needs. Some actions may put the survivor at further

extra information or contact the survivor directly.

• Once a GBV referral has been made, DO NOT ask for

risk of stigma, retaliation, or harm.

· DO NOT assume you know what a survivor wants or survivor's personal details.

• DO NOT write down any details of the incident or the family, police, community leaders, supervisors, etc). identifiers unless the survivor says to do so (this includes

• DO NOT share details of the incident or personal perpetrator or a third person (e.g. family).

• DO NOT mediate between the survivor and the information (or information you are not sure about).

• DO NOT make false promises or provide false

• DO NOT offer advice or judgements. worker/case manager.

• DO NOT provide counselling. This is the role of a social

• DO NOT trivialize or minimalize the violence.

DO NOT doubt or contradict the surivivor.

• DO NOT ask questions that make survivor relive the information or further details.

• DO NOT pressure the survivor into providing

• DO NOT force help on people, be intrusive or pushy.

link survivors with services where available.

 DO know how to safely and confidentially refer or survivor).

focal point, and only with the informed consent of the case (refer the case confidentially to appropriate GBV

• DO limit the number of people informed about the decision. Inform, do not give advice.

• DO respect the right of the survivors to make their own

• DO be aware of and set aside your own judgements. survivor that this was not his /her fault.

• DO offer comfort to help reduce anxiety. Reassure the customs, religion and gender.

• DO behave appropriately by considering the person's

• DO listen to the person without asking questions.

listen to the disclosure in a safe, private place. • DO treat the information with confidentiality and

would make the survivor feel safe and supported.

• DO offer to contact a friend, family or other that water, somewhere to sit, etc.)

• DO provide practical care and support (e.g. offer from immediate danger.

• DO make sure that both the survivor and you are safe need urgent medical care or clothing.

• DO address basic urgent needs. Some survivors may support that are available in the location ahead of time.

• DO be prepared. Be informed about the services and

DO NOT

DO

DO'S AND DON'TS TO PROMOTE SAFETY, DIGNITY AND RIGHTS

experience.

Gender-Based Violence Constant Companion

Location:	_
Available services and contacts:	
	_
	_
	_
	_

In the absence of a localized referral pathway and GBV or Protection focal point, contact a provider of last resort (this may be a national GBV coordinating agency or agency specific Protection or GBV advisor, amongst others).

Gender-Based Violence Constant Companion

Contents of the fold-out:

This fold-out contains three basic tools for field practitioners to know what to do in case a GBV incident is disclosed to them.

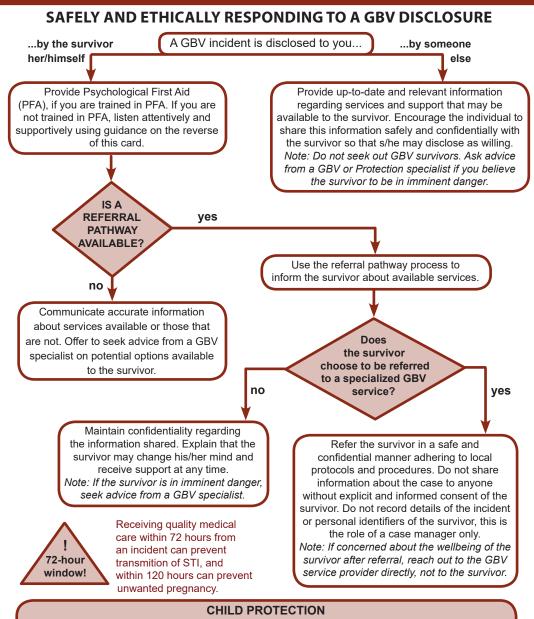
- Do's and Dont's

- Responding to a GBV disclosure

- Location-specific available services

www.sheltercluster.org/gbv

Fold along these lines



A child's best interests, his or her physical and emotional wellbeing as well as safety, are central to how we respond to GBV incidents experienced by persons under the age of 18. If the survivor is aged below 18, obtaining permission from the parent/caregiver is required to facilitate referrals. Depending on the level of maturity of the child and local laws, children aged 15–17 can generally provide their own permission (for example, when a perpetrator is a parent or caregiver). Where mandatory reporting procedures exist, communicate these to the child and their caregiver. It is always essential to understand that the risks to girls and boys may be different, and female staff should always be at the frontline of response for child survivors. Always seek advice from child protection/GBV specialists wherever possible.

www.sheltercluster.org/gbv

