



## AIDSFREE LESOTHO

# GENDER-BASED VIOLENCE SERVICE PROVIDER'S TRAINING MANUAL

MAY 2019





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SERVICE PROVIDER'S  
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# ABBREVIATIONS AND ACRONYMS

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AIDSFree	Strengthening High Impact Interventions for an AIDS-free Generation
CGPU	Child and Gender Protection Unit
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (Initiative)
FIDA	Lesotho Federation of Women Lawyers
GBV	gender-based violence
JSI	JSI Research & Training Institute, Inc.
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
SOP	standard operating procedure
USAID	United States Agency for International Development
WLSA	Women and Law in Southern Africa





# INTRODUCTION

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Lesotho has a population of 2,003,546, of which 51 percent are women and 32 percent are under the age of 15. HIV prevalence among men and women aged 15–49 is 24.6 percent. The country is ranked the second-highest in the world in HIV prevalence and incidence among people aged 15–49 years. Adolescent girls and young women are particularly vulnerable, with a 4.1 percent prevalence among those aged 15–19 and 24.1 percent among those aged 20–24.<sup>1</sup>

Globally, more than 5,000 young women and girls acquire HIV every week, the vast majority of them in southern Africa. Adolescent girls and young women in southern Africa also acquire HIV five to seven years earlier than their male peers.<sup>2</sup>

The link between HIV and gender-based violence (GBV) is well-documented.<sup>3,4</sup> People living with HIV, especially women and girls, are at increased risk for GBV because of their status, and those experiencing GBV face a greater risk of HIV infection<sup>2</sup>—more than 50 percent greater.<sup>5</sup> The intersection between the two creates a dual epidemic.

Men and boys also experience GBV. Key populations and children are at especially high risk, yet often do not have the resources to facilitate their recovery and break the cycle of violence. These disparities are the result of biological, structural, and sociocultural conditions, as well as of stigma and discrimination that affect men and women differently, and impede access to resources that can prevent or mitigate GBV.

The training manual presents a three-day curriculum and includes lecturettes or short topic presentations, highly participatory activities, and handouts to strengthen service providers' capacity and offer a space for participants to think, reflect on, and discuss GBV prevention and response. The principal handouts are:

- Agenda for each participant
- GBV statistics PowerPoint presentation
- *Genderbread Person* handout (Annex A)
- The Gender Game handout
- Definitions handout

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<sup>1</sup> Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) Initiative. n.d. Lesotho DREAMS Overview. <https://www.pepfar.gov/documents/organization/253956.pdf>.

<sup>2</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS). 2015. *On the Fast-Track to End AIDS by 2030: Focus on Location and Population*. Geneva, Switzerland: UNAIDS.

<sup>3</sup> Jewkes, R. K., K. Dunkle, M. Nduna, and N. Shai. 2010. "Intimate Partner Violence, Relationship Power Inequity, and Incidence of HIV Infection in Young Women in South Africa: A Cohort Study." *Journal of the International AIDS Society* 376 (9734): 41–48.

<sup>4</sup> Ellsberg, M. and M. Betron. 2010. *Preventing Gender-based Violence and HIV: Lessons From the Field*. Spotlight on Gender. Arlington, VA: AIDS Support and Technical Assistance Resources (AIDSTAR-One).

<sup>5</sup> World Health Organization (WHO). 2013. *Gender Inequalities and HIV*. Geneva, Switzerland: WHO.

- Case study of Nthabiseng
- *GBV Guiding Principles* handout (Annex B)
- Survivor-Centered Communication skills handout
- Socio-Ecological Model handout
- Appreciative Interview Guide and Worksheet
- Case study for each participant
- AIDSFree GBV Referral Data Collection Tool
- Example of stressors matrix
- Identifying Different Forms of Stress

## Objectives

By the end of the training, participants will be able to:

- Define and describe the terms *gender* and *GBV*
- Recognize the consequences of GBV on women and girls, family members, and the wider community
- Identify specific types of GBV, their root causes, and contributing factors
- Conduct interviews with GBV survivors
- Use the AIDSFree data collection tool to ethically collect information on GBV survivors and referrals made, and identify a clear pathway for reporting and collecting data and sensitive information to inform GBV programming and service delivery

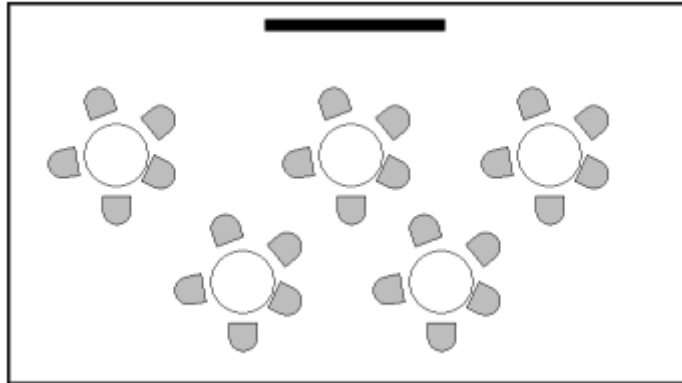
## Agenda

Timing	Session
<b>Day 1</b>	
90 minutes	1. Opening Session
15 minutes	Break
165 minutes	2. Key Terms and Concepts
60 minutes	Lunch
165 minutes	3. Introduction to GBV
<b>Day 2</b>	
135 minutes	4. Power Relations
15 minutes	Break
105 minutes	5. Survivor-Centered Care
60 minutes	Lunch
120 minutes	6. Socio-Ecological Model
<b>Day 3</b>	
135 minutes	7. Multisectoral Approach
15 minutes	Break
105 minutes	8. Collecting Data
60 minutes	Lunch
45 minutes	9. Self-Care for Service Providers
60 minutes	10. Closing

## Room Setup

Set up the training room the day before the session begins, using the following guidance:




1. Arrange the tables and chairs as noted in the diagram below, if at all possible.



2. Place a trainer's table off to the side, preferably out of the way to avoid distracting participants, and stack all handouts and training aids in order (from the first to the last session) on the training table.
3. Hang the sticky wall on one side of the room in a space that can be seen from all the tables.
4. Place name badges, nameplates, index cards, and, if available, training toys and pipe cleaners at the center of each table.



# SESSION 1. OPENING SESSION

<b>SESSION TIME</b> 	1 hour and 30 minutes  Day 1, 9:00 a.m. to 10:30 a.m.
<b>LEARNING OBJECTIVES</b> 	By the end of this session, participants will be able to: <ul style="list-style-type: none"> <li>• Describe the objectives and agenda of the workshop</li> <li>• Share workshop expectations</li> </ul>
<b>OVERVIEW</b>	This opening session sets the tone for the training. Participants are welcomed to the learning space, and immediately asked to speak and engage, which introduces the participatory nature of the sessions. Participants share their unique contributions and their expectations. They then engage in a <i>Step Forward, Step Back</i> activity that allows them to experience different identities in a very personal way.
<b>MATERIALS</b> 	<ul style="list-style-type: none"> <li>• “Sticky wall” or Post-It flipcharts</li> <li>• 5” x 8” sticky notes or index cards in two different colors—1 set for each participant</li> <li>• Name badges and nameplates for each participant</li> <li>• Marker (1 per participant)</li> <li>• Large A4 cards (in 2 colors) labeled <i>Bring</i> and <i>Take Away</i></li> <li>• Chime</li> <li>• Watch or clock with a second hand</li> <li>• Identity cards</li> <li>• Agenda for each participant</li> <li>• Flipchart with training objectives</li> </ul>
<b>ADVANCE PREPARATION</b>	Place name badges, nameplates, markers, agenda, and index cards on each table. Have identity cards printed and ready for use.

## Activity 1.1 Introductions and Expectations

40 minutes

1. Suggest to participants that we spend a little time getting to know each other with this short activity.
2. Invite participants to think about what they are bringing to our workshop this week. What expertise, life experience, skills, information, and perspectives do they bring to our conversations about GBV? Ask them to identify their most important contribution to our conversations. Own that they certainly bring many different contributions, and that we urge them to engage completely so we can all learn from each other, but invite them to

choose only one to share on their card. Invite participants to write that most important contribution on one of the (name the color) cards. Remind participants to use a marker.

3. Allow one to two minutes for participants to identify and write their contributions.
4. Invite participants to think about what they want to take away from this training the most. What is it they want to walk away with at the end of the training that will make it successful for them? Ask participants to identify their most important takeaway and write it on one of the (name the other color) cards.
5. Provide instructions for the *Introductions* activity:  
*In turn, you will each come up to the front. Please briefly introduce yourself, and then share what you bring and post that card on the sticky wall. Then, share what you want to take away and post that card on the sticky wall.*
6. Begin the activity by modeling it once for participants using your own two cards, then guide participants through sharing their introductions and cards. Continue until all participants have introduced themselves. Resource persons and any co-facilitators should also participate in this activity after the participants.
7. Thank participants for sharing this information. Summarize the wealth of experience and perspectives we bring into the room, and refer to the *Bring* cards. Remind participants that each session is stronger when we bring our own expertise, challenges, and strategies to the table, and urge them to contribute freely.
8. Briefly review the *Take Away* cards, and use that review as a natural transition into reviewing the objectives and agenda for the training.

## Activity 1.2 Review of Objectives and Agenda

10 minutes

1. Briefly review the training objectives listed on a flipchart. Go over the agenda for the three-day training.
2. Reiterate that GBV can be an intense and an emotional topic. Throughout our discussions the next three days, we should assume that some of our fellow participants are survivors of violence, perpetrators of violence, and/or have been affected by violence in their own lives. It is, therefore, critical for you to approach these sessions with sensitivity—acknowledging that some of those in the room might be survivors or perpetrators of violence, speaking about violence with compassion and respect, and inviting others to do the same. It is important to prepare yourself emotionally for these discussions because you too might have experience with violence in your own life. Take the time you need for self-care and do reach out to us during breaks or at lunch if we can be of any assistance to you.

3. Discuss a few basic ground rules, making sure to discuss:
- a. **Creating a “safe space” and what that means:** Participants should feel free to share personal beliefs, the realities of their own lives, and experiences without feeling judged or devalued. This is a space for learning. Challenging one’s own assumptions and perspectives, and hearing the ideas of others, is a critical part of learning. We must treat each other with the utmost respect throughout these sessions so that learning can occur without the possibility of re-injuring those in the room who might have had painful experiences associated with GBV. So, please do feel free to share, but pay attention to how participants are reacting to you; be careful about inappropriate laughter or comments that could be hurtful; and let’s work together to create a safe space for learning.
  - b. **Levels of confidentiality:** We encourage participants to share stories and urge you to keep those stories confidential, unless participants indicate that it is okay to share them more widely. If sharing stories outside of this group, be sure not to identify the originator of the story. Note that you are not *required* to share personal stories or information about yourself.
  - c. **The importance of being together for all sessions from the start and fully participating in each discussion:** Each of these sessions builds on the last and, as the group moves through these ideas together, we will come to rely more and more on each other’s full engagement. Please try to be with us for all sessions and come to each session on time. This is especially important in this training, because we typically present a critical exercise right at the start of each session. If you miss it, you will miss what we will be discussing for the rest of the session. Because the key exercise is right at the start, we might wait for all participants to be in the room before beginning, and we do not want to delay the training waiting for one or two people. We very much appreciate your full participation and believe you will find the experience richer for that deeper engagement.
  - d. **Self-managing mobile phones:** Please silence your phones and do not speak on your mobiles while in the room. We understand that you may need to take an urgent call and ask that you please step out of the room if you urgently need to use the phone.
  - e. **Keeping laptops closed:** Only one or two exercises could require your laptop. Otherwise, we urge you to keep your laptops closed out of respect for your fellow participants, facilitators, and resource persons. Particularly when discussing the topic of GBV, it can be hard to see someone focusing on their laptop. So, we ask you to keep the laptops closed or leave the room if you must use them during session times.

## Activity 1.3 Step Forward, Step Back

20–30 minutes

1. Suggest we get started with a short exercise that allows us to explore how gender roles and dynamics play out in a very personal way.
2. Invite participants to stand shoulder-to-shoulder in the space you have cleared. Provide instructions for the exercise.
  - **[Name of co-facilitator]** is distributing identities to you. When you receive yours, read it, but make sure no one else can see it. Hang it around your neck, with the words facing your chest. This is the identity you will have for this activity.
  - I will read out a statement. If you believe that the statement is true for you in your identity, take one step forward. If you do not believe it is true for you in your identity, take one step back. I will read out the next statement. If it is true for you, take one step forward. If it is not, take one step back. We will continue in this way until I finish all of the statements.
  - Note that you will respond to the statements as if you were the identity around your neck in whatever part of Lesotho you most identify with or you are most comfortable with. You will need to make some assumptions about who you are in your new identity, and what you grapple with in the part of Lesotho where you live.
  - We will not speak at all during this exercise.
3. Begin the exercise. Read each of the following statements, in turn, and watch as participants choose to step forward or back:
  - a. *I can decide whom to marry and when.*
  - b. *I can work at most jobs without fear of harassment or violence.*
  - c. *I don't look over my shoulder all of the time when I am walking down the street.*
  - d. *I usually don't worry when looking for a public toilet.*
  - e. *I can choose to continue my education.*
  - f. *I can control family resources and assets.*
  - g. *People treat me with respect and do not make derogatory statements or jokes about me.*
  - h. *I can freely seek employment.*
  - i. *I can easily access the medical care I need and I am not denied care based on my identity.*
  - j. *I can be confident that I will get the services I need at a health facility.*



### Facilitator's Tip

Typically, this exercise is powerful for participants and they remember its impact for years. Most participants are respectful and curious during the exercise. As the facilitator, it is critical during this exercise that you:




1. Model a serious and compassionate approach to the conversation.
2. Invite a spirit of inquiry and manage the questions participants share calmly, openly, and in a spirit of learning.
3. Maintain the safe space for all participants. That means that if that space is violated, you must act. If you fail to intercede—say, if someone makes fun of an identity or makes an inappropriate joke—you will have made it clear to all participants that this is not, in fact, a safe space, and that will affect the rest of the workshop. You may also be allowing an injury or re-injury to participant(s).

If you feel you must intercede during the session to reestablish the safe space, some options are suggested below.

Occurrence	Facilitator's Options
Participants make a joke about one of the identities	Remind participants about our commitment to maintaining a safe space for all participants, regardless of identity. Remind them that we are in a workshop focused on preventing and responding to GBV, and that to do that; we must open our minds beyond what we are used to and explore these issues in respectful ways.
Participant walks out of the session	Allow the participant to leave without making any comment to them or fellow participants. Later, at the break or after the session, try to connect with this participant privately to check in, express concern, and remind them that you are available should they need to talk. Listen compassionately if the participant shares an experience of violence. Typically, listening and being compassionate is all that is required. Remind the participant that they should take care of their self and step out or seek additional conversations if needed. You may also wish to refer them to support services.
Participant says they cannot participate in the exercise using the identity you have given them because they do not understand what this person would do	Encourage participant to attempt to put themselves in the shoes of the identity they were given and do their best to respond.

1. When all statements have been processed, invite participants to turn their identity cards around so everyone can see their names. Invite participants to look around at their colleagues and note who has moved forward, who has stayed at the same place, and who has stepped back.
2. Indicate that we will debrief the exercise, but before we do, we want to remind the group of the norms we discussed this morning and the importance of creating a safe space for participants. We want to remind you that participants in this room may have struggled with the topics we discuss in their own lives, and it can be painful to hear others make jokes and laugh. Please be respectful during this discussion.
3. Process the exercise with participants, using some of the following questions:
  - Look around the room at the location of your fellow participants. What stands out for you?
  - Who has been able to step the farthest forward? How did it feel to step forward while others fell back?
  - Who continued to step back? Did anyone step back for every statement? How did it feel to step back?
  - What conclusions can you draw from this exercise? What connection can we see to our work?
  - Whose responsibility is it to help those at the back move forward?
  - How does this exercise link to our work in GBV?
4. Summarize the discussion and transition to the next session.

## SESSION 2. KEY TERMS AND CONCEPTS

<b>SESSION TIME</b> 	Up to 2 hours and 45 minutes  Day 1, 10:45 a.m.to 1:30 p.m.
<b>LEARNING OBJECTIVES</b> 	By the end of this session, participants will be able to: <ul style="list-style-type: none"> <li>Define key terms and concepts related to gender and GBV, and describe the <i>Genderbread Person</i>.</li> </ul>
<b>OVERVIEW</b>	This session will provide participants with an opportunity to learn about key terms and concepts related to GBV, review the <i>Genderbread Person</i> , and discuss the difference between the terms "sex" and "gender."
<b>MATERIALS</b> 	<ul style="list-style-type: none"> <li>GBV statistics PowerPoint presentation</li> <li>Timer/watch</li> <li><i>Genderbread Person</i> handout (See Annex A. Genderbread Person)</li> <li><i>The Gender Game</i> handout</li> <li>Prepared flipchart for scoreboard</li> <li>Sticky notes in four different colors, 1 color for each team</li> </ul>
<b>ADVANCE PREPARATION</b>	<ul style="list-style-type: none"> <li>Prepare flipchart with scoreboard</li> <li>Test the PowerPoint slides before the session begins</li> </ul>

### Activity 2.1 The Gender Game

45 minutes

1. Illustrate the differences between sex and gender by playing the *Gender Game*. Pass out the worksheet without the answers and ask participants to complete it.
2. Read each statement, giving participants 30 seconds to think about it and mark "sex" or "gender." Continue to read down the list of statements. Remember to read slowly and allow adequate time for participants to think about what the statement is saying.
3. Once you have read each statement, discuss the answers as a group. Clarify why each statement refers to either gender or sex.

Sex	Gender	Statement
X		1. Women give birth to children, men do not.
	X	2. Girls are gentle; boys are tough.

Sex	Gender	Statement
	X	3. Women in sub-Saharan Africa contribute an average of 70 percent of the labor for food production; yet rural women are poorer than men and have lower levels of literacy, education, health, and nutrition.
	X	4. Many women do not make decisions independently and freely, especially decisions about sexuality and relationships.
X		5. Men's voices change with puberty, women's voices do not.
X		7. Women are biologically more at risk for HIV than men.
X		8. Women can breastfeed babies; men can bottle-feed babies.
	X	9. In ancient Egypt, men stayed home and did weaving. Women managed household affairs. Women inherited property, men did not.
	X	10. Most truck drivers are men.
	X	11. In 1999, a study in Uganda found that adolescent males thought having a child could enhance their status and prove their manhood.

## Discussion

1. After the game, ask participants to get into small groups (four or five groups). Each group should have flipchart paper and respond to the following questions:
  - How does patriarchy influence the construction of gender and power relations?
  - How does society (family, rites of passage, school, religion, media, workplace, language, folklore, etc.) affect our gender?
  - What are the implications of socially constructed gender norms/roles?
2. Make sure that these questions are written in a visible place so participants can refer back to them as they work through these questions together.
3. Give participants 10 minutes to discuss and write their responses down.
4. Bring everyone back to plenary. Go around to each group and have them present. Pull out themes that recur during the groups' presentations.
5. Clarify any questions or comments participants may have and transition into the next activity.

## Activity 2.2 Genderbread Person

1 hour

1. Ask the group to share any questions or comments raised by the issues discussed during the game. Guide a discussion to clarify any questions or concerns.
2. Explain to the group that you will now clarify the differences among gender identity, sexual orientation, gender expression, and biological sex. Display the *Genderbread Person*

poster and have the second facilitator distribute the *Genderbread Person* handout. Go over the *Genderbread Person* to clarify the concepts and appropriate language using the following talking points:

- Gender can be a complicated issue. We want to take a few minutes to explore this *Genderbread Person* poster to make sure we are all on the same page about these concepts and the terminology used to discuss them.
- As you will see on the poster, there are four elements. The first three categories all pertain to gender, while the fourth pertains to sexuality.
- People fall along the continua for all four of these categories, which do not necessarily align because gender identity, gender expression, biological sex, and sexual orientation exist independently of one another. So, let's look at each of these categories one by one.
- **Gender identity** is a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. Do you identify with the societal role of a woman or a man? Does neither ring particularly true for you? Are there aspects of your identity that align with elements from both? Or do you consider your gender to completely fall outside of the gender norms? The answer is your gender identity.
- **Transgender** is an umbrella term for an individual whose gender identity differs from the sex assigned at birth.
- **Cisgender** is a term for people whose gender identity matches the sex assigned at birth.
- **Gender expression** is all about how you demonstrate gender through the ways you act, dress, behave, and interact—whether intentionally or unintentionally. Others usually interpret gender expression based on traditional gender norms (e.g., men wear pants; women wear dresses). Gender expression is something that often changes from day to day, outfit to outfit, and event or setting to event or setting. It is about how the way you express yourself does or does not align with traditional ways of gendered expression, and can be motivated by your gender identity, sexuality, or something else completely (e.g., just for fun or performance). Like with gender identity, there is a lot of room for flexibility here.

- **Biological sex** refers to the chromosomal, hormonal, and anatomical characteristics used to classify an individual as female, male, or intersex. It is assigned at birth. It is different from gender.
  - **Sexual orientation** is about whom you are physically, spiritually, and emotionally attracted to (here we have broken it out specifically into sexual and romantic attraction), and the labels tend to describe the relationships between your sex, gender identity, and the gender identities you are attracted to. Sexual orientation is not really a component of gender. However, we often conflate sexual orientation with gender, or categorize the attraction we experience in gendered ways.
3. Clarify any questions participants may have.
  4. For the final part of the session, use the PowerPoint presentation as a guide to presenting the current global and regional situation related to GBV, including statistics, big GBV issues in the region, and interventions in specific countries. Be sure not to simply read off the slides; instead, use the slides to prompt the script attached to the PowerPoint.
  5. Summarize the discussion and look ahead to the topics of the afternoon session.

#### Facilitator's Tip

If it is comfortable for you, you might share how you relate to each of these four concepts in your own life. Or you might just give an example to show how these terms are expressed. For example, you might say: "Note that someone's gender identity might be cisgender, and their gender expression might be masculine, while their biological sex might be female, and their sexual orientation might be heterosexual."

## Activity 2.3 Best Response

Up to 1 hour

1. Welcome participants back from the break. Refer to the concepts, definitions, policies, and other information that were just reviewed.
2. To be sure we are all on the same page, let's do a brief exercise to review key terms and concepts related to GBV.
3. Tell participants that their table is their team. Invite all teams to choose a team name.
4. Write all of the team names on the flipchart scoreboard.
5. Ask each team to identify one person to send to the front of the room.

#### Facilitator's Tip

You will want to facilitate this session in a dynamic way; with energy and a bit of humor, but balancing humor with the seriousness of the topic.

6. When all teams have sent their teammates to the front of the room, seat them at the head table and produce the *Peer Review* nameplate. Place it in front of the group and allow participant teams a moment to realize that these are now the judges.

7. Provide instructions for the game:

- There will be several rounds to this game.
- In each round, I will read out a question or a statement. You will have 3 minutes to discuss it with your team and choose the BEST response. Write that best response on one of the sticky notes in front of you. Only one sticky note can be used each round. *Note: You can choose to lengthen or shorten this timing, without announcing it, as necessary to give teams more time or to move the game along if teams finish early.*
- Note that there may be many correct answers, but the judges will be deciding which is the BEST response.
- After 3 minutes, I will collect all sticky notes and read them to the judges. The judges will have 3 minutes to award one point to the team with the best response.

#### **Facilitator's Tip**

Choosing the judges this way has two benefits: (1) Participants typically send their "best player" to the front of the room, thinking that they will be fielding the first question. It is good to have the slightly more knowledgeable participants serving as judges; and (2) Teams feel a bit of ownership over "their judge," which can lead to some fun exchanges throughout the game.

8. Check for understanding and begin the game by reading the first question. Set the timer for 3 minutes. While participants are engaging in the first round, brief the judges. Tell them that they will read all of the responses and decide together which response is the best and which team gets the point. They will decide the best response based on their own understanding of the work done in preparation of the exercise and criteria, which they will determine in each round.

#### **Facilitator's Tip**

The facilitator reads the cards to the judges. If teams are left to read their own cards, it is harder to keep the game moving because participants embellish what is written on their cards or try to explain.

9. Call the time after 3 minutes. Collect all responses. Read each response, then turn the sticky notes over to the judges for their deliberations.
10. While the judges deliberate, present the next question and time the group.
11. After 3 minutes, first reread the last round's question, let the judges announce the point for that round, and add it to the scoreboard. (Make a big fuss about it.) Teams receive 2 points for the best response; however, if there is a tie the points can be split and each team gets 1 point.
12. Briefly clarify the important points for each question and clarify the correct answer. Do not linger on each question. If additional discussion is warranted, note any questions for

discussion after the game and move on to the next round. Keep the game moving quickly.

13. Continue this way until all questions have been finished or the group appears to be tired of the game.




14. Award the prize to the team with the most points.

### Questions:

- What puts boys at risk for GBV in Lesotho? What puts girls at risk for GBV in Lesotho?
- Describe the difference between gender identity, gender expression, biological sex, and sexual orientation.
- What is the difference between sex and gender?
- Why is it necessary to engage men and boys, as well as women and girls, in preventing and responding to GBV?
- What is GBV? Share your best definition.



## SESSION 3. INTRODUCTION TO GBV

<b>SESSION TIME</b> 	<p>Up to 2 hours and 45 minutes</p> <p>Day 1, 2:30 p.m. to 5:15 p.m.</p>
	<p>By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Practice differentiating between gender and sex</li> <li>• Define different forms of GBV</li> <li>• Describe the root causes of GBV and how it can affect the survivor, community, and so on</li> </ul>
	<p>Participants will have the opportunity to practice differentiating between sex and gender, and have a deeper understanding of the different types of GBV that can affect an individual. Participants will also have the opportunity to reflect on the day and evaluate the sessions.</p>
	<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• Markers</li> <li>• Definitions handout</li> <li>• Case study of Nthabiseng</li> </ul>
	<ul style="list-style-type: none"> <li>○ Have definition handout printed out for all the participants.</li> <li>○ Have Gender Game sheet printed out for each participant.</li> <li>○ Have Nthabiseng case study printed out.</li> </ul>

### Activity 3.1 Defining Gender-Based Violence

45 minutes

1. Explain to participants that we are moving into learning about gender-based violence, which can also be called GBV. Explain that there are many types of GBV.
2. Ask participants to brainstorm different types of GBV and capture them on a flipchart.
3. Introduce the core types of GBV:

#### Domestic Violence

- Physical abuse
- Sexual abuse
- Emotional abuse
- Economic abuse
- Psychological abuse

## Sexual Violence

- Intra-familial sexual abuse
- Sexual assault
- Sexual exploitation
- Sexual harassment
- Rape

## Harmful Traditional Practices

- Female genital cutting
  - Early/forced marriage
  - Widow ceremonies
4. Divide the participants into pairs; with their partner they will be assigned two types of GBV and should discuss the following:
    - Come up with a definition for their assigned type of GBV that makes sense to them.
    - Describe some examples of how these two types of GBV take place in their community.
    - Discuss whether there are different settings within their community (areas, camps, etc.) where different forms of GBV occur.
  5. Remind the group that these types of violence happen everywhere, but that some types are more frequent in some countries/regions. Which ones are the most common types in their culture? Which ones do we see the most frequently in the workplace, street, home, etc.?
  6. Once all groups have finished, come back to plenary and have each group report out. Facilitate a discussion around common themes emerging from the groups.
  7. Inform the participants that we often use the term “survivor” when talking about GBV.
  8. Write the following words on a flipchart: Survivor, Client, Victim, Patient.
  9. Facilitate a discussion on what the different words mean and which words are used in which sectors?
  10. Segue into the next session.

## Activity 3.2 The Root Cause of Gender-Based Violence

45 minutes

1. This session is meant to equip participants with a systematic approach to unveiling the root causes and lifelong processes that entrench gender discrimination and contribute to GBV.
2. Causes of violence at personal and societal levels:
  - Create the chart on the following page on flipchart paper.

- Split participants into groups: family, peers, community, school, church, partner, and work.
- Have each team come up with causes of violence that could lead to GBV, for their particular group. Give groups 10 minutes to discuss among themselves. Have each group choose one speaker and have that speaker report out in plenary.
- Facilitate discussion on how the role of biases, traditions, cultural norms, and other factors drive GBV. Pull out any themes emerging among the groups. Explain that to understand how GBV affects an individual, it is important to understand these root causes of violence and how they contribute to GBV.

### Examples of causes:

Agents of Social Construction	Causes of Violence
Family	Divorce, lack of family support, or lack of stability
Peers	Drug addiction, alcohol abuse
Community	Poverty
School	Lack of resources, lack of qualified educators
Church	Lack of support
Partner (husband/wife or boyfriend/girlfriend)	Jealousy, drug addiction, anger issues
Work	Stress/being overworked, harassment in the workplace

## Activity 3.3 Consequences of Gender-Based Violence

45 minutes

1. Explain that GBV causes very strong immediate reactions, but also has a wide range of aftereffects with impacts on the survivor and their family, community, and society.
2. Draw a table with three headings: Physical Health, Emotional/Psychological, and Behavioral/Social. Invite participants to take markers and write possible consequences of GBV in the three categories.
3. Give an overview of all consequences; highlight those that participants did not mention.

## Consequences could include:

Physical	Sexual and Reproductive
<ul style="list-style-type: none"> <li>• Acute or immediate physical injuries, such as bruises, abrasions, lacerations, punctures, burns, and bites, as well as fractures and broken bones or teeth</li> <li>• Serious injuries that can lead to disabilities, including injuries to the head, eyes, ears, chest, and abdomen</li> <li>• Gastrointestinal conditions, long-term health problems, and poor health status, including chronic pain syndromes</li> <li>• Death, including femicide and AIDS-related death</li> </ul>	<ul style="list-style-type: none"> <li>• Unintended/unwanted pregnancy</li> <li>• Abortion/unsafe abortion</li> <li>• Sexually transmitted infection, including HIV</li> <li>• Pregnancy complications/miscarriage/still birth</li> <li>• Premature birth/low birthweight babies</li> <li>• Vaginal bleeding or infections</li> <li>• Chronic pelvic infections</li> <li>• Urinary tract infections</li> <li>• Fistula</li> <li>• Painful sexual intercourse and sexual dysfunction</li> </ul>
Mental	Behavior
<ul style="list-style-type: none"> <li>• Depression</li> <li>• Sleeping and eating disorders</li> <li>• Stress and anxiety disorders (e.g., post-traumatic stress disorder)</li> <li>• Self-harm and suicide attempts</li> <li>• Poor self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Harmful alcohol and substance use</li> <li>• Multiple sexual partners</li> <li>• Choosing abusive partners later in life</li> <li>• Lower rates of contraceptive and condom use</li> </ul>
Social Consequences	
<p>GBV survivors often experience negative social consequences as the result of survivor blaming; these include rejection from family, family breakdown, social rejection and isolation, social stigma, withdrawal from social and community life</p>	

## Emphasize:

- There is a wide range of consequences.
  - There are large economic and social costs.
  - Many effects are hidden (e.g., chronic physical effects and psychological effects, such as depression and shame).
  - Social consequences like blaming the survivor, social stigma, and rejection often lead to further emotional damage, including shame, self-hate, and depression.
  - Due to social stigma, most survivors will not report the incident and will not seek help. As a result, most consequences stay hidden and the survivor continues to suffer.
4. Conclude by explaining that everyone who interacts with survivors of sexual violence should be aware of the often-hidden psychosocial consequences of sexual violence.

## Case Study: The Story of Nthabiseng (20 minutes)

1. Read the case study to the participants:

*Nthabiseng is 27, a mother of two, and a widow. She is regularly beaten by her male cousin who lives in the village nearby but visits her almost daily. Sometimes, he also rapes her. The neighbors know what is happening. One day, the lady next door comes to talk to Nthabiseng, trying to convince her to look for help or go to the police. She tells her that she is worried about Nthabiseng and her children, and wants to help her; she wants her to be happy. Nthabiseng refuses and even denies that her cousin is abusing her. She becomes very angry. The neighbors don't understand her reaction and people in the village start to talk about her. Why does she not stop this? She must have done something very bad! Maybe her cousin gives her a lot of money? The neighbors start to avoid contact with Nthabiseng and she and her children become more and more isolated. The abuse continues....*

2. Ask participants what they are seeing. What behaviors is Nthabiseng engaging in? How is the community reacting?
3. Explain the concept of "survival strategies" to the participants and refer to the text:
  - **Avoidance:** The survivor does everything within their power to avoid further violence or abuse within the relationship. The survivor could become docile and completely obedient to the perpetrator.
  - **Identification with the perpetrator:** The survivor feels they might not survive the violence and that escape is not possible. They will try to gain approval of the perpetrator as a last chance to survive. They will even try to put themselves in the position of the perpetrator, adopt the perpetrator's views, and feel and think the way the perpetrator does.
  - **Numbing:** Eventually, the identification has become so strong that the survivor becomes alienated from their emotions and thoughts, and shows an extremely high level of apathy or indifference toward their own suffering.
4. Divide the participants into groups of three to four and tell them to discuss what people in the community can do to help Nthabiseng.
  - Try to get to know her better, not avoid her
  - Ensure her physical safety, if possible
  - Not judge her
  - Not tell stories about her to others in the village
  - Show care, help her with small things
  - Listen to her story
  - Not tell her what she should do, but inform her about options to find help

- Eventually, try to express their worries and concerns
- Assist her in finding solutions

5. The story continues:

*Nthabiseng is feeling isolated and unhappy, and she sees no way out of the abuse. Her health status is poor and she has chronic lower abdominal pain. Every time she goes to the health center, the nurse gives her antibiotics and painkillers, and sends her home. Nthabiseng is considering ending her life.*

6. What can the health care provider do to help Nthabiseng?
7. What obstacles prevent Nthabiseng from accepting help?
  - Nthabiseng might be afraid to lose material support she still sometimes gets from her cousin.
  - There might also be issues around the support to and custody over the children.
  - The neighbor is making assumptions about what is best for Nthabiseng.
  - There is not enough confidentiality.

### Processing/Discussion




8. Bring the group back together and discuss the case study.
  - What stood out for you?
  - What could have been done differently?
  - Have you seen any aspects of the case study in your own work? Community?

## Activity 3.4 Closing of the Day

30 minutes

1. Summarize the day for participants. Make sure to address any questions or concerns. Invite participants to reflect on all the sessions that took place during the day.
2. Point out the smiley and frowny flipcharts on the walls. Ask participants to please share what they appreciated about the day by writing it on a sticky note and placing the note on the smiley face, and what could have been improved about today and putting the sticky note on the frowny face.

## SESSION 4. POWER RELATIONS

<b>SESSION TIME</b> 	Up to 2 hours and 15 minutes  Day 2, 9:00 a.m. to 11:15 a.m.
<b>LEARNING OBJECTIVES</b> 	By the end of this session, participants will know how to: <ul style="list-style-type: none"><li>• Identify the relationship between power, privilege, and access to rights, and how it affects survivors of GBV</li><li>• Understand what consent/informed consent is</li></ul>
<b>OVERVIEW</b>	The sessions will provide participants an overview of the relationship between power and privilege, and how power affects an individual's access to rights and ability to make their own choice. Participants will also learn what consent/informed consent is, and its importance when working with survivors of GBV.
<b>MATERIALS</b> 	<ul style="list-style-type: none"><li>• Flipchart</li><li>• Flipchart paper</li><li>• Markers</li></ul>
<b>ADVANCE PREPARATION</b>	

### Activity 4.1 Opening the Day

30 minutes

1. Welcome participants back. Summarize the inputs from yesterday's evaluations of what went well. Do the same for what can be improved, and explain what changes were made in response.

### Activity 4.2 Power and Privilege

45 minutes

1. Explain to participants that you are going to spend the morning looking at power and privilege. Explain that this session will provide an overview of different types of power and the role they can play when working in GBV.
2. Ask participants to think about the word *power* and what it means to them.
3. After a minute to think, ask participants questions to get an understanding of what they perceive and understand as power.

- What is power?
  - Who has power?
  - Are there different kinds of power? If so, what kinds?
  - How can power be used?
  - How does it feel to have power? To not have power?
4. Use the definitions below to introduce and explain the ideas of power over, power to, power with, and power within.
- **Power** can only exist in relation to other people and is something you do not always have. Having power is being able to have access to and control over resources, and being able to control decision-making. When we have power, we usually feel like we are in control and feel good. Conversely, when we are powerless, we often feel out of control and have many negative emotions. Power is often viewed as a limited quantity, like a pie. So, if one person gets more power, another person gets less. In reality, power is like energy, and the more power everyone has, the more power there is.
  - **Power over** refers to the power of the strong over the weak, including the power to exclude others; this is the most common perception of power.
  - **Power to** is the ability to influence your own life by having the knowledge, skills, money, or even just the ability to convince yourself to do or think something. It is the capability to decide on actions and carry them out.
  - **Power with** is the power you have as a group: the collective power gained through organization, solidarity, and joint action.
  - **Power within** is personal self-confidence, which influences our thoughts and actions. We want to help people recognize the **power within** them and use it for the **power to** take actions to improve their lives and create change by harnessing this **power with** others, and ultimately, have a positive impact on and **power over** their lives and their community.
  - **Recognizing internalized oppression.** It is important to recognize and acknowledge that individuals and groups that are historically disenfranchised and marginalized often have little power to influence, and that the sense of powerlessness can often lead to abuses of the relative power they do have over others. Focusing on how to harness the *power within* (and diminish the feelings of powerlessness) while acknowledging the limited *power over* and *power to* is important.

## Discussion

1. Ask participants to think about a situation within this context where they felt powerful, and a situation when they felt powerless. Give them a couple of minutes to think about the situation.



2. Ask for a couple of volunteers to explain when they felt like they had power and when they felt like they did not have power. Use this to begin the discussion and facilitate the group process. Questions that might help include:
  - What are the different types of power you have?
  - How does having or not having power make you feel?
  - How do gender roles and gender norms affect the power you have?
  - What aspects of being young/old affect the power you have?
  - How can power influence one's access to rights?
  - How can you use power to help you achieve positive change?
3. Summarize the session and the discussion, and make sure to reflect on the positive aspects of power and the importance of using the types of power we have to have a positive effect in the community. Link this back to the work of GBV service providers, and how to use these concepts when interacting with GBV survivors.

## Activity 4.3 Power, Use of Force, and Informed Consent

1 hour

1. Explain to participants that you are going to continue the discussion around power, as well as explore the use of force and what consent/informed consent is. Referring to the previous session, ask participants to list the different forms of power and capture them on a flipchart. Discuss that:
  - Perpetrators can have real or perceived power. Some examples of different types of power and powerful people include:
    - **Social:** Peer pressure, religious leaders, teachers, parents, medical staff
    - **Economic:** Control over money or access to goods/services/money/favors; often, money gives us more choices and thereby, more power to make decisions for ourselves
    - **Political:** Elected leaders, discriminatory laws
    - **Physical:** Strength, size, use of weapons, controlling access or security, soldiers, police, robbers, gangs
    - **Age-related:** Often, the young and the elderly have the least power
    - **Sex-related:** Often, men have power over women, husbands over wives, brothers over sisters
2. Power is directly related to choice. The more power one has, the more choices are available. The less power one has, the fewer choices become available. People with less power have fewer choices and are therefore more vulnerable to abuse.

### For example:

- A young pregnant girl who wants to seek health care may not have the power to decide for herself whether to go or not. This might be the decision of the husband or mother-in-law.
  - A refugee woman with three children who wants to cross a border may not have many choices when facing armed soldiers. For example, she may need to cross the border to be safe from violence.
  - In patriarchal systems, men have more power than women.
  - GBV involves the abuse of power, in which unequal power relationships are exploited or abused.
- Do all people with power abuse their power? (*No*)
3. Explain that GBV is about abusing power. Whether the power is real or perceived, the survivor of the abuse believes the power is real. Tape the flipchart with the different types of *Power* to the wall nearby, where it can be seen and referred to later on.
  4. On a new blank flipchart, write the word *Violence*.
  5. Ask each participant to take a piece of paper and write two words or phrases to describe what we mean by violence in relation to GBV. Allow a few moments for everyone to write their two words.
  6. Go around the room, one by one, asking each person to give ONE word/phrase they wrote. Put the words on the flipchart. Keep going around the room until you have everyone's words on the flipchart.
  7. This should be a very quick exercise; ask participants not to repeat things that others have already said.
  8. Participants usually give a combination of examples of types of violence, as well as some definitions of the word violence. Write all on the flipchart.
  9. Stand back from the flipchart and facilitate a short discussion to call out the key points. Clarify any confusing points; cross out any words or phrases participants agree do not belong on the list.

### Discuss:

- Force does not always mean physical force. It might be physical, emotional, social, or economic in nature. Violence can also involve coercion or pressure. Force also includes intimidation, threats, persecution, or other forms of psychological or social pressure (e.g., in the case of forced marriage). The target of such violence is compelled to behave as expected or do what the perpetrator asks, for fear of real and harmful consequences.
- Violence involves the use of physical force or other means of coercion such as threat, inducement, or promise of a benefit to obtain something from a weaker or more vulnerable person.




- Using violence involves forcing someone to do something against their will = use of force.
10. At the top of the flipchart, write *Use of Force* next to *Violence*. It should look like this: *Violence/Use of Force*. Summarize by explaining that violence in this context is any act that causes harm. It involves the use of some type of force—real or implied—and this is a key element in defining what we mean when we talk about GBV. Make sure that participants understand the difference between violence and GBV. Violence is an extreme form of aggression that can be a result of frustration, exposure to violent media, violence in the home or community, and so on. By contrast, GBV is used to describe harm perpetrated against a person's will and results from power inequalities based on gender roles.
  11. Tape the *Violence* flipchart on the wall near the *Power* flipchart, where they both can be seen and referred to later in the session.
  12. On a new, blank flipchart, write the word *Consent*.
  13. Ask participants what consent means to them and how it translates into Sesotho. Write their responses on the flipchart.
  14. Discuss their responses and be sure to stress the two necessary components of consent: informed and voluntary.

### Discuss:

- Consent means saying "yes" or agreeing to something.
  - In medicine, we talk a lot about "informed consent." What does that mean? It means making an informed choice freely and voluntarily by persons in an equal power relationship.
  - To be sure that consent is "informed," GBV service providers must ensure the following:
  - Provide survivor with all the possible information and options available to them so they can make their own choices. That is, give them *power to*.
  - Inform them that they might need to share their information with others who can provide additional services.
  - Explain to them what is going to happen to them and ensure that they understand.
  - Explain the benefits and risks of the service to them, and ensure that they understand.
  - Explain to them that they have the right to decline or refuse any part of services, and ensure that they understand. Again, giving them *power to*.
  - Explain and discuss with them confidentiality and its limitations, and ensure that they fully understand the implications.
15. Finish the session by summarizing the key terms that covered during the session: power, violence, force, and consent. Make sure participants have at least a basic understanding of these terms. Ask whether there are any questions and concerns before you end the session.



## SESSION 5. SURVIVOR-CENTERED CARE

<b>SESSION TIME</b> 	Up to 2 hours  Day 2, 11:30 a.m. to 1:30 p.m.
<b>LEARNING OBJECTIVES</b> 	By the end of this session, participants will: <ul style="list-style-type: none"> <li>• Know what the guiding principles are</li> <li>• Understand the importance of survivor-centered communication skills, and have an opportunity to practice those skills</li> </ul>
<b>OVERVIEW</b>	By the end of this session, participants will understand what the guiding principles are, why they are best practices, and how to include them in their daily interactions with survivors. Participants will understand and practice skills associated with compassionate and caring communication.
<b>MATERIALS</b> 	<ul style="list-style-type: none"> <li>• GBV Guiding Principles handout</li> <li>• Survivor-Centered Communication skills handout</li> </ul>
<b>ADVANCE PREPARATION</b>	

### Activity 5.1 Guiding Principles

45 minutes

1. Introduce the *GBV Guiding Principles* for handling cases of GBV. Inform participants that it is very important to understand the guiding principles for handling GBV cases in order to do no harm. These principles encompass safety, non-discrimination, confidentiality, honesty, and respect.
2. When providing services to GBV survivors (health, psychosocial, legal, etc.), we should always make sure we respect the survivor's wishes and provide the highest quality of care. Our actions and interventions should adhere to the "do no harm" components of the guiding principles, which are international standards all service providers should know and follow.
3. Hand out the *AIDSFree Guiding Principles* document and walk through it with all participants. Take any questions or concerns from participants.

4. Refer to the *Standard Operating Procedures for Prevention and Response to Gender-Based Violence in Lesotho*. Make sure participants understand that all of these principles are included in the guiding principles handout that they just received.
5. Ask participants to discuss at their table for 5 to 10 minutes how the guiding principles and the SOPs relate to their work. Provide the following questions to help them begin to think about their work:
  - What do you already do?
  - What are you not doing?
  - What needs to change so you can do it?
6. When they are done, bring everyone back and ask whether there was anything surprising or something they would like to share with the group. Make sure participants understand how important it is to stick to the guidelines because they align with the SOPs.

## Activity 5.2 Survivor-Centered Communication Skills

1 hour

1. This session focuses on helping participants understand and practice skills associated with compassionate and caring communication with GBV survivors. Effective communication skills are fundamental to delivering good care. Compassionate, effective service provision relies on the service provider having the appropriate knowledge and attitudes to communicate trust, comfort, and care to survivors. It is through the dynamic process of communication (verbal and nonverbal) that positive, helpful relationships are developed and healing starts to occur.
2. Ask participants why they think the skills are called survivor-centered.
  - Why is the use of survivor-centered skills important for survivors?
3. Write down key words on a flipchart.
4. Help participants make the link between guiding principles and survivor-centered skills.
5. To do this, write down the *Do No Harm* components (Safety, Confidentiality, Respect, Non-Discrimination, and Honesty) of the guiding principles on a flipchart and ask people to get into five groups. Each group should brainstorm which survivor-centered skills relate to the guiding principles.

**Key learning points the facilitator should highlight:** Survivor-centered communication skills are important to:

- Protect survivors from further harm
- Provide survivors with an opportunity to talk about what has happened to them, without pressure
- Help survivors make choices and seek help if they want to

- Cope with the fear survivors may have of negative reactions (from the community) or of being blamed for the violence
- Provide basic psychosocial support to the survivor
- Give the survivor back the control that they lost during the GBV incident

***Everyone who is in contact with survivors, regardless of the role in the community or their professional position, should apply survivor-centered skills.***

## Activity 5.3 Listening to a Survivor




30 minutes

1. Split the group into pairs and ask for one person to volunteer as the listener, and the other person to be the speaker.
2. Ask the speaker to share a situation that has really frustrated them lately (10 minutes).
3. Please advise the speaker that the story they share should not be traumatic or a major issue; this should be a mild or light frustration in the person's life.
4. Pull the listeners to the side and instruct them to do certain things while the speaker is sharing their story. For example, listeners should:
  - Look away while they are talking and appear to daydream
  - Take out their cell phone and pretend to answer a call or check on a mobile app like WhatsApp
  - Interrupt them in the middle of the story and tell them what they think they should do
  - Say nothing; make no nonverbal or verbal acknowledgments
5. Bring the groups back together and ask the speakers to share how they felt telling their stories.
  - What made it difficult to share your story?
  - How did you feel when the person... (refer to any of the above scenarios)?
  - What would have made sharing your story easier?
  - What can you do to be a good listener?
  - How does being a good listener affect the other person?





## SESSION 6. SOCIO-ECOLOGICAL MODEL

<b>SESSION TIME</b> 	Up to 2 hours  Day 2, 2:30 p.m. to 5:00 p.m.
<b>LEARNING OBJECTIVES</b> 	By the end of this session, participants will: <ul style="list-style-type: none"> <li>• Understand the importance of the multisectoral response to GBV</li> <li>• Understand how to work with community members who do not understand the severity of GBV</li> </ul>
<b>OVERVIEW</b>	Participants will leave the session understanding what a multisectoral approach is and why it is important.
<b>MATERIALS</b> 	<ul style="list-style-type: none"> <li>• <i>Socio-Ecological Model</i> handout</li> <li>• Flipchart with: Response = Providing services and support to reduce the harmful consequences and prevent further injury, suffering, and harm.</li> <li>• Markers</li> <li>• Four-legged chair</li> <li>• <i>Appreciative Interview Guide and Worksheet</i></li> </ul>
<b>ADVANCE PREPARATION</b>	

### Activity 6.1 A Multisectoral Response

1 hour and 30 minutes

1. Explain to participants that it is imperative that service providers work together to help GBV survivors.
2. Prepare a flipchart and post it in the front of the room where it can be seen throughout this session: Response = Providing services and support to reduce the harmful consequences and prevent further injury, suffering, and harm.
3. Point to this flipchart and read it aloud.
4. 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 flipchart, organized into quadrants by sector area. After a few examples are on the flipchart, write the names of the sectors in each quadrant. Remember that this discussion focuses on services provided (the roles and responsibilities will be addressed in the next exercise). The flipchart should look something like this:

## Health

- Provide emergency contraception
- Treat injuries
- Treat sexually transmitted infections
- Provide HIV post-exposure prophylaxis
- Collect forensics evidence
- Complete the medical form

## Psychosocial

- Provide emotional support (peer counseling)
- Facilitate income-generation activities
- Provide skills training
- Facilitate social reintegration, social support

## Security

- Ensure physical safety
- Provide access to a safe house or temporary housing
- Issue a police report and investigation

## Legal Justice (formal and traditional)

- Provide legal protection and assistance
- Facilitate prosecution, adjudication
- Apply appropriate laws, hold perpetrators accountable (job of police, courts, prisons)

5. Provide further examples if the group is having a hard time brainstorming ways to support and/or help a survivor. Emphasize that not all survivors need, or want, all of this help. Our job is to identify services that are available and accessible, and provide support so the survivor feels safe and empowered to make decisions for themselves. Refer to the guiding principles and reinforce the compassionate, competent, confidential care, respecting survivor's wishes and choices, the principle of "do no harm," and using a rights-based approach.
6. Move from the lecturette to the group activity. Explain that response to GBV is similar to a four-legged chair. Bring a chair to the middle of the room. Discuss the qualities of a four-legged chair:
  - All four legs must do their job properly and consistently for the chair to function properly.
  - If one leg is broken, too short, or missing, the chair becomes less stable.
7. Ask the participants and discuss: Why do all four sectors need each other? For example, successful criminal prosecution of perpetrators requires:
  - **Security:** Good police investigation.

- **Health care:** Good forensic medical evidence and quality documentation (i.e., medical examination forms); in addition, the survivor must be healthy and able to function and participate.
- **Psychosocial:** Emotional support for the survivor throughout the process. For example, police intervention can be potentially harmful if the survivor does not have a support person providing assistance; prosecutions can be lengthy and are usually full of delays; and so on. Without support, the survivor is likely to become frustrated or discouraged, and could stop going to court.
- **Justice:** Legal assistance for the survivor to help them understand what is happening and advocate for her rights.

#### Notes to Facilitator:

- Leave the chair in the middle of the room if you can. As you continue this session, refer to the chair/four sectors working together when it fits with the discussion.
- This session focuses only on the four primary services that should be functioning independently and with one another in every community.

## Activity 6.2 Resistance from Community and Actors

30 minutes




1. One of the critical challenges to addressing GBV is that communities often resist efforts to bring the issues into the open and tackle them. Unlike other programs and services, we often first have to convince the community that GBV really is a serious, life-threatening problem that needs attention.
2. By “community,” we mean everyone we are trying to work with—teachers, health care staff, lawyers, judges, police, religious leaders, community leaders, officials, and so on. What about the general population?
3. Ask participants to get into pairs of two. Explain to them that we are going to do appreciative interviews on how people have successfully responded to community resisting to acknowledge GBV. Hand out *Appreciative Interview Guide and Worksheet*.
4. Explain to the group that each person will need to think back and share an experience or a time when they felt the most successful in responding to resistance on GBV from an organization/institution, individual, community, and so on.
5. While one partner is sharing their experience, the second partner will be actively listening and taking notes on what they are hearing from the story.
6. Each partner will have 5 minutes to explain their story. When the 5 minutes are up, the pairs will switch roles.
7. At the end of the 10 minutes, bring everyone back together. Have each participant explain what they heard from their partner.

8. Close the session by asking participants whether they have any questions or anything that came up during the interviews that they would like to discuss.

### Activity 6.3 Closing of the Day

1. Summarize the day for participants. Make sure to address all questions or concerns. Invite participants to reflect on all the sessions included during Day 2. Participants will complete a short evaluation that covers all of Day 2 activities and sessions.
2. Point out the smiley and frowny flipcharts on the walls. Ask participants to, please, share what they appreciated about the day by writing it on a sticky note and placing it on the smiley face, and what could have been improved about today by putting the sticky note on the frowny face.

# SESSION 7. MULTISECTORAL APPROACH

<b>SESSION TIME</b> 	<p>Up to 2 hours and 15 minutes</p> <p>Day 3, 9:00 a.m. to 11:15 a.m.</p>
<b>LEARNING OBJECTIVES</b> 	<p>By the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Describe the challenges a GBV survivor faces in accessing services in Lesotho without a functioning referral and case management system</li> <li>• Understand each area/service provider and what their role is when working with survivors of GBV</li> </ul>
<b>OVERVIEW</b>	<p>Participants will leave the session with a better understanding of the importance of collaborating with other service providers to provide the best support for survivors of GBV. Participants will also see how a referral and case management system should operate.</p>
<b>MATERIALS</b> 	<ul style="list-style-type: none"> <li>• An item that can easily spin on the floor; for example, a bottle</li> <li>• A ball of yarn</li> <li>• Character cards</li> <li>• <i>Standard Operating Procedures for Prevention and Response to Gender-Based Violence in Lesotho</i></li> </ul> <p><b>Sector Responsibilities:</b></p> <p><b>THE HEALTH GROUP</b></p> <ul style="list-style-type: none"> <li>• Ask detailed questions about injuries</li> <li>• Conduct a medical examination</li> <li>• Document injuries and collect forensic evidence</li> <li>• Provide information about possible health consequences of GBV</li> <li>• Provide emergency contraception and HIV post-exposure prophylaxis</li> <li>• Complete the medical form</li> <li>• Treat physical injuries</li> <li>• Refer to psychosocial, legal, and protection services</li> </ul> <p><b>THE PSYCHOSOCIAL SUPPORT GROUP (including socioeconomic support)</b></p> <ul style="list-style-type: none"> <li>• Provide individual or group counseling</li> <li>• Discuss and encourage with the survivor positive coping mechanisms</li> <li>• Provide material support to survivors (clothes, food, etc.)</li> <li>• Provide skills training for survivors</li> <li>• Refer to health, legal, and protection services</li> </ul> <p><b>THE PROTECTION/SECURITY GROUP</b></p> <ul style="list-style-type: none"> <li>• Take detailed statements from survivors, establish facts</li> <li>• Investigate GBV cases</li> <li>• Arrest suspected GBV perpetrators</li> <li>• Provide information about legal and judicial remedies to GBV survivors</li> <li>• Provide the medical form</li> </ul>

	<ul style="list-style-type: none"> <li>• Refer to health, legal, and psychosocial services</li> </ul> <p><b>THE LEGAL JUSTICE GROUP</b></p> <ul style="list-style-type: none"> <li>• Assist GBV survivors with bringing their case to court</li> <li>• Take detailed statements from a GBV survivor, establish facts</li> <li>• Apply the relevant national laws regarding GBV</li> <li>• Decide whether GBV took place or not</li> <li>• Refer to health, protection, and psychosocial services</li> </ul> <p><b>ROLES AND GOALS OF EVERYONE DEALING WITH GBV SURVIVORS</b></p> <ul style="list-style-type: none"> <li>• Consider the safety of the survivor</li> <li>• Ensure referral to the appropriate services</li> <li>• Treat the survivor with dignity, ensure confidentiality</li> <li>• Coordinate support with other sectors</li> </ul>
<p><b>ADVANCE PREPARATION</b></p>	<ul style="list-style-type: none"> <li>• Make a list of service providers' responsibilities, then cut each one out on its own piece of paper.</li> <li>• Prepare by developing the cards and reviewing the narrative.</li> <li>• Print out character roles on large card stock in marker so that they are easy to see from participants' seats.</li> <li>• Tape or tie string on the cards so they can hang around the neck.</li> <li>• Suggested cards are:             <ol style="list-style-type: none"> <li>a. Lerato</li> <li>b. Mother</li> <li>c. Nurse</li> <li>d. Child and Gender Unit Protection (CPGU) officer</li> <li>e. Women and Law in Southern Africa (WLSA)</li> <li>f. Chief</li> <li>g. Lapeng Care Center</li> <li>h. Social Worker (<i>for the second scenario only</i>)</li> </ol> </li> </ul> <p>The next session, "Lerato's Story," uses role-play to demonstrate how support for GBV survivors requires coordination of many actors.</p> <ul style="list-style-type: none"> <li>• The day before this session, privately ask a female participant if she would be willing to serve in the role of Lerato. Describe the exercise and be sure to indicate that she can say no—no questions asked. (Be sensitive when asking because she could be a GBV survivor, or could have another reason not to be comfortable serving in this role.)</li> <li>• When you have secured someone to role-play Lerato, provide instructions for her role: She will serve in the role of a young girl who has just been raped. She will hold the ball of yarn. The facilitator will narrate the entire skit (following the story in Section 7.3.5 below) and Lerato will not speak, but will act on what the facilitator says. When Lerato is first instructed to go to another character, she should hand the ball of yarn to that character. When she is instructed to go to the next character, Lerato should hold the piece of the yarn as she walks to the next character, continuing to unwind the ball of yarn as she walks to the next character, handing them the ball of yarn. As Lerato unwinds the yarn, each character holds a piece as she moves to the next. The yarn is not cut but builds into a web. She should continue in this way, crisscrossing the circle as she continues to unwind the yarn, having each character hold a section of it, until at the end, she is encircled in a web of yarn.</li> </ul>

	<ul style="list-style-type: none"> <li>• The day before or the morning of the session, ask for seven additional volunteers privately, and ask them to participate in the <i>Lerato's Story</i> skit. Indicate that they will have the cards around their necks and serve in their designated roles, but should stay silent through the entire skit. Give them directions about what they will do and demonstrate holding the piece of yarn throughout the skit.</li> <li>• It is a good idea to gather all of the volunteers and rehearse <i>Lerato's Story</i> the morning of the skit. Be sure to do it in a private space, away from other participants.</li> <li>• Clear a large space at the front of the room for <i>Lerato's Story</i> before the session begins.</li> <li>• When you invite the seven volunteers to gather in a half-circle at the front of the room, be sure to put them in order, so that Lerato will need to cross the half-circle each time she gets referred (so, for example, the chief should stand across the circle from the previous and next "character" Lerato goes to).</li> </ul>
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## Activity 7.1 Opening of Day

30 minutes

1. Welcome participants back. Summarize the inputs from yesterday's evaluations of what went well. Do the same for what can be improved, and explain what changes were made in response.
2. Let participants know that we will start the day by continuing our conversation from yesterday about the multisectoral approach and begin to think about different roles, responsibilities, and goals service providers have.

## Activity 7.2 Different Roles, Different Goals

45 minutes

1. Print/write out the responsibilities.
2. Divide participants into four groups.
  - a. Health group: Health care providers
  - b. Psychosocial support group: Counselors, Lapeng, civil society organizations
  - c. Security/Protection: Child and Gender Unit Protection (CGPU), Crime Prevention Unit, police
  - d. Legal and justice: Women and Law in Southern Africa (WLSA), Lesotho Federation of Women Lawyers (FIDA), Legal Aid lawyers, judges
3. Spread the responsibility paper slips out on the floor. Every piece of paper has one responsibility written on it. Place a bottle in the middle.

4. Explain why you have put people in certain groups. Tell participants that every group represents a part of the multisectoral approach to GBV that we discussed yesterday. Each sector has its own role and goal in dealing with survivors. We will look closer at these different responsibilities by playing a short game.
5. Explain the game to participants:
  - One group will start by spinning the bottle.
  - When the bottle stops, the group the bottleneck is pointing to can pick a responsibility from the floor. Spin the bottle again.
  - Every group should try to take the pieces of paper that best describe the responsibilities of their group/sector. After picking a responsibility, they should justify why it belongs to them. If another group disagrees, they can discuss who should have the paper.
  - If a group has all their responsibilities, they can give paper slips from the floor to other groups.
  - Continue to play until all the slips on the floor are gone.
  - Some responsibilities are shared between several or all groups, and should create discussion.

**Sector-specific tasks, roles, and goals toward GBV survivors. Remember that:**

- In many settings, socioeconomic support is taken up by the psychosocial support group. To highlight the importance of socioeconomic support to survivors, it can be important to see the socioeconomic support as a separate group.
  - Also, within one group, different professionals can have different responsibilities (e.g., a protection officer of a non-governmental organization does not have the same responsibility as a police officer or a lawyer, a nurse does not have the same tasks as a doctor, etc.).
  - Some tasks and responsibilities may overlap.
6. Facilitate a discussion about what came out of the game. Clarify any questions or concerns participants had about certain roles each group had.

## Activity 7.3 Referral and Case Management System

1 hour

### Tell Lerato's Story

1. State that we are going to explore what GBV referral and case management systems are, and why are they important.



2. State that this can be a difficult activity for some, so if anyone needs to put their heads down or step out, they are free to do so. This is a safe space and we want everyone to feel comfortable.
3. Ask the volunteers to come up and arrange them in a tight semicircle. Make sure they have their role cards clearly positioned so all participants can see their roles.
4. Indicate that you are going to share a story about Lerato. Invite Lerato to join you and hand her the ball of yarn.
5. Somberly narrate the following story, pausing each time Lerato has to pass and receive the ball of yarn:

#### Facilitator's Tip

It is important to set the right tone for this exercise. Narrate slowly and soberly. There is no room for laughter or smiles when narrating this skit. Set a somber tone with your words and your affect so that participants experience the emotion and seriousness of this situation.

*This is the story of Lerato, a 17-year-old girl living in Leribe. Lerato goes to her **mother** to tell her that she was raped while on her way to school. **PAUSE***

*The mother doesn't know what to do so she sends her daughter to the **chief**. **PAUSE** Lerato tells the chief her story.*

*The chief tells Lerato that she should go to the health clinic for care.*

*So, Lerato goes to the **health clinic**. **PAUSE** She tells her story to the nurse. The nurse informs Lerato that they do not have the medical form and she will have to go to the CGPU first to get one.*

*Lerato goes to the **CGPU**. **PAUSE** She tells the officer her story. She is then able to obtain a medical form. The CGPU officer advises Lerato and tells her that after she gets the form filled out by the doctor, she can go to the court.*

*Lerato goes back to the **health clinic**. **PAUSE** However, this time, it is a different nurse so she has to tell her story again and then show her the medical form. A doctor uses a rape kit to complete the form, but she has to tell Lerato that she does not qualify for HIV post-exposure prophylaxis or emergency contraception because it has been longer than 72 hours since the rape.*

*Lerato is stressed and confused, but she takes the advice of the CGPU officer and goes to **WLSA**. **PAUSE** She tells the lawyer her story and that she has traveled a lot. The lawyer has heard of the Lapeng Care Center and tells Lerato that they might be able to help her.*

*Lerato travels to Maseru to go to the **Lapeng Care Center**. **PAUSE** There, she is met by a social worker who listens to her story.*

*The **social worker** provides Lerato with case management by first conducting a needs assessment to see whether there are any safety risks and what type of services Lerato will need, including health care, a lawyer, and counseling. Then, together, Lerato and the social*

*worker create an implementation plan. The social worker is not able to follow up because she does not have the capacity to follow up with Lerato's plan.*

6. By this time, Lerato is in the middle of a tangle of string with all the different actors holding a piece of the tangle.
7. Pause for effect. Debrief the skit using some of the following questions:
  - What do you see?
  - How many times did Lerato have to tell her story?
  - How many people did she see before she received any help/services?
  - How does Lerato's story link with our work in responding to GBV?
  - What lessons can we draw from it to inform our work?
8. State that we were looking at what happens to a GBV survivor when there is no clear referral pathway or case management system. The example of Lerato's story shows that there are many actors in the referral system. But because there is no case management system in place, Lerato had to tell her story many times and go to multiple places, some more than once, and in the end, did not receive the time-sensitive care she needed.
9. Say: This is why we need to operationalize a case management system, so that everyone understands the needs of a GBV survivor, and a coordinated referral pathway, so survivors have a clear path for receiving timely, high-quality services.
10. State that now, you will tell Lerato's story from a different point of view.

### **Retell Lerato's Story**

11. Gather the string again, and reorganize the people in the role-play in a semicircle in the following order:
  - Mother
  - Nurse
  - Social Worker
  - WLSA
  - Lapeng
  - Health clinic
12. Give Lerato the ball of yarn, and tell the story again.

*This is the story of Lerato, a 17-year-old girl living in Leribe. Lerato goes to her **mother** to tell her that she was raped while on her way to school. **PAUSE***

*The mother takes Lerato to the **health clinic**. **PAUSE***

*She tells her story to the **nurse**. The nurse walks her through the medical process. The nurse uses a rape kit, and provides HIV post-exposure prophylaxis and emergency contraception.*

*The nurse refers Lerato to a **social worker** who listens to Lerato's story. The social worker then walks Lerato through the case management system:*

13. Conducts a needs assessment to see whether there are any safety risks and what type of services Lerato will need, including health care, housing, a lawyer, and psychosocial counseling.
14. Then, together, Lerato and the social worker go through Lerato's options for services and create an implementation plan.

*The social worker connects with different organizations to make a referral for Lerato.*

#### NOTE FOR FACILITATOR:

**For the following, the social worker accompanies Lerato to each place, and they carry the yarn together.**

*The social worker reaches out to **WLSA** for legal advice. **PAUSE***

*The social worker and Lerato go to **CGPU** to get the medical form. **PAUSE***

*They go to the **health clinic** to complete the medical form and provide any additional follow-up. **PAUSE***

*They go to the **Lapeng Care Center** for housing and counseling. **PAUSE***

*The social worker will then follow up to make sure that Lerato received the services she needed.*

15. Thank participants and ask them to take a seat.
16. Debrief the skit, using some of the following questions:
  - What do you see?
  - How many times did Lerato have to tell her story?
  - How many people did she see before she received any help/services?
  - What are some key differences between the first story and this one?
17. Conclude by stating that in the second scenario, Lerato has had to tell her story less frequently, and had to take fewer steps, with the coordinated referral pathway and an operationalized case management system that the social worker provided.
18. State that this second scenario is what we want to see happen in Lesotho.
19. Thank the volunteers. Give a special thanks to "Lerato" and thank her for her willingness to play this intense role for us.
20. Refer to the Standard Operating Procedures for Prevention and Response to Gender-Based Violence in Lesotho in a lecturette style and specifically cover:

#### Relevant Mandatory Reporting Laws and Policies in Lesotho

- Confidentiality and informed consent should always be given priority. The rules of mandatory reporting are such that actors receiving information about certain types of violence are compelled by law to report this information to the police.
- The Lesotho Sexual Offences Act 2003 Part III, Sub-Section 3 states that "a person who fails to report an unlawful sexual act against a child commits an offence."

- It is important to make survivors aware of these mandatory reporting rules, the types of information that might trigger them, and the possible consequences of reporting before beginning an interview. In such a case, a GBV survivor might choose not to disclose vital information, which is within their rights.
- Services should still be provided according to the information that is shared and in accordance with the survivor's wishes.
- Sharing information without the GBV survivor's consent will result in a loss of trust and will have very negative consequences.
- Service providers should refer cases of child GBV with the informed consent of the relevant person. In line with international standards, it is recommended that in cases where the child and/or caregiver do not consent, the caseworker should refer the child to police and/or probation, if it is in the child's best interest.

## Consent and Information Sharing

Sharing any information about a GBV incident can have serious and potentially life-threatening consequences for the survivor and those helping them. Therefore, great care is needed in managing information.

The GBV survivor should be given honest and complete information about possible referrals for services. If they agree and request referrals, they:

- Must give their informed consent before any information is shared with others.
- Must be made aware of any risks or implications of sharing information about their situation.
- Have the right to place limitations on the type(s) of information to be shared, and to specify which organizations can and cannot be given the information.

The GBV survivor must also understand and consent to the sharing of non-identifying data about their case for data collection and security monitoring purposes.

The survivor should sign a consent form as evidence that they understand and consent to the service provider to:

- Share information with selected agencies according to the survivor's needs and wishes
- Share non-identifiable information for monitoring and data collection purposes

Confidentiality and informed consent should always be prioritized, except in very exceptional circumstances when:

- A GBV survivor threatens their own life
- A GBV survivor threatens to seriously harm another person
- The GBV survivor is non-responsive or has a disability that impairs their ability to provide informed consent
- Child abuse or neglect is suspected and it is in the best interest of the child
- Mandatory reporting rules apply

Refer to the *Standard Operating Procedures for Prevention and Response to Gender-Based Violence on Lesotho* in a lecturette style. Explain that the following information comes directly from the SOPs to provide guidance on where certain services are provided.

**Community-Focused Psychosocial Interventions** should seek to enhance GBV survivors' wellbeing by improving the overall recovery environment. This includes community awareness actions to reduce stigma and promote access to services for GBV survivors, and strengthening of community and family support, including self-help and resilience initiatives.

Name of Organization or Group	Type of Service Provided
Ministry of Gender	<ul style="list-style-type: none"> <li>• GBV emotional support/counseling</li> <li>• GBV case management</li> <li>• Women's or girls' peer support group</li> <li>• Women's center</li> <li>• Skills training program</li> <li>• Income-generation project</li> <li>• Sheltering of GBV survivors</li> </ul>
SheHive	<ul style="list-style-type: none"> <li>• Case management</li> <li>• Individual and group counseling</li> <li>• Group peer support for youth, elderly, and survivors</li> <li>• Awareness raising</li> <li>• Economic empowerment</li> </ul>
Ministry of Social Development	<ul style="list-style-type: none"> <li>• Case management</li> <li>• Temporary placement in shelters</li> <li>• Referrals to relevant service providers</li> <li>• Health assessment to facilitate placement of children</li> <li>• Cash transfers</li> <li>• Public assistance, including food assistance in emergency</li> <li>• Facilitated foster care and adoptions</li> <li>• Family reunification</li> </ul>

**Child survivors** and their parents/legal guardians are consulted on the option for legal justice and made aware of available services and their limitations. The child's needs, wishes, and feelings are taken into consideration and every effort is made to enable the child to express himself or herself and take part in the decision-making process. The child should be accompanied to all court proceedings, including pretrial sessions, trial, and sentencing. The child is provided with legal representation before the court.

Name of Organization	Type of Service Provided
Children's courts	<ul style="list-style-type: none"> <li>• Issue orders for child maintenance</li> <li>• Facilitate access, custody, and guardianship</li> <li>• Place children in places of safety</li> <li>• Grant orders for public assistance</li> <li>• Undertake court trials</li> <li>• Provide protection for child witnesses</li> </ul>
Probation	<ul style="list-style-type: none"> <li>• Guide courts in cases of juvenile justice</li> <li>• Supervise cases of children whose rights have been denied and/or diverted</li> <li>• Facilitate court settlements</li> </ul>




Name of Organization	Type of Service Provided
	<ul style="list-style-type: none"> <li>• Rehabilitate and integrate children at risk of offending</li> <li>• Conduct social inquiry</li> <li>• Life skills training on parenting skills and children's behavior</li> <li>• Awareness raising</li> </ul>
FIDA	<ul style="list-style-type: none"> <li>• Awareness raising</li> <li>• Legislative intervention</li> <li>• Court representation</li> <li>• Strategic litigation</li> <li>• Mediation</li> </ul>
WLSA	<ul style="list-style-type: none"> <li>• Awareness raising</li> <li>• Legislative interventions on women-related issues</li> <li>• Court representation</li> <li>• Strategic litigation</li> <li>• Mediation</li> </ul>

In Lesotho, the community often uses **traditional justice mechanisms** to resolve GBV incidents. Although these are popular, they might not adequately protect the rights of women and girls. Attention should be given to such mechanisms by:

- Strengthening collaboration with the national justice system by determining whether traditional or alternative forms of dispute resolution are legally acceptable and whether their administration of justice meets national and international standards of protecting the rights of women and girls.
- Providing training to members of traditional justice systems on human rights and women's and children's rights, helping the members to analyze the system from a human rights perspective, and working toward introducing changes to improve the standards.
- Supporting the meaningful participation of women in such systems.

Name of Organization or Group	Type of Service Provided
Chiefs	<ul style="list-style-type: none"> <li>• Mediate</li> <li>• Forward cases to police</li> </ul>
Community Crime Prevention Committees	<ul style="list-style-type: none"> <li>• Monitor security</li> <li>• Undertake patrols</li> </ul>

## SESSION 8. COLLECTING DATA

<b>SESSION TIME</b> 	Up to 1 hour and 45 minutes  Day 3, 11:30 a.m. to 1:15 p.m.
<b>LEARNING OBJECTIVES</b> 	After this session, participants will be able to: <ul style="list-style-type: none"> <li>• Explain how to use the AIDSFree GBV referral data collection tool to ethically collect information on referrals for GBV survivors</li> <li>• Identify a clear pathway for reporting and collecting data on GBV referrals and sensitive information to inform GBV programming and service delivery</li> <li>• List different stressors in their professional and personal life, and be able to reflect on resources they can turn to</li> </ul>
<b>OVERVIEW</b>	This session will allow participants the opportunity to practice using the AIDSFree GBV referral data collection tool after reading a case study. This session will also cover how GBV service providers experience stress and resources they can use to deal with that stress.
<b>MATERIALS</b> 	<ul style="list-style-type: none"> <li>• Printed-out case study for each participant</li> <li>• Printed-out <i>AIDSFree GBV Referral Data Collection Tool</i> for each participant</li> <li>• Flipchart paper</li> <li>• Example of stressors matrix</li> </ul>
<b>ADVANCE PREPARATION</b>	

### Activity 8.1 Understanding How to Collect Data

45 minutes

1. Introduce the session. Explain to participants that GBV is generally underreported and organizations must consider how they collect GBV data; and how those data inform programming, advocacy efforts, and resource mobilization. Ask participants to look at the AIDSFree GBV Referral Data Collection Tool on their table. Remind participants that when collecting data, they should keep in mind:
  - The guiding principles, including do no harm, confidentiality, survivors' rights, and taking a survivor-centered approach
  - Receiving consent before collecting any information or providing any services
2. Explain to participants that the first page is a guide on how to use the tool and the second page is the sheet the GBV service provider fills out.
3. Walk participants through each section and draw their attention to the page that says *How to Use This Gender-Based Violence Survivors Referral Data Collection Tool* when there

is a section that requires further explanation, such as sections that are titled: *Unique Identifier Code, Referred From, Incident Types, Date of Occurrence, Perpetrator, Clinical Services, Social Services, and Referred to.*

## HOW TO USE THIS GENDER-BASED VIOLENCE SURVIVOR REFERRAL DATA COLLECTION TOOL

### REMEMBER:

1. Refer to the guiding principles to understand and implement a survivor's fundamental rights and survivor-centered strategies when working with the client.
2. Only provide services based on the survivor's consent.
3. **IMPORTANT NOTE:** The sexual offence inquiry form does not need to be completed before providing clinical services. The survivor can go to the police station and complete the form later.

Section	Instructions
<b>Unique Identifier Code</b>	<ul style="list-style-type: none"> <li>• Create the unique identifier code by using: <ul style="list-style-type: none"> <li>○ Survivor's date of birth: YY/MM</li> <li>○ The first two letters of the survivor's first name</li> <li>○ The first two letters of the survivor's last name</li> <li>○ Survivor's district of birth (see key below)</li> <li>○ Survivor's birth order: for example, 01=first born, 02=second born</li> <li>○ Sex: 1=male, 2=female</li> </ul> </li> </ul>
<b>Referred From</b>	Specify where the client was referred from, such as name of organization, school, health clinic, shelter. If it was police, write "police." Write "self" if the survivor came on their own.
<b>Incident Types</b>	Survivors of GBV experience multiple forms of violence. Please list <b>all types</b> of violence the survivor states using these abbreviations: <ul style="list-style-type: none"> <li>- Physical Violence (PV)</li> <li>- Sexual Violence (SV)</li> <li>- Economic Violence (EV)</li> <li>- Psychological Violence (PSV)</li> </ul>
<b>Date of Occurrence</b>	There can be multiple instances of violence. Therefore, list all of the dates the client can recall, without causing trauma. All dates should be written in this format: YYYY/MM/DD.
<b>Perpetrator</b>	Specify the relationship the client has to the perpetrator, some examples include: spouse, girlfriend, boyfriend, family member, police, client.
<b>Clinical Services</b>	Write 'yes' or 'no' to indicate whether the client received the specific service. If services do not apply to the client, leave them blank.
<b>Social Services</b>	Write 'yes' or 'no' to indicate whether the client received the specific service. If services do not apply to the client, leave them blank.
<b>Referred to</b>	Specify where you referred the survivor by providing the name of the organization, health clinic, shelter, police station, etc.

### District Key

01: Berea | 02: Butha-Buthe | 03: Leribe | 04: Mafeteng | 05: Maseru | 06: Mohale's Hoek  
| 07: Mokhotlong | 08: Qacha's Nek | 09: Quthing | 10: Thaba-Tseka | 11: South Africa | 12: Abroad  
| 99: Missing Information

4. Ask participants: What questions do you have on how to use the *AIDSFree GBV Referral Data Collection Tool*? Then, remind participants that this form and other sensitive information should be stored in a secure location, and that they should discuss GBV



reporting with their supervisor, including how to design and implement an ethical reporting process.

## Speaker from the Department of Gender

Up to 10 minutes

1. Introduce speaker from Department of Gender (identify the speaker before the workshop). Tell participants that the speaker will discuss the importance of data collection and hopes to create a mechanism where partners can report their data to the Department of Gender.
2. Have the speaker refer to the *Standard Operating Procedures for Prevention and Response to Gender-Based Violence in Lesotho* to explain the importance of documentation, data, and monitoring.

## Documentation of Reported Incidents

- Persons charged with collecting information from the GBV survivor should receive appropriate training on how to fill out the forms and how to act in accordance with the guiding principles.
- They should carry out their responsibilities with compassion, in confidentiality, and with respect for the survivor.
- Training on the proper completion of incident report forms will include determining the appropriate case definition for each reported GBV incident.
- Incident report forms contain extremely confidential and sensitive information, and may only be shared with others under certain circumstances (see section about consent and information sharing).
- Original, completed *Incident Report Forms* and *Consent Forms* should be maintained in locked files.

## Data Management, Reported Incidents

Each reported GBV incident should be documented in a consistent and timely manner. In accordance with the agreed upon consent procedures in these SOPs, non-identifying data about these incident reports will be submitted to the Ministry of Gender, Youth, Sports and Recreation, which is responsible for compilation of quarterly reports that contain non-identifying data about reported incidents, action taken, and outcomes across sectors.

The monthly incident data report, which contains **no** identifying information about specific reported incidents, should be shared with the GBV Task Force. The group compares quarterly reports over time, and discusses and analyzes summary information about GBV incidents being reported, general outcomes, security issues, referral and coordination issues, and other factors. This information guides the continuous development of prevention and response actions.

3. Thank the speaker(s) from the Department of Gender and explain the activity. Tell participants that now, they will be put into groups and receive a case study. Ask participants to read the case study as a group and fill out their *AIDSFree GBV Referral Data Collection Tool* based on the information given to them. Tell participants they have 30 minutes to fill out the data collection tool.
4. Split participants into groups of three and hand each group a case study. Walk around to each group to answer any questions they may have.
5. After 30 minutes, bring everyone back together as a group and discuss how each group filled out the tool. Ask participants:
  - What was helpful about using a comprehensive data collection tool?
  - How will you use this tool in your organization?
  - Where do you need more support in collecting data and information?

## Activity 8.2 Different Signs and Forms of Stress

35 minutes

1. Ask participants to take their chairs and move into a big circle. Introduce the session, explain to participants that:
  - As GBV service providers, we experience things on a daily basis that we consider normal because it is a part of our job and professional training. Some of our experiences are positive and confirm to us why we do the work we do, and that we do it well. Other experiences can be demotivating and discouraging. Particularly tragic episodes where we feel we could have done better have the potential to touch us in a very personal way.
2. Examples could be:
  - The workload is so heavy we cannot provide sufficient care for those in need.
  - Resources are too few and we cannot provide sufficient support.
  - We make wrong decisions in treatment or care that have negative consequences for the patient and their family.
3. GBV is a sensitive topic in all cultures and providing competent, compassionate, confidential care is demanding. Working with GBV survivors and being exposed regularly to GBV accounts can be very difficult and can affect all of us, regardless of the type of work we do. To be able to continue working in an efficient and satisfactory manner, we need to be aware of the things that are potentially harmful to us. Therefore, it is very important to protect ourselves and develop tools to care for ourselves and our colleagues. We first need to think about things in our life that cause stress (stressors) and things that make us feel good and/or give us strength (resources).

4. Ask the participants to take a flipchart paper and draw a matrix like the example below. Ask them to think about things that cause stress in their daily lives and work, and activities that make them feel good. Using the matrix, they can write down personal signs of stress they identify.

**Examples:**

What gives me stress? What are my major stressors?	What gives me strength? What makes me feel good? Resources?
<p><b>In my private life:</b></p> <ul style="list-style-type: none"> <li>• Thinking about work at home</li> <li>• Being a perfectionist</li> <li>• Wanting to help everybody</li> <li>• Worrying over my children</li> </ul> <p><b>In my professional life:</b></p> <ul style="list-style-type: none"> <li>• The ongoing conflict in my home area</li> <li>• The constant changes in the organization I work for</li> <li>• The high number of cases of GBV I have to deal with</li> </ul>	<p><b>In my private life:</b></p> <ul style="list-style-type: none"> <li>• Meeting with friends and neighbors</li> <li>• Taking a long walk</li> <li>• Playing with my kids</li> <li>• Being able to help GBV survivors</li> </ul> <p><b>In my professional life:</b></p> <ul style="list-style-type: none"> <li>• My boss being in a good mood</li> <li>• Seeing a positive change in the way community members engage with GBV survivors</li> </ul>
My personal signs of stress: for example, sleeping badly, having a headache/stomachache, being easily irritated	

5. Give participants some time (5 to 10 minutes) to think and fill in their matrix. If they like, they can take a short walk, then come back when they have finished the exercise.
6. Reconvene the group and ask whether anyone wants to share and give feedback about how they filled in their matrix and what they see as their signs of stress.
7. Ask the participants to look at their matrix and differentiate between which "stressors/resources" they can control and which they cannot control. Discuss how we can decrease daily stress in some situations by having protocols in place, organizing our work, and preparing ourselves.




**Examples:**

- We don't control which survivors arrive and what condition they are in, but we can make sure that from the moment they arrive, their care is efficient and high quality.
  - We can make sure that service providers are trained, and time is allocated to help and care for each survivor.
8. Conclude by saying that it is important for us to be aware of the stressors we are exposed to and recognize possible signs of stress.

***NOTE TO FACILITATOR:***

- Make sure you emphasize the difference between stressors and resources you can control and those you cannot control. Highlight that a fact that some people see as a stressor/resource you can control, others might see as uncontrollable.
- Ask participants why they think the difference between control/no control, as well as individual differences, are so important. Explain that very often, stressors we cannot control have a bigger impact than those we can control. Resources we can control are often the most helpful.
- It is important to see stressors in relation to resources. Activities, interpersonal relations, and other aspects of life that give us strength can also help reduce the impact of stressors.

# SESSION 9. SELF-CARE FOR SERVICE PROVIDERS

<b>SESSION TIME</b> 	Up to 45 minutes  Day 3, 2:15 p.m. to 3:00 p.m.
<b>LEARNING OBJECTIVES</b> 	At the end of this session, participants will: Understand how social and organizational support can contribute to reducing stress related to working with GBV survivors
<b>OVERVIEW</b>	This session will increase awareness about stress in daily life and work, particularly related to working with GBV survivors; dealing with stress; and applying strategies for self-care.
<b>MATERIALS</b> 	<ul style="list-style-type: none"><li>• Handout: <i>Identifying Different Forms of Stress</i></li><li>• Index cards</li><li>• Flipchart paper</li><li>• Markers</li></ul>
<b>ADVANCE PREPARATION</b>	Draw a frame on a piece of flipchart paper and write <i>Super Stress Buster</i> on it.

## Activity 9.1 Tools for Basic Stress Management

40 minutes

1. This session emphasizes how care providers can support themselves and their colleagues to cope better with the stress they face through their work. It focuses on learning techniques that can help prevent or alleviate severe emotional reactions. It also demonstrates the role that managers and supervisors have in creating a supportive work environment.
2. Divide participants in small groups (four to five people). Give each group index cards.
3. Ask participants to think about strategies they use to minimize the impact of stressors, or activities that serve as a resource against stress. Tell them to write these *Stress Busters* on an index card.

### For example:

- Talking to colleagues about what I find difficult at work
- Playing sports/exercise
- Participating in a religious ceremony

4. The group should lay out all the index cards and choose what they consider their group's best candidate. Each group should present their favorite *Stress Buster* and explain why they selected it.
5. Go from group to group, asking the large group to vote on *The Super Stress Buster* by applause. Whoever gets the loudest applause should get to put the *Stress Buster* in the frame drawn on the flipchart.
6. Briefly review the other stress busters that the groups identified. Ask how these strategies can be effective to deal with stressors, especially those generated by working with GBV survivors. Generate discussion.

## Coping Mechanisms

7. Explain to participants that individual strategies to balance stressors are very helpful, but often not sufficient to deal with the impact of dealing with survivors. We also need to look at other coping mechanisms, such as social support or organizational interventions.
8. Divide participants into three groups.
9. Each group brainstorms coping mechanisms and interventions for handling stress at the workplace, in particular related to working with survivors.
  - **Group 1** will think about coping mechanisms that are specific to their culture (relaxation techniques, cultural and recreational activities, religious activities, etc.)
  - **Group 2** will think about social support mechanisms (options for peer support, self-care groups, staff meetings, mentoring programs, etc.)
  - **Group 3** will think about organizational and environmental factors that can help to minimize stress (reduction of the workload, improving the organization of the work, changing the location of the workplace)
10. Each group has to make a brief presentation (maximum 5 minutes) about ideas related to their topic. They also have to indicate the limitations of their suggestions.

### For example:

- Staff meetings might be a good idea to set up a social support mechanism. They could be good to discuss organizational aspects, but not the best place to talk about personal issues.
  - Reducing the workload can definitely have an impact on stress, but is not always possible.
11. In addition to participants' ideas, you can offer the following key strategies for self-care:
    - Creating boundaries (physical and emotional) at the workplace:
      - Not giving survivors money or other material goods
      - Limiting the duration of meetings, sessions, conversations to 50 minutes
    - Establishing support within the work environment:

- Discussing how your organization can best support self-care activities for staff
- Creating a culture within the facility where providers can openly discuss problems
- Creating workplace self-care groups for staff working with survivors (like other inter-organizational groups within the health sector)
- Conducting group and team building exercises
- Seeking assistance from outside agencies:
  - It is especially important for service providers to be able to rely on other agencies within their communities so that they will not feel solely responsible for managing a survivor. Knowing about agencies that focus on helping survivors, and having a good referral network in place, are important parts of being a service provider. It also increases a survivor's choice and decreases their dependency on you.

***NOTE TO FACILITATOR:***

- It is important that participants have the opportunity to brainstorm coping mechanisms at different levels. By exchanging ideas with colleagues, participants will get ideas about strategies that might be new to them and understand how to look for support.
  - Supportive supervision and self-care groups are common among staff providing case management and psychosocial support staff. Health care providers at all levels can benefit from these interventions, whether they work with GBV survivors or not. You can ask participants whether such groups are in place, and if not, what could be done to start supervision or organize groups.
12. Ask participants to look again at the matrix they filled in earlier.
13. Ask them to write down the outline of a self-care plan. They should write down possible strategies to cope with the stressors they listed. Suggest that they think about individual strategies, culturally specific coping mechanisms, social support mechanisms, as well as organizational aspects. The questions below can be used as guidance.

***Guiding Questions for a Self-Care Plan:***




- What activities would help you relax, take distance from your work, not take work home?
  - What can you change so that uncontrollable stressors in your life become controllable?
  - How can you deal with the uncontrollable stressors?
  - Where can you seek social support? Whom would you go to, to share experiences related to caring for GBV survivors?
  - Which organizational and environmental changes would help you deal with stress? How can your organization best support you? What can you do to initiate changes? How can you discuss this within your organization?
14. Advise participants to be realistic in developing self-care plans. Suggesting hiring more staff or constructing new facilities is rarely practical in low-resource settings.
15. Ask participants to think about whom they would choose as a stress buddy—someone who is close to them, with whom they can discuss their self-care plan, and who could

help them take initiatives to deal with stress. The person can be another participant or a colleague, friend, supervisor, and so on.

16. Participants who want to share can say something about their self-care plan. You can also give some time to participants to discuss the plan with a partner.



## SESSION 10. CLOSING

<b>SESSION TIME</b> 	Up to an hour  Day 3, 3:00 p.m. to 4:00 p.m.
<b>LEARNING OBJECTIVES</b> 	By the end of this session, participants will: <ul style="list-style-type: none"><li>• Have an opportunity to reflect on the workshop</li><li>• Evaluate the workshop</li></ul>
<b>OVERVIEW</b>	This session allows participants to reflect on what they learned over the past three days, and comment on new concepts they have acquired, differences in attitude, and things they are committed to doing differently.
<b>MATERIALS</b> 	<ul style="list-style-type: none"><li>• Sticky notes</li><li>• Markers</li><li>• Outline of a human figure</li></ul>
<b>ADVANCE PREPARATION</b>	Draw an outline of a human figure on flipchart paper.

### Activity 10.1 Head, Heart, Feet

1 hour

1. Welcome participants from break (if you have had one). Indicate that, as we close the workshop, we would like to provide some time for everyone to reflect on the past week. Think about all the sessions, any new facts you might have gleaned from the discussions, any thoughts or feelings that may have been changed by our work together, and what you feel committed to doing now.
2. Instruct the participants to take one of the sticky notes. (Choose the color you want them to start with.) Ask them to think about one new fact, idea, concept, or piece of information that they learned in the workshop. There may have been a few, but ask them to identify the one that was the most important new learning for them. They should write that in bold letters on the sticky note.
3. When all participants have finished, invite them to think about how this workshop may have changed some of their attitudes or opinions. Have they changed their minds about anything as a result of these few days? Have they formed any new attitudes, opinions, or feelings? Do they feel more motivated or committed? Ask them to write their most important new feeling, attitude, or opinion on the next sticky note. (Tell them which color note to use.)

4. Lastly, ask participants to think about one thing they are committed to doing after this training. We often come to trainings, learn a great deal, and leave without allowing our lives to be changed too much by a training. But we have discussed very important issues over the past three days, and done some important work together. What do we intend to do differently as a result of our time together? Ask the participants to write the one thing they are the most committed to doing on the final sticky note.
5. After all participants have finished, refer them to the large outline of a human figure on the wall. Ask that participants to come up to the outline, in turn, and read their statements. First, they should tell us their most important new learning and they should stick that post-it on the head of the outline. Then, they should tell us their most important new attitude, feeling, or opinion, and place that on the heart of the outline. Lastly, they should share the one thing they are the most committed to doing after the training, and place that on the feet of the outline.
6. Begin the activity and guide the first couple of people through the process. Continue in this way until all participants have had a turn. The facilitator might wish to end the exercise by discussing their own "head, heart, and feet."
7. Once all participants have gone, the facilitator will hand out the training evaluation and ask each participant to complete it before they leave the training.
8. The facilitator makes final summary comments and closes the workshop.

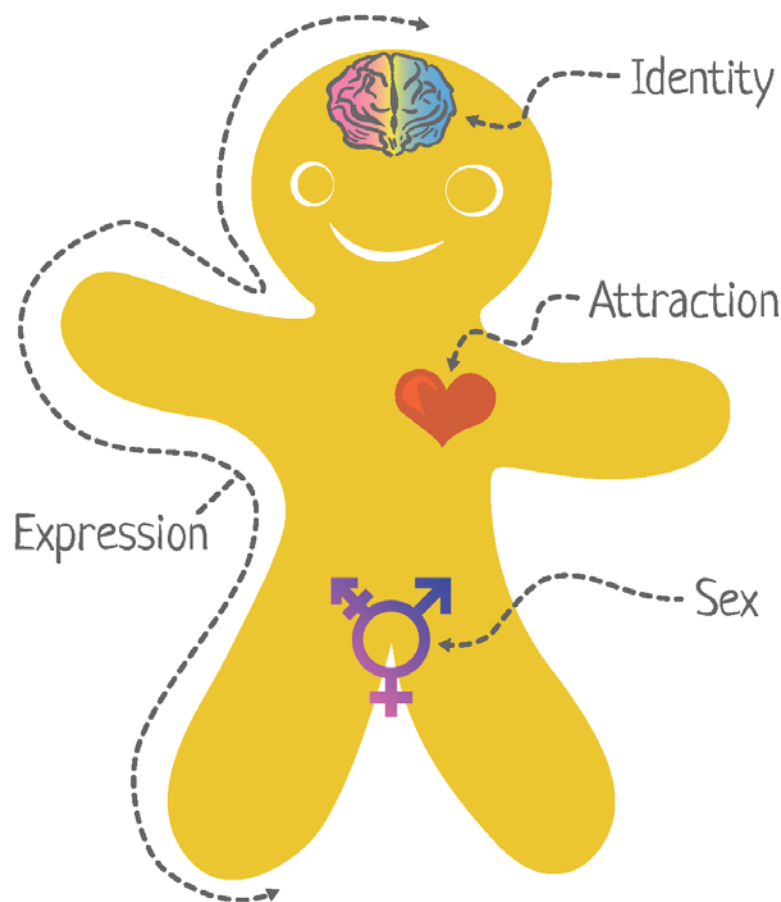
# ANNEX A. GENDERBREAD PERSON

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A poster version of this handout can be found at

<https://www.genderbread.org/resource/genderbread-person-v4-0-poster>.

# The Genderbread Person v4 by its pronounced METROsexual.com



⊘ means a lack of what's on the right side



**Gender Identity**



Woman-ness  
Man-ness



**Gender Expression**



Femininity  
Masculinity



**Anatomical Sex**



Female-ness  
Male-ness

Identity  $\neq$  Expression  $\neq$  Sex  
Gender  $\neq$  Sexual Orientation

**Sex Assigned At Birth**  
☐ Female ☐ Intersex ☐ Male



**Sexually Attracted to...** and/or (a/o)



Women a/o Feminine a/o Female People  
Men a/o Masculine a/o Male People



**Romantically Attracted to...**



Women a/o Feminine a/o Female People  
Men a/o Masculine a/o Male People

## ANNEX B. GUIDING PRINCIPLES FOR WORKING WITH GBV SURVIVORS

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# GUIDING PRINCIPLES

## For Working with Gender-Based Violence Survivors

**Gender-based violence** is defined as violence directed at an individual based on the person's biological sex or gender identity. It is rooted in structural gender inequalities, patriarchy, and power imbalances. Gender-based violence is typically characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social, and other forms of control and/or abuse. It affects individuals across the life course, and has direct and indirect costs to families, communities, economies, global public health, and development. In an effort to prevent and respond to gender-based violence, the key principles of *Do No Harm*, listed in the sidebar, should be kept in mind at all times.<sup>1</sup>

**A Survivor-Centered Approach** means recognizing and prioritizing the rights, needs, and wishes of the person who has experienced gender-based violence. A survivor-centered approach creates a supportive environment, ensures safety and dignity to promote a survivor's recovery, and reinforces the survivor's capacity to make decisions about possible interventions.

### Survivors' Fundamental Rights

Survivors have the right to:

- Give verbal or written consent before any action, referrals, or medical exams or support is provided
- Choose and decide whether, when, and which services they need
- Seek any support, free from coercion, and change their minds at any time
- Access chosen support in a safe and discreet way that is comfortable for them, and be accompanied by a trusted person, if requested
- Have a safe space to talk
- Choose the sex of the person providing the service
- Disclose or not disclose their story

### Guiding Questions

When a survivor is referred or comes to you, use these questions to guide your assessment of the person's immediate needs:

- Would you prefer talk to a male or a female?
- What are your immediate needs?
- Have you eaten something today or in the last 24 hours?
- When was the last time you slept or got a full night's sleep?
- Do you need any health services or a doctor's appointment?
- Have you felt in danger or unsafe in the last week or the last 30 days?
- Do you feel like anyone you live with is in danger or unsafe?
- Can you tell me who or what is making you feel unsafe?
- Can you tell me what makes you feel safe?
- How do you think I might be able to assist you?
- Would you be open to answering more questions or would you like to take a break?

### DO NO HARM



#### SAFETY

It is essential to ensure the safety of the survivor and their family at all times, including their children and people who have assisted them.

#### CONFIDENTIALITY

Respect the confidentiality of survivors (and their families) at all times by not disclosing any information, at any time, to any party without the informed consent of the person concerned. Ensure the survivor's trust and empowerment.

#### RESPECT

All actions or decisions should be guided by respect for the survivor's choices, wishes, rights, and dignity.

#### NONDISCRIMINATION

Survivors should receive equal and fair treatment, regardless of their age, sex, race, marital status, sexual orientation, or any other characteristic.

#### HONESTY

Survivors should receive honest and complete information about possible referrals for service, be made aware of any risks or implications of sharing information about the situation, and have the right to limit the types of information shared and whom it is shared with.

<sup>1</sup> United States Strategy to Prevent and Respond to Gender-Based Violence Globally, 2016 Update.  
Accessible at: <https://www.state.gov/documents/organization/258703.pdf>



## Do...

- ✓ **Be aware of your body language.** How you stand and hold your arms and head, your expression, and your tone of voice all send a clear message about how you perceive the situation.
- ✓ **Explain who you are,** your role and responsibilities, and that you are there to support the survivor.
- ✓ **Ask what would make the survivor feel safe right now** and whether they have any immediate needs they would like your help in fulfilling.
- ✓ **Use a survivor-centered approach** and seek permission from the survivor to ask questions about their experience. Remind the survivor that they do not have to answer a question if they choose not to. Explain why you are interested and how you will use the information to support them. Emphasize that nothing they say will be used against them, and that they can choose to participate in the conversation or not.
- ✓ **Reassure the survivor.** If they choose not to disclose, that is their right and they have full choice over their participation. Ask whether there is anything they would like to ask or tell you. This helps take the pressure off the survivor and empowers them to take the lead in the conversation.
- ✓ **Explain that all information will remain confidential** and inform the survivor about any limitations to confidentiality.
- ✓ **Tell the survivor they can take a break whenever they want** and can refuse to answer a question.
- ✓ **Use eye contact and focus all your attention on the individual.** If you must write something down, at the beginning, explain that you have to write notes from time to time, why this is important, and how written information will be used to ensure the survivor gets the best services possible. You can also remind them of this whenever you note something down.
- ✓ **Show a nonjudgmental and supportive attitude,** and validate what the survivor is saying.
- ✓ **Use an empathetic voice** to reassure the survivor.
- ✓ **Listen carefully** to the survivor's experience and assure them their feelings are justified.
- ✓ **Show the survivor you believe their story,** commend them for doing what they needed to do to survive, and recognize their courage and resiliency.
- ✓ **Be patient,** keeping in mind that the survivor is in a state of crisis and could have contradictory feelings. The survivor also might not be able to remember some things, such as an accurate timeline of events.
- ✓ **Emphasize that violence is not their fault** and that the perpetrator is responsible for their own behavior.
- ✓ **Use supportive statements,** such as "I'm sorry this happened to you" or "You have really been through a lot" or "We're going to try and get you some help."
- ✓ **Highlight that options and resources are available** to the survivor. Emphasize that they can choose which services they want to receive and can change their mind at any point.
- ✓ **Try to find adequate services together with the survivor.** Leave an "open door" for the survivor to come back to you.
- ✓ **Create a safety plan so the survivor can continue accessing services without jeopardizing their safety.** If the survivor lives with the perpetrator, you might need to help the survivor think through times they can access services. Ask whether it is safe to text or call, or you should wait for them to contact you. Do not give materials to take home unless you talk through the impact. For example, if the perpetrator could get upset, it might be best to create time in the office for the survivor to read through the materials.

To learn more about AIDSFree, visit <https://aidsfree.usaid.gov>.

## Don't...

- ✗ Use body language that conveys a message of irritation, judgment, accusation, boredom, shock, dislike, or anger toward the survivor.
- ✗ Judge a survivor's behavior based on their age, appearance, clothing, culture, religion, type of work, or relationship to the perpetrator. *There are no reasons for gender-based violence.*
- ✗ Pressure the survivor to disclose.
- ✗ Make any promises you cannot keep.
- ✗ Suggest or force couples counseling or mediation between a survivor and the perpetrator. *This can be traumatizing and is known to be an ineffective method.*
- ✗ Ask about violence in the presence of a partner, family member, friend, or anyone else unless the survivor suggests it. *The survivor's safety is the key.*
- ✗ Rely on passive listening and non-commenting. This could make the survivor think you do not believe them, or that they are wrong and the perpetrator is right.
- ✗ Interrupt the survivor (for any reason) when they are talking.
- ✗ Accuse the survivor of making contradictory statements. Trauma can make it difficult to remember all the facts or timelines, and they could feel one way about the experience one day and completely differently another day. Your job is to listen and try to piece together the puzzle; you might never know all the details. Gather only as much detail as you need to provide services or support. Only ask questions that will help you assess the services and support the survivor needs and deserves.
- ✗ Blame the survivor or ask questions like "Why do you stay with your partner?" (if the partner is the perpetrator) or "Did you have an argument before it happened?" or "What were you doing out alone?" or "What were you wearing?" Instead, reinforce that gender-based violence is a violation of their rights and is never acceptable.
- ✗ Ask the same question multiple times. If you do not get an answer, keep the conversation going. You can try to rephrase later, once you have built more rapport with the survivor.



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