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).

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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 Don’t’s
- Responding to a GBV disclosure
- Location-specific available services

www.sheltercluster.org/gbv
SAFELY AND ETHICALLY RESPONDING TO A GBV DISCLOSURE

A GBV incident is disclosed to you... by someone else

Provide Psychological First Aid (PFA), if you are trained in PFA. If you are not trained in PFA, listen attentively and supportively using guidance on the reverse of this card.

Provide up-to-date and relevant information regarding services and support that may be available to the survivor. Encourage the individual to share this information safely and confidentially with the survivor so that s/he may disclose as willing. Note: Do not seek out GBV survivors. Ask advice from a GBV or Protection specialist if you believe the survivor to be in imminent danger.

IS A REFERRAL PATHWAY AVAILABLE?

yes

Communicate accurate information about services available or those that are not. Offer to seek advice from a GBV specialist on potential options available to the survivor.

no

Maintain confidentiality regarding the information shared. Explain that the survivor may change his/her mind and receive support at any time. Note: If the survivor is in imminent danger, seek advice from a GBV specialist.

Receiving quality medical care within 72 hours from an incident can prevent transmission of STI, and within 120 hours can prevent unwanted pregnancy.

! 72-hour window!

Does the survivor choose to be referred to a specialized GBV service?

no

yes

Use the referral pathway process to inform the survivor about available services.

Refer the survivor in a safe and confidential manner adhering to local protocols and procedures. Do not share information about the case to anyone without explicit and informed consent of the survivor. Do not record details of the incident or personal identifiers of the survivor, this is the role of a case manager only. Note: If concerned about the wellbeing of the survivor after referral, reach out to the GBV service provider directly, not to the survivor.

CHILD PROTECTION

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.