

INTERAGENCY GENDER-BASED VIOLENCE CASE MANAGEMENT TRAINING

FACILITATOR'S GUIDE

2017

FIRST EDITION



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This resource represents the culmination of a two-year project spearheaded by the Gender-based Violence Information Management System (GBVIMS) Steering Committee to build capacity on GBV case management, information management, and strengthen the links between these in order to improve services provided to GBV survivors. The GBV IMS Steering Committee, comprised of global GBV experts from the International Medical Corps, International Rescue Committee, UNICEF, UNFPA and UNHCR, along with regional and country level colleagues, piloted the GBV Capacity Development project in six countries: Central African Republic, Jordan, Lebanon, Mali, Niger and Somalia. Pilot activities included providing training on GBV case management and the GBVIMS to service providers in these countries. The content of this resource has both informed and been informed by the pilot.

The Facilitator's Guide and accompanying training materials should be used in conjunction with the Interagency Gender-based Violence Case Management Guidelines, which aim to set standards for quality, compassionate care for GBV survivors in humanitarian settings, with particular focus on the provision of case management services. Our hope is that the guidelines and the training materials will provide GBV service providers in humanitarian settings with the information and guidance they need to establish and provide quality case management services to GBV survivors.

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INTRODUCTION TO FACILITATOR'S GUIDE

OVERVIEW

This Facilitator's Guide is intended as an accompanying document to the Interagency Gender-based Violence Case Management training modules. This document, based on the Interagency Gender-based Violence Case Management Guidelines, provides an overview of the training process and individual modules as well as some tips for good facilitation.

The primary objective of the training materials is to build understanding of, and capacity in, case management for survivors of gender-based violence (GBV). In support of this, the training materials also aim to improve understanding of GBV, its causes and consequences, as well as the underpinning theoretical frameworks, and survivor-centered approaches.

Each module is designed to stand alone for topic-specific trainings; however, they are also designed to build off each other for a full suite of trainings from Module 1 through Module 20.

The training materials provide a brief overview of key concepts related to GBV as a grounding for participants who are new to GBV case management. However, it is recommended that participants complete more comprehensive GBV capacity building before undertaking this training (for example, core concepts in GBV). In addition, it is important to note that additional follow-on training should be provided to ensure quality service provision. It is recommended that participants also receive specialized training on other key topics such as Caring for Child Survivors of Sexual Abuse, and the Gender-Based Violence Information Management System (GBVIMS), if this system will be used in their program. Lastly, it is recommended that any peripheral staff connected to the case management process (e.g. volunteers, or those who regularly refer to case workers) should complete at least basic training on GBV and the rudiments of case management. All materials mentioned here can be found at gbvresponders.org.

The training materials are designed to build on the experience and knowledge of participants; as such, many exercises require the participants to reflect on survivors they have worked with in the past and use this experience for a case study or group exercise. It is important to note that participants (and facilitators) have the responsibility to ensure that this does not in any way allow someone to recognize or identify an individual survivor or her/his story. Where possible, it may be better for participants to think of the aggregate of survivors they have worked with, rather than one specific individual.

INTRODUCTION TO TRAINING MODULES

Each module consists of a set of PowerPoint slides with detailed presenter notes and a series of handouts that correspond to the activities and handouts required for that module. Activities in the modules include group discussion, role plays, observation of role plays, and other experiential learning methods.

Additionally, in most of the modules, there is a final activity called "Putting it All Together." These activities are intended to give participants an opportunity to practice all of the skills they have learned in that particular module.

Since these trainings will be conducted in various settings, countries, regions, languages, and cultures, some of these role play handouts/prompts are blank and will need to be completed by the facilitator(s) prior to facilitating the session. This was a deliberate decision when designing the training modules to ensure that the role plays are not only culturally appropriate, but are also relevant to each particular situation in which the trainings are provided.

Additional information for the facilitator is provided in the notes section of each training module presentation. Text in normal type can be used directly as written, while text in bold and with an asterisk is instruction for the facilitator

SCHEDULING, AGENDAS, AND PREPARATION

When preparing for the roll-out of the Interagency GBV Case Management Guidelines in your site, it's important to schedule the trainings - either initial or ongoing trainings - at a time that is convenient for the site. For example, if the site has a time of year that is typically busier than other times (such as grant submission times, reporting times, etc.), you should try **not** to schedule the trainings during that time so as to maximize participation and to ensure that all participants are able to get the most out of the training sessions.

As a facilitator, it is extremely important to spend time familiarizing yourself with the various training modules, activities, the site in which you are facilitating the training, and the facilitator guide. Below you will find four different agendas that can be used to train on the Interagency GBV Case Management Guidelines. You are encouraged to modify, adapt, and adjust the schedules as you see fit for your specific training needs and the training site. In preparing the adaptations, keep in mind that each module has multiple activities. You are encouraged to pick and choose what activities you will use in each module, as not all activities are mandatory and they can each take significant amounts of time to complete. Making such adjustments can be particularly helpful when you are short on time.

The agendas below provide guidance on start and end times, length of sessions and breaks. These may need to be adapted for your context, and you should feel free to split particularly long sessions over breaks if needed, based on the discussions and energy in the room. Also remember to add energizers throughout the training that will require extra time in addition to the scheduled breaks.

AGENDA 1

This agenda provides a comprehensive five-day training for individuals who are new to GBV case management. It covers fundamental concepts of GBV in the first day, then proceeds to case management principles and practice. You may also have time to include one topical module.

DAY 1	
9:00–10:00am	Welcome, Introduction and Pre-test
10:00–11:00am	Module 1: Basic Concepts
11:00–11:15am	Break
11:15–1:00pm	Module 2: Power & GBV
1:00–2:00pm	Lunch
2:00–3:00pm	Module 3: Consequences of GBV
3:00–3:15pm	Break
3:15–4:45pm	Module 4: Causes & Context of GBV
4:45–5:00pm	Wrap-Up

DAY 2	
9:00–9:30am	Welcome, Review
9:30–11:00am	Module 6: GBV Attitudes and Perceptions
11:00–11:15am	Break
11:15–1:00pm	Module 7: Theoretical Foundation for a Survivor-Centred Approach
1:00–2:00pm	Lunch
2:00–3:15pm	Module 8: Guiding Principles & Roles and Responsibilities
3:15–3:30pm	Break
3:30–4:45pm	Module 9: Communication Skills
4:45–5:00pm	Wrap-Up
DAY 3	
9:00–9:30am	Welcome, Review
9:30–11:15am	Module 10: Overview of GBV Case Management and Module 11: GBV Case Management Step 1: Introduction and Engagement
11:15–11:30am	Break
11:30–1:30pm	Module 12: GBV Case Management Step 2: Assessment
1:30–2:30pm	Lunch
2:30–4:00pm	Module 13: GBV Case Management Step 3: Case Action Planning
4:00–4:15pm	Break or Wrap-Up (Either take a break here and use remaining time for any questions or additional discussions, or end the day early to allow participants time to process)
DAY 4	
9:00–9:15am	Welcome, Review
9:15–11:15am	Module 14: GBV Case Management Steps 4, 5 and 6: Implementation, Follow-up and Case Closure
11:15–11:30am	Break
11:30–1:30pm	Module 15: GBV Case Management Responses to Intimate Partner Violence and Sexual Violence for Women and Adolescent Girls (includes 15A, 15B and 15C)
1:30–2:30pm	Lunch
2:30–4:00pm	Module 15: GBV Case Management Responses to Intimate Partner Violence and Sexual Violence for Women and Adolescent Girls (includes 15A, 15B and 15C)
4:00–4:15pm	Break or Wrap-Up (Either take a break here and use remaining time for any questions or additional discussions, or end the day early)

DAY 5	
9:00–9:30am	Welcome, Review
9:30–11:30am	Choose Module 16 or one or more sessions from Module 17 (17A, 17B, 17C)
11:30–11:45pm	Break
11:45–1:00pm	Module 19: Staff Care
1:00–2:00pm	Lunch
2:00–3:30pm	Module 19: Staff Care
3:30–3:45pm	Break
3:45–4:30pm	Wrap-Up Post-test Evaluation Closing

AGENDA 2

This agenda is for a five-day training intended for individuals who already have some experience with GBV case management and are looking to deepen their expertise. It includes additional content focusing on LGBTI survivors, male survivors of sexual violence, and survivors with disabilities, as well as optional content for supervisors on Day 5. If supervisors will not be present, you can make the training four days or allocate additional time to other modules.

DAY 1	
9:00–10:00am	Welcome, Introduction and Pre-test
10:00–11:30am	Module 5: Basics Review
11:30–11:45am	Break
11:45–1:15pm	Module 6: GBV Attitudes and Perceptions
1:15–2:15pm	Lunch
2:15–4:00pm	Module 7: Theoretical Foundation for a Survivor-Centred Approach
4:00–4:15pm	Break or Wrap-Up (Either take a break here and use remaining time for any questions or additional discussions, or end the day early to allow participants time to process content from the day)

DAY 2	
9:00–9:15am	Welcome, Review
9:15–10:30am	Module 8: Guiding Principles & Roles and Responsibilities
10:30–10:45am	Break
10:45–12:00pm	Module 9: Communication Skills
12:00–1:00pm	Module 10: Overview of GBV Case Management and Module 11: GBV Case Management Step 1: Introduction and Engagement
1:00–2:00pm	Lunch
2:00–2:45pm	Module 11: GBV Case Management Step 1: Introduction and Engagement
2:45–3:45pm	Module 12: GBV Case Management Step 2: Assessment
3:45–4:00pm	Break
4:00–4:55pm	Module 12: GBV Case Management Step 2: Assessment
4:55–5:00pm	Brief Wrap-Up
DAY 3	
9:00–9:30am	Welcome, Review
9:30–11:00am	Module 13: GBV Case Management Step 3: Case Action Planning
11:00–11:15am	Break
11:15–1:15pm	Module 14: GBV Case Management Steps 4, 5 and 6: Implementation, Follow-up and Case Closure
1:15–2:15pm	Lunch
2:15–3:30pm	Module 15: GBV Case Management Responses to Intimate Partner Violence and Sexual Violence for Women and Adolescent Girls (includes 15A, 15B and 15C)
3:30–3:45pm	Break
3:45–4:45pm	Module 15: GBV Case Management Responses to Intimate Partner Violence and Sexual Violence for Women and Adolescent Girls (includes 15A, 15B and 15C)
4:45–5:00pm	Wrap-Up

DAY 4	
9:00–9:30am	Welcome, Review
9:30–11:00am	Module 15: GBV Case Management Responses to Intimate Partner Violence and Sexual Violence for Women and Adolescent Girls (includes 15A, 15B and 15C)
11:00–11:15pm	Break
11:15–1:15pm	Choose Module 16 or one or more sessions from Module 17 (17A, 17B, 17C)
1:15–2:15pm	Lunch
2:15–3:15pm	Choose either Module 17A, 17B, or 17C
3:15–3:30pm	Break
3:30–4:45pm	Choose either Module 17A, 17B, or 17C or Module 20
4:45–5:00pm	Wrap-Up
Day 5 (Supervision sessions optional)	
9:00–9:30am	Welcome, Review
9:30–10:45am	Module 18: Supervision
10:45–11:00am	Break
11:00–12:30pm	Module 18: Supervision
12:30–1:30pm	Lunch
1:30–3:00pm	Module 19: Staff Care
3:00–3:15pm	Break
3:15–4:30pm	Module 19: Staff Care
4:30–5:00pm	Wrap-Up Post-test Evaluation Closing

AGENDA 3

This agenda is for a shortened, three or four-day training during which the key components of the Interagency GBV Case Management Guidelines are introduced along with the option to include one topical module (modules 15,16,17 or 20). This training agenda can be used with staff who have some informal or formal experience working with survivors and is meant to help build competencies and understanding. As with the previous agenda, adding a day for supervision and staff care is also an option.

DAY 1	
9:00–10:00am	Welcome, Introduction and Pre-test
10:00–11:30am	Module 5: Basics Review
11:30–11:45am	Break
11:45–1:15pm	Module 6: GBV Attitudes and Perceptions
1:15–2:15pm	Lunch
2:15–4:00pm	Module 7: Theoretical Foundation for a Survivor-Centred Approach
4:00–4:15pm	Break or Wrap-up (Either take a break here and use remaining time for any questions or additional discussions, or end the day early to allow participants time to process content from the day)
DAY 2	
9:00–9:15am	Welcome, Review
9:15–10:30am	Module 8: Guiding Principles & Roles and Responsibilities
10:30–10:45am	Break
10:45–12:00pm	Module 9: Communication Skills
12:00–1:00pm	Module 10: Overview of GBV Case Management and Module 11: GBV Case Management Step 1: Introduction and Engagement
1:00–2:00pm	Lunch
2:00–2:45pm	Module 11: GBV Case Management Step 1: Introduction and Engagement
2:45–3:45pm	Module 12: GBV Case Management Step 2: Assessment
3:45–4:00pm	Break
4:00–4:55pm	Module 12: GBV Case Management Step 2: Assessment
4:55–5:00pm	Brief Wrap-Up

DAY 3	
9:00–9:30am	Welcome, Review
9:30–11:00am	Module 13: GBV Case Management Step 3: Case Action Planning
11:00–11:15am	Break
11:15–1:15pm	GBV Case Management Steps 4, 5 and 6: Implementation, Follow-up and Case Closure
1:15–2:15pm	Lunch
2:15–3:30pm	Choose Module 15,16,17 or 20
3:30–3:45pm	Break
3:45–4:45pm	Choose Module 15,16,17 or 20
4:45–5:00pm	Wrap-Up
DAY 4 (Supervision sessions optional)	
9:00–9:30am	Welcome, Review
9:30–10:45am	Module 18: Supervision
10:45–11:00am	Break
11:00–12:30pm	Module 18: Supervision
12:30–1:30pm	Lunch
1:30–3:00pm	Module 19: Staff Care
3:00–3:15pm	Break
3:15–4:15pm	Module 19: Staff Care
4:15–5:00pm	Wrap-Up Post-test Evaluation Closing

AGENDA 4

This agenda is for a much shorter, three-day training during which the core modules of the Interagency GBV Case Management Guidelines are covered and if time allows, options for topical modules. This training agenda can be used as a refresher with experienced staff.

DAY 1	
9:00–10:00am	Welcome, Introduction and Pre-test
10:00–11:30am	Module 5: Basics Review
11:30–11:45am	Break
11:45–1:15pm	Module 6: GBV Attitudes and Perceptions
1:15–2:15pm	Lunch
2:15–3:30pm	Module 8: Guiding Principles & Roles and Responsibilities
3:30–3:45pm	Break
3:45–4:45pm	Module 9: Communication Skills
4:45–5:00pm	Wrap-Up
DAY 2	
9:00–9:15am	Welcome, Review
9:15 – 11:00am	Module 10: Overview of GBV Case Management and Module 11: GBV Case Management Step 1: Introduction and Engagement
11:00 – 11:15am	Break
11:15 – 1:15pm	Module 12: GBV Case Management Step 2: Assessment
1:15 – 2:15pm	Lunch
2:15 – 3:45pm	Module 13: GBV Case Management Step 3: Case Action Planning
3:45 – 4:00pm	Break
4:00 – 4:45pm	Module 14: GBV Case Management Steps 4,5, and 6: Implementation, Follow-up and Case Closure
4:45– 5:00pm	Wrap-Up

DAY 3	
9:00 – 9:30am	Welcome, Review
9:30 – 10:45am	Module 15: GBV Case Management Responses to Intimate Partner Violence and Sexual Violence for Women and Adolescent Girls (choose 15A, 15B, or 15C)
10:45 – 11:00am	Break
11:00 – 1:00pm	Continue with Module 15 or choose Module 16 or one or more sessions from Module 17 (17A, 17B or 17C)
1:00 – 2:00pm	Lunch
2:00 – 3:30pm	Module 19: Staff Care
3:30 – 3:45pm	Break
3:45 – 4:30pm	Module 19: Staff Care
4:30 – 5:00pm	Wrap-up Post-test Evaluation Closing

BASICS OF FACILITATION¹

Facilitating trainings can be a difficult task. It requires patience, expertise, energy, and an ability to react appropriately in the moment. While we recommend that the training facilitators have experience in providing case management for GBV survivors, it is not necessary for the facilitators to be professional social workers or mental health professionals. Individuals with the following skills, experience, and knowledge should be able to deliver the training modules provided in this training package.

Skills

- ✓ Training/facilitation skills especially for adult learners
- ✓ Participatory methods in workshop facilitation
- ✓ Working with GBV survivors
- ✓ Caring for others
- ✓ Excellent verbal communication, listening skills and body language
- ✓ Language spoken by participants

¹ International Rescue Committee (2014). *EA\$E Discussion Group Curriculum Facilitator's Guide*.

Knowledge

- ✓ Full understanding of the Interagency GBV Case Management Guidelines (all topics in the guidelines and the 20 training modules)
- ✓ An understanding of how the content of the guidelines and training materials relate to and should be adapted to the local context in which the training will take place. This is important, as information related to the key knowledge areas will vary across local contexts and populations. For example, the facts and information contained in the Interagency GBV Case Management Guidelines on the scope of GBV are drawn from a global level. They relate to generalized trends in GBV response and dynamics related to disclosure of abuse across cultures. Tailoring this type of information to the context will ensure the material is relevant to the participants.

Experience

- ✓ Delivering GBV or psychosocial support programs in humanitarian settings
- ✓ Staff management in humanitarian settings - this should include having dealt with issues around staff wellbeing and staff care when working in humanitarian settings under difficult circumstances
- ✓ Working with inter-cultural groups of mixed abilities and backgrounds
- ✓ Knowledge and experience of working in the geographical areas or context where participants are currently or will be supporting programming
- ✓ Inter-agency collaboration and coordination
- ✓ Program management in humanitarian settings

Attitudes

- ✓ Survivor-centered attitudes – work to understand the point of view of the survivor, and support her/him to make her/his own decisions
- ✓ Show empathy for challenges and stress participants may have faced or may be continuing to experience due to work or current emergency situation
- ✓ Be non-discriminatory, maintain a positive attitude towards individuals with different skill levels
- ✓ Be friendly and approachable
- ✓ Recognize the skills, knowledge and competencies of all participants

To manage a multi-day training most effectively there should be two facilitators sharing sessions or co-facilitating individual modules. It may be helpful for one of the facilitators to take a lead role so that they can assign tasks and take ultimate responsibility for the delivery of the training. Where more than one trainer is present throughout the workshop, they may have complementary skills, knowledge and experience covering the various topics above. However, they must each demonstrate all the attitudes listed, as these are essential attributes of a good trainer working in various settings globally, in complex cultural and political contexts with participants from diverse cultures addressing the highly sensitive topic of caring for survivors of GBV.

Below you'll find some tips for good facilitation as well as some strategies for building a safe and trusting environment and managing difficult situations.

GOOD FACILITATION TIPS

- ✓ Listen closely and attentively – pay attention to what is being said and what is not being said (i.e. body language, comfort levels), reformulate ideas to be sure you fully understand them
- ✓ Be well prepared for each training – review each session and make sure you have the materials and room set-up needed
- ✓ Understand the topics that will be discussed
- ✓ Communicate ideas clearly and succinctly
- ✓ Encourage mutual respect and understanding
- ✓ Build on participants' ideas and comments, making connections with previous statements and ideas discussed
- ✓ Encourage group discussion and participation among all members
- ✓ Remain open to feedback
- ✓ Make all participants feel valued and accepted
- ✓ Be comfortable with silence – participants may need time to process and understand ideas, and the less outgoing participants will likely need more time to contribute

BUILDING A SAFE AND TRUSTING ENVIRONMENT

1. **Space set up:** Ensure the training room is set up in a way that encourages participation, group discussions if/when necessary, and allows everyone to see the presentation slides. Avoid rows of desks and chairs behind each other; where possible, arrange participants in a semi-circle or U-shape, or place participants in small groups around tables (banquet style) where everyone can easily see the facilitator.
2. **Respect ideas and beliefs:** Everyone comes to this work with their own experiences, values, beliefs and attitudes. Facilitators should respect participants' ideas and beliefs. That being said, participants may bring beliefs and ideas to the group that are harmful. If this happens, it is the role of the facilitator to challenge these ideas and address with the group why they are harmful.
3. **Emphasize that sharing is a choice:** Emphasize to participants that they do not have to share personal experiences with the group. In addition to this, participants should be very careful about sharing others' experiences. Talking about specific cases might be helpful but this should remain within the bounds of confidentiality, so it is important to keep cases anonymous (or combine individual cases together so they are not specifically one person's story) and if this is not possible, to stick to hypothetical scenarios.
4. **Confidentiality:** Emphasize to participants that if personal stories are shared, they should remain within the group and not be shared with others.
5. **Self-awareness:** As a facilitator, you need to be aware of your own values and beliefs and how those may be biased in one way or another. Facilitators should not impose their own beliefs and values onto the group members, rather, they should create space for participants to openly explore and reflect upon their own beliefs and values. Facilitators should constantly challenge their own opinions about other people as well.

MANAGING DIFFICULT SITUATIONS

1. **Responding to Disclosures of Violence²**
 - a. **Respect the person:** It is important not to judge the participant who has made a disclosure. Take the person seriously; never laugh or question their motive.

2 International Rescue Committee (2012). *The Power To be. Women's Discussion Group Curriculum Facilitator's Guide*.

- b. Be sensitive: Remember that this may be the first time that s/he has shared this experience. It is important to be sensitive, use kind words and show support. Thank the person for sharing.
- c. Do not counsel the individual: As the facilitator, you have a separate role to play and may not be qualified to offer counseling support, especially in the group context. Instead, acknowledge the person's experience and encourage them to speak with you or another person within the organization after the training session.
- d. Know what resources are available: Know what resources exist in the community as well as the referral pathways and refer the person to appropriate services once you are able to speak to them individually.

2. Managing Conflict³

- a. Get individuals to state clearly their concerns so as to reduce the tendency of people making assumptions.
- b. Get individuals to listen to each other carefully and, if necessary, repeat what others say to make sure their points are clear.
- c. Help the group identify areas of agreement and shared concerns, to create common ground to work out conflicts. Remind everyone that they are here to support our clients and relate back to the mission of our work.

3. Addressing Harmful Points of View⁴

In this work, some individuals in the group may have a difficult time understanding some of the concepts discussed, particularly those involving gender and equality. We are all products of our contexts and environments, and it is impossible to completely separate ourselves from the social and cultural norms around women, girls and GBV survivors.

While we need to understand that participants may hold these views, we must also understand that they can reinforce negative attitudes and beliefs and can thereby be harmful. In general, and also to the individuals in the room. It is your role as a facilitator to ensure that these views are challenged.

If a participant makes a statement that may be harmful (e.g. 'women who walk alone at night are asking for violence'), you can:

- a. Make sure to stop and challenge the statement (e.g. 'Let's talk about that statement for a minute') or if you cannot do so immediately, make sure you note it as a point that you will return to.
- b. Involve others: Ask the other participants what they think about the viewpoint.
- c. Learn why they hold the opinion: Ask the participant why s/he feels the way s/he does
- d. Offer another opinion: If no one else has a different opinion, offer one yourself and ask participants what they think
- e. Rely on facts: Remind the participants of facts or laws that help prevent harmful behavior. You can also connect this to the core concepts covered (or reviewed, depending on the chosen agenda) at the beginning of the training; for example, referring participants to the causes of GBV discussed with the GBV tree.

Some common resistance reactions and possible responses for the facilitator are listed on the next page⁵.

³ Ibid.

⁴ International Rescue Committee (2012). *The Power To be. Women's Discussion Group Curriculum Facilitator's Guide*.

⁵ Ibid.

Resistance Reaction	Possible Response
DENIAL: complete denial of the existence of gender gaps, or discrimination against women, other marginalized identities and groups	<ul style="list-style-type: none"> • Provide evidence • Ask what other participants think about the statement • Work through the “logic” of the argument, helping to bring out fallacies or inconsistencies
CULTURE: we should not be imposing “our” culture on others; this is part of the clients’ culture	<ul style="list-style-type: none"> • Engage in reflection about how culture: <ul style="list-style-type: none"> • Is not homogenous and there are different values and beliefs that change with time and place • Is often determined by those benefiting the most (those with power and status, e.g. men) • Is often being challenged by people within that culture • Use case studies, particularly from the dominant culture, that demonstrate efforts for gender equality or social justice that are historically and culturally grounded.

ASSESSMENT OF PARTICIPANTS AND EVALUATION OF TRAINING

Whether you are carrying out a training on one, a few or all of the modules, it is important to have a system for assessing what participants learned during the training. This is often done in the form of a written pre/post test in which participants are given questions to answer before they begin the training and given the same questions to answer at the end of the training. The purpose of a pre/post test is to see if there has been a positive change in participants knowledge from the beginning to the end of the training. Included in the training materials package is a "bank" of questions for each module from which facilitators can choose questions to include in a pre/post test. Note that facilitators can also use other forms of assessment throughout the training including observation of participants in role plays.

It is also important to receive feedback from participants on the content and delivery of the training. The training materials package includes a sample evaluation that can be used or adapted.

TRAINING CONTENT

WELCOME & INTRODUCTION SESSION

Learning Objectives	<ol style="list-style-type: none">1. Introduce the training2. Introduce facilitators and participants3. Review training agenda, structure & process	
Duration	1 hour	
Materials	✓ Participant agendas	
Preparation	<ul style="list-style-type: none">✓ Print handouts✓ Prepare flip chart as Parking Lot for any questions✓ Prepare flip chart for Expectations✓ Prepare flip chart for Group Agreements✓ Arrange room✓ Review slides and presenter notes	
Outline	Minutes	Activity (Slides)
	5	Welcome, Session Objectives (1-2)
	20	Introductions (3)
	10	Training Objectives & Expectations (4)
	10	Training Overview (5)
	10	Group Agreements (6)
	5	Housekeeping (7)

MODULE 1: BASIC CONCEPTS⁶

Learning Objectives	<ol style="list-style-type: none"> 1. Understand gender & gendered expectations 2. Define gender-based violence (GBV) 	
Duration	1 hour	
Materials	None	
Preparation	<ul style="list-style-type: none"> ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	5	Introduction & Objectives (1-2)
	35	Understanding Gender (3-4)
	15	Defining GBV (5)
	5	Closing (6)
Technical Notes	<p>Using this Module</p> <p>This session will be an essential foundation for the rest of the training if participants have no previous experience with GBV training or programming. If this is the case, you will need to spend additional time exploring and emphasizing how gender roles are created, not born. However, for many participants this session will serve as a refresher session for information they have already heard. In this case, try to bring their knowledge and experience into the discussion as much as possible.</p> <p>Facilitator Knowledge</p> <p>Facilitators should be familiar and comfortable with gender, gender roles, and definitions of GBV.</p> <p>Key Messages</p> <ul style="list-style-type: none"> • Gender refers to the social differences between males and females that are learned. Though deeply rooted in every culture, social differences are changeable over time, and have wide variations both within and between cultures. “Gender” determines the roles, responsibilities, opportunities, privileges, expectations, and limitations for males and for females in any culture. • Sex refers to the biological and physical characteristics that define men and women. This includes reproductive systems (women have breasts and internal reproductive organs capable of gestating children, men have external reproductive organs, etc.). 	

⁶ Much of the content for Modules 1 to 5 is adapted from the the International Rescue Committee's Core Concepts in GBV Training Manual. <http://www.gbvresponders.org>

Technical Notes	Key Messages <ul style="list-style-type: none">• Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.
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MODULE 2: POWER & GBV

Learning Objectives	<ol style="list-style-type: none"> 1. Explore different kinds of power and vulnerability in society 2. Understand different types of GBV 3. Explore the forces that shape and reinforce GBV 	
Duration	1 hour 45 minutes	
Materials	<ul style="list-style-type: none"> ✓ Handout 2.1 – My Power ✓ Character Cards 	
Preparation	<ul style="list-style-type: none"> ✓ Review Power & Vulnerability Walk list and add if necessary ✓ Print Character Cards ✓ Prepare flip charts with Physical, Sexual, Emotional/Psychological & Socio-Economic as titles. ✓ Print handouts ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-2)
	30	Power & Vulnerability Walk (3)
	10	Understanding Power (4-8)
	10	My Power (9)
	10	The Ecological Model (10)
	35	Types of GBV (11)
	5	Closing (12)
Technical Notes	<p>Using this Module</p> <p>Understanding power and its connection to GBV is essential to the rest of the training. Depending on the levels of experience and comfort of your participants, you will likely need to spend additional time on certain discussions around power.</p> <p>Facilitator Knowledge</p> <p>Facilitators should have a strong understanding of the following:</p> <ul style="list-style-type: none"> • Power and its connection to GBV • The various types and examples of GBV • The ecological model <p>Key Messages</p> <ul style="list-style-type: none"> • Various types of power exist, and can be used in either positive or negative ways. Violence occurs when perpetrators (most often men) use their power over survivors (most often women and girls) in negative ways. • Power inequalities and GBV exist at all levels of the ecological model. 	

MODULE 3: CONSEQUENCES OF GBV

Learning Objectives	<ol style="list-style-type: none"> 1. Understand the consequences of GBV for the survivor 2. Understand the consequences of GBV for the family & community, and the perpetrator 	
Duration	1 hour	
Materials	✓ Flip chart paper and markers	
Preparation	<ul style="list-style-type: none"> ✓ Tape two flip charts together (along the long edge) and draw a large tree outline on the resulting larger flip chart. Write GBV in the trunk area. ✓ Prepare labels for the ecological model exercise – adapt numbers and titles as required. (1 Blue label – “Marie”, 4 pink labels – “Family”: Daughter, uncle, sister, father, 8 orange labels – Support group/peers: 4 friends, 2 neighbors, 2 classmates, 14 green labels – “Community”: 2 psychosocial workers, 2 community outreach staff, 2 community leaders, doctor, nurse, pastor, imam, 2 teachers, 2 police). ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	5	Introduction & Objectives (1-2)
	30	Consequences of GBV (3-4)
	20	Consequences and the ecological model (5)
	5	Closing (6)
Technical Notes	<p>Using this Module</p> <p>When discussing consequences of GBV, make sure that severe consequences such as death (from medical complications related to physical or sexual violence or from suicide) and permanent disability are included, and that it is clear that survivors experience the most serious impacts.</p> <p>Facilitator Knowledge</p> <p>Facilitators should understand the range of consequences of GBV for the survivor, family and community.</p> <p>Key Messages</p> <ul style="list-style-type: none"> • GBV has severe, wide-ranging and long-lasting consequences for the survivor and those around her/him. • GBV also disrupts the exact support network s/he needs to be able to recover and heal from the violence itself. 	

MODULE 4: CAUSES & CONTEXT OF GBV

Learning Objectives	<ol style="list-style-type: none"> 1. Understand the causes of GBV 2. Distinguish root causes from contributing factors 3. Explore how context affects GBV 	
Duration	1 hour 30 minutes	
Materials	✓ Flip chart paper, markers, post-it notes	
Preparation	✓ Prepare two flip charts with large tree image drawn across them (including roots)	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-2)
	50	GBV Causes (3)
	30	Context (4)
	5	Closing (5)
Technical Notes	<p>Using this Module</p> <p>In discussing causes of GBV, many participants will suggest (and defend) issues such as alcohol or drug use, anger, poverty, etc. You will likely need to spend a significant amount of time on discussions around the deepest causes of GBV, and teasing out understanding of what is a contributing factor rather than a cause. It is not important to arrive at a final, neat ranking of causes, but you should ensure that abuse of power and gender inequality are agreed as deep causes, and that culture/religion/social norms are also listed as causes. Make sure also that alcohol/drugs, anger, etc. – that is, things that are used as justifications for violence – are identified as contributing factors, not as causes.</p> <p>Facilitator Knowledge</p> <p>Be prepared with questions and arguments around the different causes of GBV. It would be helpful to know what are the most prevalent justifications for violence in your context.</p> <p>Key Messages</p> <ul style="list-style-type: none"> • Power (the abuse of it) and gender inequality are the deepest root causes of GBV. This is communicated, reinforced and perpetuated by culture, religion and social norms. • GBV exists around the world, but it is influenced by culture and context, and exacerbated by conflict and natural disaster. 	

MODULE 5: BASICS REVIEW

Learning Objectives	<ol style="list-style-type: none"> 1. Refresh understanding of key terminology 2. Review types, causes and consequences of GBV 	
Duration	1 hour 30 minutes	
Materials	✓ Flip chart paper, markers, post-it notes	
Preparation	<ul style="list-style-type: none"> ✓ Prepare two flip charts with large tree image drawn across them (including roots) ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-2)
	20	Reviewing Definitions (3)
	60	GBV types, causes and consequences (4)
	5	Closing (5)
Technical Notes	<p>Using this Module</p> <p>This module is designed as quick review session to remind participants of information they have already covered in previous trainings on Gender-Based Violence. If any of this material is entirely new to participants, you should devote additional time to discussion and understanding before moving on to the next sessions.</p> <p>Facilitator Knowledge</p> <p>Facilitators should be familiar with Gender-Based Violence as well as its causes and consequences.</p> <p>Key Messages</p> <ul style="list-style-type: none"> • Power (the abuse of it) and gender inequality are the deepest root causes of GBV. This is communicated, reinforced and perpetuated by culture, religion and social norms. • GBV has severe consequences for survivors, as well as for their families and communities. 	

MODULE 6: GBV ATTITUDES AND PERCEPTIONS

Learning Objectives	<ol style="list-style-type: none"> 1. Identify and begin to assess your own attitudes and perceptions relating to GBV 2. Learn how to utilize survivor-centred attitudes in daily practice with survivors of GBV 3. Recognize that working with survivors of GBV requires support from colleagues, supervisors, and yourself 	
Duration	1 hour 30 minutes	
Materials	<ul style="list-style-type: none"> ✓ Handout 6.1 – Are You Asking for It? (one for facilitator and one for volunteer) ✓ Flip chart paper and markers 	
Preparation	<ul style="list-style-type: none"> ✓ Write and post True, False corner labels around room ✓ Prepare flip charts with each of the seven survivor-centred attitudes ✓ Print handouts ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-2)
	20	Community Attitudes and Practices (3)
	20	What do People Say to Survivors? (4)
	10	Are you asking for it? (5)
	15	Survivor-Blaming (6-7)
	15	Survivor-Centred Attitudes (8-10)
	5	Closing (11-12)
Technical Notes	<p>Using this Module</p> <p>Many of the activities in this module involve anonymously sharing values and beliefs. As the facilitator, be prepared for there to be disagreements and some mild tension in the room. Be sure to engage the group in discussions not about what is ‘wrong’ and ‘right’ but about how the values and beliefs play out in the work they do and the positives of holding survivor-centered attitudes and beliefs. It is important to explore these attitudes, and to challenge those that may be harmful to survivors, and women and girls in general. However, it is important to do this in a way that maintains a safe space for discussion and does not shut down participation. Asking questions that lead participants to challenge their own thoughts is important, but can be a difficult dynamic to manage. Seek support from your supervisor and/or co-facilitator as necessary.</p>	

Technical Notes (cont'd.)

Facilitator Knowledge

- Survivors are never responsible for the violence they experience. The use of violence is always a choice made by perpetrators. This is an important tenet of GBV case management practice; however, for participants who are new to GBV work in general and case management in particular, this may take some time to fully understand and assimilate, as many individuals will come to the work with preconceptions of blame attached to survivors of violence. Rather than shutting down the discussion and questioning by telling participants directly that survivors are not to blame and that is that, continue to question and challenge these attitudes if and when they come up throughout the training.
- Attitudes relating to violence and survivors are deep and pervasive in most societies. They take time to challenge and change, and it is important to begin this process now and throughout the training.
- Power is a central element of GBV, and is also present in all relationships – including a caseworker's relationship with a survivor.

Key Messages

- We all bring our own attitudes and beliefs to this work, and some of these attitudes may be harmful to survivors without our knowing it. It is important to recognize and begin to challenge our own attitudes.
- Survivor-blaming is common in many communities, and is something that we must actively strive to avoid and counter in our work with survivors.
- There are power relationships inherent in our work with survivors, and we must strive to develop relationships of power with rather than power over.
- Survivor-centred attitudes involve putting the best interests of the survivor first, ensuring that all work is based on what the survivors wants and needs rather than our own opinion of what s/he wants and needs.

The messages in this module are foundational for the rest of the training. It is important to achieve a sense of understanding for and empathy with the experiences of survivors. It may be necessary to spend more time on discussions (particularly around survivor-blaming and survivor-centred attitudes) to do this.

MODULE 7: THEORETICAL FOUNDATION FOR A SURVIVOR-CENTRED APPROACH

Learning Objectives	<ol style="list-style-type: none"> 1. Understand the theories underlying case management with GBV survivors 2. Recognize GBV in a personal, environmental, and social context 3. Apply a survivor-centered case management approach 	
Duration	1 hour 30 minutes	
Materials	<ul style="list-style-type: none"> ✓ Handout 7.1 – Strengths-based Perspective (one for each participant) ✓ Handout 7.2 – Bringing Theories Together (one for each group) ✓ Handout 7.3 – Putting it All Together Activity Template 	
Preparation	<ul style="list-style-type: none"> ✓ Prepare Role Play Activity ✓ Prepare case study for Handout 7.3 ✓ Print handouts ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-3)
	15	Social Work Approach (4-6)
	10	Strengths-Based Perspective Activity (7)
	15	Women's Movement & Activity (8-11)
	10	Trauma Informed Practice & Activity (12-13)
	20	Survivor-Centered Case Management (14-15)
	15	Putting it All Together Activity & Closing (16-17)
Technical Notes	<p>Using this Module</p> <p>Given that feminism is a term that holds different (and often negative) meanings for many, the training modules speak to this element as 'women's movements' to avoid long and complex discussions of what feminism is and is not. If your training participants are more advanced in their feminist knowledge you may choose to present this more directly.</p> <p>Facilitator Knowledge</p> <p>Facilitators should ensure they understand the following knowledge areas:</p> <ul style="list-style-type: none"> • Social work practice – person-in-environment and strengths-based perspectives. • Women's movement – inequality, power, and empowerment. 	

Technical Notes (cont'd.)	Key Messages <ul style="list-style-type: none">• Survivor-centered case management: services in which the survivor's experiences, needs, rights and decisions are at the center of a case management relationship that is a space for healing and empowerment (using the lenses of social work, women's movement and trauma-informed practice).• Our overall goal in case management with survivors is to establish a relationship with the survivor that promotes her/his emotional and physical safety, builds trust and helps restore some control over her/his life. <p>This module introduces a lot of information which may be new to participants. It is important to take enough time to ensure understanding, and to reinforce these key messages throughout (and after) the module.</p>
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MODULE 8: GUIDING PRINCIPLES & ROLES AND RESPONSIBILITIES

Learning Objectives	<ol style="list-style-type: none"> 1. Identify the principles guiding GBV case management 2. Understand the role of the caseworker 3. Be aware of your responsibilities as a caseworker 	
Duration	1 hour 15 minutes	
Materials	✓ Handout 8.1 – Putting it All Together	
Preparation	<ul style="list-style-type: none"> ✓ Prepare case study for Putting it All Together Activity (Slide 11) ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	10	Objectives & Introduction (1-2)
	20	Guiding Principles (3-7)
	15	Roles & Responsibilities Activity (8)
	15	Caseworker's Role & Responsibilities (9-10)
	10	Putting it All Together Activity (11)
	5	Closing (12)
Technical Notes	<p>Using this Module</p> <p>When preparing the role play script for the Putting it All Together activity, ensure that you include some elements that are in line with the guiding principles and others that are not, so that participants can pick up on the positive areas and aspects that need improvement. These will vary according to your context, but it is particularly important to show what it looks like to support the power and choice of a survivor instead of making decisions for her/him.</p> <p>Facilitator Knowledge</p> <p>The facilitator should understand and have practical examples of the following:</p> <ul style="list-style-type: none"> • GBV Guiding Principles: Safety, Confidentiality, Dignity & Self-determination, Non-discrimination <p>Key Messages</p> <ul style="list-style-type: none"> • The GBV Guiding Principles are well-established and accepted rules for behavior when interacting with GBV survivors. They must be understood and respected by caseworkers. • It is impossible to create rules for every situation in which a caseworker may find his/herself – instead, these principles set up a framework within which to operate. 	

MODULE 9: COMMUNICATION SKILLS

Learning Objectives	<ol style="list-style-type: none"> 1. Understand the importance of strong communication skills 2. Define engagement and its components 3. Learn and practice various communication skills 	
Duration	1 hour 30 minutes	
Materials	<ul style="list-style-type: none"> ✓ Handout 9.1 – Communication Do's and Don'ts (one for each participant) ✓ Handout 9.2 - Healing Statements (one for each participant) 	
Preparation	<ul style="list-style-type: none"> ✓ Print handouts ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-2)
	10	Communication for Helping Relationships & Engagement (3-4)
	10	Elements of Communication (5-8)
	45	Communication Strategies (9-21)
	15	Putting it All Together Activity (22)
	5	Closing (23)
Technical Notes	<p>Using this Module</p> <p>In this module, it is important to demonstrate, as a facilitator, the same kinds of communication you would like case workers to use with survivors. If your group is very comfortable with you and with each other, you can spend a few minutes doing the opposite – that is, using body language and kinds of communication that are not helpful (looking away, crossing your arms in front of you, asking only closed questions, using complicated language – and then after a few minutes ask participants how it felt. There will likely be some confusion at first, but it can be good experiential learning.</p> <p>Facilitator Knowledge</p> <p>Facilitators should be familiar with good communication techniques, including nonverbal communication:</p> <p>Key Messages</p> <ul style="list-style-type: none"> • Engagement with a survivor depends on our interpersonal skills (observing, attending, and listening) and qualities (warmth, empathy, respect, and genuineness). • Communication is made up of three elements: the content or words we use, tone and delivery, and non-verbal communication. • Communication strategies to use: active listening, effective questioning, validate feelings, use healing statements, follow the survivor's pace, use simple and same language, use silence when appropriate. 	

MODULE 10: OVERVIEW OF GBV CASE MANAGEMENT

Learning Objectives	<ol style="list-style-type: none"> 1. Learn the definition of case management 2. Learn the steps of case management 	
Duration	30 minutes	
Materials	✓ Handout 10.1 – Steps of GBV Case Management Flow Chart	
Preparation	<ul style="list-style-type: none"> ✓ Print handout ✓ Arrange room ✓ Review slides and presenter notes ✓ Prepare 6 sheets of A4 or 8 ½ X 11 size paper with one step of case management written on each sheet. 	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-2)
	10	Definition of case management (3)
	10	Steps of Case Management Scramble Activity (4)
	5	Closing (5)
Technical Notes	<p>Using this Module</p> <p>When introducing the definition of GBV case management, be sure to explain that it comes from a social work approach to and definition of case management.</p> <p>Also be sure to discuss when reviewing the steps of the case management process that while they are presented in a linear fashion, we often have to return to several steps such as assessment, action planning, and implementation as part of our follow-up and before we can close a case.</p> <p>Facilitator Knowledge</p> <p>The facilitators should be familiar with the definition of case management and the steps of the case management process.</p> <p>Key Messages</p> <ul style="list-style-type: none"> • GBV case management is a process. While we have steps and each step has key tasks that we need to accomplish, we do not always follow the steps in a linear way. For example, in order to meet a survivor's needs we often have to return to several steps such as assessment, action planning, and implementation as part of our follow-up and before we can close a case. Informed consent is a process that aims to ensure a survivor's control over, and comfort with, the case management process. 	

Technical Notes (cont'd.)	Key Messages <ul style="list-style-type: none">• Unlike other forms of case management (e.g. the process used for child protection cases) there is no "identification" step in GBV case management. This is because active identification of GBV cases can be dangerous for both the survivor and staff members. GBV cases are generally initiated through the survivor's own disclosure or a referral.
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MODULE 11: GBV CASE MANAGEMENT STEP 1: INTRODUCTION AND ENGAGEMENT

Learning Objectives	<ol style="list-style-type: none"> 1. Learn to greet and comfort a survivor to effectively build rapport 2. Explain confidentiality and the exceptions to confidentiality 3. Guide clients through the process of informed consent in a safe and empowering manner 	
Duration	1 hour 45 minutes	
Materials	✓ Handout 11.1 – Greet and Comfort (one for facilitator and one for volunteer)	
Preparation	<ul style="list-style-type: none"> ✓ Print handouts ✓ Arrange room ✓ Review slides and presenter notes ✓ Understand documentation and document storage practices (if existing program) or discuss with supervisor how data safety will be handled ✓ Understand whether program is or will be using GBVIMS 	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-2)
	5	Overview (3-4)
	15	Greet and Comfort (5-6)
	15	Informed Consent (7-11)
	15	Steps of Informed Consent (12-15)
	5	Safe Document Management & Storage (16) (optional)
	20	Survivor's Rights & Consent (17-19)
	20	Putting it All Together Activity (20)
	5	Closing (21)
Technical Notes	<p>Using this Module</p> <p>When talking about consent, it is easy for caseworkers to get stuck on the how (when do I ask for consent, what do I ask consent for) rather than focusing on the objective of ensuring informed consent, which is to allow the survivor to control the process of case management as much as possible. It can be helpful to bring the conversation back to this point if there is confusion.</p>	

Technical Notes (cont'd.)

Using this Module

Confidentiality is another area where there can be confusion when talking about case management. Often, people see confidentiality as hiding information or keeping it secret for the sake of secrecy; in fact, confidentiality is about recognizing that information about a survivor belongs to her/him, and we therefore have no right to use it or share it without her/his permission. In this light, confidentiality is also about the control (and safety) of the survivor.

It is important to remember, however, that survivors are allowed to tell anyone they like about their experience – confidentiality applies only to the service provider, and works to ensure that the survivor can control her/his information as s/he likes.

Facilitator Knowledge

The facilitators should be familiar with the steps of the case management process, establishing and maintaining informed consent, and confidentiality (including its limits).

Facilitators should also understand current document management and storage policies (if existing) or discuss plans for these with their supervisor.

Key Messages

- It is essential to establish a strong relationship with survivors from the beginning of the case management process. Greeting and comforting the survivor cannot be skipped.
- Informed consent is a process that aims to ensure a survivor's control over, and comfort with, the case management process. Informed consent means that the survivor has the capacity to consent, and understands what s/he is consenting to. It applies from the beginning and throughout the case management process.
- A survivor has rights throughout the case management process – to request that information not be documented, to answer or not answer any questions, to take a break, to ask for explanations, to request a different case worker, to refuse referrals, etc.
- Confidentiality is an essential part of case management, which recognizes the right of the survivor to control information about her/him and helps to keep the survivor safe. There are also limits to confidentiality, which must be discussed with the survivor.

MODULE 12: GBV CASE MANAGEMENT STEP 2: ASSESSMENT

Learning Objectives	<ol style="list-style-type: none"> 1. Use supportive communication to facilitate disclosure 2. Develop an understanding of the survivor's situation and what happened 3. Conduct a thorough assessment of a survivor's safety, medical, psychological and legal needs 	
Duration	2-3 hours	
Materials	<ul style="list-style-type: none"> ✓ Handout 12.1 – Pre-Assessment (one for facilitator and one for volunteer) ✓ Handout 12.2 – Facilitating Disclosure (one for each group) ✓ Handout 12.3 – Putting it All Together (one for each participant) ✓ Handout 12.4 – Suicide Risk Assessment (one for each participant) 	
Preparation	<ul style="list-style-type: none"> ✓ Prepare case study for Handout 12.3 ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	10	Objectives, Introduction & Overview (1-4)
	15	Assessment Activity & Assessment Definition (5-6)
	10	Pre-Assessment (7-8)
	5	Assessment Overview (9)
	25	Facilitating Disclosure (10-14)
	5	Responding to Disclosure (15)
	30-60	Assessing Needs (16-26 main content; 27-33 optional content on suicide risk assessment requires more time)
	45	Putting it All Together Activity (34)
	5	Closing (35)
Technical Notes	<p>Using this Module</p> <p>While it is important to encourage survivors to seek medical care quickly after experiencing assault, it is also important not to discourage care-seeking even after the time for key services has passed (e.g. 120 hours for contraception). There may be other curative services that can be provided after this time.</p>	

Technical Notes (cont'd.)

Using this Module

It is important to recognize that the help-seeking process looks different for different survivors – some may seek help immediately after an incident of violence, while others may take some time to do so. In addition, official, ‘formal’ services are rarely the first place a survivor will go for help. Particularly in cases of IPV, a survivor will likely have sought help in various ways from friends, family or other community members, and will have their own strategies to deal with and manage the violence. Our role is not to start from scratch but to understand what the survivor is already doing and how we can support that process.

Facilitators will also have to choose whether to include the section on Suicide Risk Assessment. This content should only be chosen for more advanced caseworkers who have already been trained on the fundamentals of case management and have experience with assessment. If this module is included, you will need an additional 1 hour to cover the content and the role play.

Facilitator Knowledge

Facilitators should be familiar with the assessment step of case management, including how to assess safety, health, psychosocial and legal needs of survivors.

In addition, it will be helpful for the facilitator to know what kinds of services are (likely to be) available in the area where the participants will be providing services to survivors.

Key Messages

- The assessment phase of the case management process allows a caseworker to understand the situation, priorities and needs of a survivor.
- Before proceeding with a more systematic assessment, we should seek to understand immediate safety or health needs, and where/how the survivor has already sought help
- In assessing the needs of a survivor, a caseworker should seek to understand the survivor’s context and what the problem is for which they are seeking help. From here, we work with the survivor to understand whether and what support is needed in terms of their safety, health, and psychosocial well-being. When assessing legal assistance needs, remember that legal support can create particular risks for survivors and no-one should ever be pressured into taking legal action.
- Throughout the assessment phase, remember to maintain supportive conversation, using healing statements and taking enough time to make the survivor feel comfortable.
- A survivor should never be forced to access any services that s/he does not feel comfortable with.

MODULE 13: GBV CASE MANAGEMENT STEP 3: CASE ACTION PLANNING

Learning Objectives	<ol style="list-style-type: none"> 1. Be able to work with a survivor to map her/his needs 2. Create a thorough plan with a survivor to connect her/him with services 3. Understand how to document the case action plan with and for a survivor 	
Duration	1 hour 30 minutes	
Materials	<ul style="list-style-type: none"> ✓ Handout 13.1 – Mapping Needs (one for each participant) ✓ Handout 13.2 – Services (one for each participant) ✓ Handout 13.3 – Putting it All Together Activity (one for each participant) ✓ Scissors for Handout 13.3 	
Preparation	<ul style="list-style-type: none"> ✓ Prepare case study for Handout 13.3 ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	15	Objectives, Introduction & Overview (1-4)
	15	Case Action Planning (5-8)
	10	Mapping Needs Activity (9)
	10	Safety Planning (10-11)
	10	Referrals and Services Activity (12-13)
	10	Document the plan and follow-up (14-16)
	15	Putting it All Together (17)
	5	Closing (18)
Technical Notes	<p>Using this Module</p> <p>Safety planning can be a challenging process. Many caseworkers want to ‘solve’ the safety problems of the survivor; however, this is often not possible. Often, safety planning is about trying to make a very dangerous situation slightly less dangerous.</p> <p>In addition, working with survivors on safety planning can risk giving the impression that a survivor is in control of, or at fault for, the violence s/he experiences. It is therefore important to emphasize (in this module and elsewhere) that this is never the case - safety planning recognizes that the survivor is in a violent situation over which s/he does not have control, and that within that space s/he can sometimes develop strategies to mitigate the worst of the violence.</p>	

Technical Notes (cont'd.)	<p data-bbox="404 239 683 270">Facilitator Knowledge</p> <p data-bbox="404 287 1479 470">Facilitators should be comfortable with case action planning, safety planning, and documentation of these processes - including how to maintain a survivor-centered approach, confidentiality and informed consent throughout. In addition, it would be helpful for the facilitators to understand which services are available in the area where participants will be working.</p> <p data-bbox="404 504 583 535">Key Messages</p> <ul data-bbox="404 552 1490 1115" style="list-style-type: none"><li data-bbox="404 552 1490 657">• Case action planning is a step-by-step process in which the caseworker and survivor work together to identify and connect to needed services in a safe and supportive way.<li data-bbox="404 678 1490 783">• Violence is NEVER the fault of the survivor. Safety planning does not mean that survivors can control the violence that they experience; rather, it is merely a way to mitigate the worst of the consequences.<li data-bbox="404 804 1490 951">• Throughout the case action planning process, it is essential to continue to understand and support the survivor’s understanding of and control over what is happening by explaining risks and benefits and ensuring informed consent throughout.<li data-bbox="404 972 1490 1115">• Action planning is not only about referral to services. Actions should also support the survivor to renew or develop social connections, activities that develop her/his sense of self, etc. These activities are important in helping her/him to re-establish well-being and a sense of control over the situation.
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MODULE 14: GBV CASE MANAGEMENT STEPS 4,5, AND 6: IMPLEMENTATION, FOLLOW-UP AND CASE CLOSURE

Learning Objectives	<ol style="list-style-type: none"> 1. Effectively implement the case action plan with the survivor 2. Understand how to use case conferencing to support the survivor 3. Conduct appropriate case follow-up and closure 	
Duration	2 hours	
Materials	<ul style="list-style-type: none"> ✓ Handout 14.1 – Psychosocial Interventions (one for each participant) ✓ Handout 14.2 – Case Conference (one for facilitator and each volunteer-5 total) ✓ Handout 14.3 – Case Closing (one for each participant) ✓ Handout 14.4 – Putting it All Together Activity (one for each participant) ✓ Handout: Client Feedback Survey (pgs. 184-188 of the Interagency GBV Case Management Guidelines) 	
Preparation	<ul style="list-style-type: none"> ✓ Print handouts ✓ Arrange room ✓ Review slides and presenter notes ✓ Adapt Case Coordination Activity based on whether your participants have previous case management experience or not ✓ Understand document management and storage practices, if existing, or discuss plans with supervisor 	
Outline	Minutes	Activity (Slides)
	5	Objectives, Introduction & Overview (1-4)
	10	Referrals (5-6)
	10	Mandatory Reporting (7-8)
	10	Case Coordination and Case Conferenceing (9-10)
	15	Case Coordination or Case Conference Activity (11-12)
	15	Psychosocial Interventions (13-15)
	10	Step 5: Follow-up (16-20)
	10	Follow-Up Activity (21)
	15	Step 6: Case Closure (22-30)
	15	Putting it All Together Activity (31)
	5	Closing (32)

Technical Notes (cont'd.)

Using this Module

- This session covers a lot of different information at once. Ensure you spend enough time on each of the three steps to allow participants to fully understand what is required; it may be necessary to split this session to spend more time on something if participants have not grasped it in one session.
- Remember that while the steps are presented in a linear way, this is not necessarily how the process will go for each survivor. Caseworkers must be prepared to return to previous steps as needed.
- Mandatory reporting is a difficult topic in many contexts, particularly where information may not be kept confidential by authorities, or where authorities themselves may put survivors at risk. Refer to the the Interagency GBV Case Management Guidelines for more information on this topic, and be sure to discuss this with your supervisor/the supervisor of the team you are supporting before the training.
- Remember that case conferences happen on an ad-hoc basis, when there is a need for a particular case. Case conferences are not a forum for sharing all your open cases with other service providers for the sake of information.

Facilitator Knowledge

Facilitators should be comfortable with the following topics:

- Mandatory reporting procedures and what they mean in the particular context.
- Basic psychosocial interventions including psycho-education.
- The criteria for closing a case, and how the review & determination of case closure would take place in this setting.
- Safe document management and storage policies, how the program currently deals with or plans to deal with this.

Key Messages

- Mandatory reporting laws in certain contexts, where there are not adequate provisions for safety and security, can put survivors at risk – and often do not achieve their intended impact, as only those willing to report to police will seek services. It is essential to discuss any mandatory reporting requirements with your supervisor, and to inform survivors of these (preferably before s/he tells you any confidential information).
- Case conferences happen on an ad-hoc basis, when there is a need for a particular case, and with the consent of the survivor in question. Case conferences are not a forum for sharing all your open cases with other service providers for the sake of information.
- Case management, when implemented in a supportive and survivor-friendly way, is a psychosocial intervention (not a mental health intervention).
- Case closure is an important step of the case management process, as it allows for caseworkers to focus on active cases where survivors need their support. That said, it is important not to rush the process just to achieve closure of a case; this step should always be discussed with a supervisor.

MODULE 15A: GBV CASE MANAGEMENT RESPONSES TO INTIMATE PARTNER VIOLENCE FOR WOMEN AND GIRLS

Learning Objectives	<ol style="list-style-type: none"> 1. Understand the dynamics, causes and consequences of intimate partner violence (IPV) 2. Accurately and thoroughly assess safety with a survivor of IPV 3. Create comprehensive, easy to follow safety plans with survivors of IPV 	
Duration	2 hours	
Materials	<ul style="list-style-type: none"> ✓ Handout 15A.1 – IPV Safety Assessment (one for each participant) ✓ Handout 15A.2 – IPV Safety Planning (one for each participant) ✓ Handout 15A.3 – Key Messages to Share with IPV Survivors (one for each participant) ✓ IPV Risk Assessment Tool (pg. 100 of the Interagency GBV Case Management Guidelines) 	
Preparation	<ul style="list-style-type: none"> ✓ Prepare case study for Handout 15A.2 ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-2)
	10	Defining IPV Activity (3)
	15	IPV (4-8)
	10	Dynamics of IPV Activity (9)
	5	Why Women Stay (10-11)
	5	Supporting IPV Survivors (12)
	10	Assessing Safety Activity (13)
	15	Safety & Risk Assessment (14-17)
	10	Safety Assessment Activity (18)
	20	Safety Planning and Activity (19-21)
	10	Psychosocial Support: Providing Information and Activity (22-23)
	5	Closing (24)

Technical Notes (cont'd.)

Using this Module

It is important when using this module on IPV to emphasize that IPV is not somehow separate or different to other forms of GBV; indeed, the majority of GBV experienced by women and girls around the world is actually IPV – which can and often does include other forms of violence such as sexual violence, psychological violence, etc. IPV is covered in a separate module to give the opportunity to delve more deeply into the complicated power and safety dynamics that are specific to IPV cases. The case management process that has been covered in previous modules applies to IPV.

Safety planning in cases of IPV can be a challenging process. Many caseworkers want to ‘solve’ the safety problems of the survivor; however, this is often not possible. Often, safety planning is about trying to make a very dangerous situation slightly less dangerous.

In addition, working with IPV survivors on safety planning can risk giving the impression that a survivor is in control of, or at fault for, the violence she experiences. It is therefore important to emphasize (in this module and elsewhere) that this is never the case - safety planning recognizes that the survivor is in a violent situation over which she does not have control, and that within that space s/he can sometimes develop strategies to mitigate the worst of the violence.

Facilitator Knowledge

Facilitators should be familiar and comfortable with the power dynamics involved in IPV cases (cycle of violence, power and control wheel). They should also understand the local terminology for IPV – for example, in some contexts, domestic violence might mean something different to the way we understand IPV. For some, domestic violence includes all violence that happens within a household; e.g. child abuse, violence against domestic workers, etc.

Key Messages

- Violence is NEVER the fault of the survivor. Safety planning does not mean that survivors can control the violence that they experience; rather, it is merely a way to mitigate the worst of the consequences.
- Abusers use many excuses to justify their violence in cases of IPV; however, violence is always a choice, and never the fault of the survivor. Abusers who justify their violence by saying they are stressed, or drunk, for example, would never use the same reasons to justify violence against other people in their lives.
- Though it may seem to us as though the best solution is for a survivor to leave an abusive relationship, this is often not possible or desirable. Women have many reasons for staying, all of which are valid and must be respected.

MODULE 15B: GBV CASE MANAGEMENT RESPONSES TO INTIMATE PARTNER VIOLENCE: MEDIATION

Learning Objectives	<ol style="list-style-type: none"> 1. Understand what mediation is 2. Identify the risks and dangers of mediation in IPV cases 3. Describe the role of the caseworker in mediation and what mediators can do to support survivors 	
Duration	1 hour 30 minutes	
Materials	<ul style="list-style-type: none"> ✓ Handout 15B.1 – Discussing Mediation Risks Template (one for each participant) ✓ Handout 15B.2 – Putting it All Together Activity 	
Preparation	<ul style="list-style-type: none"> ✓ Prepare case study for Handout 15B.1 ✓ Print handouts ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	10	Objectives & Introduction (1-4)
	10	Why Not With IPV? (5 – 6)
	10	Mediation Risks (7-9)
	15	Caseworker Role (10-12)
	10	Discussion of Mediation Risks Activity (13)
	15	Before, During, After Mediation (14-16)
	15	Putting it All Together Activity (17)
	5	Closing (18)
Technical Notes	<p>Using this Module</p> <p>Mediation is a common strategy in cases of intimate partner violence. It is often requested by survivors, and is supported by many caseworkers who feel helpless when faced with such cases of long-term, ongoing violence. It is important not to present this module as instructions to not do mediation, but rather to work with participants to help them understand for themselves why mediation can be dangerous and why mediating is not part of the role of caseworkers.</p>	

Technical Notes (cont'd.)

Using this Module

It can also be important to help caseworkers understand that their role is not to 'fix' a situation of IPV – or any kind of GBV; instead, a caseworker's role is to help the survivor to mitigate harm, and to be there to listen and support. This is already a significant achievement, given everything that is happening in a survivor's life and how alone s/he may feel.

Facilitator Knowledge

The facilitator should have a strong understanding of the power dynamics involved in cases of intimate partner violence (e.g. power and control wheel, cycle of violence). It would also be helpful for the facilitator to be familiar with how mediation often happens in the local context; e.g. who mediates, who suggests mediation, etc.

Key Messages

- Mediation is a process of negotiation and compromise between two parties to a conflict, which presupposes an equal level of power. This is not the case in relationships with IPV.
- Mediation in cases of IPV can create additional risks for survivors, and in the vast majority of cases does not achieve the intended outcomes.
- If mediation is to take place, it is imperative that the caseworker NOT act as the mediator. A mediator should be neutral, and a caseworker should always be on the side of the survivor.
- If mediation is to take place, the caseworker can work both with the survivor and with the mediator to ensure that as far as possible the process does not create additional risk.

MODULE 15C: GBV CASE MANAGEMENT RESPONSES TO SEXUAL VIOLENCE FOR WOMEN AND GIRLS

Learning Objectives	<ol style="list-style-type: none"> 1. Understand the range of consequences of sexual violence for women and adolescent girls and what the key needs may be 2. Learn common reactions a survivor may have to an experience of sexual violence 3. Identify key messages that can be provided to sexual violence survivors to help them in healing and recovery 4. Identify adaptations for working with adolescent girl survivors 	
Duration	✓ 45 minutes (you will need an additional 30-45 minutes if you include the optional content on Communication with Child Survivors)	
Materials	<ul style="list-style-type: none"> ✓ Handout 15C.1 – Common Reactions to Sexual Violence (one for each participant) ✓ Handout 15C.2 – Key Messages to Share with Sexual Violence Survivors (one for each participant) 	
Preparation	<ul style="list-style-type: none"> ✓ Print handouts ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-2)
	10	Common Reactions and Key Needs (3-5)
	15	Key Messages for Sexual Violence Survivors (6-7)
	10	Adolescent Girl Survivors of Sexual Violence (8-9)
	30-45	Optional content on communication with child survivors (11-24)
	5	Closing (10)
Technical Notes	<p>Using this Module</p> <p>Historically in humanitarian settings, GBV case management services are often set up from the outset to respond to sexual violence cases that are directly related to conflict and displacement. It is often the respond to these incidents that provides the entry point for responding to other types of GBV women and girls experience. This module builds on the case management guidance provided in the earlier modules, focusing more specifically on the impact of sexual violence on women and adolescent girls, and the key health and psychosocial responses. Discussion about the main adaptations caseworkers need to think through when working with adolescent girl survivors of sexual violence is also included.</p> <p>Facilitator Knowledge</p> <p>Facilitators should know the range of health, psychosocial, safety and other needs a woman or girl survivor of sexual violence may have. This includes knowing the common reactions a survivor may have. The facilitator must also have detailed knowledge of the</p>	

Technical Notes (cont'd.)

key health responses – i.e. what medical care might be needed and how to determine if a referral for medical care is urgent. Lastly, the facilitator should know the key messages a helper can provide to a survivor of sexual violence that may help in her healing and recovery.

Key Messages

- Sexual violence is any sexual act that is forced, including forcing someone to do something they do not want to do or when they do not want to. There are many forms of sexual violence, including sexual harassment, sexual exploitation, forced or unwanted touching, attempted rape and rape. Sexual violence has serious long-term consequences on women's physical, sexual and reproductive health and mental health. It is a deeply violating and painful experience for the survivor.
- In sexual violence cases for women and girls, the primary health concerns are related to incidents of rape, sexual assault or forms of non-sexual physical assault that may result in acute injury, pain and bleeding. Women and girls may be at risk of HIV/STIs, unwanted pregnancy and injuries. The health services that should be available in response to rape and sexual assault include medication to prevent HIV, emergency contraception, testing and treatment for STIs, and treatment of injuries or wounds. Some of these are time sensitive.
- Barriers to sexual violence survivors accessing care begin with the many reasons that they may not want to disclose their experience to another person or a service provider. Other barriers include: Lack of transportation lack of money to pay for services or transportation to access services, lack of childcare, lack of awareness of services, isolation.
- Key responses to sexual violence include: providing information about and facilitating access to health services; providing psychosocial support which includes communicating important messages to the person about what sexual violence is, why it happens, common reactions or feelings survivors may have in response to their experience, why many survivors do not disclose.

Considerations for adapting services to adolescent girls:

- Use simple, clear language. Considering developing communication materials such as videos and pamphlets that describe services that may be more adolescent girl friendly.
- The need to work with parents, caregivers or other trusted adults and the issues this raises related to safety and confidentiality.
- Informed consent processes
- Understand any mandatory reporting laws that exist for children in your context and how they apply to adolescents and what the potential safety risks may be if followed.
- Best-interest principles to guide decision-making and actions.
- Age-appropriate referrals and the capacity of service providers to work with adolescent girls.
- If girls are married, the need to potentially advocate with husbands (if they are not the perpetrator and it is safe to do so) to allow them to access services.

MODULE 16: GBV CASE MANAGEMENT RESPONSES TO ADOLESCENT GIRLS AND CHILD MARRIAGE

Learning Objectives	<ol style="list-style-type: none"> 1. Define child marriage and its impact on adolescent girls across different stages. 2. Apply GBV case management steps to cases involving girls at risk of marriage, already married, or separated/divorced/widowed. 3. Apply caseworker safety protocols in high-risk or sensitive scenarios. 4. Reflect on real case examples to improve decision-making and coordination using an adolescent-responsive, survivor-centered approach. 	
Duration	3 hours	
Materials	<ul style="list-style-type: none"> ✓ Tool 16.1 – Safety Protocols for Caseworkers Addressing Child Marriage Cases ✓ Tool 16.2 – Case Studies with Guiding Questions and Responses 	
Preparation	<ul style="list-style-type: none"> ✓ Share the safety protocols and case studies with participants in advance for pre-reading. ✓ Review the revised Child Marriage chapter, caseworker safety protocols, and case studies. ✓ Print or prepare digital copies of the two tools for reference. ✓ Prepare breakout groups for the case study exercise. ✓ Review slides and facilitator/presenter notes 	
Facilitation Tips	<ul style="list-style-type: none"> ✓ Emphasize that not all girls see themselves as survivors. Meet them where they are. ✓ Encourage self-reflection on biases and assumptions about child marriage. ✓ Model survivor-centered and adolescent-responsive language throughout. ✓ Encourage discussion of real-life challenges while maintaining confidentiality. 	
Outline	Minutes	Slides (<i>Detailed facilitator notes are in the PPT</i>)
	1	Slide 2: Title Slide
	2	Slide 3: Objectives
	5	Slide 4: What's New in the Revised Guidance
	5	Slide 5: Working with Adolescent Girls
	3	Slide 6: Defining Child Marriage
	10	Slide 7: Activity – Defining Child Marriage
	5	Slide 8: Safety Protocol Snapshot
	8	Slide 9: Mini-Activity – Protocol Relevance
	2	Slide 10: Case Management Responses – Introduction
	5	Slide 11: Introduce and get consent

	10	Slides 12–13: Preventing Marriage: Cases At Imminent Risk – Introduction and Assessment
	15	Slide 14: Activity – Imminent Risk Case
	5	Slide 15: Reducing Harm: When The Marriage Will Proceed
	10	Slides 16–18: Already Married Girls
	10	Slides 19–20: Divorced, Separated or Widowed Girls
	35	Slides 21–22: Group Work – Case Study Application
	5	Slide 23: Key Learning – Patterns Across Cases
	5	Slide 24: Final Reflection
	2	Slide 25: Closing
Technical Notes (cont'd.)	<p>Using this Module</p> <p>Staff supporting girls who are at risk of, or already in a child marriage may feel a strong impulse to stop the marriage or remove the girl from the situation. While this protective instinct is understandable, acting without the girl's informed assent or without assessing the risks can cause further harm and undermine her trust.</p> <p>As GBV and CP caseworkers, our role is to create a safe, supportive space where the girl can express her needs, views, and priorities, whether that means stopping the marriage, delaying it, staying in it, or safely leaving. We must work with her, not decide for her, and support her to explore realistic, safe options in line with her wishes.</p> <p>This requires a survivor-centered and adolescent-responsive approach; one that prioritizes the girl's safety, dignity, evolving capacities, and agency at every step of the case management process.</p> <p>Facilitator Knowledge</p> <p>Facilitators should be familiar with the revised Child Marriage chapter and know where to find additional guidance when needed. Key resources and reference points include:</p> <ul style="list-style-type: none"> • The Caring for Child Survivors (CCS) guidelines, especially: <ul style="list-style-type: none"> ◦ Chapter 4: Communicating with Children and Adolescents ◦ Chapter 5, Key Issue 2: Gaining Informed Consent and Informed Assent ◦ Annexes: Sample tools for engaging children and explaining services in age-appropriate ways • Mandatory reporting laws in the country of operation, and how these interact with the Best Interests Principle and survivor-centered case management. • Local legal and customary frameworks related to child marriage, including minimum age of marriage and exceptions (e.g., with parental or judicial consent) 	

Facilitators don't need to be legal experts. Their role is to guide discussion, share key tools, and create a safe space for participants to reflect and ask questions.

Key Messages

- Child marriage is a form of GBV involving at least one party under 18, often driven by gender inequality and intensified in crisis settings.
- Girls face different risks depending on whether they are at risk, married, or separated. These may include IPV, early pregnancy, social isolation and limited access to services.
- Caseworkers support girls to make informed decisions, helping them explore safe, realistic options without imposing solutions or acting without consent.
- Use respectful, age-appropriate communication and let each girl define her own experience and pace of engagement.

MODULE 17A: GBV CASE MANAGEMENT WITH LGBTI SURVIVORS

Learning Objectives	<ol style="list-style-type: none"> 1. Understand different terms and definitions relating to LGBTI identity 2. Identify different barriers to care for LGBTI survivors 3. Provide services in a safe, understanding, and supportive manner 	
Duration	1 hour	
Materials	✓ Handout 17A.1 – Putting it All Together Activity	
Preparation	✓ Print handouts ✓ Review slides and presenter notes	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-5)
	10	Working with LGBTI Survivors Activity (6)
	10	Barriers to Care (7-9)
	15	Providing Care and Support (10-13)
	20	Putting it All Together Activity and Closing (14-15)
Technical Notes	<p>Using this Module</p> <p>Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) issues can be delicate and difficult to discuss in some contexts. If you do not feel comfortable with this topic, you may need to find other support resources such as a more specialized co-facilitator to help.</p> <p>When discussing with participants how to provide services to transgender women (that is, individuals who may present physically as men but identify as women) it is also important to keep in mind the safety of women survivors and the integrity of women-only spaces. Women who have experienced violence at the hands of men may not feel safe in a space with survivors who have visibly male characteristics, so it is essential to discuss how services will be provided in a way that maintains safety for all.</p> <p>Facilitator Knowledge</p> <p>Facilitators should be familiar with LGBTI issues, particularly in the local context – including laws relating to sexual orientation and gender identity.</p> <p>Key Messages</p> <ul style="list-style-type: none"> • LGBTI individuals may be at particular risk of gender-based violence in many contexts. • Services should be provided in a supportive and non-judgmental way – as for other survivors, do not presume to understand what the survivor wants, needs or should do. Work with her/him to understand her/his needs and priorities. • Safety of survivors (LGBTI and other) is paramount. It is essential to find a way to provide safe, secure and confidential services for all. 	

MODULE 17B: GBV CASE MANAGEMENT WITH MALE SURVIVORS OF SEXUAL VIOLENCE

Learning Objectives	<ol style="list-style-type: none"> 1. Understand barriers faced by male survivors of sexual violence 2. Identify different communication techniques to support male survivors 3. Be able to provide survivor-centered services to male survivors 	
Duration	1 hour	
Materials	✓ Handout 17B.1 – Putting it All Together Activity	
Preparation	<ul style="list-style-type: none"> ✓ Print handouts ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-3)
	10	Working with Male Survivors Activity (4)
	20	Barriers to Care and Providing Care and Support (5-8)
	25	Putting it All Together Activity and Closing (9-10)
Technical Notes	<p>Using this Module</p> <p>Do not assume that it is more difficult for men to seek help when they have experienced violence than for women. It is extremely difficult for women, and the consequences can be severe (up to and including death by ‘honor killing’ or in retaliation, for example). Violence against women and girls is hugely underreported, as is gender-based violence experienced by men.</p> <p>Services for survivors of GBV should be open to all, including male survivors. However, some case management services are set up as women-only spaces, or use women-only spaces as entry points to services; in this case, it is important to find a way to provide these services that does not compromise the integrity of the women-only space. This may mean working with men in a different location, for example. It is important to maintain a space in which women feel comfortable, because this is the basis for many being able to seek support and care.</p> <p>Facilitator Knowledge</p> <p>Facilitators should be familiar with the guidance included in the Caring for Child Survivors training package for supporting boys who experience violence. You should also know what kinds of services are available for male survivors in the local area.</p> <p>Key Messages</p> <ul style="list-style-type: none"> • As with violence against women and girls, GBV against men often goes underreported. • Traditional masculine norms may make it difficult for men to disclosed and seek help and may also indicate result in a lack of compassionate responses from family, friends and service providers. • Maintain an emphasis on safety for both male and female survivors. Work with your supervisor to find a way to ensure access to services for both male and female survivors while maintaining the integrity of women-only spaces. 	

MODULE 17C: GBV CASE MANAGEMENT WITH SURVIVORS WITH DISABILITIES

Learning Objectives	<ol style="list-style-type: none"> 1. Understand different disabilities that survivors may have. 2. Identify different communication techniques for working with survivors with disabilities. 3. Conduct safety planning in a sensitive and comprehensive manner with survivors with disabilities. 	
Duration	1 hour	
Materials	<ul style="list-style-type: none"> ✓ Handout 17C.1 – Power and Control Wheel (one for each participant) ✓ Handout 17C.2 – Working with Caregivers (one for each participant) 	
Preparation	<ul style="list-style-type: none"> ✓ Print handouts ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	5	Objectives & Introduction (1-6)
	10	Working with Survivors with Disabilities Activity (7)
	15	Barriers to Care and Communication (8-14)
	5	Informed Consent (15-16)
	10	Working with Caregivers Activity (17-18)
	10	Safety Planning (19)
	5	Closing (20)
Technical Notes	<p>Using this Module</p> <p>Remember that working with survivors with disabilities does not change the fundamental process and principles of case management; rather, this module highlights some considerations that should be kept in mind throughout the case management process.</p> <p>Facilitator Knowledge</p> <p>Facilitators should be familiar with different kinds of disabilities and the appropriate terminology and etiquette in the program location. They should also know what resources are available locally to work with survivors with disabilities.</p>	

**Technical Notes
(cont'd.)**

Key Messages

- Survivors with disabilities may be at particular risk of violence, due to the power dynamics of depending on caregivers.
- Tailor your communication to the understanding and abilities of the survivor. If you're not sure about the right approach, ask. Be guided by the survivor and her/his behavior.
- Involving caregivers is important, but also carries a certain level of risk, given that caregivers can also be perpetrators. Pay attention to the dynamic between the survivor and caregiver.
- Always assume, initially, that a survivor can provide informed consent, but be sure to check for understanding throughout the process. If the survivor cannot provide informed consent, and/or where caregivers are involved in the case management process, use the principles of safety, empowerment, cost/benefit and therapeutic benefit to determine whether an action is in the best interests of the survivor.

MODULE 18: SUPERVISION

Learning Objectives	<ol style="list-style-type: none"> 1. Gain a foundational knowledge of the purpose and function of supervision 2. Understand how to utilize various supervisory tools to evaluate performance 3. Describe the different ways in which supervision can be conducted 	
Duration	2 hours 45 minutes – not including a suggested 15-minute break	
Materials	<ul style="list-style-type: none"> ✓ Handout 18.1 – Purpose (one for each participant) ✓ Handout 18.2 – Developing Case Management Protocol (one for each participant) ✓ Handout 18.3 – Individual Supervision New Cases (one for each participant) ✓ Handout 18.4 – Putting it All Together Activity (one for each participant) ✓ Survivor-Centered Attitude Scale - in Interagency GBV Case Management Guidelines Appendix (one for each participant) ✓ Survivor-Centred Case Management Knowledge Assessment - in Interagency GBV Case Management Guidelines Appendix (one for each participant) ✓ Survivor-Centered Case Management Skills Building Tool - in Interagency GBV Case Management Guidelines Appendix (one for each participant) 	
Preparation	<ul style="list-style-type: none"> ✓ Print handouts, including scales ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	20	Objectives & Introduction (1-4)
	15	Purpose of Supervision (5-7)
	10	Guiding Principles of Supervision (8-9)
	10	Supervision Tools (10)
	15	Using Supervision Tools (11-12)
	10	Developing a Case Management Protocol (13-14)
	20	Supervision Methods (15)
	20	Individual Supervision (16-21)
	10	Case File Review (22)
	15	Peer/Group Supervision (23-24)
	15	Putting it All Together Activity (25)
	5	Closing (26)

Technical Notes

Using this Module

Supervision is an element of case management that is easy to overlook, given the many urgent and overwhelming needs that can seem like higher priorities. However, in order to establish and maintain quality, consistent services it is essential to ensure that supervision takes place; this should be stressed during this training module.

Facilitator Knowledge

Facilitators should be familiar with the supervision processes and tools outlined in the Case Management guidelines. Facilitators should also be familiar with the case documentation and filing policies of the program (if existing) or discuss how to manage this with the supervisor before the session. If the program is or will be using the GBVIMS, facilitators should be prepared to provide information/answer questions on this.

Key Messages

- Supervision is not about identifying and punishing faults; it should be a supportive and educational process that builds on strengths and helps caseworkers to deal with difficult situations.
- Supervision should be regular and consistent, collaborative, safe, support learning and professional growth, and model good practice by the supervisor.
- A case management protocol should be in place to support effective work. This protocol should detail: how many cases a caseworker should handle at once, how high risk cases will be handled, guidelines for handling mandatory reporting situations, and instructions for case documentation and filing.

MODULE 19: STAFF CARE

Learning Objectives	<ol style="list-style-type: none"> 1. Understand the types of traumatic stress and their impact 2. Gain awareness of the signs of burnout and vicarious trauma 3. Utilize tools and methods for staff care and stress management 	
Duration	2 hours 45 minutes – not including a suggested 15 minute break	
Materials	<ul style="list-style-type: none"> ✓ Handout 19.1 – Sources of Stress (one for each participant) ✓ Handout 19.2 – Stress Source Map (one for each group) ✓ Handout 19.3 – Signs of Stress (one for each participant) ✓ Handout 19.4 – Self-Care Inventory (one for each participant) ✓ Handout 19.5 – Putting it All Together Activity (one for each participant) 	
Preparation	<ul style="list-style-type: none"> ✓ Print handouts ✓ Prepare case study for Care and Support Activity (Slide 14) ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	10	Objectives & Introduction (1-3)
	15	Understanding Stress (4-8)
	10	Sources of Stress Activity (9)
	20	Vicarious Trauma and Burnout (10-11)
	20	Signs of Stress & Trauma Activity (12-13)
	10	Care & Support Activity (14)
	15	Stress Management and Self-Care (15-17)
	20	Self-Care Activity (18)
	10	Team Care & Support (19)
	15	Supporting Staff (20)
	10	Putting it All Together Activity (21)
	5	Closing (22)

Technical Notes

Using this Module

When talking about self-care techniques, it can be easy to put the responsibility for stress management on the individual. However, it is important to remember that organizations/supervisors also have a responsibility towards caseworkers in establishing systems of support and care.

Facilitator Knowledge

Facilitators should be familiar with definitions and sources of stress, as well as the resources available in the local context – e.g. mental health professionals.

Key Messages

- Stress is, in moderation, an important source of motivation for everyday life. It becomes a problem when the stress is disproportionate or builds up beyond the resources of the individual to cope.
- Cumulative stress, critical incident stress and vicarious trauma are all common kinds of disproportionate stress in the lives of caseworkers.
- Stress manifests in many different ways (physical, cognitive, emotional, spiritual/philosophical, behavioral) for different individuals.
- Organizations/supervisors and individuals both have responsibilities in managing stress and supporting staff.
- Psychosocial techniques such as breathing and relaxation exercises can also be useful in managing staff stress.

MODULE 20: GBV INFORMATION MANAGEMENT AND CASE MANAGEMENT

Learning Objectives	<ol style="list-style-type: none"> 1. Understand the survivor-centered approach to information management 2. Understand practical application of safe and ethical information management in informed consent, data storage, information sharing, and analysis 	
Duration	1 hour and 30 minutes	
Materials	✓ Flip chart and makers (ideal, not required)	
Preparation	<ul style="list-style-type: none"> ✓ Arrange room ✓ Review slides and presenter notes 	
Outline	Minutes	Activity (Slides)
	5	Introduction & Objectives (1-2)
	5	Survivor-Centered Approach (3-4)
	25	Consent (5-10)
	5	Data Storage (11-12)
	20	Information Sharing (13-15)
	5	Analysis (16-17)
	5	Closing (18)
Technical Notes	<p>Using this Module</p> <p>If participants have been trained on the Gender-Based Violence Information Management System, this content will be a basic refresher on areas of overlap with case management. There is also likely some overlap with the consent portions of these guidelines. The consent section of this training can need extra time to explore the issue. For many asking for consent for information sharing is a new concept.</p> <p>Facilitator Knowledge</p> <p>Facilitators should be comfortable with the WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. It also recommended that survivors know the basic best practices of information management.</p> <p>Key Messages</p> <ul style="list-style-type: none"> • Survivor-Centered Approach - The rights of the survivor to control their incident data must remain a priority even when it seems there is little risk involved. Even if data does not include the survivor's name, it is the survivor's decision if information will be shared or not. 	

Technical Notes (cont'd.)

Key Messages

- **Informed Consent** - When skipped or completed improperly, it undermines the guiding principles of a survivor-centered approach and jeopardizes the relationship with the survivor. Informed consent has three core components: clarifying the type of information to be shared, voluntary agreement and comprehension. That last component – comprehension – is what makes consent truly informed. The exchange of information, assessing if the survivor has space for questions and understands the risks. It's a conversation.
- **Data Storage** - If we are following principles of informed consent and need to know information sharing, but not protecting client information from unauthorized access, we are violating the survivor's right to confidentiality.
- **Information Sharing** - GBV data is sensitive and there are challenges with sharing information, but there are advantages as well – it can improve programming, inform inter-agency coordination, bolster advocacy messages and mobilize needed resources. It's best to regulate information sharing through the development of an information sharing protocol. It is crucial to keep the perspective of the individual survivor front and center in these discussions. We have to consider the risks to the individual of data sharing. Not all aggregate data sharing is safe for the individual. Even without names, data can still be identifying.
- **Analysis** - Reliable data about GBV plays a key role in creating and shaping our humanitarian response. Statistics alone without interpretation and without input from staff working with survivors are not contextualized and not as useful to impact program analysis. Analysis is crucial because it helps us: understand the scope of the problem can help shape your prevention and response activities, access to summary trends can bolster advocacy appeals when seeking a change in policies or legislation, being able to create summary charts and tables can help you compile information that can be safely and ethically shared.

ADDITIONAL RESOURCES

The following list provides some additional documents and websites to support facilitators and participants.

Gender-based Violence

- Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery, IASC (<http://gbvguidelines.org>)
- Managing Gender-Based Violence Programmes in Emergencies, UNFPA, <https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html>.
- Managing Gender-Based Violence Programmes in Emergencies E-learning Companion Guide, <http://www.unfpa.org/publications/managing-gender-based-violence-programmes-emergencies> (available in Arabic).
- Core Concepts in GBV: Facilitator Manual, International Rescue Committee, (<http://gbvresponders.org/response/core-concepts/>).
- Various GBV resources, including prevention, service provision, empowerment adolescent girls, disability inclusion, and emergency response, IRC (<http://gbvresponders.org>).

Case Management & Psychosocial Support

- Caring for Survivors of Sexual Violence in Emergencies Training Pack, IASC (<http://www.unicefinemergencies.com/downloads/eresource/docs/GBV/Caring%20for%20Survivors.pdf>)
- Caring for Child Survivors Implementation Guidelines, UNICEF & IRC (http://www.unicef.org/pacificislands/IRC_CCSGuide_FullGuide_lowres.pdf)
- IASC Guidelines on Mental Health & Psychosocial Support in Emergency Settings, Inter-Agency Standing Committee, 2007 (http://interagencystandingcommittee.org/system/files/guidelines_iasc_mental_health_psychosocial_with_index.pdf)
- Clinical Care for Sexual Assault Survivors, IRC (<http://gbvresponders.org/response/clinical-care-sexual-assault-survivors/>)

Disability Inclusion

- GBV and Disability Toolkit, WRC & IRC (<http://gbvresponders.org/response/disability-inclusion-2/>)

Safe Spaces

- Women and Girls Safe Spaces: A guidance note based on lessons learned from the Syrian Crisis, UNFPA (<http://www.unfpa.org/resources/women-girls-safe-spaces-guidance-note-based-lessons-learned-syrian-crisis>)
- Girl-Centered Program Design: A Toolkit to Develop, Strengthen & Expand Adolescent Girls Programs, Population Council (<http://www.popcouncil.org/research/girl-centered-program-design-a-toolkit-to-develop-strengthen-and-expand-ado>)

Information Management & Sharing

- Gender-Based Violence Information Management System (<http://gbvims.org>)

