

Safe referrals of SGBV survivors

by non-specialized actors to SGBV case management organizations

June 2018

Introduction

This note provides guidance to non-SGBV specialized humanitarian service providers¹ on what to do when a SGBV survivor discloses a SGBV incident. It is common for non-SGBV specialized actors to be the entry point to GBV referral pathways, if survivors disclose a SGBV incident then require (and consent to) referral.

When assisting a SGBV survivor the main priorities of a non-SGBV specialized service provider are to provide basic emotional support as well as information on the services which may be able to assist them, details on how to access these, and appropriate support to survivors to access the services. It is imperative that non-SGBV specialized service providers know how to assist in a survivor-centred way. The first information and messages provided to survivors could influence whether they go on to disclose their experiences and access further care when appropriate. This guidance note developed in consultation with partners and in line with SOPs and best practices is to be considered as companion guide to referral pathways and training package that the SGBV WG and partners are offering to non-specialized actors.

Responsibilities and actions required

Any service provider may receive disclosure of a GBV case, in which case they should take immediate action. Take immediate action following those steps: listen, provide Information, ask for informed consent, and refer survivor to appropriate support services. Non-GBV specialist service providers or community volunteers should NOT attempt to actively identify survivors of GBV as this can put survivors and staff/volunteers at risk. Immediate actions non-specialized service providers should take are: **L-PAT**

Listen

- ✓ Remove survivor from immediate danger if safe to do so. Find a safe, confidential and quiet space to talk.
- ✓ Ask if you can provide help. Listen in case they want to talk about what happened.
- ✓ Listen actively: give your full attention, gently nod your head, make eye contact, use body language which shows that you are engaged with what they are saying (this may vary by culture, age, and sex).
- ✓ Ask survivors only relevant questions: you will only do a referral and someone else will provide continuous care to survivor (telling stories multiple times is traumatizing): ask only for name, sex, age, place of residence, contact number, type of incident and approx. date, current safety concerns. Do not ask detailed questions about the incident to the survivor. Remember that it is not your role to decide whether the person is saying the truth or not, whether s/he really needs help or not.
- ✓ Help the person to feel comfortable, e.g. provide water if you can. Although some needs may be obvious, such as a blanket or covering for someone whose clothing is torn, always ask what people need and what their concerns are.
- ✓ Do not pressure the person to talk and do not expect her/him to display particular emotional reactions.
- ✓ If she/he is very distressed, help her/him to calm down and ensure they are not left alone. Comfort the survivor using healing statement such as: "It's not your fault", "I believe you", "I am very glad you told me", "I am sorry this happened to you", "You are very brave for telling me".

¹ **SGBV Specialist:** A SGBV specialist is someone who has received SGBV-specific professional training and/or has considerable experience working on GB programming. A GBV-specialized agency is one that undertakes targeted programmes for the prevention of and response to SGBV. SGBV specialists include: health practitioners, community psychosocial support workers, case managers, and GBV technical specialists.

Non-SGBV Specialist: Agencies and individuals who work in humanitarian response sectors other than SGBV and do not have specific expertise in SGBV prevention and response programming. Non-SGBV Specialists include WASH, CCCM, education and other humanitarian service providers.

Provide information

- ✓ Inform the survivor about SGBV case management services: briefly explain that case management service providers have specialized staff who assist persons who faced the same problem as him/her. The staff will listen to them and help her/him in reaching the different type of assistance they want; including psycho-social assistance, medical assistance, legal assistance, and assistance to find safe shelter if needed. All these services are free of charge. If relevant, explain that specialized medical assistance is available for survivors of sexual violence and can be provided after the incident notwithstanding how long time elapsed. All are assisted without any discrimination, information is confidential and nothing will be done without the express consent of the survivor.
- ✓ You shouldn't advice/encourage the survivor to seek a certain types of services. Limit your interaction to providing information and not advising the survivor on your preferred option. Providing assistance to a survivor is about empowering survivors to make their own decisions about their own lives. It is up to the survivor to decide the best way to solve her/his problems.
- ✓ Do not raise expectations – be honest and accurate (e.g.do not say: they will give you money; they will solve all your problems).

Ask for informed consent

- ✓ Ask her/him if she/he gives you the consent to contact other services to give them her/his name and describe which information you will share. For non-specialized providers this can be done verbally, a written documents is not advisable, if confidentiality procedures are not known or cannot be followed.
- ✓ If survivor is unwilling to be referred for assistance, you need to respect her/his wishes and can simply provide him/her with SGBV hotline numbers if available so they'll be able to seek help whenever they feel ready.
- ✓ The following are limits to confidentiality and informed consent principle:
 - When a survivor threatens his/her own life, threatens to harm another person
 - When person is non responsive (i.e. unconscious) or a person without capacity of discernment
 - When child abuse and it is in the best interest of the childIf one of the above limits to confidentiality applies, it is important to explain to the survivor that unfortunately you will have to refer him/her anyway prior to doing so.

Timely refer

- ✓ If you are a non protection staff, identify SGBV case management focal point closest to survivor's area of residence, ensure you are in a confidential environment (no one else can hear you), then call the focal point as per referral pathway.
- ✓ If you are a protection staff and your organization has an established and safe referral procedure by e-mail, then use a referral form. E-mail should only be sent to the relevant focal points from the referral pathway, others who are not involved in managing the case should not be copied. **Mail to:** focal point **Mail CC:** back-up **Subject:** SGBV referral
Content of e-mail: Kindly find attached referral. **Attachment:** word document title "referral form" (password protected and password to be shared separately through SMS or phone call). Name of survivor should not appear on the form, instead use a code (name of survivor can be shared by phone).
- ✓ Hard copy of forms should be kept in locked cabinet, soft copy should be kept password protected on computers

SGBV case management organizations will only acknowledge receipt of the referral and indicate their ability to provide the requested service. If they cannot provide services to the client for any reason they should inform the referring organization that they cannot do so and, if appropriate, the reason. If the organization is not responsive please contact the SGBV coordination focal point in your field location or national SGBV co-chairs below.

Once SGBV case management organizations start supporting a survivor, due to confidentiality standards, they will not provide any other type of feedback on the case. If the referring organization provides regular support to survivors (for example, if a MHPSS service provider), the 2 organizations can share information through a case conference only if needed to support the survivor and with her/his consent.

If you have questions or need support for referrals,
feel free to contact the SGBV SWG co-chairs:
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