—or with others about her? Do you remember the details?
 9. Ask everyone to return to their seats. Actors should let go of the string and let it drop to the floor. Leave the red stringy chaotic mass sitting on the floor for all to see during the remainder of this session.
 10. Hand out Sample Interagency Procedure Manual. Take a few moments to go through it, highlighting the fact that these kinds of procedure manuals **must be developed with the entire interagency team** (as indicated on the cover). It will NOT work for one organization to write procedures for others to follow.

Key Discussion Points

- ◆ In most refugee/IDP contexts, the GBV survivor has to interact with a vast number of resources and contacts that are often not well trained and not well coordinated. This can be very daunting and confusing to the survivor and may discourage incident reporting or negatively impact the survivor. It is important to set up a clear response system and to have someone act as a case manager for the survivor, helping her to navigate the system.
- ◆ Let the activity speak for itself, unfolding before participants' eyes. Do not describe it or explain its purposes before completing the activity.

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Session 3.9—Establish Documentation and Compile Data

Length	30 minutes
Overview	This session introduces the idea of using a common form for recording incident reports. The session describes the uses of the form for interagency response and its value for informing the public about GBV occurring in the setting.
Learning Objectives	Explain the reasons why a common incident reporting form is needed and its value in gathering data and monitoring GBV interventions and outcomes
Preparation	<ol style="list-style-type: none"> 1. Become familiar with the purposes and instructions for the Incident Report Form in the UNHCR Guidelines. 2. Make copies of the Incident Report Form and instructions, one for each participant
Materials	Handouts (or UNHCR Guidelines)
Session type	Lecture/discussion

Procedure

1. Ask participants to refer to the Sample Interagency Procedure Manual handed out in the previous session—sections about the Incident Report Form.
2. Ask if there is a common report form being used in this setting. Discuss who fills the form, how it is used, who can see it, how/whether the information from all forms is compiled and shared with others.
3. Hand out the Incident Report Form handout.
4. Explain and discuss the purposes of the form and why it is useful for coordinating response actions and helping actors to abide by the Guiding Principles.
5. Highlight the importance of proper training for staff/volunteers who complete the forms.

Key Discussion Points

- ◆ Although unpopular and often considered boring, documentation and analysis of data/information are essential tasks and responsibilities for all actors in all professions.
- ◆ Compiling and sharing (non-identifying) data about GBV incidents is a valuable tool for breaking down denial and generating public awareness and action address the problems.
- ◆ If consistent data is collected from all refugee/IDP sites around the world, we will have useful information that can guide funding and program planning. That is why all sites are urged to use an incident report form and compile data from completed forms.
- ◆ Using a common incident report form raises **serious issues around confidentiality**. The UNHCR Incident Report Form has suggested instructions at the top. One step in those instructions is to give a copy of the completed Incident Report Form to UNHCR. This is **NOT** a good idea in most settings around the world, and should NOT be considered a “rule.” Giving UNHCR copies of the forms might work if the forms contain no identifying information or if the survivor gives her consent to share the form.
- ◆ The interagency GBV team needs to discuss, consider, and agree how an incident report form can be used in the setting while at the same time maintaining the guiding principles.

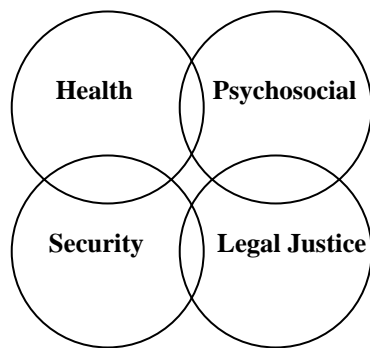
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Session 3.10–Interagency, Multisectoral Coordination

Length	30–45 minutes
Overview	The facilitator draws together the information from previous sessions in this module to show participants the need for good interagency, multisectoral coordination. Suggested methods for coordination, collaboration, and communication are discussed. A quick exercise demonstrates the challenges for all of us in coordinating, collaborating, and communicating with one another.
Learning Objectives	<ol style="list-style-type: none">1. Identify strategies and methods for maximizing interagency, multisectoral coordination, communication, and collaboration.2. Understand that effective coordination requires time and effort from all actors.
Preparation	None
Materials	Paper Pens Flip chart and markers
Session type	Discussion and activity

Procedures

1. On the flip chart, draw 4 circles and write one of the four key sectors in each circle. Should look something like this:



2. Remind participants that each of these circles contains many individual actors—and that the actors need to communicate with each other. Draw arrows between the circles to illustrate communication each way—among, across, between the circles.
3. Point out that there are other actors who may be involved in prevention and response who are not part of these four sectors. Draw more arrows outward from the circles on the flip chart.
4. Remind participants about what we learned earlier about the importance of clear procedures and good coordination. Explain that there must be agreed-upon systems for coordination and information-sharing among at least these four sectors.
5. Stop the discussion and conduct Activity 4.2

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Activity 3.10

1. Divide participants into groups of 3 or 4.
2. Give each group one blank sheet of paper (A4 size) and one marker.
3. Instruct the groups:
 - Place the paper on your table.
 - Stand so that each group member is near the paper.
 - Take the cap off the marker and each group member should hold it—together. All of the 3 or 4 people should be holding the marker.
 - When you tell them to Start, they have 30 seconds to draw a House, Dog, and Tree, and follow these rules:
 - Do not lift the pen from the paper.
 - No talking.
 - Everyone must keep their hand on the pen. Open the marker and everyone to stand around their sheet of paper.
4. Wait until everyone is ready and quiet. Tell them to START. Monitor for sound and remind everyone there is No Talking, if necessary.
5. After 30 seconds, tell them to STOP.
6. One by one, ask each group to hold up their picture for all to see.
7. Ask the groups who was in charge of the marker and discuss what worked and didn't work in each group. Bring out the key discussion points.
6. Distribute Handout 4.2–Coordination. Go through the handout.
7. Conclude this session with a discussion of the key discussion points.

Key Discussion Points

- ◆ The exercise² demonstrates that all 3 or 4 people need to coordinate their actions in order to be successful in their task.
- ◆ If the picture actually looks like a house, dog, and tree, usually that means that one person was controlling the pen and the others were passively following the leader. While this kind of strong leadership usually achieves results, the other members of the group become passive and lose interest.
- ◆ If the picture looks chaotic, shaky, inconsistent, this is a demonstration of true collaboration of a new group. It takes time to learn how others think, believe, and behave. Drawing a good quality house, dog, and tree among a variety of people occurs over time and requires practice, discussion, communication, failures, and lessons.
- ◆ The house-dog-tree represents interagency and multisectoral GBV prevention and response systems. Interagency work is learning to draw a house, dog, and tree together. It requires good communication, some conflict, and time.

²Adapted from exercises in *Games Trainers Play* and *More Games Trainers Play*, John W. Newstrom, McGraw-Hill, 1980 and 1983.

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- ◇ Coordination and communication are crucial if we want to assist survivors and prevent further acts of GBV in the communities we serve.
- ◇ It is a good idea to have a coordinator—or leader—until the system works more smoothly.
- ◇ Establish regular interagency coordination meetings. Agree on agenda items, keep the meetings on-task, time limited, and carefully facilitate discussions to ensure discussion of problems and successes, maximize communication and avoid members becoming passive and disengaging.

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Session 3.11–Putting it all Together

Length	15 minutes
Overview	This session summarizes Module 3.
Learning Objectives	Be able to describe multisectoral prevention and response to GBV, clearly and briefly.
Preparation	Prepare a flip chart as indicated in Step 1.
Materials	Flip chart Markers
Session type	Lecture/discussion

Procedure

1. Write on a flip chart:

<p>RESPONSE:</p> <ol style="list-style-type: none"> 1. Define key stakeholders/actors 2. Engage stakeholders 3. Raise awareness/train stakeholders. Train in sector-specific response and prevention action 4. Establish reporting/referral procedures (inter-organizational) 5. Establish documentation system; train relevant actors 6. Establish systems for coordination and information sharing, and staff well being. 7. Conduct a range of awareness raising with the community 8. Monitor and evaluate activities, training, etc. Revise as needed 	<p>P</p> <p>R</p> <p>E</p> <p>V</p> <p>E</p> <p>N</p> <p>T</p> <p>I</p> <p>O</p> <p>N</p>
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2. Explain that activities for Response and for Prevention must be developed simultaneously.
3. Summarize the training and discussions from this module:
 - Prevention and Response Plan addresses:
 - Outcomes/consequences
 - Causes/contributing factors

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- It involves all sectors, actors
- All actors agree to and abide by a set of Guiding Principles
- It is team oriented
- It is well coordinated
- It requires training and capacity building with an array of actors and stakeholders
- It supports full refugee involvement in the process of planning and implementation

Key Discussion Points

- ◇ Prevention involves community awareness raising in the community and in humanitarian aid organizations
- ◇ Increased awareness will hopefully lead to behavior change. That means that prevention activities will result in more survivors coming forward and asking for help.
- ◇ Response services must be in place and ready to help an increasing number of survivors.
- ◇ If survivors come forward for help and help is unavailable or uncoordinated or of poor quality, we will be doing more harm than good. Our efforts will backfire because survivors will stop reporting if they perceive that the help they need is not available.

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HANDOUTS

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HANDOUT 3.10–Coordination, Communication, Collaboration

Coordination involves sharing information about gender-based violence incident data, discussion and problem-solving among actors and stakeholders about prevention and response activities, and collaborative monitoring, evaluation, and ongoing programmed planning and development.

- ◆ Establish and continuously review methods for reporting and referrals among and between different actors. Referral networks should be free of bureaucratic delays and “red tape,” focusing on providing prompt and appropriate services to survivors.
- ◆ Agree on an Incident Report Form, to be used by all actors receiving referrals of cases of sexual/gender-based violence. Use the form consistently.
- ◆ Share written reports, especially monitoring and evaluation reports and incident data among actors and stakeholders.
- ◆ Convene regular meetings of key actors and stakeholders:
 - Monthly camp level meetings to discuss camp specific information, data, and activities
 - Monthly regional (e.g., field office, sub-office, district level) meetings to discuss information, data, and activities occurring in that region.
 - Monthly country level meetings to discuss information, data, and activities country wide.
- ◆ Coordination meetings should serve a number of purposes:
 - Share information within and between sectors, organizations and the refugee community.
 - On an ongoing basis, critically analyze activities by identifying gaps in services and strategies for improvement and strengthening current activities. Also, oversee the implementation of the strategies identified.
 - Provide a supportive forum for actors to seek guidance and assistance from colleagues. Also, provide an opportunity for constructive feedback, problem-solving, and debriefing after particularly complex or difficult cases.
 - Clarify the roles and responsibilities of all those involved with the planning, implementation and monitoring of prevention and response activities.
 - Plan, schedule, and co-ordinate activities, such as staff training, community education and awareness raising.
 - Continuously build shared ownership of gender-based violence programmers and effective partnerships between all involved.
- ◆ The designated “Lead Agency” is responsible for encouraging participation and facilitating meetings and other methods for coordination and information sharing.