COMPREHENSIVE AND INTERCONNECTED APPROACH TO GBV IN EMERGENCIES
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UNDERSTANDING GENDER BASED VIOLENCE

Gender-based violence includes more than sexual assault and rape.

It is also physical, mental, or sexual abuse – including acts, attempted or threatened, committed with force, manipulation, or coercion and without the informed consent of the survivor – directed against a person because of his or her gender in a society or culture.

Gender-based means:
• Based on gender roles, responsibilities, expectations, privileges, limitations
• Based on what it means to be female or male within a family, society or community

GENDER-BASED VIOLENCE encompasses a wide variety of abuses, such as:
- Sexual violence, including rape, attempted rape, sexual exploitation and sexual abuse (including child sexual abuse)
- Intimate partner violence
- Honor killing
- Trafficking and slavery
- Forced and/or early marriage
- Psychological abuse, such as sexual threats and humiliation
- Female genital cutting (FGC)
UNDERSTANDING SEXUAL AND GENDER BASED VIOLENCE

Includes sexual harassment, sexual exploitation, forced or unwanted touching, attempted rape and rape.

☐ Sexual violence has serious long-term consequences on physical, sexual and reproductive health and mental health

☐ Survivors are likely to need support that addresses the life-threatening health consequences

☐ Survivors of sexual violence will face many barriers to accessing care and support

SURVIVOR IMPACTED BY

☐ Shame, isolation and embarrassment

☐ Blame themselves or fear blame by others

☐ Want to protect the perpetrator

☐ Think what happened is normal/not serious

☐ Fear harm from perpetrator or family

☐ Could be stigmatized, ostracized, punished, killed

☐ Fear they will not be believed / treated well

☐ Lack proof that the incident/s occurred

☐ Do not know how to report

☐ Doubt that the justice system will provide redress

☐ Lack of access to any services

☐ Limited mobility/resources/support

☐ Magnified if they are already isolated or controlled within their families
KEY SECTORS ENGAGED IN GBV RESPONSE

Medical and Health Response
- Preventing disease, for example STIs like HIV/AIDS
- Preventing unwanted pregnancy
- Treating injuries
- Collecting forensic evidence, if the survivor chooses
- Providing counseling and treatment for psychological trauma
- Referring to appropriate care when needed
- Providing follow-up care to the survivor
- Testifying in court about medical findings, if the survivor chooses

Psychosocial Response
- Crisis counselling
- Emotional support
- Help survivors recover from the trauma and pain from their experience
- Social and community reintegration
- Self-sufficiency to reduce vulnerability in the form of skills training and income generating activities

Legal and Justice Response

Safety and Security Response

MANY DIFFERENT ACTORS CAN BE CALLED ON TO RESPOND TO THE NEEDS OF SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE
GBV CASE MANAGEMENT

Structured method for providing help to a survivor.

- usually a psychosocial support or social services actor
- survivors are informed of all the options available to them, problems facing a survivor and her/his family are identified and followed up in a coordinated way, and providing the survivor with emotional support throughout the process
- Primary entry point for survivors to receive crisis and longer-term psychosocial support

REMEMBER: Not all survivors will want or need case management services. You can provide psychosocial support or connect a survivor to other psychosocial services without having to take a survivor through the entire case management process.
Third level of the pyramid: Focused, non-specialized MHPSS

- To regain their psychosocial well-being and protect their mental health.
- Basic emotional and practical support - case management, provided by community-based workers or organizations.

- Helps survivors access services that are part of the other layers of the MHPSS pyramid.
- For example, GBV case management services can help
  - survivors access basic needs (first level)
  - reconnect with family and community support systems (second level)
  - where a survivor requires a higher level of mental health care (fourth level)

GBV case management services can facilitate a survivor’s access to all such care.
GUIDING PRINCIPLES FOR GBV CASE MANAGEMENT

- Right to safety
- Right to confidentiality
- Right to dignity and self-determination
- Non-discrimination
SOCIAL WORK – ECOLOGICAL MODEL

- Understand that each individual experiences a mutually influential relationship with her or his physical and social environment and must be understood within this context.
- Recognizes systemic injustice and oppression underlie many challenges faced by clients.
APPROACH TO CASE MANAGEMENT - LAYERS OF CONSTRAINTS THAT SURROUND A SURVIVOR
Public services for survivors and perpetrators of gender-based violence are still not fully developed in Eastern Europe and Central Asia.

**Specialized services for victims/survivors**

- Crisis support, counselling, trauma coping support
- Referral to other institutions/specialized services
- Long-term sheltering
- Short-term sheltering
- Outreach
- Advocacy for victims/survivors’ rights at other institutions
- Information and support through hotlines/helplines

Source: UNiTE - United Nations Secretary-General’s Campaign to End Violence Against Women, UN Women, UNFPA, UNDP, UNICEF (2016).
Specialized services for perpetrators

- Psychological counselling
- Psychiatric evaluation
- Legal counselling
- Social rehabilitation and reinsertion
- Facilitation of access to services for addictions
- Outreach

*References to Kosovo shall be understood to be in the context of Security Council Resolution 1244 (1999).

Source: UNiTE - United Nations Secretary-General’s Campaign to End Violence Against Women, UN Women, UNFPA, UNDP, UNICEF (2016).
PARTICIPANT REFLECTION

IN ALBANIA, WHAT DO YOU THINK SHOULD BE IMPROVED AND TO ENSURE THAT THE CASE MANAGEMENT PROCESS IS SURVIVOR-CENTERED?
GBV SURVIVOR CENTERED APPROACH

ACTIONS IN EMERGENCY
EXAMPLE: COVID-19 lockdown impact

Pandemic controls have worsened existing vulnerabilities:
- Increasing economic Insecurity
- Rising homelessness and Criminalization
- sexual exploitation
- Disruption to and drop in number of referrals from non-GBV actors
- Criminalization due to strict pandemic rules
- Inability to leave situations of Intimate Partner Violence
- Challenges in accessing services/sexual reproductive services
IN ALBANIA, WHAT IMPACT HAS COVID-19 RESTRICTIONS HAD ON GBV?

WHAT IMPACTS DID YOU SEE ON YOUR SERVICES AND YOUR ABILITY TO REACH SURVIVORS IN NEED?
-REMOTE/VIRTUAL/MOBILE/
LIMITED FACE 2 FACE?
What new services are now available?

What services existed prior to the Covid-19 global pandemic?

WILL they still be functioning?

What new services are now available?

What services will NOT be functioning

Safe? Survivor centered?
Assessing Organizational/CASE MANAGEMENT Capacity

- WHAT ARE THE REFERRAL OPTIONS AND TYPES OF SUPPORT EACH IS ABLE TO PROVIDE?
- THE LIMITATIONS RELATED TO SERVICE PROVISION?
- MANDATORY REPORTING REQUIREMENTS?
- ATTITUDES TOWARDS MARGINALIZED INDIVIDUALS
MOVING TO REMOTE GBV SERVICES

When there are no dedicated and confidential space to meet with the survivor

OR

When there is a dedicated space, but survivor cannot physically access it

Remote case management should be provided ONLY if we can ensure safety and confidentiality.
WHAT DO YOU NEED TO DO NEXT IN CASE MANAGEMENT?

Consult with your case workers to discuss the modalities of the service → can safety and confidentiality be preserved

Review caseload per case worker, reallocate and prioritize

Decide if you are able, in terms of capacity and resources, to take on new cases or not. If yes, how (hotline?)

Create new SoP (Standard Operating Procedure) for the case workers on how to provide the service
Remote GBV Case management VS Standard GBV Case Management

THE STANDARD GBV CASE MANAGEMENT PROCESS

- Introduction and Engagement
- Assessment
- Case Action Planning
- Action Plan Implementation
- Case Follow-up
- Case Closure

CRISIS GBV CASE MANAGEMENT PROCESS

- Short Introduction and safety check
- Assessment of immediate concerns
- Safety planning
- Implementation
- Ending the call: Resources & Key messages
If a GBV Actor/referral pathway is not available

Please refer to the companion guide to the IASC GBV Guidelines

What other guidance exists?

Key resources are:

❖ GBV Case Management and the COVID-19 Pandemic

❖ Case Management, GBVIMS/GBVIMS+ and the COVID 19 Pandemic

❖ Remote GBV Case Management Series in the COVID-19 Response

❖ COVID-19 GBV Risks to Adolescent Girls and Interventions to Protect and Empower them

❖ Identifying & Mitigating GBV Risks within the COVID-19 Response

❖ Not just hotlines and mobiles: GBV Service provide provision during COVID 19
PRINCIPLES FOR WORKING WITH CHILD SURVIVORS

GROUP ACTIVITY

Agree / Disagree Activity:

• Agree = Raise your Zoom Hand!
• Disagree = Do not raise your zoom hand.
A 12-year-old boy who is subjected to sexual violence inside his home should be removed from his home and placed in alternative care, without including him in the decision-making process.
1. Children and adolescents have the right to participate in decisions that have implications in their lives.

2. One of the guiding principles for working with child survivors is to “involve the child in decision-making”.

3. Another guiding principle is “Promoting the child’s best interest” by evaluating the positive and negative consequences of actions with participation from the child and their caregivers (as appropriate). The least harmful course of action is always preferred.
Only adolescent girls are at risk of sexual abuse.
1. The answer is No.

2. Adolescent girls constitute one of the most at-risk groups to sexual violence, as well as other forms of GBV, due to their physical development and age, which can put them at a higher risk of rape, sexual exploitation, early or forced marriage, unintended pregnancy, and harmful traditional practices.

3. BUT adolescent boys are also at risk of sexual violence
If I am providing support to a 13-year-old girl who is married and has a baby. In order to better support her, I can share her information with my colleague who is also a mother, and I can put them in contact together to share tips on motherhood.
1. No.

2. Two guiding principles that are of paramount importance when working with child survivors are:

“Ensuring the safety of the child” and
“Ensuring appropriate confidentiality”.

7 guiding principles for supporting child survivors

Helpful Mnemonic:
Small Children Can Be Really Energetic & Imaginative

1. **S** Safety of the Child
2. **C** Confidentiality
3. **C** Comfort the Child
4. **B** Best Interest
5. **R** Resiliency & Empowerment
6. **E** Equality & Fairness
7. **I** Involve child in decision-making
PARTICIPANT REFLECTION

BASED ON THE CURRENT PUBLIC SERVICES IN ALBANIA, WHERE CAN WE MAKE IMPROVEMENTS IN THE MINIMUM RESPONSE FOR ADDRESSING VIOLENCE AGAINST CHILDREN?, ESPECIALLY THOSE AFFECTED BY SEXUAL VIOLENCE?
KEY RESOURCES on GBV in EMERGENCIES

- UNICEF GBV in Emergencies Resource Pack - could be accessed [here](#) until an external link is available.

- Interagency Gender-based Violence Case Management Resource Package - [resources](#) on GBV case management to improve services provided to GBV survivors.

- The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming - to establish a common understanding of what constitutes [minimum prevention and response programming](#) in GBV in emergencies.

- How to support survivors of gender-based violence when a GBV actor is not available - an [inter-agency pocket guide](#) for non-GBV specialists.

- The Inter-Agency Guidelines for Integrating GBV Interventions in Humanitarian Action - [sectorial guidance](#) on how to integrate GBV and mitigate the risks, for ALL humanitarian actors.

- GBV Information Management Systems - to harmonize [data collection on GBV](#) in humanitarian settings in a safe and ethical manner, by those [providing services](#).
Thank you!