

Learning Module – Values and Principles for Gender-Based Violence in Emergencies Programming



Learning Module – Values and Principles for Gender-Based Violence in Emergencies Programming

This learning module focuses on encouraging self-awareness about personal values and beliefs and building knowledge about the guiding principles that underpin gender-based violence in emergencies (GBViE) prevention, mitigation and response. This module covers the following topics:

Topic 1: Self-awareness (2 hours)

Topic 2: Personal beliefs (1 hour)

Topic 3: Principles for GBViE programming (2 hours 15 minutes)

Learning objectives

At the end of this module, participants will:

1. Have reflected on their personal values and considered the factors that have shaped them;
2. Have examined their personal beliefs about gender equality and gender roles; and
3. Be familiar with the principles underpinning UNICEF's GBViE programming.

Participant handouts

- ▶ **Handout 1: Personal Beliefs Self-Assessment**
- ▶ **Handout 2: Personal Values**
- ▶ **Handout 3: Guiding Principles for GBV Programming**
- ▶ **Handout 4: Levels of Participation**
- ▶ **Handout 5: Survivor-Centred Principles**
- ▶ **Handout 6: Mandatory Reporting**
- ▶ **Handout 7: Principles for Working with Child Survivors**
- ▶ **Handout 8: Case Studies**

Timetable

Time	Content	Slides	Handouts
9:00–9:45	<ul style="list-style-type: none"> • Welcome and introductions • Logistics • Content and objectives • Group norms • Self-assessment 	1–4	Handout 1: Personal Beliefs Self-Assessment
9:45–11:00	Topic 1: Self-awareness	5	
11:00–11:15 Morning tea			
11:15–12:00	Topic 1, continued: Self-awareness	6–7	Handout 2: Personal Values
12:00–1:00	Topic 2: Personal beliefs	8–9	
1:00–2:00 Lunch			
2:00–3:00	Topic 3: Principles for GBViE programming	10–12	Handout 3: Guiding Principles for GBV Programming
3:00–3:15 Afternoon tea			
3:15–4:30	Topic 3, continued: Principles for GBViE programming	13–28	Handout 4: Levels of Participation Handout 5: Survivor-Centred Principles Handout 6: Mandatory Reporting Handout 7: Principles for Working with Child Survivors Handout 8: Case Studies
4:30–4:45	Summary and closing		

Note to facilitator

This first part of this module is about self-reflection and self-awareness. To facilitate, you must be comfortable discussing and facilitating a process of individual and group reflection on personal issues and beliefs in a sensitive manner. This includes knowing how to handle differences of opinion. Successful facilitation of this module requires a high degree of self-awareness. **All facilitators must do the self-awareness activities themselves before delivering the training.**

The self-assessment in Handout 1 should be distributed and filled out at the beginning of the day. You need to advise participants that you will not be collecting this self-assessment; its purpose is to enable them to start the day reflecting on their personal beliefs on equality between girls and women and boys and men, as well as those on gender-based violence (GBV).

The aim of the sessions on self-awareness is to encourage participants to reflect on what has made them into who they are. These sessions should focus on encouraging self-reflection and helping people to develop insight into where their values come from, as well as how they are shaped by our families, communities, culture and religion.

Before you start the activity on personal timelines, tell participants that this activity will require them to reflect on their lives, and that anyone who does not wish to do this exercise doesn't have to.

The 'Where do you stand on gender equality?' activity often generates lively and passionate responses and strong debate. Your role is to allow all opinions to be discussed and to guide the discussions, making sure that people have the opportunity to participate and that everyone's

views are respected. There are no 'wrong' responses; however, it's important to note if particular participants have beliefs that are contrary to principles of gender equality, and depending on their role, it may be a good idea for a supervisor to follow up with that person individually after the training.

As with any training, you should review the entire module and adapt it as relevant to your context. For example, if any activities are not culturally appropriate, you will need to change them or substitute them. Similarly, if more appropriate, you may wish to use case studies relevant to the local context for the final activity.

Make sure you have the appropriate materials to facilitate each session.

Establishing group norms

If the group has worked together in previous training, you will need to review the group norms established on the first day. If the group has not yet worked together, you may wish to use the activity below to help establish group norms.

1. Divide participants into small groups of four to six. Ask each group to do the following:
 - Reflect on the traditions that inform how we behave and interact on special occasions such as weddings, funerals, and religious and cultural festivals. Choose one of these occasions and make a list of behaviours that are acceptable/unacceptable at this time.
 - Imagine that someone is visiting from a completely different place and does not speak your language or know anything about your culture. You do not want this person to be embarrassed by behaving inappropriately. Think about how you will show the person what is acceptable and what is not acceptable behaviour.
2. Ask group members to role-play the occasion they have chosen, without speaking. Ask one member of each group to visit a neighbouring group.
3. After a few minutes, bring the whole group together into a talking circle and ask them the following questions:
 - *How easy is it to identify and demonstrate these 'rules'?*
 - *Why do these 'rules' for special occasions exist?*
 - *What benefits come from having these 'rules'?*
 - *What happens if someone breaks these 'rules'?*

- *What might happen if we had no 'rules' to follow at these special times?*

4. Explain that during the training, participants will be discussing sensitive and challenging topics. It is important that everyone can feel safe to do this. This means the group should have its own special rules for how participants behave when they are together.
5. What rules do participants want that will help them learn, share and develop together safely and without fear?
6. List the suggestions and develop these into a set of ground rules/group norms that everyone agrees with.

Ice-breakers and energizers

Ice-breakers are used when a group first meets in order to help members get to know each other. Energizers are used in meetings when people know each other, but you want to reinvigorate them and connect them as a group. Feel free to use your own ice-breakers and energizers; however, there are some suggested below that you might like to use. Of course, consider the nature of the group when choosing activities – for example, activities that involve physical contact may not be appropriate for some groups and settings.

Ice-breakers

Paired introductions: Ask participants to pair up, spend a few minutes learning about their partner, and introduce their partner to the rest of the group. Depending on how much time is available and how much sharing you want to encourage, you can ask participants to find out different pieces of information, such as information about their family, their own life, their work, their hopes and expectations, their fears and worries, and/or their reasons for joining the group or programme.

A variation of this activity is to create pairs by giving participants 'half' of something before beginning; for example, pictures of common objects that go together or names of well-known couples. They have to find their 'other half', get to know each other and introduce each other to the group.

Graffiti names: Ask participants to come forward in turn and tell everyone their name. At the same time, instruct them to draw something on the flip chart that has special meaning for them and explain why this is. If everyone is literate, they can write their names on the flip chart next to the drawing.

Ball-throwing name game: Start by telling everyone your name and then throw a ball to

a participant. The participant will then tell everyone his or her name and then throw the ball to someone else. Continue until everyone has taken part. Repeat the game, but this time, people must say the name of the person they throw the ball to instead of their own names.

Energizers

Counting and clapping: Stand in a large circle. Explain that you are going to count round the circle, starting at one and counting upward. Every time the number is three or a multiple of three, that person should clap instead of saying the number. A person who makes a mistake drops out of the game. Continue until only a few people are left.

Alphabetical “I went to market”: One participant begins by saying “I went to market and I bought ...” and adds an item beginning with ‘a’. The next person has to say what the first person bought and add an item beginning with ‘b’. The third person has to say what has already been bought and add item beginning with ‘c’. The activity continues until ‘z’ is reached. If people forget what has been bought already, they drop out.

Simon says: The whole group has to do whatever the leader says – but only if the leader begins with ‘Simon says’ before describing the action. If the leader has not said ‘Simon says’ and someone does the action, that person who does the action drops out. (Instead of ‘Simon’, use an appropriate name for the culture and group.)

“Everyone move who...”: Everyone sits in a large circle. The facilitator stands in the middle and says, “Everyone move who is wearing blue.” Everyone who is wearing blue has to move to another chair. As everyone is moving, the facilitator sits on one of the chairs. The person who does not find a chair replaces the facilitator in the middle of the group and says, “Everyone move who got up before 6 a.m.” Everyone moves again and the person from the middle sits in one of the empty chairs. Repeat for several turns. You can use a variety of “Everyone who ...” statements, such as “Everyone who”:

...can speak more than two languages

...can do a headstand.

...likes pancakes for breakfast.

...lives more than ten miles away.

Singing: Ask participants for some of their favourite songs, and then sing one or two loudly and joyfully together.

Points of contact: Divide participants into groups of three or four. Explain that you are going to call out a number. Each group has to find a way to have only that many points of contact with the ground between them all. For example, if you say “three”, a group of three people may each stand on one leg; if you say “23”, a group of three people may bend down to touch the floor with 17 fingers and 6 legs between them. To encourage people to be creative and work together, call out a range of numbers, including some quite small and others quite large. This activity requires a certain amount of physical contact, especially to achieve the smaller numbers.

Forming shapes: Divide participants into groups of five or six. Explain that they have to create different items with their bodies. You will tell them the item they must make. Begin with simpler items, like a box or a horse; then make the items more challenging, like a car or an elephant or a snake. This activity requires a certain amount of physical contact.

Quick numbers: Everyone should be standing up with plenty of space to move around. Explain that you are going to call out different numbers, and participants should move as quickly as they can to get into groups with that many members. Each time you call, they have to form a new group. Start by calling “two” or “three” to let them get the hang of it, then speed up and call more challenging numbers. The game will get very chaotic quite quickly!

Knots: Divide participants into groups of five or six. Ask each group to stand in a small circle, facing inwards and with their eyes closed. Ask participants to stretch out their hands into the middle of the circle. Keeping their eyes closed, instruct them to each find one hand to hold with each of their own hands. (You’ll need to go round the groups and make sure that everyone is holding just two other hands and that there are no free hands left over.)

Instruct them to open their eyes but to keep hold of each other’s hands. The group now has to try and untangle the ‘knot’ they have created without letting go at all. This often requires climbing through and over each other in quite acrobatic ways, so is only suitable if everyone is comfortable with physical contact.

Session Plan

Welcome and introductions (45 minutes)

Welcome and housekeeping

(10 minutes)

► Show slides 1–4

Welcome all participants and provide information about the facilities, other logistical issues, and training timetable and content.

Introductions and ice-breaker

(10 minutes)

Facilitate an introductory activity so everyone is familiar with each other and ready to get started.

Group norms

(10 minutes)

Review the group norms established in an earlier training session with the same group, or conduct an activity to develop group norms for the day if the group has not worked together before (see **Notes to facilitator** above).

Self-assessment

(15 minutes)

► Refer participants to:

► Handout 1: Personal Beliefs Self-Assessment

Distribute the handout and ask participants to complete it.

Topic 1: Self-awareness (2 hours)

Personal timeline

Individual activity

(30 minutes)

Before you start this activity, it's very important to tell participants that it will involve each person reflecting on their lives, and that anyone who does not wish to do this exercise doesn't have to.

1. Explain to participants that to engage with different groups in the community about sensitive issues, values and beliefs, we need to first understand ourselves and what has shaped our own values and beliefs.

► Show slide 5

2. Tell participants that developing self-awareness is a journey, and we must continually reflect on questions such as:
 - *Who am I?*
 - *Do I consider myself a role model? For whom?*
 - *What are my strengths? Weaknesses?*
 - *What do I need from other people?*
 - *What do I have to give other people?*
 - *What do I believe is right for others?*
3. Explain that to start us thinking about these questions, we are going to do a number of different exercises. Firstly, we are going to reflect on what has made us who we are, and to do that, we are going to journey back through our lives.
4. Ask participants to sit comfortably and close their eyes, then slowly guide them through this visualization:

I want you to remember as far back as you can to your first home. Try to remember the sights, sounds, smells, the feeling and experiences. Who was there? All the things that are part of who you are today. Remember your mother, or perhaps your grandmother; maybe they are cooking over a fire. Your father or grandfather returning home in the evening. Your brothers and sisters, your cousins, and the games you played with each other, the tasks you shared, the happy times, and the sad ones as well. Maybe you were responsible for looking after younger brothers and sisters, or

Personal timeline

(continued)

Individual activity

maybe you were the youngest. Remember when you first went to school. How did you feel? Were you excited? Nervous? The arrival of new family members, maybe the loss of some. The good and the sad times with your family. Think about when you were an adolescent, the security of life at home, and the hardships. Maybe making new friends and the different kinds of fun you had with them. All the joys and sorrows of growing up. Then becoming an adult, maybe getting married, maybe getting a job, leaving your parents' home. Working, maybe having children. The good and bad times with your husband or wife. Think about the people who were close to you growing up and the other important people and events in your life so far, good and bad. Maybe some of those people are not here now, but you are different because of them.

5. Tell participants to open their eyes and come back to the present slowly.
6. Ask participants to draw a timeline of their lives up until this point. On this timeline, instruct them to include the people and events that have been significant in making them who they are today.
7. When everyone has finished, invite volunteers to share their reflections on the process and what they have learned.

Body mapping

Individual exercise

(45 minutes)

For more information on body mapping and more images of body maps like the following, see: <www.art2bebodymaps.com>

1. Explain to participants that we are each going to create a body map to think about who we are from a different perspective and to consider how life experience is stored in our bodies.
2. Ask participants to each spread out four pieces of paper and tape them together to form a big sheet. Ask them to draw a life-sized representation of their bodies, using pictures, symbols and words to represent valued aspects of themselves and the world they live in. Encourage participants to be creative and to consider the following questions:
 - Which part of their bodies do they see as powerful?
 - Where on their bodies are their emotions, their spirit, their intellect?
 - Do their bodies hold memories?
 - Which parts of their bodies connect to other people?
3. When they have finished, ask participants what they have learned about themselves. If there is time, invite volunteers to share their body maps.



Reflecting on your values

Individual activity and discussion

(45 minutes)

► Show slide 6

1. Ask participants to sit comfortably and reflect on the following questions. They can choose to write down their thoughts or silently reflect on these questions:
 - What is important to me?
 - What do I value in my life? In my relationships?
 - Where do these values come from? Who or what has influenced them?
 - How do my values influence the way I behave toward other people?
 - How do I influence other people's values?
 2. After 10 minutes, ask for volunteers to share their thoughts and feelings, making it clear that sharing is optional.
- Refer participants to:
- **Handout 2: Personal Values**
3. Ask participants to review the list of values in the handout and decide which are important to them and why.

**Reflecting on
your values
(continued)**

*Individual activity
and discussion*

4. After 10 minutes, ask participants if some of their values are different from widely shared values in the community. If participants hold different values from the wider community, ask them why this is the case.
5. Discuss how personal values are initially learned from our family values and are shaped by our communities, cultures and personal experiences. Our values and the values of those important to us influence and underlie our beliefs and our behaviour. Make the point that over time, and throughout our lifespans, we question and sometimes change our values.

► **Show slide 7**

6. Conclude by highlighting the following points:
 - Self-awareness is a lifelong journey.
 - It is important to have an awareness of what our values are as they inform our attitudes, beliefs and behaviours.
 - We need to understand not only our own personal value systems, but also that our values underpin beliefs and beliefs underpin behaviour. How people behave is a reflection of their beliefs, and their beliefs are a reflection of their values. This is not only relevant to us and to our roles in GBVIE prevention, mitigation or response; it is also relevant to the communities we work with.

Topic 2: Personal beliefs (1 hour)

**Where do you
stand on gender
equality?**

*Large group
activity*

(1 hour)

► **Show slide 8**

1. Explain that the purpose of this activity is (i) to help participants reflect on their own beliefs and attitudes related to gender roles and gender equality and (ii) to engage with beliefs and attitudes that differ from their own.
2. On one side of the room, post a sign that says 'Agree'; on the other side of the room, post a sign that says 'Disagree'.
3. Tell participants that you are going to read a statement aloud and they will decide if they agree or disagree with it. People who agree should stand under the 'Agree' sign; people who disagree should stand under the 'Disagree' sign. Those who are uncertain or have a nuanced opinion can stand in the middle. Participants can feel free to move after hearing what others have to say.
4. Read a statement from the list below or choose one that reflects common local beliefs. Once people have moved, ask volunteers from different sides of the room to explain briefly why they agree, disagree or are uncertain. Encourage discussion and debate about different opinions.
5. Repeat the process for as many statements as you have time for, allowing for discussion between participants.

Statements about gender equality and gender roles

- There are some things men can do that women can't.
- A man should never do women's work.
- Men and women should have equal rights and opportunities.
- A man does not have the right to beat his wife to discipline her.
- It is more important to send a boy to school than a girl.
- A woman should not have to have sex with her husband even if she doesn't want to.
- It is not OK for a man to have extramarital sex.
- A girl should never have sex before marriage, but it's OK for a boy to.
- Men are entitled to sex when they want it.

Where do you stand on gender equality?

(continued)

Large group activity

6. Ask everyone to return to their seats, and facilitate a discussion using the following questions:

- *How did it feel to expose your beliefs to others?*
- *How did it feel to have people disagree with you?*
- *How did it feel to listen to other people's opinions?*
- *Did you change any of your views?*

► **Show slide 9**

7. Conclude the session with these points:

- Attitudes and beliefs lie at the heart of both the problem and the solution to GBV. Beliefs that condone gender inequality, the abuse of power or the use of violence and coercion are key drivers of GBV.
- Preventing GBV involves addressing and transforming harmful beliefs and attitudes about girls, women and gender – such as the belief that girls and women are less important and less deserving of dignity and rights than boys and men, or the belief that GBV is shameful for the victim and not the perpetrator.
- Conversely, values and attitudes that promote equality, non-violence and the equal worth and dignity of each person are part of the solution to ending GBV. Our personal beliefs about gender equality and about how men and women should and shouldn't behave are central to our work to address GBV.
- UNICEF's GBVIE programming is based on principles of equality of rights for females and males, children and adults.

Topic 3: Principles for GBV programming (2 hours 15 minutes)

Principles for GBV programming: What and why?

Small group discussion

(1 hour)

1. Explain to participants that although we bring different values, beliefs, skills and experiences to our work to address GBV, there is a set of principles or guidelines that everyone must follow when working to address GBV.

► **Show slides 10–11**

2. Give an overview of each of the guiding principles for GBV programming, explaining that UNICEF's GBV programming is based on a human rights framework, is comprehensive and is grounded in partnerships: with governments, communities, and national and international humanitarian partners. Tell participants that we are now going to focus on the last three principles: participation, ethics and safety, and survivor-centred principles.

► **Show slide 12**

3. Divide participants into three smaller groups and allocate to each group one of the following principles: participation, ethics and safety, or survivor-centred principles. Each group is to discuss the following questions and then briefly present back to the large group:

- *What does the principle mean?*
- *Why is it important?*
- *How can we put this principle into practice?*

4. Bring the groups back together and give each group five minutes to present to the larger group.

► **Refer participants to:**

► **Handout 3: Guiding Principles for GBV Programming**

**Applying
the GBV
guiding
principles**

*Interactive
presentation*

(45 minutes)

► **Show slide 13**

1. Explain that you are going to overview some of the principles in more detail and strategies for putting them into practice. Focus on points not raised by participants in the previous exercise, and draw on your own experience and real-life examples. Encourage participants to share their thoughts and experiences, and ask questions throughout the presentation.

► **Show slide 14**

2. Highlight the following points on **participation**:

- Community participation in humanitarian action to prevent, mitigate and respond to GBV is important for numerous reasons – first and foremost because people have the fundamental right to participate.
- A rights-based approach to GBV recognizes people in emergencies as rights holders and active agents who have the capacity to make decisions and act regarding their own safety and protection from GBV.
- Listening to the perspectives, problems and experiences of different groups in the community in relation to GBV – and involving them in planning and leading efforts to best respond to survivors and reduce risks of further GBV – will ensure community knowledge, expertise and resources fully contribute to developing locally appropriate actions and responses.
- Community participation in emergency preparedness and response processes leads to better outcomes. When communities are involved in analysing the situation and identifying solutions to it, interventions and strategies are more likely to be locally appropriate and sustainable.
- While different sections of the community should be engaged in GBV prevention, mitigation and response assessments and programme processes, fostering participation and leadership of girls and women is especially important, and special attention should be paid to their perspectives and experiences.

► **Show slide 15**

► **Refer participants to:**

► **Handout 4: Levels of Participation**

3. Overview the minimum actions to promote participation:

- Ensure staff are familiar with participatory methods.
- Determine the appropriate level of participation prior to each assessment or programme activity.
- Understand the population composition and dynamics, and consider who should have a voice beyond the typical community leaders.
- Select appropriate methodologies and tools for each activity that reflect the level of participation and needs of different groups.
- Identify barriers and risks related to participation in GBViE activities – especially those affecting marginalized groups.

4. Highlight that different groups may face barriers to participating in GBViE-related assessments and programme activities. Power dynamics based on age, gender and social norms may determine how easy or difficult it is to even reach the most marginalized and powerless. For example, the increased burden on young women for domestic and care responsibilities may mean they have little time to attend discussions or assessment activities. Identifying barriers and solutions to participation will help to ensure the experiences and perspective of the most vulnerable and powerless are recognized and reflected in emergency response.

5. Explain there are risks associated with participating in GBV-related assessments and programming activities, especially in cases of politically motivated sexual violence or where there is a high level of stigma associated with GBV that places community members at risk of further violence if they discuss GBV openly. It is incumbent on UNICEF and partners to identify and mitigate these risks prior to carrying out GBVIE-related activities.

► **Show slide 16**

6. Highlight the following points on **ethics and safety**:
 - GBV assessments and programme interventions can actually **increase** risks of violence for girls and women. In some emergency settings, simply gathering information about GBV can have serious – even life-threatening – implications for survivors, other community members and those involved in collecting information. Girls and women who do disclose GBV may face retaliation from perpetrators and their supporters and even reprisal from authorities. Such retaliation can range from social exclusion to being charged with criminal offences (such as adultery) and subjected to further violence. In conflict settings, some forms of GBV can be prosecuted under international law as a war crime or under national law, and perpetrators may therefore not want information shared.
 - As well as risks associated with gathering information and talking about GBV, there are other potential risks that can arise from GBV programming in emergency settings. For example:
 - Services that are not confidential can stigmatize survivors, causing them to be treated badly, rejected by family members, ostracized from their community, victimized with further violence or even killed in the case of honour killings.
 - Staff working on GBV programmes may be threatened by perpetrators or others in the community.
 - In addition to safety risks, there are ethical dimensions of GBV programming in emergencies. All humanitarian actors have an ethical obligation to ‘do no harm’ to affected people and communities. As GBV is very common, many people have had direct and indirect exposure – as survivors, witnesses or family members – to GBV and have experience coping with its consequences. This includes our own staff, partner staff and other national actors. In populations affected by armed conflict, GBV may be one of many human rights violations that survivors and their families have experienced. For some survivors, just talking about what has happened can be traumatic.
 - Highlight that UNICEF and partner staff have an ethical responsibility to promote GBV survivors’ well-being and to do no further harm through re-traumatizing them. As actors with a responsibility for promoting children’s and women’s rights, UNICEF staff also have responsibilities to raise awareness with other humanitarian actors about the principle of ‘do no harm’.

► **Show slide 17**

7. Overview the minimum actions to promote ethics and safety:
 - Consult with GBV specialists before undertaking GBV-related assessments or programme activities.
 - Anticipate and plan for mitigating potential risks posed by asking communities about GBV or by implementing GBV-related activities.
 - Regularly re-assess risks, being alert for unintended negative consequences that arise over time as a result of programming.
 - Ensure all staff know how to refer survivors for assistance and support.
 - Make sure staff working with survivors have support and supervision to address ethical and safety issues as they arise.

► **Show slides 18–19**

8. Highlight the following points on a **survivor-centred approach**:
 - A survivor-centred approach is a cornerstone of GBV prevention, mitigation and response. Applying a survivor-centred approach is important because it aims to make sure each survivor’s

**Applying
the GBV
guiding
principles
(continued)**

*Interactive
presentation*

rights are at the forefront of all action and that each survivor is treated with dignity and respect. By putting the survivor at the centre of the helping process, this approach promotes the person's recovery, reduces the risk of further harm, and reinforces her agency and self-determination.

- A survivor-centred approach is applied through a set of survivor-centred principles that guide the work of everyone – no matter what their role is – in all interactions with survivors.

► **Refer participants to:**

► **Handout 5: Survivor-Centred Principles**

► **Show slides 20–26**

9. Overview principles of safety, confidentiality, self-determination and non-discrimination.

- When overviewing **confidentiality**, highlight limitations to confidentiality. Make sure participants understand that in some situations, there are exceptions to confidentiality, and it is very important that survivors and their caregivers are not led to believe that nothing they say will ever be shared. All actors responding to children must understand and communicate the exceptions to confidentiality, which include:
 - Situations in which there is the threat of ongoing violence or harm to a child, and the need to protect her overrides confidentiality;
 - Situations in which laws or policies require mandatory reporting of certain types of violence or abuse against adults or children;
 - Situations in which the survivor is at risk of harming themselves or others, including threats of suicide; and
 - Situations involving sexual exploitation or abuse by humanitarian or peacekeeping personnel.

► **Refer participants to:**

► **Handout 6: Mandatory Reporting**

10. If relevant to the setting, overview mandatory reporting and refer participants to the handout.

► **Refer participants to:**

► **Handout 7: Principles for Working with Child Survivors**

11. Overview the **best interests of the child principle**:

- The 'best interests of the child' is a foundation of the Convention on the Rights of the Child. It is, therefore, a primary consideration in all actions affecting children. This means that decisions and actions affecting a girl or young woman should reflect what is best for that particular child's well-being.
- Every child is unique and will be affected differently by violence, and decisions and actions affecting them should reflect what is best for the safety, well-being and development of that particular child.
- The primary purpose of intervening is to provide care, support and protection for individual children, not to meet other objectives.
- A child's best interest is central to good care. Service providers must evaluate the positive and negative consequences of actions with participation from the child and their caregivers (as appropriate). The least harmful course of action is always preferred. All actions should ensure that the child's rights to safety and ongoing development are never compromised.

► **Show slide 27**

**Applying
the GBV
guiding
principles
(continued)**

*Interactive
presentation*

12. Overview the minimum actions to promote survivor-centred principles:
 - Sensitize staff from all sectors involved in GBV risk mitigation activities on the survivor-centred approach and why it is important.
 - Ensure all staff working in the community know how to respond appropriately if they become aware of a case of GBV.
 - Train staff and other actors in the community who work directly with survivors on how to apply survivor-centred principles.

**Applying
survivor-centred
principles**

Case studies

(30 minutes)

► **Show slide 28**

► **Refer participants to:**

► **Handout 8: Case Studies**

1. Ask participants, either individually or in pairs, to read each case study and answer the questions.
2. Facilitate a large group discussion about the case studies.
3. End the session by making the point that addressing GBV presents risks – to survivors, those supporting them and even programme staff. It is of the utmost importance that context-specific ethical and safety considerations are taken into account and that all actors apply survivor-centred principles at all stages of programme planning and implementation so that:
 - Assessment or programme activities don't cause further harm to survivors of GBV; and
 - Community members and staff are protected from potential harm that could result from assessment or programme activities.

Summary and closing (15 minutes)

**Questions and
summary**

- Allow time for questions that have not yet been addressed.
- Provide a summary of the topics covered during the training.



Personal Beliefs Self-Assessment

Read each statement. Decide if you agree, disagree or are not sure, tick which one best matches your belief about the statement.

Statement	Agree	Disagree	Not Sure
1. Women and men should be treated equally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Only men should make decisions about household spending.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When women get rights, they are taking rights away from men.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Gender equality has come too far.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Boys and girls should have the same opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Women should have the opportunity to work outside the home if they want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. There are times when it's OK for a man to use violence against his wife or a female relative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. A woman should always have sex with her husband even if she doesn't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. There are situations where a man should force a woman to have sex with him.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. To protect her family's honour, a woman or girl should keep silent if she has been raped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Families should feel ashamed if a female relative is raped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. A woman or girl who has been raped should be blamed for what happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. People should not interfere in other families' problems, even if children or women are suffering from violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Personal Values

Look through this list of some common values people hold. If a value applies to you, tick the 'Applies to me' box. For each box you tick, decide how important this value is to you, using a scale of 1 (least important) to 10 (most important). You can use the blank boxes to add other values.

Value	Applies to me	Importance	Value	Applies to me	Importance
Being independent	<input type="radio"/>		Being health-conscious	<input type="radio"/>	
Being part of a community	<input type="radio"/>		Being a good spouse	<input type="radio"/>	
Being powerful	<input type="radio"/>		Being part of a family	<input type="radio"/>	
Being spiritual	<input type="radio"/>		Being a good friend	<input type="radio"/>	
Being a leader	<input type="radio"/>		Being confident	<input type="radio"/>	
Being a follower	<input type="radio"/>		Being a good parent	<input type="radio"/>	
Doing what is expected of me	<input type="radio"/>		Always learning	<input type="radio"/>	
Helping others	<input type="radio"/>		Being optimistic	<input type="radio"/>	
Being liked by others	<input type="radio"/>		Working in a team	<input type="radio"/>	
Working to change society	<input type="radio"/>		Accepting people as they are	<input type="radio"/>	
Working for women's rights	<input type="radio"/>		Standing up for what I believe in	<input type="radio"/>	
Protecting the rights of children	<input type="radio"/>		Doing a good job	<input type="radio"/>	
Protecting the rights of disadvantaged groups	<input type="radio"/>		Fitting in with the group	<input type="radio"/>	
Other:	<input type="radio"/>		Other:	<input type="radio"/>	
Other:	<input type="radio"/>		Other:	<input type="radio"/>	



Guiding Principles for GBV Programming

UNICEF's gender-based violence (GBV) programming is based on evidence and learning from multiple settings on effective approaches and strategies for addressing GBV against girls and women. This evidence and learning is captured in a set of principles that underpin UNICEF's GBV programming.

These principles include the following:

1. GBV is a fundamental and unacceptable violation of human rights, and efforts to address it should be grounded in a rights-based approach.

All girls and women have the right to live free from GBV, including in situations of conflict and disaster. Survivors have the right to health, safety and protection from further violence and to justice where it is available. Duty bearers, including the international community, have an obligation to uphold these rights, including in emergencies.

2. Ending GBV involves tackling gender inequality and harmful social norms.

Preventing GBV involves promoting gender equality and promoting beliefs and norms that foster equitable, respectful and non-violent relationships. Ending discrimination and inequality based on gender lies at the heart of ending GBV against girls and women.

3. Comprehensive approaches are required to address GBV.

A comprehensive approach bridges development and emergency programming and involves adopting a coordinated, multi-level and multi-sectoral approach. A multi-level approach highlights the importance of structural, systemic, community-level and individual-level interventions, while a multi-sectoral approach emphasizes the need for coordinated engagement across sectors for preventing, mitigating and responding to GBV.

4. Strong partnerships are essential for holistic, coordinated action against GBV.

No single agency, organization or sector has the skills, resources or mandate to address GBV alone. Preventing and responding to GBV requires collaborative action and partnerships across sectors and clusters; it also requires the involvement of governments, civil society, affected communities and other stakeholders. Partnerships must be built and fostered across UNICEF sectors and programmes; across humanitarian actors and clusters; with State and non-State duty bearers; and with civil society and communities.

5. Participation is vital for effective GBV prevention.

Genuine participation by rights holders and communities is empowering, fosters ownership of the problem, and ensures locally appropriate solutions to it. The participation and agency of affected people – especially children, adolescents and women – are central in all GBV efforts throughout assessment, analysis, design, implementation and monitoring of humanitarian programmes. Without genuine and significant participation from girls, boys and women, major risks may go unidentified, and prevention strategies and suitable responses will be inadequate.

6. Ethical and safety considerations are paramount.

Humanitarian actors have an ethical obligation to do no harm. Ethical and safety dimensions of all GBV activities must be considered prior to taking action. Safety of survivors, their supporters, community members and staff is a priority consideration in GBV assessments, programming, monitoring and evaluation in emergencies.

7. A survivor-centred approach is a cornerstone of GBV work.

The safety, rights, dignity and empowerment of GBV survivors is a priority at all times. A survivor-centred approach aims to make sure that each survivor's rights are at the forefront of all action, that each survivor is treated with dignity and respect, and that the person's agency is recognized and supported.



Handout 4

Levels of Participation

Source: Active Learning Network for Accountability and Performance in Humanitarian Action and Groupe URD, *Participation handbook for humanitarian field workers: Involving crisis-affected people in a humanitarian response*, ALNAP, London, 2009, pp. 39–44.

- In humanitarian situations, a participatory approach means involving crisis-affected people in the humanitarian response in whatever way, and to whatever extent is possible, in a given context.
- Participation makes a humanitarian response more efficient, effective and relevant to real needs, and it can help identify the most appropriate way of meeting those needs.
- Crisis-affected people can be directly involved in humanitarian responses on an individual level or indirectly via community representatives. In both cases, special care should be taken to ensure that the most vulnerable and socially marginalised people are involved, and that this involvement is done with care and intentionality so as not to risk further harm to these populations.
- There are different ways to involve people in humanitarian responses, and different approaches can be used to continually improve participation throughout the life-cycle of a project.
- In order to adopt a genuinely participatory approach, we must not think of those who are affected by a crisis as 'victims', 'beneficiaries, or 'recipients', but as dynamic social actors with capacities and strengths are able to take an active role in decisions affecting their safety and welfare. This shift in perception is of fundamental importance.
- The table below outlines a typology of participation that reflects the different ways humanitarian organisations interact with crisis-affected people, from simply informing them about a humanitarian response, to providing support for local initiatives.

Typology of participation

Type of participation	Description
Passive participation	The affected population is informed of what is going to happen or what has occurred. While this is a fundamental right of the people concerned, it is not one that is always respected.
Participation through the supply of information	The affected population provides information in response to questions, but it has no influence over the process, since survey results are not shared and their accuracy is not verified.
Participation by consultation	The affected population is asked for its perspective on a given subject, but it has no decision-making powers and no guarantee that its views will be taken into consideration.
Participation through material incentives	The affected population supplies some of the materials and/or labour needed to conduct an operation, in exchange for payment in cash or in kind from the aid organisation.
Participation through the supply of materials, cash or labour	The affected population supplies some of the materials, cash and/or labour needed for an intervention. This includes cost-recovery mechanisms.
Interactive participation	The affected population participates in the analysis of needs and in programme conception, and has decision-making powers.
Local initiatives	The affected population takes the initiative, acting independently of external organisations or institutions. Although it may call on external bodies to support its initiatives, the project is conceived and run by the community; it is the aid organisation that participates in the people's projects.



Survivor-Centred Principles

A survivor-centred approach is based on a set of guiding principles that guide the work of all helpers – no matter what their role is – in all of their interactions with GBV survivors.

Survivor-centred principles are interrelated and mutually reinforcing; for example, confidentiality (principle 2) is essential to promote safety (principle 1) and dignity (principle 3). The principles are described below.

Principle 1: Right to safety

Safety refers to both physical security as well as a sense of psychological and emotional safety. It is important to consider the safety and security needs of each survivor, their family members and those providing care and support.

In the case of conflict-related and politically motivated sexual violence, the security risks may be even greater than usual.

Every person has the right to be protected from further violence. In the case of child survivors, every child has the right to be protected from sexual and other violence; as adults, we all have responsibilities to uphold that right.

Why is safety important?

Individuals who disclose sexual violence or other forms of GBV may be at high risk of further violence from the following people:

- Perpetrators;
- People protecting perpetrators; and
- Members of their own family due to notions of family 'honour'.

Principle 2: Right to confidentiality

Confidentiality promotes safety, trust and empowerment. It reflects the belief that people have the right to choose with whom they will or will not share their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned.

Why is confidentiality important?

- Confidentiality promotes safety, trust and dignity.
- Confidentiality reflects the belief that survivors, including children, have the right to privacy and to choose who should know about what has happened.
- Breaching confidentiality inappropriately can put the survivor and others at risk of further harm.
- If service providers and other helpers do not respect confidentiality, other survivors will be discouraged from coming forward for help.

Exceptions to confidentiality

In several situations, there are exceptions to confidentiality, and it is very important that survivors, including children and their caregivers, are not led to believe that nothing they say will ever be shared.

Helpers need to understand and communicate the exceptions to confidentiality, such as:

- Situations in which there is the threat of ongoing violence or harm to a child, and the need to protect the child overrides confidentiality;
- Situations in which laws or policies require mandatory reporting of certain types of violence or abuse against children or adults;

- Situations in which the survivor is at risk of harming themselves or others, including thoughts of suicide; and
- Situations involving sexual exploitation or abuse by humanitarian or peacekeeping personnel.

Principle 3: Dignity and self-determination

GBV is an assault on the dignity and rights of a person, and all those who come into contact with survivors have a role to play in supporting their dignity and self-determination. For example, survivors have the right to choose whether or not to access legal services and other support services.

Failing to respect the dignity, wishes and rights of survivors can increase their feelings of helplessness and shame, reduce the effectiveness of interventions, and cause re-victimization and further harm.

Principle 4: Non-discrimination

All people have the right to the best possible assistance without unfair discrimination on the basis of sex, gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation, status or social class.

Best interests of the child principle

Every child is unique and will be affected differently by sexual violence. Decisions and actions affecting them should reflect what is best for the safety, well-being and development of that particular child.

The primary purpose of intervening is to provide care, support and protection for individual children – not to meet other objectives.

Strategies for ensuring the best interests of the child include the following:

- Take an approach that takes the individual circumstances of each child into account, including their family situation and their particular vulnerabilities and strengths. Prioritize their needs for safety, protection, and physical and mental health above other needs.
- Listen to the voice and perspective of the child, and take their wishes into consideration.
- Protect the child from further emotional, psychological and/or physical harm.
- Empower children and families.
- Examine and balance benefits and potentially harmful consequences of each decision or action affecting a child.
- Promote recovery and healing.



Mandatory Reporting

Source: International Rescue Committee and United Nations Children's Fund, *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*, IRC, New York, pp. 17, 91-95.

Mandatory reporting

Mandatory reporting refers to state laws and policies which mandate certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.) to report actual or suspected child abuse (e.g., physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse).

Mandatory reporting requirements

One of the main differences in working with children as opposed to adults is the need for health and psychosocial providers to comply with laws and policies regulating response to the suspected or actual abuse of children. These laws and policies are often referred to as “mandatory reporting laws” and they vary in scope and practice across humanitarian settings. To appropriately comply with mandatory reporting laws, service providers must have a thorough understanding of the mandatory reporting laws in their setting. In settings where laws and systems exist, service providers should have established procedures in place for reporting suspected or actual abuse before providing services directly to children. The elements of mandatory reporting that actors should agree upon to create the safest and most effective reporting mechanisms include first answering the question: Does a mandatory reporting law or policy exist in my setting? If yes, actors should establish procedures based on answering these key questions:

- *Who is required to report cases of child abuse?*
- *Who are the officials designated to receive such reports?*
- *When is the obligation to report triggered (i.e., with suspicion of abuse?)*
- *What information needs to be shared?*
- *What are the reporting regulations regarding timing and other procedures?*
- *How is confidentiality protected?*
- *What are the legal implications of not reporting?*

Reporting cases of child sexual abuse

If service providers are required to report cases of child sexual abuse to local authorities and reporting systems are established and functioning, then they must follow the local protocol and clearly explain this to the client. Reporting suspected or actual cases of sexual abuse is very sensitive and the report should be handled in the safest and most discreet manner possible. Mandatory reporting in cases of child abuse is not the same thing as referring a child for immediate protection if they are in imminent danger. If a child is in imminent danger, then case workers should take actions to secure his/her safety (through referral to local police, protection agencies, etc.) prior to making a mandatory report to the designated mandatory reporting agencies. Once the child is safe, case workers should proceed with mandatory reporting procedures. Best practice for reporting cases of child sexual abuse (in settings where mandatory reporting systems function) includes:

- inclusion of protocols for maintaining the utmost discretion and confidentiality of child survivors;
- knowing the case criteria that warrant a mandatory report;
- making the verbal and/or written reports (as indicated by law) within a specified timeframe (usually 24 to 48 hours);
- reporting only the minimum information needed to complete the report;
- explaining to the child and his/her caregiver what is happening and why; and
- documenting the report in the child's case file and following up with the family and relevant authorities.

Strategies for reporting abuse while maintaining discretion and the confidentiality of child survivors and their families should be discussed and agreed upon by key actors in the field. Examples on how to best uphold discretion and confidentiality in mandatory reporting circumstances should include: agreeing with other actors on the least amount of information necessary for sharing; reporting to only one mandatory reporting entity/person; and establishing guidelines regulating how third parties store information.

Maintaining children's best interests in mandatory reporting procedures

Mandatory reporting requirements can raise ethical and safety concerns in humanitarian settings, where governance structures often break down and laws exist in theory but not in practice. In emergency settings, where established and safe mechanisms to report child sexual abuse might not exist and where security can be unstable and dangerous, mandatory reporting can set off a chain of events that potentially exposes the child to further risk of harm, and as such it may not be in the child's best interest to initiate a mandatory report. For example, investigators may show up to a child's home, therefore, potentially breaching a child's confidentiality at the family or community level (prompting retaliation). In addition, services for children may be non-existent, thus creating additional risk (e.g., separation from family, placement in institutions, or confiscation of private records). The local authorities may themselves be abusive or they may simply be ignorant of best practice procedures or guiding principles.

If these following criteria are present, even if a mandatory law exists in theory, service providers are advised to use the central guiding principle – the best interests of the child – to guide decision-making in child-centred service delivery:

- Authorities lack clear procedures and guidelines for mandatory reporting.
- The setting lacks effective protection and legal services to deal properly with a report.
- Reporting could further jeopardize a child's safety at home or within his/her community.

If these criteria are present, service providers should follow a decision-making process that first considers the child's safety and then the legal implications of not reporting. Supervisors should always be consulted in decision-making to determine the best course of action.

Service providers are advised to follow these steps for determining the best course of action:

Step 1

Use these questions to guide decision-making:

- a) Will reporting increase risk of harm for the child?
- b) What are the positive and negative impacts of reporting?
- c) What are the legal implications of not reporting?

Step 2

Consult with the programme case management supervisor and/or manager to make a decision and develop an action plan.

Step 3

Document with a supervisor or manager the reasons to report the case; otherwise, document the safety and protection issues that rule out making a report.

Explaining mandatory reporting at the very beginning of care and treatment

If mandatory reporting policies and laws are in place and practiced, service providers are required to explain to the child and caregiver what their reporting responsibilities are at the beginning of services. This can be done in conjunction with the initial informed consent procedure for the services being offered.

If a mandatory report is required, service providers should share the following information with children and caregivers:

- The agency/person to which/whom the case worker will report.
- The specific information being reported.
- How the information must be reported (written, verbal, etc.).
- The likely outcome of the report.
- The child's and family's rights in the process.
- Children, particularly older children (adolescents), and caregivers should be part of the decision-making process on how to address mandatory reporting in the safest and most confidential way. This means service providers should seek and consider their opinions and ideas on how to draft the report. This does not mean the caregiver and child can decide whether or not a report is made; rather, they can help decide how and when the report is made. Service providers who are equipped with in-depth knowledge about mandatory reporting procedures will be best positioned to work with children and family clients to manage this procedure as necessary.

Summary of key competencies for mandatory reporting

Service providers must be able to:

- ✓ Demonstrate an accurate understanding of the mandatory reporting laws/policies in their context.
- ✓ Analyse specific criteria to determine whether reporting is in the child's best interest, and document and report this information to supervisors and/or the child's case response team.
- ✓ Explain mandatory reporting requirements to children and caregivers at the outset of service delivery.
- ✓ Remember: The most beneficial/least detrimental course of action for the child, and the least intrusive one for the family, should be employed as long as the child's safety is assured.



Principles for Working with Child Survivors

Source: International Rescue Committee and United Nations Children's Fund, *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*, IRC, New York, pp. 88-90.

Service providers caring for child survivors should adhere to a common set of principles to guide decision-making and overall quality of care. Guiding principles set out the ethical responsibilities and behaviors of service providers delivering direct services to children and families seeking assistance. They assure service providers that actions taken on behalf of child clients are supported by standards of care that aim to benefit the health and well-being of the child client(s). Guiding principles ensure that all actors are accountable to minimum standards for behavior and action, and because of that, children and families receive the best care possible.

1. **Promote the Child's Best Interest.** A child's best interest is central to good care. A primary best interest consideration for children is securing their physical and emotional safety - in other words, the child's well-being - throughout their care and treatment. Service providers must evaluate the positive and negative consequences of actions with participation from the child and his/her caregivers (as appropriate). The least harmful course of action is always preferred. All actions should ensure that the children's rights to safety and ongoing development are never compromised.
2. **Ensure the Safety of the Child.** Ensuring the physical and emotional safety of children is critical during care and treatment. All case actions taken on behalf of a child must safeguard a child's physical and emotional well-being in the short- and long-terms.
3. **Comfort the Child.** Children who disclose sexual abuse require comfort, encouragement and support from service providers. This means that service providers are trained in how to handle the disclosure of sexual abuse appropriately. Service providers should believe children who disclose sexual abuse and never blame them in any way for the sexual abuse they have experienced. A fundamental responsibility of service providers is to make children feel safe and cared for as they receive services.
4. **Ensure Appropriate Confidentiality.** Information about a child's experience of abuse should be collected, used, shared and stored in a confidential manner. This means ensuring 1) the confidential collection of information during interviews; 2) that sharing information happens in line with local laws and policies and on a need-to-know basis, and only after obtaining permission from the child and/or caregiver; 3) and that case information is stored securely. In some places where service providers are required under local law to report child abuse to the local authorities, mandatory reporting procedures should be communicated to the children and their caregivers at the beginning of service delivery. In situations where a child's health or safety is at risk, limits to confidentiality exist in order to protect the child.
5. **Involve the Child in Decision-Making.** Children have the right to participate in decisions that have implications in their lives. The level of a child's participation in decision-making should be appropriate to the child's level of maturity and age. Listening to children's ideas and opinions should not interfere with caregivers' rights and responsibilities to express their views on matters affecting their children. While service providers may not always be able to follow the child's wishes (based on best interest considerations), they should always empower and support children and deal with them in a transparent manner with maximum respect. In cases where a child's wishes cannot be prioritized, the reasons should be explained to the child.
6. **Treat Every Child Fairly and Equally (Principle of Non-discrimination and Inclusiveness).** All children should be offered the same high-quality care and treatment, regardless of their race, religion, gender, family situation or the status of their caregivers, cultural background, financial situation, or unique abilities or disabilities, thereby giving them opportunities to reach their maximum potential. No child should be treated unfairly for any reason.
7. **Strengthen Children's Resiliencies.** Each child has unique capacities and strengths and possesses the capacity to heal. It is the responsibility of service providers to identify and build upon the child and family's natural strengths as part of the recovery and healing process. Factors which promote children's resilience should be identified and built upon during service provision. Children who have caring relationships and opportunities for meaningful participation in family and community life, and who see themselves as strong will be more likely to recover and heal from abuse.



Case Study 1

There is a law in the country that all cases of suspected child abuse must be reported to government authorities and that if confirmed, the child will be removed from her family and placed in a children's institution. At the institution, the children are locked in at night, have inadequate nutrition, have no access to education and are regularly beaten. It is believed that the girls are sexually abused by both male staff and older boys who live there. A partner has received a case of a 12-year-old girl who is being sexually abused by her father.

- **Should this case be reported to the authorities?**
- **Why or why not?**
- **What are the implications of your decision?**
- **What principles for working with survivors are applicable?**

Case Study 2

In this country, unmarried women who are raped are charged with adultery and locked up. Survivors fear the consequences of reporting cases to the authorities. The law says such cases must be referred to the police.

- **Should rape cases involving unmarried women still be reported if the victim does not wish to have her case reported?**
- **Why or why not?**
- **What are the implications of this decision?**
- **What principles for working with survivors are applicable?**

Case Study 3

Aminata was repeatedly raped and tortured by members of the ruling party's security forces. She regularly sees some of her attackers around the IDP camps in the capital. She and her son are hiding from the authorities in fear. She has a serious mental illness resulting from the trauma and needs psychiatric care. To get care, she needs to cross into the neighbouring country. Getting the paperwork that allows her to cross the border involves registering with government officials, which she is unwilling to do and which could also place her at risk, as the attacks on her were politically motivated.

- **What do you do?**
- **What are the implications of this decision?**
- **What principles for working with survivors are applicable?**

Case Study 4

The local hospital refers survivors of rape and intimate partner violence (along with their children) to a shelter run by a local partner. Intimate partner violence rates are extremely high and are often associated with serious physical trauma. When perpetrators come and demand their wives and children are returned to them, the workers at the shelter agree because they believe the women and children belong to the husband and his family – and also because they feel threatened by the perpetrators.

- **What should you do?**
- **What are the implications of this decision?**
- **What principles for working with survivors are applicable?**

